Alcohol, Tobacco & other Drugs Council Tas Inc.

Legislative Council

Government Administration Committee A

Inquiry into Medical Use of Cannabis

A submission by the
Alcohol, Tobacco and Other Drugs Council Tas, Inc. (ATDC)

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The Alcohol, Tobacco and Other Drugs Council Tas Inc (ATDC)

The ATDC is the peak body representing the interests of community sector organisations that provide services to people with substance misuse issues in Tasmania. We are a membership based, independent, not-for-profit and incorporated organisation.

We are the key body advocating for adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug initiatives. We support workforce development through training, policy and development projects with and on behalf of the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We are underpinned by the principle of harm minimisation, which aims to improve public health, social inclusion and co-morbid illness outcomes, for individuals and communities. We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

Scope of this submission

The ATDC welcomes the opportunity to provide a submission to this inquiry. It is encouraging to see that an inquiry has been established to look into the implications of legalising medicinal use of cannabis in Tasmania. The ATDC is hopeful that this inquiry will provide the opportunity for all key stakeholders to provide expert opinion and insight into this important issue.

This submission does not seek to address each of the terms of reference set out by the inquiry, as many of the criteria relate to technical matters outside the ATDC's sphere of interest. This submission will also not consider the social/recreational use of cannabis and the arguments for and against its legalisation or decriminalisation. The submission does highlight the need to consider a medicinal cannabis scheme in Tasmania so that those suffering conditions that respond to medicinal cannabis are able to access treatment.

Introduction

Cannabis is the most commonly used illicit drug in Australia and has been used as a medicine for thousands of years. International acceptance of medicinal cannabis is growing and governments around the world are beginning to act on the issue of legalising medicinal cannabis use. The current legislation across Australia means that those seeking to use cannabis for treatment are stigmatised and risk criminal penalties for accessing the drug.

Not only is this discussion happening at a political level, but there has also been a significant shift in the general community's view in relation to medicinal cannabis. In the most recent National Drug Strategy Household Survey (2010), 69% of respondents supported changing legislation to permit the use of cannabis for medical purposes, while 74% supported a clinical trial for people to use the drug to treat medical conditions[1].

[1] Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

The ATDC recently held a roundtable in Hobart at which a range of experts and key stakeholders were invited to discuss the implications of the decriminalisation of cannabis in Tasmania. The medicinal use of cannabis was also discussed at length, with participants agreeing that if the evidence is there to support its efficacy then it is sensible that this would be an appropriate step in terms of law reform in relation to cannabis. [2]

We encourage you as members of the legislative council, to keep firmly in your mind the following points:

- We as a society have a moral obligation to ensure that effective treatment is provided to those who need it and that the health of patients is prioritised;
- The potential economic benefit for the State in the development and implementation of regulations in relation to the production and distribution of cannabis;
- The broader conversation in relation to the decriminalisation and potential legalisation of cannabis is a separate issue but one that should not be ignored.

Medicinal Properties of Cannabis

Cannabis is made from the dried flowers and leaves of a plant called Cannabis Sativa. The plant contains cannabinoids, which are the chemicals that act upon the cannabinoid receptors in the body. The two most common cannabinoids are tetrahydrocannabinol (THC) and cannabidiol (CBD). [3]

The psychological effect of THC is mediated by the presence of other classes of cannabinoids, including CBD. CBD appears to be a non-psychoactive element that reduces anxiety and moderates the psychoactive effect of the THC. Cannabis plants with lower doses of CBD are more likely to produce acute adverse outcomes such an anxiety. [4] If this is the case, cannabis containing higher levels of CBD is preferable.

International research suggests THC in both natural, herbal and synthetic form, can provide benefits for people who are suffering from painful or distressing symptoms of particular diseases whose symptoms cannot be relieved by other means.

A NSW Government working party convened to investigate the use of cannabis for medical purposes concluded that medical conditions for which cannabis may be of medical benefit include:

- As an appetite stimulant for cancer and HIV related wasting;
- Pain unrelieved by conventional treatments;
- Neurological disorders, such as multiple sclerosis; and
- Nausea and vomiting in cancer patients undergoing chemotherapy which do not respond to conventional treatment.

