Speech By

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MEMBER FOR NUDGEE

Record of Proceedings, 12 October 2016

PUBLIC HEALTH (MEDICINAL CANNABIS) BILL

Ms LINARD (Nudgee—ALP) (8.25 pm): I rise to speak in support of the Public Health (Medicinal Cannabis) Bill 2016. The purpose of the bill is to create a regulatory framework under which medicinal cannabis products may be prescribed and dispensed to patients in Queensland while preventing unauthorised use. The bill provides a formal process for doctors to follow to obtain approval to prescribe medicinal cannabis as part of a patient's treatment in one of two ways: a patient class prescriber pathway, where specialist medical practitioners and their registrars have the authority to prescribe medicinal cannabis products for sufferers of specific conditions without the need for approval from the chief executive of Queensland Health; or a single-patient prescriber pathway, which allows a medical practitioner to apply to the chief executive for a medicinal cannabis approval to prescribe medicinal cannabis to a specific patient. The bill also allows for medicinal cannabis products to be provided for use in clinical trials to help improve the evidence base for their safety and efficacy.

The committee received 69 submissions, held public briefings on 15 June and 9 September and public hearings on 17 and 29 August. The committee made three recommendations, including that the bill be passed.

For some time medicinal cannabis has attracted significant public attention here in Queensland, across Australia and overseas. For some, the efficacy of the some 400 chemical compounds contained in cannabis for the treatment of some conditions is not in question. Others are of the opinion that its efficacy as a genuine medical treatment is far from decided. However, there is no doubt that there is growing community interest in the therapeutic potential of cannabis compounds for a number of conditions, including neuropathic campaign, muscle spasticity associated with multiple sclerosis, reducing seizures in children with treatment resistant epilepsy and cancer related nausea. Treatment with medicinal cannabis for those conditions and symptoms may have a positive impact on a patient's quality of life, particularly where traditional treatments have failed.

On 11 December 2015, Queensland became the first state in Australia to legalise the use of restricted medicinal cannabis products. On that date, the Health (Drugs and Poisons) Regulation 1996 was amended to give the chief executive of Queensland Health discretion to approve the use of medicinal cannabis products for the treatment of a person where an approval to access the product has been given by the Commonwealth Therapeutic Goods Administration. While this was an important first step to permit the lawful use of medicinal cannabis products, a more comprehensive and robust regulatory framework is required. The bill before the House provides that framework.

As mentioned earlier, the bill provides two pathways for Queensland patients to obtain medicinal cannabis treatment. The first pathway involves patient class prescribers. Under the patient class prescriber pathway, a regulation will give certain specialist doctors an as-of-right authority to prescribe medicinal cannabis products to patients suffering specific conditions without the need to obtain any further state approval. The department advised that a national working party will decide the initial list of

specialists; however, specialty areas are likely to include paediatric neurology, oncology for the treatment of symptoms arising from chemotherapy and palliative care medicine. A patient class prescriber must make a medicinal cannabis management plan for managing the known and foreseeable risks associated with an activity that involves medicinal cannabis.

The second pathway in the bill will be used where a patient is ineligible to be treated by a patient class prescriber. Under the single-patient prescriber pathway, a patient's medical practitioner may make an application to the chief executive of Queensland Health for approval to treat the patient with medicinal cannabis, with the written consent of their patient. Applications must be in an approved form and include a copy of the patient's written consent and any specialist medical opinion obtained about the patient's treatment with medicinal cannabis. Applications made under this pathway will be decided on a case-by-case basis.

An expert advisory panel will assist the chief executive to decide whether applications should be approved and what conditions should be imposed. A medicinal cannabis approval granted under the single-patient prescriber pathway may be subject to conditions. One likely approval condition will be for the prescriber to report back on the clinical outcomes of their patient's treatment. This clinical feedback will assist the chief executive to decide whether suspension or cessation of the approval should be considered and will also add to the knowledge base of the expert advisory panel. For both prescriber pathways all medicinal cannabis must be dispensed by a pharmacist who has either been granted an approval by the chief executive or works in a hospital pharmacy.

The bill establishes an expert advisory panel to advise and assist the chief executive in the administration of the bill. It is anticipated that membership of the panel will consist of persons with experience and expertise in the areas of science or medicine, justice and law, ethics, culture, sociology or agriculture. The expert panel will also undertake ongoing monitoring of the use of medicinal cannabis in Queensland and may make recommendations to the chief executive about research activities, including targeted clinical trials to refine the safety and efficacy of these products. Submitters were supportive of the establishment of the expert advisory panel, with some discourse and suggestions regarding what skills and experience should be held by its membership.

