

POSITION STATEMENT: Medicinal cannabis in Australia

The need for a compassionate regime whereby seriously and terminally ill individuals who have been appropriately authorised may possess and use cannabis without penalty.

The Public Health Association of Australia notes that:

1. Abstaining from illicit drugs avoids the harms arising from their use. It is important that effective prevention programs are adopted which prevent and delay the onset of any drug use. Given that not everyone will abstain from illicit drugs, it is critical that we also adopt policies which minimise the harm associated with use to individual consumers, their families and the broader community. *(PHAA Illicit Drug Policy Adopted September 2013)*
2. Harm minimisation 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 medications are not effective. Penalties associated with possession and use of cannabis currently add to such burdens.
3. Widespread public and media interest in medicinal cannabis¹ exists in Australia including in parliaments in a number of jurisdictions which are actively considering proposals. The focus is on using cannabis to assist in alleviating unnecessary suffering caused by illness or adverse consequences of treatment.
4. Under international treaties that have been incorporated into Australian domestic law, nations may permit the import, export, supply, use, consumption, etc. of cannabis in all its forms for 'medical and scientific purposes'.²
5. Many Australians currently self-medicate with cannabis, or medicate family members with the drug. Some of them do so with the tacit or overt support of their doctors.³ In doing so they are behaving illegally as importing, cultivating, supplying and possessing cannabis is illegal in all Australian states and territories, as is self-administration in all but one of them.
6. No sound estimate is available of the number of people in Australia who use cannabis for medicinal purposes, nor of the number who could benefit from doing so.
7. Widespread public support exists for changing legislation to permit the use of botanical cannabis (marijuana) for medical purposes (69% of people aged 14 years or older nationally in 2010) and for a clinical trial in this area (74%).⁴
8. The attitudes towards medicinal cannabis expressed by Australian and international professional bodies are mixed. For example, the Cancer Council NSW '...supports limited exemptions from criminal prosecution...for cancer patients who have been certified by an approved medical practitioner as having particular conditions, and who have been counselled by such a practitioner about the risks of smoking cannabis'.⁵ The Australian Medical Association '...acknowledges that cannabis has constituents that have potential therapeutic uses' and notes

that 'Therapeutic cannabinoids that are deemed safe and effective should be made available to patients for whom existing medications are not as effective'.⁶

9. Government regulated medicinal cannabis programs exist in many European and North American nations. The approach taken in many of the USA programs where controls are loose, with blurred boundaries between supply for medicinal and recreational purposes, provides a model of how *not* to manage these programs.⁷ In contrast, the approach taken in the Netherlands, where a government agency, the Office of Medicinal Cannabis, tightly regulates the service, is an example of how the program can be operated in a safe and effective manner.⁸ Medicinal cannabis has been approved for use in more than a dozen countries including the UK, Denmark, the Czech Republic, Austria, Sweden, Germany, Spain, Canada, Italy, Israel and New Zealand.
10. Various attempts have been made in the past in Australia to legislate for medicinal cannabis programs that aim to mitigate the sufferings of people with diverse health conditions, but none reached the implementation phase.⁹
11. 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.¹⁰ Research into medicinal uses of cannabis is limited, partly owing to US Government restrictions on making the drug available for medical research purposes.¹¹
12. Only one form of pharmaceutical cannabis is included in the Australian Register of Therapeutic Goods (nabiximols, Sativex®) for just one indication (symptom improvement in patients with moderate to severe spasticity due to multiple sclerosis). In addition, the synthetic cannabinoids dronabinol and nabilone are listed in Schedule 8 of the Poisons Standard. These medications are expensive in Australia, limiting access to them for disadvantaged people.

The Public Health Association of Australia believes that:

13. With regard to medicinal cannabis, the policies and practices of the Commonwealth, State and Territory governments are out of step with the attitudes and behaviour of much of the general public and professional opinion.
14. It is now timely for Australian governments to give serious consideration to options for a tightly-regulated, compassionate medicinal cannabis regime managed by medical practitioners and the state/territory health departments.
15. The ready availability of illegal cannabis in the community now 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.
16. Any medicinal cannabis regime should ideally be supported by provisions for the supply of cannabis to people authorised to use it, and this should not entail obtaining the drug from illicit supply sources. However, this should not prevent the removal of penalties for medicinal use as part of a staged approach.

17. The arguments against permitting terminally ill people to legally access, possess and use cannabis when this is supported by their doctor, represent an ideological stance, not compassionate medical practice.
18. Considerations of facilitating a relatively small number of dying, chronically and acutely sick people to use cannabis as part of a carefully controlled compassionate regime need to balance the potential benefits of this for patients and their families (which are relatively high) with the potential negative aspects (which are relatively low).¹² The side effects of using cannabis to provide relief from the symptoms of some chronic illnesses need to be taken into account in assessing these trade-offs. Current evidence suggests that adverse effects of short-term use are generally modest, but further research is needed to evaluate adverse effects of long-term use including risk of dependence, exacerbation of cardiovascular disease and precipitation of psychotic disorder.
19. Any Australian regime should clearly distinguish between lawful medicinal use and unlawful use for recreational and other purposes.