[2] This report is available on request.
[3] Griffith G and Swain M. *The medical use of cannabis: recent developments*. NSW Parliamentary Library Research Services. Briefing Paper No 11/99: 1999
[4] *Ibid*

Cannabis has also been cited as an appropriate anti convulsing agent for patients experiencing epilepsy,[5] and as an anti-emetic. [6] Similar conclusions were also found in a 1996 report published by Drug and Alcohol Services South Australia (DASSA). [7]

There is also experimental evidence to suggest that cannabinoids may be immunomodulatory, that is, they may alter the immune response by augmenting or reducing the ability of the immune system to produce anti bodies or sensitised cells that recognise and react with the antigen that initiated their production.[8]

In recent decades Cannabis Sativa (and its extracts) have been legitimised for medicinal and therapeutic use in Canada, and in 23 States in the USA. In California, approximately 200,000 people have received approval to cultivate or purchase cannabis from a certified dispensary for treatment purposes. [9]

There is often much discussion in relation to the addictive properties of cannabis however, dependency of cannabis only affect's around 10% of users. [10] It is in fact less common than dependency on tobacco and alcohol.

The use of a psychoactive drug for medical purposes always carries a level of risk and potential adverse side effects. However, the risk can be mediated by a number of factors including the pharmacological properties of the substance, the route of administration and the size and frequency of dosage.

There is considerable debate in relation to the optimal mode of administration of cannabinoids in treating symptoms and illnesses. Both smoking and eating illicitly sourced cannabis can be problematic due to the unknown level of THC in each dose. [11] Health authorities do not recommend smoking the substance due to the level of carcinogens. According to experts the smoked form of cannabis contains 50 of the same carcinogens as tobacco. [12] This is why other suggested modes of administration include: vaporisation, eating the pure leaf product and/or consuming tinctures or capsules.

Hall and Degenhart (2003) suggest there is clear need to develop other delivery mechanisms given the obvious side effects associated with smoking and ingesting cannabis. They suggest that sublingual, nasal sprays, deep lung aerosols and nasal gels might be good options. [13]

This research demonstrates that the evidence base for the use of medicinal cannabis for specific conditions is strong. The efficacy of cannabinoids is increasing and is clearly demonstrated in clinical trials, however this is

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[5] Bostwick J.M. (2012) Blurred boundaries: The therapeutics and politics of medical marijuana Mayo Clinic Proceedings, 87 (2) , pp. 172-186.

[6] Cannabis 2006. Australian Medical Association: 2006.

[7] Gowing L, Ali R, Christie Pand White J. (1996) *Therapeutic uses of cannabis*. DASSA Monograph No. 1. Adelaide: Drug and Alcohol Services South Australia.

[8] Gill R. (2013) *Inquiry into the use of cannabis for medical purposes by the New South Wales Legislative Assembly General Purpose Standing Committee*

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10 Degenhardt L, Hall, W.& Michael Lynskey (200) Cannabis use and mental health among Australian adults: Findings from the National Survey of Mental Health and Well-Being *NDARC Technical Report No. 98*

[11] Swift, W., Gates, P. and Dillon, P. (2005) Survey of Australians using cannabis for medical purposes. Harm Reduction Journal, 2

[12] Cancer Research UK: 2010Does Smoking cannabis cause cancer? http://www.cancerresearchuk.org/cancer-help/about-cancer/cancer-questions/does-smoking-cannabis-cause-cancer#link

[13] Hall W. & Degenhardt L. (2003) Medical Marijuana Initiatives: Are they justified? How successful are they likely to be? CNS Drugs 17(10):689-97.

not to say that there are not still concerns in relation to safety issues for patients, clinicians, policy makers, researchers and regulators.

At present, cannabis is not a first line drug for any conditions, however it is often used as a second or third line drug, providing considerable benefit to some patients where more conventional methods have proved ineffective or resulted in undesirable side effects.

