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CRICOS PROVIDER NUMBER 00025B

Research Director
Health, Communities, Disability Services, and Domestic and Violence Prevention Committee, Parliament House, George Street
Brisbane Qld 4000
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Dear Director

I wish to make a submission to the Queensland Health, Communities, Disability Services, and Domestic and Violence Prevention Committee Inquiry into the **Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017.** I do so in an individual capacity as someone who has:

1. Advised the World Health Organization (WHO) on the adverse health effects of cannabis in 1997 and 2016;
2. Reviewed evidence from controlled clinical trials on the medical uses of cannabis for the Australian government (1994), WHO (1997) and the House of Lords (1999);
3. Chaired the NSW Premier's Working Party on Medical Uses of Cannabis 1999-2000;
4. Served on the Drug Utilisation Subcommittee of the Pharmaceutical Benefits Advisory Committee (2001-2010) and so is familiar with the evidence required to justify public subsidies of pharmaceutical drugs;
5. Served as an advisor to the Therapeutic Goods Administration on the adverse effects of antidepressant and antipsychotic medications; and
6. Served as a WHO nominated member of the International Narcotics Control Board 2012-2014 and so is familiar with the international treaty obligations of the Australian government in regulating the medical use of cannabis.

I understand that if passed the Bill would do the following:

1. Provide an amnesty against criminal conviction for the medical use and compassionate supply of cannabis for medical uses to patients or parents in the case of children until medical quality cannabis becomes available;
2. Require the government to test the content of compassionately supplied cannabis products to ensure that they are consistent in quality and content and free of contaminants; and
3. Provide a Government subsidy to cover the cost of importing medical cannabis products to ensure that they are affordable to patients who used them for medical purposes.

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I accept that these proposals are motivated by the aims of alleviating suffering and removing the fear of arrest from parents of children with epilepsy and adults with cancer and other conditions who use cannabis or cannabinoids to reduce their pain and suffering.

The NSW Premier's Working Party on the Medical Uses of Cannabis which I chaired made much the same recommendations in 2000 but these were not implemented. Experience since 2000 has convinced me that this approach would have serious unintended consequences that make it an unwise policy. I also believe that these proposals are unfair. If enacted they would establish an expensive special access scheme for cannabis products which have not been evaluated for safety and efficacy at the same time that the Federal government declines to subsidise other drug treatments for seriously ill children when these drugs have been shown to be safe and effective. It does so because it is regarded as too expensive to provide these drugs to a small number of children. I set detailed reasons for taking these positions below when separately discussing each of the recommendations contained in the Bill.

An Amnesty for Medical Cannabis Use and Compassionate Supply

An amnesty would free parents of any fear of criminal prosecution for using cannabis for medicinal purposes. An amnesty that included illicit producers of medicinal cannabis, however, poses a major risk, that of allowing a commercialised system of cannabis supply to develop with protection in the guise of providing compassionate access to cannabis for medical use.

In 1996 the citizens of the US state of California voted to legalise the use of cannabis for medical uses, very broadly defined, and allowed carers to grow cannabis for their ill relative or friend. When carers used the law to grow cannabis for multiple patients and were allowed to charge for the costs of production the system of compassionate access system gradually evolved into a system of medical cannabis dispensaries that provided access to cannabis for a fee to anyone with a doctor's recommendation. This system paved the way to the legalisation of cannabis for recreational use by a citizen referendum in 2016.

Similar policy trajectories have occurred in Colorado and Washington State, the first two US states to legalise cannabis for recreational use in 2012 (Hall, 2015). There is an argument to be made for cannabis legalisation but this should be made publicly and explicitly instead of being implemented by stealth. If Queensland decides to legalise adult cannabis use then it should do so in the full knowledge that this is the intended policy and only do so after an informed public debate.

The proposed amnesty on cultivation would also be contrary to Australia's obligations under the International Drug Control Treaties. These treaties allow medical cannabis use but only when the production and supply of cannabis is under government control and use is under medical supervision (INCB, 2016, see page 25). The proposed amnesty violates this treaty by allowing cannabis cultivation and supply to occur without government supervision or control.

