Queensland Nurses & Midwives' Union

Submission to

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

Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) for the opportunity to make a submission to the inquiry into the *Public Health (Medicinal Cannabis) Amendment Bill 2017* (the Bill).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 57,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

Public Health (Medicinal Cannabis) Amendment Bill 2017

In the QNMU's response to the *Public Health (Medicinal Cannabis) Bill 2016* (attached), we referred to the 2015 resolution of the QNMU Council to support clinical trials of medicinal cannabis in Australia. Internationally, cannabis extracts and synthetic formulations have been licensed for medicinal use in countries such as Canada, the USA, Great Britain, Holland, Israel and Germany. In general terms, medical cannabis has potential as an effective treatment for some medical conditions with appropriate safeguards in place.

We note s. 214A(1) of the Bill requires the Minister to take all necessary and reasonable steps to ensure the cost of the lawful treatment of a person with whole plant medicinal cannabis is affordable for the person incurring the cost of the patient's treatment. Further, steps to ensure the affordability of the lawful treatment of a person with whole plant medicinal cannabis can include either negotiating with the Commonwealth to ensure the applicable law of the Commonwealth does not unnecessarily restrict the importation of whole plant medicinal cannabis from particular foreign manufacturers and/or by the Commonwealth or the State subsidising the cost of lawful treatment of a person with whole plant medicinal cannabis imported from foreign manufacturers (s. 214A(2)(a).

The QNMU gave support to the *Public Health (Medicinal Cannabis) Bill 2016* with some suggested practical amendments. Again we give our support to the intention of this Bill to provide affordable access to medicinal cannabis, however, any imported medicinal cannabis

from foreign manufacturers must meet the same high standards required for local production of this drug and must be included in the Pharmaceuticals Benefits Scheme.

The National Medicines Policy (Department of Health and Ageing, 2000) aims to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved. The central objectives of the policy are to ensure:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meet appropriate standards of quality, safety and efficacy;
- quality use of medicines; and
- a responsible and viable medicines industry is maintained.

This policy contemplates a partnership between Commonwealth, State and Territory governments, health educators, health practitioners, and other healthcare providers and suppliers, the medicines industry, healthcare consumers, and the media. Each partner accepts that all must be engaged in a cooperative endeavour to bring about better health outcomes for all Australians, focusing especially on people's access to, and wise use of, medicines.

To this end:

- nationally standardised regulation of medicines should be managed through rational and transparent criteria and processes;
- regulation should ensure that appropriate practices are followed in the development, production, supply and disposal of medicines, and that any problems are met with a quick, effective and appropriate response;
- the level of regulation should be consistent with the potential benefits and risks for the community and based on appropriate risk-assessment processes;
- the pre-marketing assessment of medicines should aim towards both assurance of quality, safety, and efficacy, and timely availability;
- there should be an effective post-market monitoring system (for example, for adverse drug reactions), to ensure ongoing assessment of safety;
- regional and international harmonisation of regulatory requirements should be pursued vigorously to reduce duplication and unnecessary restrictions and to facilitate early availability of therapeutic advances; and
- a positive and co-operative relationship should be maintained between the regulators and the medicines industry, with effective models for co-regulation being used wherever appropriate (Department of Health and Ageing, 2000, p. 3).

While we recognise the importance of providing affordable access to medicinal cannabis, it must be subject to the same regulations as any other imported or locally produced drug.

Regulatory arrangements are primarily the responsibility of the Therapeutic Goods Administration (TGA), in cooperation with State and Territory Governments and with industry. Together with health practitioners and consumers, the TGA aims to undertake cooperative action to maintain an efficient, contemporary registration and scheduling process consistent with community interest and the principles of best practice.

The Queensland Department of Health (DoH) issues licenses that cover the manufacture, distribution, sale and use of regulated medicines and poisons. The DoH also considers applications for other regulated activities with medicines and poisons, such as research and the use of drugs and poisons in different settings, or for treatment, known as approvals. These activities are regulated under the *Health (Drugs and Poisons) Regulation 1996* (Queensland Health, 2016).

The importation of whole plant medicinal cannabis must comply with TGA, DoH and any other regulatory requirements applying to medicines of this kind.

References

Department of Health and Ageing (2000) *National Medicines Policy* retrieved from http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf

Queensland Health (2017) *Approvals and Authorities* retrieved from https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/approvals-authorities