Cannabis Use

According to the 2013 National Drug Strategy Household Survey, 1 in 3 Australians aged 14 and over have used cannabis at some point in their lifetime, while 1 in 10 have used it in the previous 12 months. However, despite high levels of use (35%)[14], recreational cannabis accounts for only 0.2 per cent of the burden of illness in Australia. [15] This is well below that of other drugs. In long term studies of large populations, the effect of cannabis on life expectancy is minimal in males and unable to be measured in females. [16]

According to recent data released from the National Minimum Data Set on drug treatment from 2013 the most common principal drug of concern (at assessment) was alcohol at 41%, followed by cannabis at 24%. [17] Smoking was the most common usual method of use in most episodes (88%) where cannabis was the principal drug of concern.[18]

Many purport that by increasing access to cannabis, and introducing a medicinal cannabis scheme, levels of recreational use will increase and greater harms will be felt by users. However, studies have shown that there is no concrete evidence that passing medical cannabis laws increases cannabis use generally. [19] Other drugs, for example, morphine, cocaine, ketamine and amphetamine, are used medicinally today while recreational use remains prohibited. So, it is not uncommon to have a class of drugs that are both illicit and used for medical purposes. According to the US Institute of Medicine, in its report to Congress on medical cannabis, "there should not be a problem if the medical use of marijuana were as closely regulated as other medications with abuse potential". [20]

It is widely acknowledged that many medications have side effects or other impacts on general health. Arguments have been made that cannabis use is linked to psychosis and a range of other mental health conditions. However, research shows no substantial evidence that cannabis psychosis and schizophrenia are linked, rather, the evidence suggests that the use of cannabis can cause deterioration in a person already prone to psychosis and that use in adolescence may cause harm to brain development. [21] According to the

[14] AIHW (2014) Alcohol and other drug treatment services in Australia 2012-13. Drug treatment series no. 24. Cat. no. HSE 150. Canberra: AIHW
[15] Begg S, Vos T, Barker B, Stevenson L & Lopez AD (2007). The burden of disease and injury in Australia. AIHW cat. No PHE 82. Australian Institute of Health and Welfare: Canberra
16 Ibid 8.
[17] AIHW (2014) Alcohol and other drug treatment services in Australia 2012-13. Drug treatment series no. 24. Cat. no. HSE 150. Canberra: AIHW
[18] Ibid
[19] Wall, MM et al. (2011) *Adolescent marijuana use from 2002 to 2008: higher in States with medical marijuana, case still unclear.* Annals of Epidemiology, Volume 21(9), 714, September 2011.
[20] Janet Joy et al (eds) (1999) Institute of Medicine Marijuana and Medicine: Assessing the Science Base
[21] Australian Medical Association Position Statement Çannabis Use and Health, 1 May 2014 https://ama.com.au/position-statement/cannabis-use-and-health-2014

USAs institute of medicine “except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications” [22]

It is reported that cannabis is an easily accessible illicit drug. If appropriate legislation is developed in relation to production and supply for medical purposes, it is unlikely that this will significantly increase the illicit market. For example, the proposed ACT legislation establishes a restrictive and highly regulated cultivation licensing scheme which will safe guard against abuse. Cultivation licences are limited to a person, or nominated individuals, who have received a permit based on their medical condition. Details of people permitted to cultivate cannabis, the location of cultivation and the place where cannabis is kept are all recorded on a register managed by the Chief Health Officer. [23] There are a number of other safeguards suggested under this legislation including limitations on the time that a person can grow the substance, specific security arrangements that need to be met, maximum numbers of plants to be grown and limitations on access to permits for people who have been convicted of drug offences in the past.

A Medicinal Cannabis Scheme for Tasmania

A range of models have been implemented across the world to support the use of medicinal cannabis and countless studies have been conducted in relation to the development and implementation of changes to law and regulations to ensure an effective and sustainable system is developed.

USA

Medicinal cannabis is now available in the USA in 23 States and Washington DC (covering more than 40% of the national population). A variety of models have been used and this submission does not attempt a full review of all of these. More information on individual state law is available here:

http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881

Of the 23 States in the US, plus Washington DC where medical cannabis schemes operate, most have followed a model based on medical diagnosis of conditions recognised in evidence, as benefiting from the use of cannabis. The specification of these conditions and symptoms would be set out in the legislation and the use of a registration card would them provide an exemption to prosecution for possession of the substance.

