Cancer Action Victoria
Giving a Voice to People Affected by Cancer

Medicinal Cannabis: Issues Paper Submission

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This submission is made on behalf of Cancer Action Victoria Inc. We are a state-based consumer advocacy organisation which works to improve the cancer experience for all Victorians affected by cancer. We are particularly concerned with policies and programs for the prevention, diagnosis, treatment, survival issues and research of cancer.

We appreciate the opportunity to make this submission to the Law Reform Commission. We do not propose to answer all of the questions contained in the Issues Paper but intend to limit our submission to issues affecting cancer patients.

"Australia is behind the times on the medical use of cannabis"

We welcome the policy of the Victorian Government to change the legislation so as to allow patients to be treated with medicinal cannabis. In this regard, Victoria and Australia are in a catch up phase. "Australia is behind the times on the medical use of cannabis" declared the respected physician Professor David Penington in an article in the Medical Journal of Australia in February this year. At least 20 countries permit the use of medicinal cannabis to relieve distressing symptoms across a range of serious medical conditions, and its use is legal in: Canada, Israel, Czech Republic, Finland, Netherlands, France, Germany, Portugal, Spain and Sweden, while of the 50 US states, medicinal cannabis use is permitted in 23 of them, and legislation to allow its use is pending in three more.

Patients with cancer should have access to medical cannabis

We submit that:

- access to medical cannabis should be available to patients with a listed medical condition for which there is clinical knowledge which supports the efficacy of using medical cannabis: and
- that cancer is a medical condition that should be placed on this list of medical conditions.

"Clinical reports of benefits in terms of pain relief and improvement in general wellbeing in the late stages of cancer, and relief from nausea in the course of cancer chemotherapy, represent the strongest case for action to make the therapy [medicinal cannabis] available."[1]

[1] Professor David Penington in his submission to the Senate Inquiry into the Regulator of Medicinal Cannabis Bill 2014 (in this document referred to as the "Senate Inquiry")

According to a 2012 review in the German scientific journal *Deutsches Ärzteblatt International* of scientific findings from over 100 controlled clinical trials involving either cannabis or its constituents, there was "clear evidence that cannabinoids are useful for the treatment of various medical conditions." These conditions included chemotherapy-induced nausea and vomiting, cancer-related cachexia and chronic cancer pain[2].

Some jurisdictions, which permit the use of medicinal cannabis, stipulate that conventional treatments must have failed to provide effective relief before medicinal cannabis may be used. We disagree with this approach – medicinal cannabis should not be a treatment of last resort. Medicinal cannabis should resume its place in the pharmacopoeia, to be used alone or in combination with other pharmaceuticals.

How should the Victorian medicinal cannabis scheme interact with the national arrangements for the control of therapeutic products?

We submit that it is not appropriate to regulate cannabis under the therapeutic goods legislation and narcotic drugs legislation and that medicinal access to cannabis should be regulated separately.

The processes under the therapeutic goods legislation dealing with "drugs" are not appropriate to cannabis because "'cannabis' cannot be regarded as a particular drug"[3].

"It is well known that medicinal preparations made from the cannabis plant typically contain several hundreds of known chemical substances, and many of these demonstrate activity in relevant pharmacological models. Moreover, these substances occur in varying concentrations in different strains of cannabis plants, with additional variations introduced by conditions of plant growing, harvesting, storage and processing.[4]"

Large pharmaceutical companies have pre-made standardized cannabis products, such as Sativex, many of which are prohibitively expensive. The pharmaceutical cannabis products which have been approved for medicinal

[2] *"The therapeutic potential of cannabis and cannabinoids": http://www.aerzteblatt.de/int/archive/article?id=127603*
[3] Professor David Penington and Professor Laurence Mather in their respective submissions to the Senate Inquiry.
[4] Professor Laurence Mather in his submission to the Senate Inquiry and the references cited in that submission.

use (e.g. Dronabinol) have not been widely used because patients find it difficult to achieve therapeutic doses[5].

The NSW Premier's Working Party on the Use of Cannabis for Medical Purposes 2000 commented that the experience of registering Dronabinol in Australia highlighted several key issues in the registration of new pharmaceutical cannabis products under the therapeutic goods legislation[6].

There is doubt as to whether the selective pharmaceutical cannabis products are as effective as cannabis itself in some applications[7].

"Contemporary research also is indicating that the mixture of ingredients of cannabis can have greater therapeutic advantage than any of the principal ingredients alone – for cannabis, this has been referred to as the 'entourage' effect. Even more than the principal terpenophenol cannabinoids, others of the myriad noncannabinoid natural ingredients also contribute to the salutary actions attributed to cannabis. This is significant for several reasons. Foremost, it has become a principle of contemporary pain management that combinations of analgesic substances in smaller dose are frequently more efficacious than larger doses of any one of the substances, and goes further to avoid the side effects of that substance: this principle is known as 'multimodal analgesia'[8]."

