

28 April 2023

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Via email community.affairs.sen@aph.gov.au

Dear Secretary,

Re: Improving Access to Medicinal Cannabis Bill 2023

The Alcohol and Drug Foundation (ADF) thanks the Committee for the opportunity to comment on this bill. The ADF delivers evidence-based approaches to minimise alcohol and other drug harm. We recognise the power of strong communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.

Medicinal Cannabis Prescribing in Australia

Reform of the regulation of cannabis in Australia is needed. This is demonstrated through global trends towards regulated consumer markets for cannabis, recognition of the harms of criminalization, and widening availability of cannabis for medicinal purposes. Medicinal cannabis products have been approved for prescription by the TGA in Australia since November 2016 as schedule 8 products. Medicinal cannabis is prescribed in Australia for a range of conditions, including chronic pain, mental health issues, neurological conditions, palliative care, and nausea. Federal and state regulation around prescribing, and a lack of available products, led to a situation where in the first 12 months of prescribing, only around 200 patients were treated with medicinal cannabis products¹. Data from the TGA, however, shows that now over 1,170,000 patients have been treated with medicinal cannabis products.

The prescribing of medicinal cannabis is limited to prescribers who access the products under one of three schemes:

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- Special Access Scheme A (SAS-A) – which allows prescribing to individuals who are seriously ill or likely to die
- Special Access Scheme B (SAS-B) – which allows prescribers to make an application to the TGA to treat an individual patient with a product category for a specific condition.
- Authorised prescriber (AP) scheme – which provides prescribers an authority to prescribe a specific product to multiple patients with the same condition.

The following Figure 1 from a study by MacPhail et al.² demonstrates the trend in medicinal cannabis prescribing. While this study’s data stops at the end of 2021, this trend has largely continued¹.

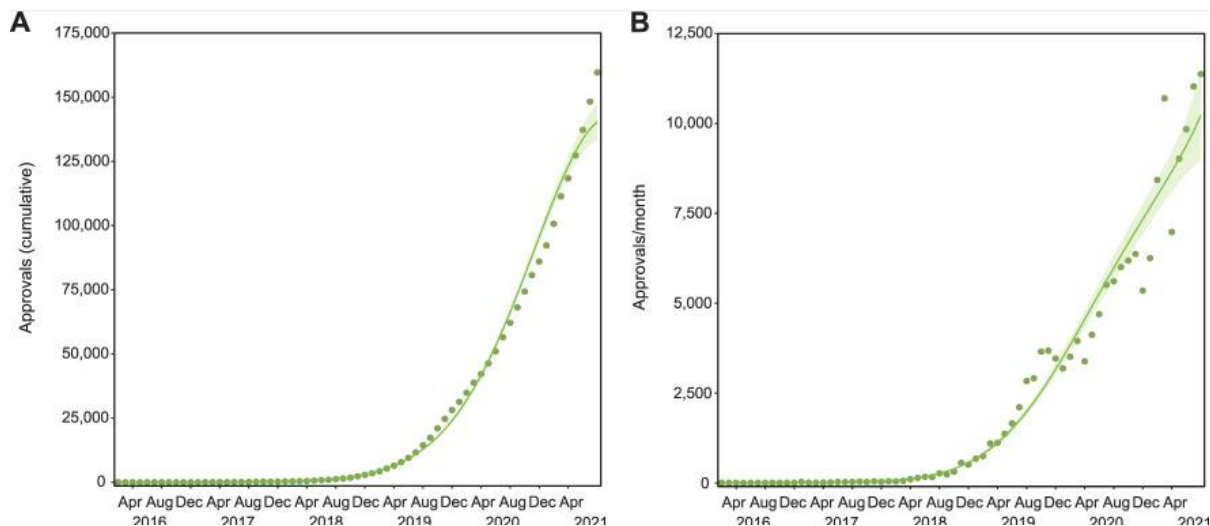


Figure 1 – SAS-B approvals over time

This trend has continued to increase into 2022 and 2023 and extends to the other access pathways. Applications via the AP scheme increased from 3,085 patients in the first six months of 2020, to 178,715 in the second six months of 2022¹.

Currently, medicinal cannabis products are not indicated for specific conditions. Rather, the prescriber justifies to the TGA the reason for the prescription using available evidence. While the evidence base for medicinal cannabis is established in some areas, systematic reviews consistently point out that evidence in other areas is weaker².

Equity in access

Medicinal cannabis has been available in other jurisdictions for far longer than in Australia. Access to medicinal cannabis greatly expanded in the United States in the late 1990s and early 2000s³. Advocacy in Australia has therefore long focused on improving access to medicinal cannabis for those with specific medical conditions. In the current context of greatly expanding numbers of prescriptions, there remains a geographical inequity between numbers of prescribers. This has been partially due to different state-based regulations that require prescribers to get additional authorisation from state health

departments for the prescribing of schedule 8 substances, though jurisdictions including QLD, Victoria, and NSW no longer have this requirement, and SA is in the process of moving towards removing it. Perhaps as a result of this difference in state regulation, QLD has seen a notably larger proliferation of both scripts for medicinal cannabis and in the number of prescribers than other jurisdictions¹.

