

INQ12/18

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Dear Ms Wei

Inquiry into the use of cannabis for medical purposes

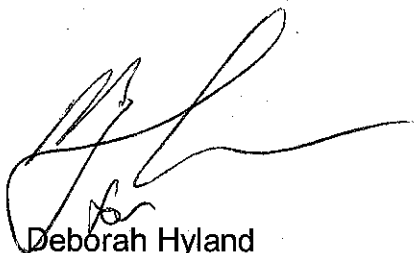
I refer to your email of 14 March 2013 requesting a review of the transcript and responses to questions arising from evidence provided by NSW Health representatives at the 11 March 2013 Hearing of the Legislative Council General Purpose Standing Committee No. 4 - Inquiry into the use of cannabis for medical purposes.

The officers who attended the Hearing have reviewed the transcript and they have advised that the transcript is correct.

Responses to the questions taken on notice during the Hearing are attached, as requested.

The person to contact at the Ministry of Health for further information or assistance is Ian Willock, Senior External Relations Officer, on 9391 9565 or by email to iwill@doh.health.nsw.gov.au.

Yours sincerely



Deborah Hyland
Director, Strategic Relations and Communications

5/4/13

Encl.

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**NSW Parliament, Legislative Council
General Purpose Standing Committee No. 4
Inquiry into the use of cannabis for medical purposes
11 March 2013 Hearing**

NSW Health's response to questions taken on notice

Questions taken on notice – Page 4

The Hon. ADAM SEARLE: I guess my question goes more to the pharmaceutical products as opposed to the plant material, which, I understand, is produced in this country. Are you able to get any information for the Committee's consideration about what products are used in those other countries and their costs?

Mr BATTYE: You mean products similar to Sativex?

The Hon. ADAM SEARLE: Yes.

The Hon. AMANDA FAZIO: Or even the system they use in Israel where I believe they are actually using the cannabinoids in tablet form so they can be dispensed at a strength depending on the perceived needs of the patient?

Mr BATTYE: Yes.

Mr SHIPWAY: I am sure we can get that advice for the Committee.

The Hon. ADAM SEARLE: That would be very useful.

Mr BATTYE: We have not got that information readily available.

The Hon. ADAM SEARLE: This is not 20 questions; we are just trying to elicit the information and if, obviously, you do not have it, then you can supply it to us?

Mr BATTYE: Yes.

Answer:

In summary, the only recognised and approved pharmaceutical products (cannabinoids), as opposed to plant material, marketed in other countries appear to be:

- Dronabinol capsules, marketed as Marinol and Cesamet, in the United States of America (US) and Canada for the narrow indications of vomiting and nausea associated with chemotherapy and anorexia associated with AIDS related weight loss. Depending on the strength, the cost of dispensed dronabinol capsules ranges from approximately \$US 100 for a pack of 30 2.5mg capsules to approximately \$US 400 for a pack of 30 10mg capsules. At a usual dose of one capsule daily, treatment with dronabinol will be in the range of approximately \$US 100 to \$US 400 per month.
- Nabiximols oromucosal spray, marketed as Sativex, is now approved or recommended for approval in 21 countries, mainly in Europe, for the narrow indication of spasticity associated with Multiple Sclerosis (also being trialled in the USA for cancer pain). The dispensed cost of Sativex oromucosal spray, as a

private prescription, in the United Kingdom (UK) has been reported to be approximately the equivalent of \$AU 16 per day.

In Israel, there was no reporting of a tablet or capsule formulation being available as yet, although it is possible that dronabinol capsules could be imported from the USA.

Detailed information

Israel permits doctors to prescribe cannabis for certain medical conditions. The government licenses facilities to grow the cannabis under a controlled environment and distribute to patients based on a prescription. It is quite a widespread program with up to 10,000 patients being legally prescribed cannabis. Significant scientific research is being undertaken in Israel <http://www.bbc.co.uk/news/world-middle-east-20189347>. However, there was no reporting of a tablet or capsule formulation being available as yet and the cannabis is grown and supplied as raw plant material, although it is claimed that the strength and quality has a scientifically controlled method of standardisation.

The **Netherlands** has probably the most regulated and officially sanctioned medicinal cannabis program operated through the Office for Medical Cannabis (OMC) <http://www.cannabisbureau.nl/en/>. Doctors prescribe cannabis and it is dispensed in pharmacies. It must be distinguished from legalised cannabis sold in coffee shops in Holland. Medicinal cannabis has to meet certain quality criteria and must not contain any pesticides, heavy metals, fungi or bacteria. This is strictly monitored. Research has shown that the cannabis sold in coffee shops hardly ever meets the quality standards of medicinal cannabis dispensed in pharmacies.

