



**Public Health Association**  
AUSTRALIA

**Public Health Association of Australia  
submission on The Inquiry into  
Queensland's Public Health (Medicinal  
Cannabis Affordability) Amendment Bill  
2017**

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# Introduction

## The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

## Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

## Preamble

PHAA welcomes the opportunity to provide input to the Inquiry into Queensland's Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## PHAA Response to the Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017 Inquiry

**To ensure the cost of the lawful treatment of a person with whole plant medicinal cannabis is affordable for a person incurring the cost of the patient's treatment by ensuring:**

- **Commonwealth law regulating the importation of whole plant medicinal cannabis does not unnecessarily restrict the importation of whole plant medicinal cannabis from particular foreign manufacturers**
- **The subsidising, by the Commonwealth or State, of the cost of lawful treatment with whole plant medicinal cannabis imported from foreign manufacturers**

The PHAA supports the lawful supply and use of medicinal cannabis and applauds the Queensland Government for endeavouring to ensure the affordability of treatment. The recent legislation amendment to allow licensed growers and researchers to supply the scheme with cannabis seed is an important step in this process<sup>1</sup>. The PHAA supports the subsidising of medicinal cannabis through listing on the Pharmaceutical Benefits Scheme (PBS). The 2013 rejection by the Pharmaceutical Benefits Advisory Committee of the listing of nabiximols for symptom improvement in patients with moderate to severe spasticity due to multiple sclerosis<sup>2</sup> suggests that ready availability of PBS medicinal cannabis may be difficult to achieve as a short-term goal. The PHAA urges the Queensland Government to continue to petition the Federal Government on this issue.

The gap in time between the start of the medicinal cannabis scheme and the availability of locally produced supply presents difficulties for patients wanting to access the scheme in the interim. Where affordable legal supply for the scheme is limited, the risks associated with illegal supply remain. As noted in the explanatory note to this Amendment Bill, unlike in other Australian jurisdictions, Queensland does not have an amnesty or compassionate use scheme in place to cover this gap in time. This adds to the burden on people who are terminally ill or who are suffering from a chronic illness where alternative medications are not effective.

**PHAA submission on Queensland's Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017**

Equitable access to all health care and treatment should form a key part of the implementation of any health policy.

Under international treaties that have been incorporated into Australian domestic law, nations may permit the import, export, supply, use, consumption etc. of cannabis in all its forms for 'medical and scientific purposes'<sup>3</sup>. Until a regulated local industry is established and providing reliable supply, tightly controlled and regulated importation of affordable medicinal cannabis should not be prohibited.

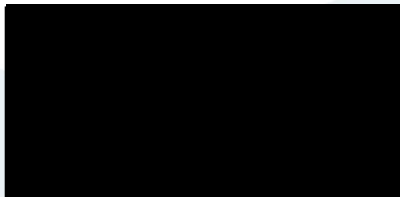
## Conclusion

PHAA supports the affordability of medicinal cannabis in a controlled and tightly regulated environment.

We are keen to ensure equitable access in line with this submission.

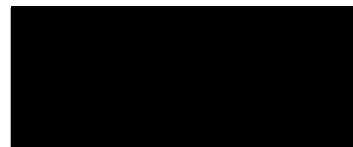
The PHAA appreciates the opportunity to make this submission.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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27 April 2017



Dr Paul Gardiner  
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## References

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- <sup>1</sup> Queensland Minister for Agriculture and Fisheries and Minister for Rural Economic Development, Media Statement, 24 March 2017, <http://statements.qld.gov.au/Statement/2017/3/24/laws-change-for-queensland-medicinal-cannabis-seed-suppliers> (accessed 27 March 2017)
- <sup>2</sup> Pharmaceutical Benefits Advisory Committee, Nabiximols application July 2013, public summary document <http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/psd/2013-07/nabiximols> (accessed 27 March 2017)
- <sup>3</sup> United Nations Office on Drugs and Crime 2013, *The International Drug Control Conventions*, <http://www.unodc.org/unodc/en/commissions/CND/conventions.html> (accessed 27 March 2017)