The regulation of all medicines, including medicinal cannabis, involves the application of both state and Commonwealth laws. The Therapeutic Goods Administration schedules all medicines according to the level of regulatory control required to protect public health and safety, and states and territories give effect to these scheduling decisions in their own legislation. Most medicinal cannabis products are not approved therapeutic goods. Therefore, in addition to obtaining state authority or approval to use medicinal cannabis for patient treatment, the treating doctor must obtain TGA approval to access the medicinal cannabis products to be used in the treatment. At present, medicinal cannabis products are not readily available in Australia. TGA approval must be sought for the supply or importation of a medicinal cannabis product, prior to a practitioner prescribing the medicinal cannabis product to a patient under the authorised prescriber scheme. In almost all cases, this means the treating doctor must also obtain customs approval through the TGA to import a suitable medicinal cannabis product from overseas.

The department during their consultation on the draft bill released an early draft of the bill, published a discussion paper explaining the bill's proposals and ran a survey seeking people's views. Over 96 per cent of the 1,052 respondents were in favour of allowing medicinal cannabis treatment. Key health industry stakeholders were also extensively consulted, including medical professionals and representatives from hospital and health services. The bill, and particularly the strict controls around prescribing, dispensing and possessing medicinal cannabis products, was strongly supported by these stakeholders.

During the committee's deliberations on the bill a similarly strong result was evident in regard to allowing access to medicinal cannabis treatment. However, views varied widely in regard to the approach that should be taken to allowing access to the same. Submitters including Epilepsy Queensland, MS Australia and MS Research Australia, the Cancer Council Queensland, the Royal Australasian College of Physicians, the Queensland Nurses' Union and the Australian Medical Association Queensland supported the bill. Conversely, the Medical Cannabis Advisory Group Queensland, the Medical Cannabis Users Association of Australia and the Queensland Council for Civil Liberties did not support the proposed approach set out in the bill. These submitters preferred a scheme whereby patients were permitted to grow their own cannabis for their own personal medicinal use.

The department, the AQ, the Royal Australasian College of Physicians and Dr Jennifer Martin opposed any proposal to make cannabis widely available outside of a medical framework, including homegrown cannabis for self-medication, due to the lack of quality control and safety concerns. Such submitters considered that more clinical trials need to be undertaken to understand fully the efficacy

and safety of medicinal cannabis. Further, when obtained illicitly, whether from a criminal supplier or grown in the back garden, patients have little certainty about the concentrations of active ingredients in the products they are consuming or knowledge about the contaminants to which plant products may be exposed, which could have a significantly detrimental or potentially catastrophic effect. For this reason, it was argued that the use of medicinal cannabis must be regulated properly like any other schedule 8 drug with a higher potential for misuse or dependence.

The bill does not entertain the option for people to grow their own cannabis, even if intended for their own therapeutic use, nor does it authorise any recreational use of cannabis. These activities remain offences under the Drugs Misuse Act 1986. The bill does not regulate the cultivation or manufacture of medicinal cannabis products in Queensland. Much of the correspondence my office has received in regard to the bill, and submissions and witness testimony to committee hearings focused on these two issues.

In regard to cultivation, the Department of Health is working closely with the Department of Agriculture and Fisheries as the lead agency about how Queensland industries can participate in the new Commonwealth licensing scheme for local cultivation and manufacture of medicinal cannabis. These opportunities have been discussed with relevant Queensland industry representatives over the past few months, in a series of roundtable meetings jointly chaired by Queensland Health and the Department of Agriculture and Fisheries. I look forward to seeing progress in this regard.

A point of contention during the committee's hearings was the provision contained in the bill that the chief executive may apply to the Police Commissioner for a criminal history report on an applicant or a patient as part of the chief executive's consideration of whether they are suitable persons to hold an approval. The Police Commissioner must also notify the chief executive about any subsequent changes to an individual's criminal history once an initial criminal history report has been provided. Under the bill, spent convictions would still form part of a person's criminal history report.

A significant number of submitters opposed the chief executive's ability to request a criminal history report on medical practitioners and patients. Submitters argued that the proposals may hinder patients' access to medicinal cannabis, and that criminal history reports were not a relevant consideration in clinical determinations about a patient's medical treatment. In response, the department stated that the provision reflects the government's intent to strike a balance between facilitating treatment with medicinal cannabis products and creating the controls necessary to ensure these products are used safely and not diverted for unlawful purposes. Further, that the provisions were discretionary and that the chief executive would use a criminal history report to consider the imposition of conditions rather than to reject an application for a medicinal cannabis approval.

