



Winnunga Nimmitjyah Aboriginal Health Clinic/Health Service (ACT) Inc.

ABN 33 612 033 770

AGPAL Accredited

QIC Accredited

63 Boolimba Crescent, Narrabundah, ACT 2604

Standing Committee on Health, Ageing, Community and Social Services
ACT Legislative Assembly
GPO Box 1020, CANBERRA CITY ACT 2601

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

Winnunga Nimmitjyah Aboriginal Health Service (Winnunga) is an Aboriginal Community Controlled Health Service. Winnunga's primary purpose is to provide culturally safe and holistic health services to the Aboriginal and Torres Strait Islander people of the ACT and surrounding areas. Winnunga sees more than 4000 clients per year and provides comprehensive primary health care services including general practitioners, nurses, midwives, an extensive social health team, dental, hearing, drug and alcohol, health promotion, psychiatry, allied health, visiting specialists and prison outreach. Winnunga is AGPAL and QIC accredited and is governed by an elected Board of Aboriginal community members.

Thank you for the opportunity to contribute to this Inquiry. While we support the availability of medicinal cannabis in principle, and acknowledge community advocacy for development of the Greens Amendment Bill, there are a number of reasons why Winnunga has a preference for a highly regulated program with government supply and product quality control in the model of systems which exist in the Netherlands or Canada.

The proposed Greens bill specifically does not address legal supply or product quality. However it does propose that doctors approve and advise on patient involvement in the medicinal cannabis program. This is problematic because it places doctors and health services in a position of approving need and providing advice on an unregulated product, possibly obtained illegally and with no quality control. Under these circumstances doctors cannot provide safe and reliable advice in the way they can for regulated and prescription medications. It also raises potential medico-legal issues for practitioners acting in this way.

Winnunga doctors perceive the risk of misuse, addiction and diversion to be fairly high if medicinal marijuana became available for home production. This risk may be higher if the product is perceived to be less regulated than a prescribed medicine. In addition it would be difficult for health practitioners to recommend a product that would be smoked, due to the obvious harms of this delivery method.

Introduction of any medicinal cannabis products (including home grown products) need to be accompanied by evidence based clinical guidelines for their use. These guidelines would cover issues such as clinical indications, efficacy, safety, drug interactions, adverse effects, dosage, administration and medication monitoring.

Clinical situations where medicinal cannabis use is indicated are currently limited¹ and further information is required. Clinical guidelines are needed based on good quality research of effectiveness, including where medicinal cannabis would be preferable to other treatment options. Risks and adverse effects of treatment are also important. The Winnunga client population has high rates of mental health and substance misuse conditions. We would be particularly cautious about potential harms of medicinal cannabis in this population. Potential benefits such as reduced opioid overdoses also need to be considered².

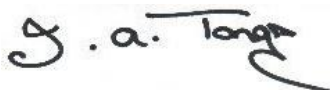
Limited compassionate decriminalisation of cannabis specifically for palliative care might be a reasonable short term option. This is consistent with community opinions voiced at the ATODA public forum on the issue in 2014³. Winnunga would support allowing *Category 1* patients (those with a terminal illness) from the proposed Greens Bill Amendment access to medicinal cannabis.

Government managed supply of medicinal cannabis is preferable not just due to better quality control and consistency of product. As there is a significant time lag in growing marijuana at home, there would be a time discrepancy between the identification of need and availability of the product. This is not consistent with current medical treatments which are available immediately. Medical conditions change over time and health care providers cannot necessarily predict whether the need will still exist some months ahead.

At this time I would not like to take the opportunity to appear at a public hearing on this matter.

Thank you for considering this submission.

Yours Sincerely,

A handwritten signature in black ink that reads "J. a. Tongs". The signature is written in a cursive style with a long, sweeping tail on the letter 'g'.

Julie Tongs OAM
CEO
Winnunga Nimmityjah Aboriginal Health Service
13 February 2015

¹ Grotenhermen F, Muller-Vahl K. The therapeutic potential of cannabis and cannabinoids. *Dtsch Arztebl Int.* 2012; 109(29-30): 495-501.

² Bachhuber MA, Saloner B, Cunningham CO et. al. Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010. *JAMA Internal Medicine.* 2014; 174 (10):1668-1673.

³ ATODA. *Medicinal Cannabis Summary Report from the ACT Public Forum and Conference Session.* Canberra: October 2014.