Canada

The Canadian model permits home cultivation of cannabis and supply of cannabis by a registered caregiver. Dried cannabis and cannabis seed can be purchased directly from Health Canada (the State Health Authority). These cannabis products are sourced by Health Canada from an authorized Canadian biopharmaceutical company. Further information on the Canadian model are available on the Health Canada website:

http://www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php

The Netherlands

The model used in The Netherlands allows cannabis to be used on medical grounds under the supervision of a medical practitioner and pharmacists. The Office of Medicinal Cannabis has exclusive rights to oversee the

[22] Ibid 20

[23] Rattenbury, S. ACT Greens Medical Cannabis Discussion Paper

supply and production of dried medicinal cannabis, which is sourced from an authorised agricultural company. Fact sheets on the Dutch model can be viewed on the Government's website:

http://www.cannabisbureau.nl/en/

Australian Capital Territory

Legalisation is currently proposed by the ACT Greens to permit people suffering from chronic illness related pain to legally use cannabis to self-medicate. It will also permit the person, or nominated persons to, grow certain plants for that purpose. [24]

New South Wales

In 2003 the NSW Government proposed a four year clinical trial of medical cannabis, this trial did not commence under that government or any future governments. In 2011, the NSW Greens tabled a motion in the Upper House calling on the Minister for Health to establish a one year trial of medically prescribed cannabis and circulated a discussion paper and invited submissions from the public. In May 2013, the final report to the inquiry[25] was released making a number of recommendations including: the continued collection of evidence and data supporting the use of cannabis as a treatment option; amendment to the *Drug Misuse and Trafficking Act 1985* to provide a complete defence for possession to cover people using cannabis for medical purposes; establishment of a register of authorised patients and carers; consideration of the issues surrounding lawful supply of crude cannabis products; the development and implementation of an education strategy to inform relevant stakeholders.[26]

Western Australia

Western Australian opposition leader Mark McGowen has recently publicly supported the review of WA legislation in relation to medicinal cannabis

http://www.perthnow.com.au/news/opinion/wa-labor-leader-mark-mcgowan-medicinal-cannabis-laws-need-to-change/story-fnhocuug-1227019109737?nk=444bb2396046d8f236bd24eb0b708dbe

Queensland

Similarly, QLD premier, Campbell Newman remains "sympathetic" on the issue of medicinal cannabis but has stated that he will base any decision on legalisation on research from the National Health and Medical Research Council

http://www.brisbanetimes.com.au/queensland/medical-marijuana-not-stubbed-out-by-campbell-newman-20140723-zw5lt.html

[24] *Ibid* 23
[25] The use of cannabis for medical purposes General Purpose Standing Committee No. 4. [Sydney, N.S.W.] : the Committee, 2013. –xx, 95 p. ; 30 cm. (Report ; no 27)
[26] *Ibid* 23

Growing Cannabis in Tasmania

The ATDC recently invited Dr Beau Kilmer from California (USA) to come to Tasmania and share his experience in assisting Colorado, Washington and Uruguay in the process of legalising cannabis. Beau Kilmer is a senior policy researcher at the RAND Corporation, where he codirects the RAND Drug Policy Research Center. His research lies at the intersection of public health and public safety, with a special emphasis on substance use, illicit markets, crime, and public policy. His recent work on legalising cannabis focusses on a model he calls the eight Ps. The following eight issues are what need to be considered in developing or changing policy in this space:

- Production
- Profit motive
- Promotion
- Prevention
- Potency
- Purity
- Price and
- Permanency.

In a recent article published by Dr Kilmer, he concludes that there are costs and benefits to all cannabis policy options and opinions typically hinge on values about intoxication, personal freedom and guesses about what will work best. [27] He says that since no modern jurisdiction had removed prohibition until Colorado and Washington, we cannot know whether the legalisation will be a positive step for society. He says that the eight Ps give policy makers somewhere to begin in considering the possibility.

Dr Kilmer's eight Ps highlight some of the considerations that the Tasmania Government should make in determining the best fit model for Tasmania. More information on Dr Kilmer's work can be accessed at

http://www.rand.org/about/people/k/kilmer_beau.html#publications

One of the main considerations in introducing a medicinal cannabis scheme in Tasmania is that of sourcing the cannabis. As discussed above, a number of options are available including regulating licensees in producing their own crops and also regulating the supply through a national producer. Tasman Cannabinoids, a Tasmanian based company interested in growing Cannabis in Tasmania for supply across Australia for medicinal cannabis has suggested that Tasmania is well placed to grow cannabis. There have been numerous arguments to support this claim, given the success of the poppy industry in Tasmania.

Since the 1960's Tasmania has been the world's largest producer of opium alkaloids for the pharmaceutical market. The industry is highly efficient and produces about 50% of the world's concentrated poppy straw (CPS) for morphine and related opiates from merely 10.7% of the production area. Tasmania has a proven track record in growing poppies and developing a billion dollar industry in Tasmania.

