

30 April 2015

The Committee Secretary  
The Standing Committee on Health, Ageing, Community and Social Services  
[committees@parliament.act.gov.au](mailto:committees@parliament.act.gov.au)

***Inquiry into exposure draft of the Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014 and related discussion paper***

Dear Committee Secretary

ACT Medicare Local (ACTML) welcomes the opportunity to contribute to the above Inquiry. ACTML is a primary health care organisation that is a firmly established part of the ACT and Canberra Region health landscape. Our members are multidisciplinary and cross-sectoral and the majority are individual enterprises working in day-to-day primary health care in the community – namely, GPs, nurses, pharmacists and privately practicing allied health providers.

ACTML has received a number of comments from its GP members that relate to the exposure draft and wishes to provide the following feedback to the Inquiry:

- The majority of GPs would likely support use of the **category 1 application** (approval to possess and use cannabis for the mitigation of a symptom of a terminal illness or its treatment);
- The use of cannabis for medical purposes offers a unique opportunity to study the drug, in the first instance terminal illness but later the possibility of a larger scale study;
- For GPs, a **category 2 application** and **category 3 application** could be problematical:
  - Section 8 (3) states that the doctor making an application for a **category 2 application** and **category 3 application** must be a specialist in the area of medicine relevant to the treatment of the patient's condition. This assists to remove a lot of the potential burden for GPs of having to make decisions about access to a controversial treatment for which they have not received training or guidance, although it should be noted that some GPs who have had training in a specialist area may consider that they have enough expertise to approve a **category 2 application** and **category 3 application**;
  - The wait to see some specialists may be prohibitively long eg neurologists and pain medicine specialists. This is an issue that needs further discussion taking into account the realities of the medical workforce in Canberra;
  - HIV/AIDS should not be included as one of the 'eligible' medical conditions for a **category 2 application**. The proper treatment for HIV/AIDS or any of its complications is antiretroviral medication and listing it in the **category 2 application** sends the wrong message about proper management of HIV/AIDS.
- The draft legislation doesn't make it clear but if the specialist has made an application which has then been approved by the Chief Health Officer, can the GP then continue to prescribe cannabis for the patient? If that is the intention, then GPs need education on the management of cannabis, specifically, how to monitor for efficacy and what potential side-effects may be encountered and how to manage these. It is possible that some of the patients may develop a dependency on cannabis and GPs need education and clear guidelines on how to manage this.

Thank you for this opportunity to provide feedback; we would be happy to provide further information or clarification.

Yours sincerely



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