An amnesty on cannabis production also raises major problems in ensuring the quality, potency and consistency in constituents of cannabis products. These issues include: ensuring that these products contain standardised amounts of cannabinoids such as THC and CBD; and avoiding their contamination by pesticide residues, fungi and mould. The second proposal contained within the Bill is clearly designed to address these problems but raises very serious legal and ethical issues.

Government Testing of Unapproved Medical Cannabis Products

The proposal that government laboratories should test the quality and composition of illicitly produced cannabis, like the proposed amnesty on cultivation, is also contrary to international drug control treaties. It would contravene these treaties by allowing the production of cannabis products intended for medical use outside of government control or oversight. It compounds this problem by also imposing an obligation on the Queensland government to test the quality of illicitly manufactured cannabis. This testing would have to be done at considerable cost to government and the demand on laboratories would be at the cost of displacing other forms of laboratory testing. This would effectively provide a public subsidy to an illegal industry.

Public Subsidy of Costs of Unapproved Cannabis Products

The proposal to subsidise the cost of medical cannabis products assumes that these drugs have been shown to be effective. This assumption is based on the testimonials of the parents of children with epilepsy who have reportedly benefited from using cannabis preparations to control their seizures. Australia has not evaluated the effectiveness of pharmaceutical drugs this way for over half a century. Acceptance of this approach in the case of cannabis would create a precedent for accepting similarly untested therapeutic claims made by the producers and retailers of other products solely on the basis of patient testimonials.

The United States National Academies of Science (2017) recently reviewed the literature on the evidence for the medical use of cannabis and drew the following conclusions:

- Oral cannabinoids are effective in treating chemotherapy-induced nausea and vomiting in adult cancer patients.
- In adults with chronic pain, cannabis or cannabinoids produce a clinically significant reduction in pain.
- In adults with multiple sclerosis (MS) related spasticity, short-term use of oral cannabinoids improves patient-reported spasticity symptoms.
- For these conditions the effects of cannabinoids are modest.
- For all other conditions evaluated there is inadequate information to assess their effects.

The Academy concluded that there was insufficient evidence to evaluate the efficacy of cannabis in intractable childhood epilepsy but thought that there was sufficient evidence to conduct controlled clinical trials.

I believe that there is a good case for conducting controlled clinical trials on the safety and effectiveness of cannabinoids in treating intractable childhood epilepsy, cancer and other medical conditions. Various Australian states and the Federal governments are currently funding and facilitating such trials. Their results will contribute to a reasoned public policy on the medical uses of cannabis.

I also believe that a case can be made for allowing a limited compassionate supply of cannabis products to the parents of children who already appear to be benefiting from their medical use. But I would oppose any agreement by State or Federal governments to simply subsidise these products for *any* parent with affected children. I do so for several reasons.

First, it would undermine the value of the clinical trials of the effectiveness of cannabinoids for these medical purposes and simply create a special access scheme that would continue thereafter.

Second, the proposed subsidy would fail a fairness test. It would provide a subsidy for untested cannabinoids when other drugs that have been shown to be effective in treating equally serious illnesses (e.g. cystic fibrosis and various cancers) are not subsidised for patients who would undoubtedly benefit from their use. This includes drugs that modify the underlying biological basis of diseases such as cystic fibrosis whereas the cannabinoids provide adjunctive symptomatic treatment of the symptoms of equally serious medical conditions.

Third, providing the proposed subsidy to cannabinoids would create a precedent that could be used by advocates for other drugs to demand that their drugs be treated in the same way by state and Federal governments solely on the basis that patients report them to be of benefit.

Concluding remarks

For all the reasons provided above I believe that it would not be good public policy to pass the proposed amendments to the Act. I believe that the best prospects of good public policy being developed to allow the medical use of cannabinoids in a fair way is the approach that has been adopted by the Federal and state governments, namely, to expedite clinical trials of the safety and effectiveness of cannabinoids in epilepsy and other medical conditions and to allow limited compassionate access in the interim.

I would be available to the Committee to answer any questions that may be raised by my submission.

Yours sincerely

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