Public Health Association
AUSTRALIA

Medicinal Cannabis in Australia

Policy Position Statement

Key messages:

Since 2016 Australian governments have together established a tightly-regulated, compassionate medicinal cannabis use regime managed by medical practitioners and the state/territory health departments, underpinned by national legislation and regulation in conformity with Australia's international treaty obligations.

PHAA welcomes the advent of the modern scheme, including the 2016 federal legislation and accompanying state reforms. Further evidence will be needed to assess the health benefits of the new regime.

Firm action should be taken to prevent the emergence of unhealthy industry interests over government policy-making in this sector.

Key policy positions:

Legislatures, governments and regulators should continue to improve the present scheme through:

1. supporting research into the long term benefits and risks of cannabis compounds for medicinal purposes
2. remaining open to further evidence-based policy changes
3. ensuring that health benefits claims that are not substantiated by sound evidence do not emerge in the market for medicinal cannabis products.
4. ensuring that the cannabis industry does not develop undue influence over public policy decisions, as has happened historically with other sectors such as tobacco, alcohol and junk foods.

Audience: Federal, state and territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: Complementary Medicines – Evidence, Research and Policy Special Interest Group

Date adopted: 18 September 2019

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Note: this policy position statement should be read in conjunction with the related Medicinal Cannabis Background Paper (2019).

Definition: The term 'cannabis' generally refers to the plant *Cannabis sativa*. The term 'cannabinoids' includes cannabis as well as synthetic and semi-synthetic substances that produce pharmacological effects similar to those produced by cannabis.[1] For simplicity, this policy position statement uses the term 'medicinal cannabis' inclusively referring to both botanical cannabis and other cannabinoids.

Policy position statement

PHAA affirms the following principles:

1. Drug usage is a complex policy space in which legislatures, governments and regulators should:
    - balance the benefits and harms to both individuals and wider society that result from policy choices
    - encourage and support ongoing medical and other scientific research to improve the evidence base behind policy decisions, and
    - remain open to emerging evidence and policy developments, keep regulatory regimes under review, and be ready to reform regulation in appropriate circumstances.
2. Current evidence relating to the effects of cannabis products indicates both harmful and also beneficial impacts, requiring a balanced regime of regulation designed to provide therapeutic benefits whilst minimising any harms.
3. Products with evidence-based therapeutic effectiveness in addressing ill health in individuals – including medicinal cannabis as well as pharmaceutical cannabinoids[1] – should be available for use by people suffering illness. Where such products have actual or potential harmful impacts on either the unwell person or other people, an evidence-based approach to evaluating the facts and determining a well-balanced regulatory response should be taken.
4. Drug use should be treated as a health issue, not a criminal justice issue.
5. Regulation of the uses of cannabis for medical and therapeutic aims should be separated from regulation of uses of cannabis products for recreational and other purposes.

PHAA notes the following evidence:

6. Both scientific research and numerous case reports indicate a range of health conditions for which cannabis has been demonstrated to be beneficial at palliating the symptoms of serious illness, or the adverse side-effects of their treatment. These include – but are not limited to – cancer, HIV infection, multiple sclerosis, and epilepsy.[2-5]

7. Under international treaties incorporated into Australian domestic law nations may permit the cultivation, import, export, supply, and consumption of cannabis in all its forms for 'medical and scientific purposes'.[6]

8. Regulating the manufacture of cannabis products is now a joint responsibility of the Commonwealth and the states and territories. Access to any cannabis products manufactured under the scheme involves supply being controlled by provisions under the national *Therapeutic Goods Act 1989,* working in tandem with state and territory drugs and poisons legislation and agencies.

9. In all states and territories it is now legal for medical practitioners to prescribe, and pharmacists to dispense, medicinal cannabis using Commonwealth and relevant state/territory approvals. State/territory regimes typically involve regulatory oversight by chief health officers and/or health departments. Individual 'approvals' must also be secured from the Therapeutic Goods Administration (TGA) in relation to the supply aspects of the cannabis products. Queensland regulations have an additional requirement that usual therapeutic treatments should have failed.[7]

10. Many Australians self-medicate (or medicate family members) with cannabis, sometimes with the tacit support of their doctors.[8, 9] Strong support exists in the Australian community for medicinal cannabis, and this support has increased over the last decade.[10]

11. From June 2018 the TGA began granting case approvals for the supply of cannabis products to individuals under the new medicinal usage regime. Monthly approvals have risen significantly from 100-300 approvals per month in late 2018 to over 1,000 approvals per month in mid-2019. As at 31 May 2019 a total of 7,700 approvals have been granted.[11] From 1992 to 2018, a small number of individual approvals for use of cannabis medicinally were granted under the Special Access Scheme.

12. In line with the recent reforms, a tightly controlled and legal industry is emerging to provide cannabis products legally for medicinal purposes in Australia.

13. There is a risk of advocacy by the cannabis products industry to promote its own interests overrunning public policy development, as occurred in California.[12] Legislatures, governments and regulators should take great care that the cannabis industry does not emerge with undue influence over public policy decisions, as has happened historically with other sectors such as tobacco, alcohol and junk foods.

14. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing.

PHAA seeks the following actions:

15. Legislatures, governments and regulators continue to improve the present scheme through:

    - supporting research into the long term benefits and risks of herbal cannabis and pharmaceutical cannabinoids for medicinal purposes
    - remaining open to further evidence-based policy changes
    - introducing or expanding compassionate medicinal cannabis schemes to help meet the needs of people (including those who are terminally ill) who may attain enhanced well-being or reduced suffering from using cannabis products outside of the formal regulatory regime
    - ensuring that health benefits claims that are unsubstantiated by sound evidence do not emerge in the market for medicinal cannabis products.

- ensuring that the cannabis industry does not emerge to have undue influence over government policy-making in this sector, as has happened historically with other sectors such as tobacco, alcohol and junk foods.

PHAA resolves to:

16. Monitor policy work, legislation and research on medicinal cannabis in each jurisdiction.
17. Support the present regulatory scheme and its ongoing development and improvement in line with public health principles.
18. Advocate for more ready access by patients and their GPs to medicinal cannabis through the national and state/territory schemes.
19. Advocate for the introduction and expansion of state/territory-based compassionate regulatory schemes, in parallel with the national system.

ADOPTED September 2019

(First adopted 2015)

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