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Attention: VLRC

Medicinal Cannabis: issues paper

We welcome the opportunity to submit to this inquiry, however note that many of the issues regarding this inquiry fall outside the remit of the Victorian Alcohol and Drug Association (VAADA). We will therefore provide a brief response, broadly outlining our views. We are in principle, supportive of any medication which enjoys a solid evidence base that provides relief for those experiencing illness. We understand that there is a growing body of evidence supporting the use of medicinal marijuana and therefore welcome this inquiry.

As peak body for the Victorian alcohol and other drug (ADO) sector, we play a key role in conveying the interests and experiences of AOD services and service users to necessary forums. When forming a specific position, we reflect heavily on the evidence and advocate for evidence informed practice.

Regarding this issue, we note that there are a considerable array of views, and from the issues paper, a broad range of studies highlighting the efficacy of various forms of medicinal marijuana as a means of treating certain ailments. It is crucial that the evidence relating to this is paramount in considering whether Victoria should adopt measures to permit the use of cannabis related medications. We note, from the issues paper, that many other countries and jurisdictions have adopted various measures to permit the use of medicinal cannabis in specific circumstances and would urge careful reflection on the practices and outcomes arising from these jurisdictions.

From the perspective of the AOD treatment sector, we note that cannabis makes a considerable contribution as both a principal and contributing substance to AOD treatment services and note that there are, as is the case with a range of medications where dependence and misuse is possible, a number of safeguards which should be considered in pursuing the regulation of this substance. This may involve ensuring that the composition of the substance is such that there is minimal recreational value to those who consume this substance but are not experiencing an ailment.

The risks must be weighed up with a view to the effectiveness of this substance in addressing specific ailments and the associated risks which may be incurred through consumption. Consideration should

also be given with regard to mitigating these risks. It should be noted however, that on the issue of diversion, marijuana is the most accessible illicit drug and also one of the most affordable, so in light of its broad availability, it is unlikely that medicinal marijuana would have much 'street value' and therefore is unlikely to result in any significant increase in illicit use.

We note that pharmaceutical opioids contribute heavily to acute drug toxicity mortality in Victoria, with these substances contributing to approximately 185 deaths in 2014, just under half of all Victorian overdose related drug deaths. We note that the Victorian Coroners Court has never identified cannabis as a contributing substance to acute drug toxicity mortality. This is in line with a finding in the issues paper, which highlights a study where some jurisdictions, which permit the use of medicinal marijuana, experience a reduction in opioid related mortality of approximately 25 percent in comparison to other jurisdictions where marijuana is not available for medicinal purposes. This key issue in assessing the harms should be explored further and consideration given to the efficacy of marijuana as a treatment option for pain management.

In light of the growing body of evidence, and global trend in regulating marijuana for medicinal purposes, we are of the view that Victoria should embark upon a process whereby marijuana is available to individuals who experience specific ailments to which this substance provides relief or can provide an effective remedy. We note that the process of regulating and dispensing this substance rightly falls outside the remit of VAADA, and would refer to the necessary experts involved in the regulating, prescribing and dispensing of medications to determine the best way for in progressing this endeavor.

Should you have any further queries, please contact the undersigned.

Sincerely,

Sam Biondo Executive Officer

Victorian Alcohol and Drug Association