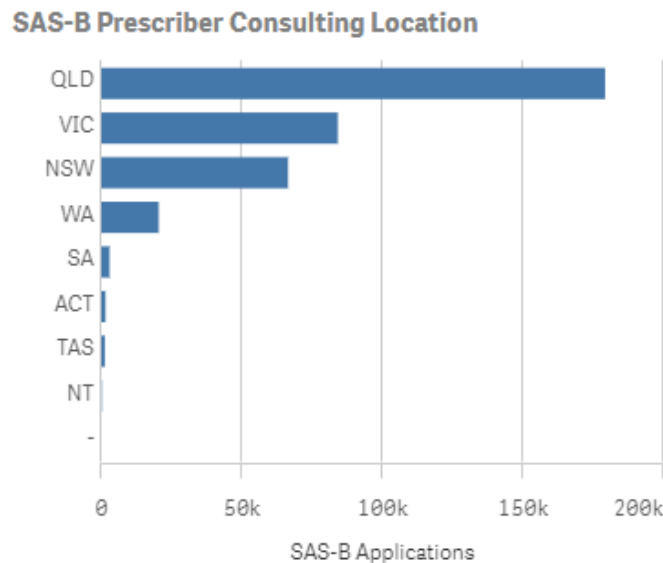


Figure 2 – SAS-B prescriber consulting location as of April 2023

It may therefore be the case that access to medicinal cannabis prescribing is not limited by the current scheduling of medicinal cannabis products, but rather relates to state regulation and other drivers.

Commercial drivers

Of significant concern is the emergence of commercial actors in the medicinal cannabis space in Australia. The rapid proliferation of prescribing has seen the emergence of doctor’s clinics that are marketed directly as cannabis clinics. Internet searches quickly produce numerous results. These clinics conduct online consultations and then sell the prescribed medication to the consumer. This is a concern as these clinics have an incentive to prescribe medical cannabis products. As cannabis is not indicated for specific conditions, prescriptions can be made for a range of issues that may not have a solid evidence base.

Commercial determinants of health are drivers of health outcomes that are motivated by commercial rather than public health interest⁴. With the presence of commercial actors whose main purpose is to provide cannabis prescriptions and then sell the medicines, there is a risk that the motivation for prescribing is financial rather than medical. This has the potential to cause harms if cannabis products are inappropriately prescribed. The medicinal cannabis space is at greater risk of these harms given the significant increase in prescribing, ambiguity around prescribing practices, potential non-medical demand for cannabis, and the ongoing criminalisation of non-medical cannabis possession and use in Australia.

Regulatory options

Australia is approaching a crossroads in the regulation of cannabis. The rapid proliferation of medicinal cannabis prescribing mirrors global trends towards greater availability of cannabis through regulated supply. While medicinal cannabis and recreational cannabis supply should be considered separately from a regulatory perspective, both need to be considered to ensure that medicinal cannabis prescribing does not become a pathway to a quasi-legal consumer market. Allowing the Australian medicinal cannabis sector to develop into a quasi-legal consumer market would lead to inefficiencies in the health system as commercial actors are supported by Medicare. It will also not alleviate the harms caused by the criminalisation of cannabis sourced outside of the medicinal sector. This may present a situation in which those who are able to afford medicinal cannabis are able to access a licit supply and therefore avoid the harms of criminalisation, while those who have not been able to access medicinal cannabis due to geography, prescriber discretion, cost, or simply chance, will remain at risk of facing the harms of criminalisation.

This situation would be a poor regulatory outcome, as it would add additional costs to the healthcare system, create further inequalities in the way in which drug laws are applied, and de-legitimise those who are seeking cannabis for valid medicinal purposes. Instead, the ADF makes the following¹ recommendations:

1. Barriers to accessing medicinal cannabis for those in need of prescriptions continue to be lowered. This can include:
 - a. States and territories removing additional prescribing requirements for medicinal cannabis
 - b. Increasing awareness of the AP schemes and other pathways amongst GPs, particularly in jurisdictions where medicinal cannabis prescribing has been less prevalent
 - c. Building a stronger evidence base into conditions that directly benefit from medicinal cannabis
2. Any review of medicinal cannabis scheduling should take place within a broader review of cannabis supply, availability, and regulation in Australia, taking into consideration
 - a. The harms associated with criminalisation of personal use of cannabis
 - b. International models of cannabis supply and regulation and health outcomes
 - c. The intersections of medical and consumer markets for cannabis

Sincerely,

Dr Erin Lalor

CEO

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References

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3. Pisanti S, Bifulco M. Modern history of medical cannabis: from widespread use to prohibitionism and back. *Trends in Pharmacological Sciences.* 2017;38(3):195-8.
4. Mialon M. An overview of the commercial determinants of health. *Globalization and Health.* 2020;16(1):74; Available from: <https://doi.org/10.1186/s12992-020-00607-x>.