We agree with the views expressed on the ABC's *Background Briefing* Program on 19 October 2014[9] by Dr David Caldicott, a Senior Lecturer in the Faculty of Medicine at the Australian National University who specialises in illicit drugs and toxicology.

Dr Caldicott says taking the pharmaceutical route is time consuming and expensive because cannabis has hundreds of active ingredients:
"These are complex compounds, difficult to prepare, and that greatly increases the cost of any commercial product. So there is an argument by some people that we should just wait until the pharmaceutical companies

[5] Institute of Medicine. *Marijuana and medicine: assessing the science base.* Washington, DC: National Academy Press; 1999 quoted by Professor Wayne Hall in his submission to the Senate Inquiry.
[6] Report of the NSW Premier's Working Party on the Use of Cannabis for Medical Purposes 2000, Executive Summary, Barriers to the registration of new drugs.
[7] Penington op.cit.
[8] Maher op.cit.
[9] http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-10-19/5816112

take control of this, own it and sell it. But this will be at an enormous cost to the Australian taxpayer and to the poor individuals who need to consume these [drugs]. This is a plant that can be grown. This can be grown like a tomato at roughly the same price."

What approach should be taken to regulating access to medicinal cannabis?

The use of medicinal cannabis should be legal. We reject the suggestion that all cannabis use should remain illegal but that certain patients with a demonstrated need for cannabis for medicinal use would be exempt from, or have a defence against, prosecution.

We are not lawyers. Except to say that a national co-operative scheme between all States and Territories and the Commonwealth is highly desirable, we do not wish to comment otherwise on what legislative basis should be used for a medicinal cannabis scheme.

In our opinion, the approach which should be taken to regulating access to medical cannabis is as follows:

- Medical cannabis should be sourced from licensed commercial growers who are controlled in a similar manner to the growers of opium poppies.

  We are not in favour of the "grow your own" model. This is not feasible for patients who are debilitated by their illness. Also the Canadian experience indicates that patient satisfaction from self-sourced supplies of home-grown cannabis was reported as "poor"[10].

- A medical practitioner would give a patient who has cancer (or other disease specified in the legislation) a certificate which enables the patient to have access to medicinal cannabis.

  That is a system of medical certification, rather than one of medical prescription.

[10] Lucas P. *It can't hurt to ask; a patient-centered quality of service assessment of Health Canada's medical cannabis policy and program.* Harm Reduct J 2012; 9: 2. quoted in *(Re)introducing medicinal cannabis* Laurence E Mather, Evert R Rauwendaal, Vivienne L Moxham-Hall and Alex D Wodak Med J Aust 2013; 199 (11): 759-761.

In American states where medicinal cannabis is legal, some medical practitioners have refused to prescribe what would otherwise be an illegal drug[11]. In Australia there has been a similar experience with some medical practitioners refusing to prescribe a legal drug, Diamorphine, for end of life pain treatment. One of the reasons that we support a system of medical certification is that we believe patients with a condition that the law recognises as warranting access to medicinal cannabis should not be refused access due to the prejudices of individual medical practitioners.

Professor Penington suggests that there should be a register of patients who have been given a certificate to access medicinal cannabis.

- The patient would access that medicinal cannabis from a registered dispensary which would obtain the cannabis from a licensed commercial grower.
- The registered dispensary would determine and provide the medicinal cannabis of a type best suited to the patient's disease and circumstances.
- Medicinal cannabis should be permitted to be supplied and used in all its forms: fresh, dried, cold extractions/concentrates and heated extractions/concentrates. For a patient with terminal cancer, it is ridiculous to suggest that they should not be able to smoke medicinal cannabis because of a risk of lung cancer from long-term use.
- The patient should decide the dose that they require.

  As with opioid analgesics, there is no standard pharmacotherapeutic dose for cannabis[12]. The response to cannabis varies from person to person: the amount of medicinal cannabis required to achieve pain relief is a subjective matter[13]. Patients must decide for themselves what dose gives the best balance between wanted and unwanted effects.

Where patients do not have the necessary capacity, the decision to access medicinal cannabis would be made by their medical power of attorney.

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[11] Dr Tim Byers, Associate Dean, Colorado School of Public Health https://soundcloud.com/taboo-ty/medical-marijuana-podcast-april-2015?in=taboo-ty/sets/taboo-ty-podcast-series

[12] Mather op.cit.

[13] Penington op.cit.