The Public Health Association of Australia recommends that:

20. Australian governments, collaboratively with members of the affected communities (including families and carers) and public health, medical and law enforcement experts, initiate careful policy work on how to introduce a compassionate, palliation-focussed, medicinal cannabis regime within their respective jurisdictions.
21. The starting point be the proposals currently before the NSW and ACT legislatures for medicinal cannabis to be available to terminally ill people in circumstances where their doctors and the state/territory health department agree that cannabis may provide palliation benefits to the patient.
22. The compassionate medicinal cannabis regime go further than serving only terminally ill people, with possession and use of botanical cannabis and synthetic cannabinoids also carrying no penalty when used by people with other serious health conditions that their doctors and the state/territory health departments consider may be palliated through consuming cannabis, in situations where conventional approaches have been unsuccessful or are contraindicated.
23. Considering that pharmaceutical cannabis is legally available in Australia in only one form and for only one narrow indication, the regime needs to also include provisions for the removal of penalties in very limited circumstances for the use of botanical cannabis and its extracts ingested through various routes of administration including smoking (for adults only), vaporisers and food products.
24. The regime include provisions providing no penalty for the person with the health condition in question to possess an amount of cannabis that is deemed to be for personal use (i.e. less than the trafficable quantity threshold). The regime should also specify no penalty to that person - or a third party nominated by the person and/or the relevant authorities (doctor/s and health department) - to cultivate, possess, supply and/or administer personal-use quantities of cannabis product to the person authorised to receive it.
25. Governments explore the feasibility of making medicinal cannabis available from other sources, e.g. importing pharmaceutical-standard cannabis from overseas-based producers and/or

licensing medicinal cannabis production in Australia.

26. Governments support research into the long term benefits and risks of cannabis compounds for medicinal purposes.

References

- ¹ Terminological note: 'cannabis' refers to the plant *Cannabis sativa*. 'Cannabinoids' include cannabis and synthetic and semi-synthetic substances that produce pharmacological effects similar to those produced by cannabis (Mather, LE *et al.* 2013, '(Re) introducing medicinal cannabis', *Medical Journal of Australia*, vol. 199, no. 11, pp. 759-61). For ease of communication this Position Statement uses the term 'medicinal cannabis' to cover both botanical cannabis and other cannabinoids.
- ² United Nations Office on Drugs and Crime 2013, *The International Drug Control Conventions*, <<http://www.unodc.org/unodc/en/commissions/CND/conventions.html>>.
- ³ For example: <http://www.canberratimes.com.au/act-news/medical-marijuana-supplier-raided-after-tip-off-from-chief-minister-20140730-zyoz7.html> and Adler, JN & Colbert, JA 2013, 'Clinical decisions. Medicinal use of marijuana-polling results', *New England Journal of Medicine*, vol. 368, no. 22, p. e30.
- ⁴ Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, 2nd edn, Drug Statistics Series no. 25, cat. no. PHE 145, Australian Institute of Health and Welfare, Canberra.
- ⁵ <http://www.cancercouncil.com.au/1978/cc-publications/health-strategies-reports-submissions/position-statements/cancer-council-new-south-wales-medical-use-of-marijuana-fact-sheet/>
- ⁶ See <https://ama.com.au/position-statement/cannabis-use-and-health-2014> .
- ⁷ Sabet, K & Grossman, E 2014, 'Why do people use medical marijuana? The medical conditions of users in seven U.S. states', *Journal of Global Drug Policy and Practice*, vol. 8, no. 2. (Note: this is sound research, albeit published in a low-status, advocacy-focussed, online journal.)
- ⁸ See the Netherlands Office of Medicinal Cannabis <http://www.cannabisbureau.nl/en/> .
- ⁹ NSW Parliamentary Research Service 2014, *Medical cannabis*, Issues Backgrounder no. 5, Parliament of NSW, Sydney.
- ¹⁰ Grotenhermen, F & Muller-Vahl, K 2012, 'The therapeutic potential of cannabis and cannabinoids', *Dtsch Arztebl Int*, vol. 109, no. 29-30, pp. 495-501; Borgelt, LM *et al.* 2013, 'The pharmacologic and clinical effects of medical cannabis', *Pharmacotherapy*, vol. 33, no. 2, pp. 195-209, Volkow, ND, Baler, RD, Compton, WM & Weiss, SRB 2014, 'Adverse health effects of marijuana use', *New England Journal of Medicine*, vol. 370, no. 23, pp. 2219-27, Hakkarainen, P *et al.* 2014, Growing medicine: small-scale cannabis cultivation for medical purposes in six different countries', *The International Journal of Drug Policy*, online ahead of print.
- ¹¹ Bostwick, JM 2012, 'Blurred boundaries: the therapeutics and politics of medical marijuana', *Mayo Clinic Proceedings*, vol. 87, no. 2, pp. 172-86.
- ¹² This has been the experience of the Netherlands' Office of Medicinal Cannabis which manages a tightly-controlled program, making pharmaceutical-standard herbal cannabis available to authorised patients in that country through pharmacies, and elsewhere in Europe. See <http://www.cannabisbureau.nl/en/> . And see Carter, GT *et al.* 2011, 'Cannabis in palliative medicine: improving care and reducing opioid-related morbidity', *American Journal of Hospice and Palliative Care*, vol. 28, no. 5, pp. 297-303.