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ACT LEGISLATIVE ASSEMBLY STANDING COMMITTEE ON HEALTH, AGEING, COMMUNITY AND
SOCIAL SERVICES

**INQUIRY INTO EXPOSURE DRAFT OF THE DRUGS OF DEPENDENCE (CANNABIS USE FOR
MEDICAL PURPOSES) AMENDMENT BILL 2014 AND RELATED DISCUSSION PAPER.**

Thank you for the opportunity to comment on this exposure draft.

The AMA (ACT) whilst generally supportive of the conversation which might allow for medically prescribed cannabis to particular patients, is not supportive of the type of legislation proposed in this exposure draft.

The matter of medically prescribed cannabis, as you will be aware, is receiving consideration across several jurisdictions including NSW where an expert governmental working party has been established and a trial recently announced. Many of the issues raised in this exposure draft have been, or are, receiving attention in NSW and we recommend that reference be made to the work of this group in considering any draft ACT legislation.

In relation to the above, the AMA has welcomed recent efforts by governments to support clinical research into pharmaceutical cannabis. We believe urgent investment in such research is vital to underpin and evidence-based approach to the clinical use of pharmaceutical cannabis.

We support access to treatments that are informed by the best available evidence on safety and efficacy. The AMA acknowledges that there may be sufficient robust scientific evidence to indicate that pharmaceutical cannabis can be effective for certain conditions in very specific circumstances.

However, we believe it is imperative that a nationally consistent and coordinated approach is adopted to this issue. We note that several clinical trials into pharmaceutical cannabis are already under way in Australia, and there is a growing evidence base showing its therapeutic value in treating some conditions. Policy decisions and research investment should be informed by the existing evidence, consolidating on what we already know, identifying gaps in our understanding, and pinpointing areas where further research is required. We believe a collaborative and cooperative approach will better support effective policy and targeted research, avoiding a reactive and ad hoc approach or the inconsistent patchwork of state laws and regulations that have emerged in some overseas jurisdictions.

As part of this national approach, the AMA believes it is imperative that the integrity of our current pharmaceutical regulatory scheme is maintained. We do not believe that pharmaceutical cannabis should be held to any higher or lower standards for evidence of quality, safety and efficacy than other therapeutic products.

The standards and approval processes we have in place around pharmaceuticals in Australia are there to ensure that therapeutic products are safe and effective. Bypassing this system for pharmaceutical cannabis risks undermining the integrity of the pharmaceutical regulatory scheme, creating a precedent that could potentially be used to introduce other drugs into medical practice without evaluations of their safety and efficacy.

The AMA urges the ACT government to ensure that a clear distinction is maintained between the use of crude cannabis and pharmaceutical cannabis or cannabinoids. Smoking crude cannabis poses unacceptable health risks, delivers a dose that is variable and unregulated, and is unlikely to be approved by the pharmaceutical regulatory process in Australia. From a medical perspective, it is entirely inappropriate for any person with an illness to seek out crude therapies that are supplied from unregulated and illegal sources. Marijuana smoke contains a number of carcinogens and other toxins similar to those found in tobacco smoke.

In contrast, pharmaceutical preparations of cannabis can be standardised and strictly regulated in both their preparation and administration, thereby reducing the harm potential to the user and to the wider society. We note that the pharmaceutical cannabinoid nabiximols (Sativex) is already licensed by the Australian Therapeutic Goods Administration for those with muscle spasticity from multiple sclerosis. Pharmaceutical preparations offer the most promising type of cannabinoid preparation for clinical research and, if proven safe and effective for medical prescription under supervision.

The above views have been expressed to the former Chief Minister and Minister for Health (Ms Katy Gallagher MLA), who has agreed with the AMA view that a nationally consistent and coordinated approach to this issue is required and has written to the former Federal Minister for Health, Mr Peter Dutton MP to request that the Commonwealth Government takes the lead on developing a national approach on medical cannabis. The AMA understands from Ms Gallagher's response to us that ACT Health officials have also raised concerns about the limited evidence to support the medicinal use of cannabis, public health concerns, and the potentially undesirable impact that simply decriminalising the possession and use of crude cannabis products by people who have terminal or lifelong illnesses in the ACT.

Dr Elizabeth Gallagher, President of the AMA (ACT) wrote in "Canberra Doctor: in August 2014:

"While I cannot deny there is mounting overseas evidence to support the use in certain medical conditions, my initial thoughts are that we cannot support this legislation in its current form.

"The first problem is that giving people permission to grow their own cannabis is a very crude way of delivering a product that is going to be used essentially as a prescription drug.

"There is no way to control dosage, or who gets access to it once the doors are closed. There is no way to monitor whether it is achieving its aim. Giving somebody permission to grow an otherwise prohibited substance is also a big responsibility for us as doctors, and especially our Chief Medical Officer, who has the final responsibility to "sign off".

"There are still many unanswered questions about adverse effects of long term use. While this will not be an issue for those with a terminal condition - it would certainly be an issue for those with 'chronic pain' and other non-lethal conditions.

"Certainly, if medical marijuana is to be made legal - it should be in the context of a trial, where the risks and benefits can be quantified, where the doses can be monitored, and the method of delivery can be directed and administered in its safest form. Ideally, we would develop synthetic cannabinoids directed at the therapeutic benefits while bypassing the psychotropic and psychological effects.

"The experience of medicinal cannabis overseas is quite variable. In some states of the USA touters stand outside the "Medicinal Marijuana Clinics" encouraging people in for their medical assessments. In Canada, on the other hand, Health Canada's cannabis is supplied by a company that specialises in growing plants for pharmaceutical and research and produces a standardised, safe, homogenous supply of cannabis.

"My general feeling is that this is an area that needs developing, but enacting the legislation in its current form against medial sense in terms of the credo "above all do no harm".

The AMA (ACT) welcomes a community debate, but cautions that due diligence must be taken for the benefit of the whole community and that the debate must be balanced and informed. The potential impact of this is not just limited to patients and those who care for them. There are effects that will impact on the wider community and which may be as harmful as passive smoking and tobacco smoke and which is well known.

The AMA (ACT) believes that the outcomes of the ACT Clinical Senate discussion on this matter will further inform the Committee and these may be obtainable from the Office of the Director General of Health, Dr Peggy Brown.

Attached to this submission is the AMA's Positon Statement on Cannabis Use and Health, which should further inform the debate.

Dr Gallagher will be pleased to attend the Committee to discuss this with the members, and we request that as much notice as it is possible to provide, be given in order that Dr Gallagher can rearrange any medical practice commitments.

Dr Gallagher can be contacted via this email address and the first contact is Christine Brill, CEO of the AMA (ACT) Limited, who contact details are below.

Christine Brill JP CAE
Chief Executive Officer

Attachments:

1) AMA Position Statement, *Cannabis Use and Health 2014*

Web link:

https://mja.com.au/system/files/issues/202_02/pen01573.pdf

2) Canberra Doctor, August 2014, *Canberra on prescription in the ACT?*

Web link:

<http://ama-act.com.au/files/candocaug.pdf>