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AMA Submission to Senate Inquiry into the current barriers to patient access to medicinal cannabis in Australia

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Background to the Inquiry

The Senate Community Affairs References Committee is conducting an inquiry into the current barriers to patient access to medicinal cannabis in Australia.

The committee will be examining the appropriateness of the current regulatory regime, the suitability of the Pharmaceutical Benefits Scheme for subsidising access to products and the training and education of doctors in relation to treatments.

The Chair of the committee, Senator Siewert said 'this inquiry will also look at how Australia's regime compares to other countries and examine international best practice models for patient access to medicinal cannabis treatments'. The committee has requested that submissions be received by 17 January 2020.

Terms of Reference

The current barriers to patient access to medicinal cannabis in Australia, including:

(a) the appropriateness of the current regulatory regime through the Therapeutic Goods

Administration (TGA) Special Access Scheme (SAS), Authorised Prescriber Scheme and clinical trials;

(b) the suitability of the Pharmaceutical Benefits Scheme for subsidising patient access to medicinal cannabis products;

(c) the interaction between state and territory authorities and the Commonwealth, including overlap and variation between state and territory schemes;

(d) Australia's regulatory regime in comparison to international best practice models for medicinal cannabis regulation and patient access;

(e) the availability of training for doctors in the current TGA regulatory regime for prescribing medicinal cannabis to their patients;

(f) the education of doctors in the Endogenous Cannabinoid System (ECS), and the appropriateness of medicinal cannabis treatments for various indications;

(g) sources of information for doctors about uses of medicinal cannabis and how these might be improved and widened;

(h) delays in access, and the practice of product substitution, due to importation of medicinal cannabis and the shortage of Australian manufactured medicinal cannabis products;

(i) the current status of the domestic regulated medicinal cannabis industry;

(j) the impacts on the mental and physical wellbeing of those patients struggling to access medicinal cannabis through Australia's regulatory regime;

(k) the particular barriers for those in rural and remote areas in accessing medicinal cannabis legally;

(l) the significant financial barriers to accessing medicinal cannabis treatment;

(m) the number of Australian patients continuing to rely on unregulated supply of medicinal cannabis due to access barriers and the impacts associated with that; and

(n) any related matters.

As the peak professional organisation representing medical practitioners in Australia, the Australian Medical Association (AMA) welcomes the opportunity to provide input into this inquiry into the current barriers to patient access to medicinal cannabis in Australia.

Existing AMA Position

The AMA Position Statement, *Cannabis Use and Health – 2014*, addressed the Medical Uses Of Cannabis:

> In addition to psychoactive compounds, cannabis has constituents with other pharmacological effects, including antispastic, analgesic, anti-emetic, and anti-inflammatory actions. These constituents may have therapeutic potential.
>
> Cannabis extracts and synthetic formulations have been licensed for medicinal use in some countries, including Canada, the USA, Great Britain and Germany, for the treatment of severe spasticity in multiple sclerosis, nausea and vomiting due to cytotoxics, and loss of appetite and cachexia associated with AIDS. The synthetic cannabis product Nabiximols (Sativex), which is delivered as a buccal spray and so avoids the harms of cannabis smoke inhalation, is effective in the management of spasticity and pain associated with multiple sclerosis. The psycho-active effects of Nabiximols can also be managed through controlling dosage. In Australia, the synthetic cannabinoids nabilone and dronabinol are scheduled by authorities for medicinal use. Sativex is also being trialled in Australia for cancer and cannabis withdrawal. Canada has allowed the medical use of smoked cannabis if this is authorised and monitored by a doctor.
>
> There is a growing body of evidence that certain cannabinoids are effective in the treatment of chronic pain, particularly as an alternative or adjunct to the use of opiates, when the development of opiate tolerance and withdrawal can be avoided. Controlled trials have also shown positive effects of cannabis preparations on bladder dysfunction in multiple sclerosis, tics in Tourette syndrome, and involuntary movements associated with Parkinson's disease. Based on existing data, the adverse events associated with the short-term medicinal use of cannabis are minor. However, the risks associated with long-term medicinal use are less well understood, particularly the risk of dependence, and any heightened risk of cardiovascular disease.
>
> Though there is a growing body of evidence regarding the therapeutic use of cannabinoids, it is still experimental.
>
> **Treatment Options**
>
> The number of people seeking treatment for cannabis use is increasing, but most of those who experience cannabis dependence do not seek help. Many regular cannabis users do not believe they need treatment, and there is also a low awareness of the treatment options available and how to access them.
>
> There are fewer treatment options for cannabis dependence than for alcohol or opiate dependence, and limited research on the effectiveness of different cannabis treatment options. Treatments for problematic cannabis use include psychological interventions

such as cognitive behavioural therapy and motivational enhancement, and pharmacological interventions with medications to ease the symptoms of withdrawal or block the effects of cannabis. The research on pharmacological interventions for cannabis is in its infancy, with medications still in the experimental stages of development.

Cognitive behavioural therapy helps the cannabis user develop knowledge and skills to identify risk situations when using cannabis and to modify behaviour accordingly. Motivational enhancement techniques build the cannabis user's desire to address their problematic use. These counselling interventions are increasingly available online as web-based programs, as well as face-to-face with a counsellor. Online programs have the advantage of convenience and anonymity, for those who are concerned about possible stigma. Difficulties in maintaining motivation, and limitations in personalising the programs to individual needs, are drawbacks. According to current research, web-based treatment programs may not be as effective as in-person treatment.

Some problematic cannabis users have particular treatment needs, including those with cannabis dependence and mental health issues. These individuals require integrated treatment and coordinated care. General practitioners can play an important role in developing a coordinated care plan to suit the needs of these patients.

Issues raised by AMA members (relevant to ToR)

The AMA sought feedback from members on the matters identified in the Terms of Reference.

The AMA supports the removal of real and perceived barriers to accessing medicinal cannabis while retaining strict regulatory arrangements, particularly around advertising.

In general, there is a level of concern about the detail of information available to General Practitioners regarding prescribing medicinal cannabis. Anecdotally, some doctors expressed frustration that they are not sufficiently informed about what cannabis products are available and for what conditions.

Members reported that they agreed with the proposition that one of the biggest barriers to accessing medicinal cannabis treatment options for patients is the current regulatory barriers, although these barriers were not specified.

Concerns were raised by some AMA members regarding the evidence from clinical trials and how this evidence has been used to inform the scheduling of cannabis as a medication. One doctor was unaware if the medicinal cannabis that is available has been through the TGA, PBAC and PBS requirements. This indicates that lack of available information to doctors may be a barrier to prescribing. This GP stated: "From a prescribing perspective, I imagine it should be exactly the same as other scheduled medications such as morphine, dexamphetamine, etc etc. For prescribers to start prescribing, to bridge the perceived access issues, prescribing requires to be less administratively daunting."

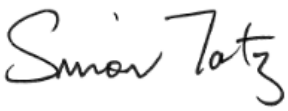
A related issue raised was concern that medicinal cannabis have been "approved based on anecdote and public opinion" with the expectation that "the science to catch up in due course."

This view may be indicative of why some medical practitioners are reluctant to prescribe medicinal cannabis to patients.

The question of the 'status' of medicinal cannabis was highlighted by several AMA members. One GP noted that medicinal cannabis "is in limbo to some extent as it is legal but not readily accessible and not prescribed through the usual channels. It is more just decriminalised than a true therapeutic drug."

The feedback from AMA general practitioners is best summed up by a GP who wrote "The more we can bring [medicinal cannabis] into a conventional framework the better it [will be used].

Yours sincerely



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