



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on Public Health (Medicinal Cannabis) Bill 2016

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Public Health (Medicinal Cannabis) Bill 2016

PHAA welcomes the opportunity to provide the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) a submission regarding the *Public Health (Medicinal Cannabis) Bill 2016* (the Bill).

In April 2016, PHAA provided a response to the Queensland Health survey questions regarding the *Medicinal Cannabis in Queensland: Draft Public Health (Medicinal Cannabis) Bill 2016*. Responses to the survey have been supplied as part of this submission.

In addition to responses provided to Queensland Health, PHAA strongly advocates for the reduction of social and health inequities should be an over-arching goal of Government policy. We believe that the Australian Government, in collaboration with State and Territory Governments, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

To this end we believe the following three points should be considered by the Committee in relation to the Bill:

1. Any restrictions on prescribing and dispensing of Medicinal Cannabis should be through the Therapeutic Goods Administration *not* in the legislation. By requiring prescribers to apply for medicinal cannabis approval to become specialist medical practitioners will cause access equity issues in disadvantaged, rural and remote communities as will restricting access to approved pharmacist and secondary dispensers.
2. Possession of criminal history should not be a factor in approving medical treatment of a patient. Access to health services and medical treatments should be without discrimination on the grounds of a person's legal situation but rather be guided by evidence that supports effective, appropriate and confidential treatment.
3. A significant section of the legislation in this Bill seems to be focused on criminal justice issues rather than provision of medicinal cannabis as a legal treatment option (For example: Part 2 Entry of places by authorised persons, Division 1 Power to enter, page 70; Part 3 External reviews by QCAT, page 115; Chapter 10 Protection from liability, page 118; Chapter 11 Legal proceedings, page 120) .This Bill should focus on medicinal cannabis as treatment for medical conditions not on criminal justice issues.

For further information on public health issues relating to medicinal cannabis, please see the PHAA policy on Medicinal Cannabis in Australia, available here: www.phaa.net.au/documents/item/885 and provided as an attachment to this submission.

Responses to Queensland Health Survey questions

Do you support the use of medicinal cannabis in Queensland?

Yes, particularly now that the Commonwealth has legislated to establish a national scheme to make cannabis available for medicinal purposes using an approach that is consistent with Australia's obligations under the international treaties covering this area. Effective implementation requires the active support of the States and Territories.

What, if any, concerns do you have about the use of medicinal cannabis in Queensland?

PHAA applauds the Queensland Government for working on a framework for regulating the lawful supply and use of medicinal cannabis products in Queensland. While we understand the limitations imposed by the existing regulatory framework and current scheduling of cannabis under Schedule 9 and a cannabis-derived pharmaceutical product (nabiximols) under Schedule 8 of the national classification system, we strongly support a more comprehensive approach to effectively regulate the use of medicinal cannabis products and repealing of the relevant sections of the Regulation such as the requirement for the Chief Health Officer (CHO) to approve treatment prescribed by a medical practitioner to a consenting patient.

At the ACT Inquiry into the exposure draft of the Drugs of Dependence (Cannabis use for medical purposes) Amendment Bill 2014, the Committee was advised that the approval process involving the CHO would "create significant additional demand on health resources" and that "the CHO is being asked to provide an approval with no real knowledge of the cases and no way to interrogate the information being provided in applications. The Committee was advised that there is no need for the CHO to be involved in the decision to prescribe to an individual" a view that PHAA strongly supports.

If you have any concerns about the use of medicinal cannabis in Queensland, how might these be managed or prevented?

Harm minimization policies applied to medicinal use of cannabis seek solutions that do not impose additional burdens on people who are terminally ill or who are suffering from a chronic illness where alternative medicines are not effective and/or have debilitating side-effects. Penalties associated with possession and use of cannabis, and of administering to another person, currently add to such burdens. NSW for example, has adopted a policy not to prosecute terminally ill people using the drug medicinally, an approach supported by the PHAA.

PHAA supports controlled availability through a tightly regulated, compassionate medicinal cannabis regime managed by medical practitioners and the state/territory health departments, ideally underpinned by national legislation and regulation in conformity with Australia's international treaty obligations.

The ready availability of illegal cannabis in the community for both recreational and medicinal use means that it is unlikely that making it lawful for a relatively small number of people to self-medicate for a small number of health conditions, as part of a tightly controlled medical approach, would have any meaningful impact on illicit cannabis availability or use.

The arguments against permitting terminally ill people to legally access, possess and use cannabis when their doctor supports this, represent an ideological stance, not compassionate medical practice.

What, if any, special provision should be made for treating patients who are under 18 years of age?

PHAA supports an approach that involves having patients, carers and medical practitioners all involved in the process of seeking authorisation to possess, supply and use medicinal cannabis. In our view, access to legal medicinal cannabis should only be possible for the relatively small number of people suffering specific health conditions for which standard medications have not been sufficiently effective. As per provision of standard medications, treatment of patients who are under 18 years of age should be decided by the patients' medical practitioner in consultation with the patients' legal guardian.

What, if any, special provision should be made for treating patients with impaired capacity to consent to treatment?

Similarly to the observation above, with regard to adults with impaired capacity to consent - as per provision of standard medications, treatment of patients in this context should be decided by the patients' medical practitioner in consultation with the patients' carer and/or legal guardian.

What, if any, special provision should be made for treating patients in rural or remote areas?

Limitations to access due to overly bureaucratic regulatory framework should be able to be overcome through appropriate use of modern technology to ensure that people in regional or remote areas of Queensland are not disadvantaged. Equitable access to all health care and treatment should form a key part of the implementation of any health policy.

Conclusion

PHAA supports the availability of medicinal cannabis in a controlled and appropriately regulated environment.

A compassionate medicinal cannabis regime should mean possession and use of botanical cannabis and synthetic cannabinoids carry no penalty when used by people in situations where conventional approaches have been unsuccessful or are contra-indicated. Such a regime should apply to a person with serious health conditions that their doctors and the state/territory health departments consider may be alleviated through consuming cannabis. The PHAA also believes that it is appropriate for governments to support research into the long term benefits and risks of cannabis compounds for medicinal purposes.

The PHAA appreciates the opportunity to make this submission and would be happy to elaborate should that be considered appropriate.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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