Public Health Association of Australia

Submission to the Senate Legal and Constitutional Affairs Legislation Committee Inquiry into the Regulator of Medicinal Cannabis Bill 2014

13 March 2015
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Introduction

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. PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment based on prevention, the social determinants of health and equity principles.

Public Health

Public health seeks equitable health for all and goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA is an active participant in a range of population health alliances including the Australian Health Care Reform Alliance, the Social Determinants of Health Alliance, the National Complex Needs Alliance and the National Alliance for Action on Alcohol.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. In addition to these groups, PHAA is responsible for an outstanding peer review journal - the Australian and New Zealand Journal of Public Health (ANZJPH).

Advocacy and capacity building

In recent years PHAA has further developed its advocacy role to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and by other means.
PHAA submission on Regulator of Medicinal Cannabis Bill 2014

Preamble

PHAA welcomes the opportunity to provide input to the Senate Legal and Constitutional Affairs Legislation Committee Inquiry into the Regulator of Medicinal Cannabis Bill 2014. PHAA supports the introduction of policy instruments and resulting procedures to establish, across Australia, the provision by which people can gain lawful access to cannabis and cannabis-derived products for use for therapeutic purposes in instances where standard medical approaches are not achieving the desired medical outcomes and/or where standard therapeutic products have adverse side-effects that are not able to be adequately controlled without the use of cannabis.

Please see our Position Statement (Attachment A), released in September 2014, on this topic. Its main thrust is to acknowledge that:

- A significant body of research evidence, along with the lived experiences of patients, families and doctors, confirms that cannabis and cannabis-derived products can significantly improve the health of many people who are terminally ill, who are experiencing severely debilitating health conditions or who are experiencing adverse side-effects of standard medications.
- We do not have available, at present, an adequate range of cannabis-based therapeutic products that meet the TGA standards for registration.
- As an interim measure, until such time as the full range of TGA approved products are available, it is imperative that people are able to gain lawful access to cannabis in situations where it is likely that they will be able to benefit from the drug.

Response to the Regulator of Medicinal Cannabis Bill 2014

a) PHAA support for the Bill

For the reasons outlined above, PHAA strongly supports the main elements of the Regulator of Medicinal Cannabis Bill 2014. We see it has a pragmatic approach that acknowledges the current situation and establishes a tightly regulated system to authorise the cultivation, supply, administration and consumption of cannabis and cannabis-derived products where that is appropriate to meet individual patient needs. We are particularly supportive of the key thrust of the Bill to establish a national supply system for medicinal cannabis.

b) Comments/recommendations in relation to specific provisions

PHAA fully supports the approach of having the Regulator operate in parallel to the TGA. We note the intention to have its processes align with the TGA insofar as that is appropriate, particularly as new cannabis-based therapeutic products that meet TGA standards come onto the market.
We note the proposed membership of the Regulator and agree about the necessity of having the members crossing a range of scientific disciplines. We suggest that consideration be given to including in the membership a consumer representative.

We note the provision that the proposed authorisation scheme would only apply in participating states and territories. While this raises some concerns as it is more than possible that a number of jurisdictions would refuse to participate, we appreciate that the provisions would really not be workable without the active support of participating states and territories, including their making legislative changes that would make their provisions compatible with the Commonwealth legislation.

PHAA agrees with the approach of having patients, carers and medical practitioners all involved in the process of seeking authorisation to possess, supply and use medicinal cannabis. This is because, 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.

We see cannabis-based products, particularly those that are herbal, as being permitted only after a qualified health professional has assessed its utility and explained to the patient and/or carers the potential strengths and weaknesses of using medicinal cannabis in their individual circumstances.

c) Consideration of International Treaty obligations

Finally, PHAA notes that the regime set out in the Bill is perfectly consistent with Australia’s treaty obligations under the Single Convention and the Trafficking Convention. This is one of its particular strengths, particularly in light of the highly conservative approach still being taken by the International Narcotics Control Board.1

Conclusion

PHAA appreciates the opportunity to make this submission and looks forward to the possibility of further participation in the Senate Legal and Constitutional Affairs Legislation Committee Inquiry into the Regulator of Medicinal Cannabis Bill 2014.

PHAA strongly supports the intent and primary elements of the Bill and would be happy to elaborate on the views expressed in this submission at a public hearing.

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

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