The committee, however, shared submitters' concerns about the appropriateness of a practitioner's and patient's criminal history being a determining factor in the treatment of a patient's medical condition. It is the committee's understanding that such criminal history checks are not undertaken on patients when determining appropriate treatment in any other circumstance in Queensland. Medical practitioners are already required to disclose any criminal history as part of their registration process and the bill provides other safeguards, including significant penalties for unauthorised regulated activity and investigations to address any risk of diversion of medicinal cannabis from practitioners or patients. The committee therefore recommended that the power for the chief executive to request a criminal history report about an applicant or patient should be omitted from the bill.

Other key concerns raised during submissions were the time scales associated with obtaining medicinal cannabis, potential duplication with Therapeutic Goods Administration approval processes, the cost of obtaining medicinal cannabis and the current requirement to import medicinal cannabis products. The department accepted there was a duplication of information requested by the state and the Therapeutic Goods Administration, but clarified that the Commonwealth and states play related and complementary roles in the regulation of medicinal cannabis.

The committee was advised that the Therapeutic Goods Administration regulates what drugs are available for use through the Narcotic Drugs Act 1967, while individual states and territories regulate patient use of those products, including prescribing and dispensing. Further, the department is liaising closely with the Therapeutic Goods Administration to identify ways of ensuring the approval process under both state and Commonwealth schemes can run efficiently and are not unnecessarily duplicative in terms of the information requested. The department also considered that the response times for applications would improve as more applications go through the system.

On 24 February 2016, the Commonwealth government passed amendments to the Narcotic Drugs Act 1967 to establish a legislative scheme for the domestic cultivation, production and manufacture of medicinal cannabis for research and therapeutic purposes. Under the Commonwealth

scheme, licensed businesses will develop the capacity to cultivate and manufacture medicinal cannabis in Australia. The scheme is expected to commence in late 2016. Therefore, in time, patients allowed to receive treatment with medicinal cannabis under the bill may be able to access suitable medicinal cannabis products produced within Australia or within Queensland, reducing the time and cost to access and import suitable products.

While it was not the role of the committee to assess the efficacy and safety of medicinal cannabis as part of our examination of the bill, the committee received and heard firsthand of the growing body of evidence that medicinal cannabis may be effective in treating certain medical conditions. I am encouraged by the growing body of evidence that demonstrates the possible therapeutic benefits of medicinal cannabis as an appropriate treatment option, particularly when used to complement traditional treatments.

Eight years ago when caring for my mother, who was suffering with wasting and acute pain from late stage ovarian cancer, she read of the potential benefits of medicinal cannabis in providing palliative relief. She, like many cancer sufferers and palliative care patients, was on a significant dose of schedule 8 drugs, which did not for her adequately mask her pain and resultantly she suffered. I do not know if medicinal cannabis would have brought her some relief. She did not have the opportunity to benefit from the bill before the House, but I hope others will.

I am very hopeful that the Queensland trials announced by the health minister, and those taking place elsewhere in Australia, will build a body of evidence and an accelerated pathway for access to medicinal cannabis products in this country in future. I am very empathetic to those who desperately want access to a treatment that may hold potential for them when many or all other treatments have failed. I believe strongly that a considered, evidence based approach is the best way to achieve this—one that ensures Queensland patients have access to safe, consistent and well-understood treatments, of which the efficacy has been tested and is understood.

In closing, I would like to acknowledge the minister's leadership in bringing the bill before the House. Queensland is ready to have the discussion and the minister has taken an appropriately cautious and balanced approach in the best interests of Queensland patients, many of which are vulnerable. The minister has also continued to be very responsive to the committee's recommendations and feedback and has once again taken these on board in regard to amending the bill in relation to criminal history reports. I thank the minister for his continued responsiveness to submitters and to the committee process.

Finally, I would like to thank those individuals and organisations who lodged written submissions and appeared before the committee at public hearings. I would also like to acknowledge the expertise of the Queensland Department of Health, who briefed the committee on a number of occasions, the Commonwealth Department of Health and the Therapeutic Goods Administration, and the committee secretariat and my fellow committee members for their diligent consideration of the bill. I commend the bill to the House.