

From: [SeniorClerk, Committee \(SEN\)](#)
To: [Community Affairs, Committee \(SEN\)](#)
Subject: FW: SENATE INQUIRY INTO BARRIERS TO ACCESSING MEDICINAL CANNABIS
Date: Wednesday, 11 December 2019 12:03:25 PM

From: Judith Smith
Sent: Wednesday, 11 December 2019 11:48 AM
To: SeniorClerk, Committee (SEN)
Subject: SENATE INQUIRY INTO BARRIERS TO ACCESSING MEDICINAL CANNABIS

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10TH December 2019

Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT

Re SENATE INQUIRY INTO BARRIERS TO ACCESSING MEDICINAL CANNABIS

Dear Sir

We offer this submission in response to the following terms of the Senate Inquiry into Barriers to Accessing Medicinal Cannabis:

- The appropriateness of the current regulatory regime
- The suitability of the Pharmaceutical Benefits Scheme (PBS) for subsidising patient access

Context of our submission. A number of residents here at St Vincent's share regular Monday discussions chaired by Dr Phil Heywood around a variety of thorny issues. At a recent get-together we discussed with great enjoyment and from a wide variety of perspectives the topic of "medical science." The group then moved on to talk about our personal experiences and one of our most admired and courageous residents, Mary Goode, raised the matter of her use of medically approved cannabis.

Mary leads a very restricted life, operating her electric chair with the palm of the one hand she has, providing her with some level of mobility around our facility. She requires very high levels of support and care – which is why she is a resident of the Lillian Cooper facility here at St Vincent's. Mary has an advanced level of multiple sclerosis and was prescribed cannabis to help manage the spasms and stiffness. The cannabis gives her considerable relief at a cost of nearly \$300 per month. We were appalled that someone who obtains some relief from the impact of a most debilitating disease is having to pay so much to access some relief. Why can't the seriously ill access a medication that makes their lives endurable? Why can't Mary who, by necessity, already faces the very considerable costs of residential aged care, be given access to the medication at a price she can afford? She cannot to afford the additional cost of obtaining the

extra dose her doctor has recommended.

General. Australians are paying 25% more for medically approved cannabis than the black market price for the drug (reported on a recent channel 9 broadcast by Emily McPherson). Why is the medical use of cannabis legally approved for use by people with specific medical needs not available under the PBS when it is prescribed by a medical practitioner registered under the Authorised Provider Scheme?

We note that Federal Parliament as a result of the McMillan review tabled on 7th September 2019 is proposing a 2 stage review but this does not include consideration of inclusion of the medicinal cannabis within the PBS. To quote from the Report on the Review into the 2016 Medicinal Cannabis amendments to the Narcotic Drugs Act 1967:

“This ... is not a review more broadly of cannabis regulation in Australia or patient access to medicinal cannabis. Matters that do not fall directly within the scope of the review are the operation of Commonwealth, State and Territory laws dealing with:

- subsidising the cost of medicinal cannabis products through the Pharmaceutical Benefits Scheme or compassionate schemes
- scheduling of cannabis products by the TGA and adoption of scheduling decisions by State and Territory health departments
- registration of cannabis products as prescription medicines on the Australian Register of Therapeutic Goods”

MS Research Australia estimates 25600 Australians suffer from this chronic debilitating disease. The Therapeutic Goods Administration notes there is evidence of moderate relief to MS sufferers gained from the use of medicinal cannabis for spasms. Surely the relatively few people with MS should permit urgent Government action to include medical cannabis on the PBS to meet their needs. For Mary personally, the medication offers considerable improvement in the quality of her life and through reduction of ataxia and tremors. There is no other product available at the moment that offers such relief. We are therefore writing to you to ask that this product be made available NOW to Mary and other MS sufferers.

Our submission is that

- 1) The current regulatory regime for medical cannabis fails to recognise the needs of Australians who suffer from the debilitating disease, Multiple Sclerosis, yet there is evidence provided by the TGA itself that it provides relief for very specific symptoms (ataxia and spasms) of this most debilitating disease that no other product offers. It is an appropriate medical use of cannabis and should be so scheduled.
- 2) The role of the PBS is to “provide timely, reliable and affordable access to necessary medicines” for Australians. The failure to include medical cannabis to relieve painful and life-limiting effects of MS is a serious omission from the intent of this scheme and the product should be included immediately to allow people relief at a price they can afford.

We assert that it is timely and appropriate that a small group of Australians (MS sufferers) be provided access to a suitable medication at a price they can afford.

Yours truly,

Judith Smith

For the Monday Discussion Group of Residents of St Vincent's Kangaroo Point

Sent from my iPad