[27] Kilmer B (2014) Policy Designs for Cannabis Legalization: Starting with the eight P's. The American Journal of Drug and Alcohol Abuse, v. 40, no. 4, July 2014, p. 259-261

The ATDC does not wish to comment in depth on the growing on cannabis in Tasmania, rather to point out that as an economic proposition, it could be profitable for Tasmania to consider the options in relation to producing cannabis for the rest of Australia.

Prevention, Education and Treatment

If a medicinal cannabis scheme is introduced in Tasmania it will be essential for the Tasmanian Government to engage with the services delivering frontline prevention, education and treatment programs to people who use drugs. There is a strong evidence base to support the role of promotion, prevention and early intervention strategies in reducing the harms associated with both licit and illicit substances.

Education of the general community is an important consideration. We know that up to 70% of the population agree with the use of cannabis for medical purposes, however it will be very important to provide clear and understandable information to the general public about the role of a medical cannabis scheme, the difference between medicinal use and recreational use, the potential harms from abuse and the difference between industrial hemp and medicinal cannabis.

An example of how community sector drug and alcohol agencies, such as those included in the membership of the ATDC, can assist in this area, is the recent project that the Drug Education Network has completed with the Poppy Industry here in Tasmania. The DEN has been working closely with the Poppy Industry Public Safety and Education Committee to assist them raise awareness of the dangers of poppy tea.

The online resource is available at www.notyouraveragepoppy.org.au. The website provides a range of clear and simple safety messages and a range of resources for use within school environments.

Other Issues

As described in this submission, cannabis is less harmful than many of the drugs already commonly prescribed in society. It is also not as highly addictive as other drugs. However the criminal sanctions applied to people who use and possess cannabis are severe. There is a need to examine drug use as a health and social issues rather than continuing to focus on the criminalisation of the cannabis user. Current laws in relation to minor possession and use of cannabis, can have a significantly negative effect on a person's trajectory in life.

There is clear evidence to support the drugs and crime cycle theory [28] that see's people move in and out of the criminal justice and prison system due to drug use. The Illicit Drug Diversion Initiative (IDDI) and the Court Mandated Diversion (CMD) programs are examples of alternative approaches used to address issues associated with drug use and crime. The IDDI provides a police diversion program for people caught using or possessing small quantities of illicit drugs. This program involves a number of community sector organisations for appropriate education, counselling or referral. The CMD program enables Magistrates to sentence eligible offenders into treatment for their drug use as an alternative to a custodial sentence. Evidence suggests that prison recidivism rates have dropped for those participants involved in each of these programs and that better health outcomes are achieved for this population more generally. These are important initiatives to continue in our communities.

[28] http://www.aic.gov.au/crime_types/drugs_alcohol/illicit_drugs/drugs_and_crime.html

Whilst this submission does not seek to comment on the legalisation or decriminalisation of recreational cannabis use, it does draw attention the importance of not ignoring the debate in the context of local and global changes.

Conclusion

Australia is a signatory to the 1961 United Nations Treaty that specifically permits the use of cannabis for scientific or medical purposes. As such, the ATDC supports full exploration and consideration of the introduction of a medicinal cannabis scheme in Tasmania for people suffering from symptoms and illnesses such as those discussed above.

The ATDC recommends an open-minded, yet cautious approach to the regulation of medicinal cannabis in Tasmania. Thorough evaluation frameworks would need to be included in this process to ensure that the legislation and regulation is reflective of the needs of those that require the use of cannabis as a treatment option.

The ATDC understands that a range of health and regulatory issues surround the use and regulation of medical cannabis, but recommends that the Tasmanian Government accepts the evidence and looks to the following recommendations:

- That a clinical trial of natural botanical medicinal cannabis products is conducted to build the evidence and research base on the efficacy and safety of cannabis products for therapeutic purposes;
- That the Tasmanian Government give further and detailed consideration to the issues surrounding the growth and supply of cannabis products for medical purposes ;
- That the Tasmanian Government consider amending the *Misuse of Drugs Act 2001* to allow for medicinal cannabis use;
- That a detailed education strategy is considered to accompany any legislative amendments to inform all key stakeholders including the medical profession, alcohol and drug sector, patients and families, and the broader community.

The ATDC welcomes the opportunity to make this submission to this important inquiry and looks forward to discussing this matter in more detail in the future.

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