Medical Cannabis is cultivated under specific controlled conditions by growers who are licensed by the Office of Medicinal Cannabis (OMC). Three types of medicinal cannabis are available through pharmacies in the Netherlands: Bedrocan, Bedrobinol and Bediol. The composition and strength varies (refer table hereunder).

| | Content (%) | | Price* |
|------------|------------------|-------------------|-------------|
| | Dronabinol (THC) | Cannabidiol (CBD) | Per 5 grams |
| Bedrobinol | approx. 12 | <1 | € 41,25 |
| Bedrocan | approx. 19 | <1 | € 41,25 |
| Bediol | approx. 6 | approx. 7,5 | € 43,50 |

** Excl. 6% VAT. The retail price per gram may vary if the pharmacy sells the products in smaller or larger units.*

Importantly, the advice from the OMC is not to smoke the cannabis but to use it through a purpose vaporiser. Bedrocan is also recommended to be taken as a tea. The OMC provides patient literature on how to best administer the cannabis. See attached patient guidelines.

Although the OMC claims that the cannabis is free from contaminants and that the dosage is standardised, it is still supplied as raw plant material as opposed to a manufactured proprietary pharmaceutical product (including spray, tablets or capsules). It is highly unlikely to meet stringent regulatory standards of the Therapeutic Goods Administration (TGA) for listing on the Australian Register of Therapeutic Goods (ARTG) which is required for all therapeutic substances in Australia.

Dronabinol (THC) is available in a capsule form in the US and Canada under the brand name **Marinol®** and it is approved to treat nausea and vomiting due to cancer chemotherapy and anorexia due to AIDS - related weight loss. Another capsule form of THC (tetrahydrocannabinol), **nabilone (Cesamet®)**, is commercially available in Canada and the US manufactured by Valeant Pharmaceuticals to treat the same conditions.

Proprietary pharmaceutical product Sativex®:

GW Pharmaceuticals based in the UK manufactures the proprietary pharmaceutical product **Sativex® oromucosal spray**. Each spray of Sativex contains 2.7 mg delta-9-tetrahydrocannabinol (THC) and 2.5 mg cannabidiol (CBD) extracted from *Cannabis sativa L., folium cum flore* (Cannabis leaf and flower).

Sativex® is now approved or recommended for approval in 21 countries, including 18 countries in Europe. It is indicated as a treatment for symptom improvement in patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy. Sativex is also in Phase III clinical development for the treatment of cancer pain, the lead indication for the US market (it is not yet Food and Drug Administration (FDA) approved).

A definitive cost for Sativex to the patient is uncertain as this is dependent upon the dosage and frequency of use. However, reports from the UK vary depending on whether the medication is partially or fully subsidised or whether it is paid for privately. Average private prices reported on various patient feedback websites indicate approximately 11 British Pound Sterling (GBP) a day and is equivalent to approximately AUD \$16 a day.

Questions taken on notice – Pages 7 & 8

The Hon. AMANDA FAZIO: What about the health risks of people vaporising cannabis for medical use? I know that is an alternative method that is used by a lot of registered users in the United States.

Mr SHIPWAY: I am not aware of the evidence around that but we can certainly take that question back and get you some advice about that.

The Hon. AMANDA FAZIO: That would be good, thank you.

The Hon. TREVOR KHAN: While you are doing that, if you are talking about tar content, if you smoke it through a bong will you get the same tar content as through a cigarette?

Mr SHIPWAY: There is a filtering effect.

The Hon. TREVOR KHAN: I am sure there is.

Mr SHIPWAY: Again, I would have to get advice as to how effective that filtering effect is.

The Hon. TREVOR KHAN: Could you do that?

Mr SHIPWAY: We can do that.

Answer:

Health risks associated with vaporising cannabis.

I would refer you to the National Cannabis Prevention and Information Centre (NCPIC) research brief entitled *Vaporisers* published on its website in November 2012.

It concludes:

"Despite the fact that results from some studies that have analysed and compared cannabis vapour and smoke appear to show lower levels of by-products, carcinogenic chemicals and noxious waste by-products such as PAHs (cancer-causing polycyclic aromatic hydrocarbons) in vapour, there is no 'safe' way of inhaling cannabis and any inhalation of cannabis vapour will cause some level of bronchial irritation. As stated earlier, toxic levels of ammonia were found in cannabis vapour, at far higher concentrations than in cannabis smoke produced from joints."

Internet: <http://ncpic.org.au/ncpic/publications/research-briefs/article/vaporisers-1>

Bongs v joints regarding tar content

I would refer you to a NCPIC publication, its factsheet entitled "*cannabis and tobacco use*", available on its website. It makes the following statement:

"The most harmful way of smoking cannabis is through a bong or bucket bong. Inhaling smoke through water makes it cooler, which makes it easier for the smoker to inhale a greater volume of smoke more deeply into the lungs. This increases the surface area for tar and other carcinogens to affect the respiratory system."

Internet: <http://ncpic.org.au/ncpic/publications/factsheets/article/cannabis-and-tobacco-use>

Questions taken on notice – Page 8

Dr JOHN KAYE: So you do not give any advice beyond that. I want to go back to my issue and talk about patients who have a relatively short life expectancy, say, patients who have terminal cancer who are suffering symptoms for which the smoking of cannabis may have some palliative influence beyond other drugs. Is it the opinion of the health authorities in New South Wales that we should explore the issue of smoking cannabis even though normally health authorities are opposed to the use of smoking as a delivery mechanism?

Mr SHIPWAY: I do not know whether you are using the term "health authorities" in the singular or the plural. Can we find clinicians in New South Wales who might say this could be a useful thing to do in this particular condition? I am sure that we can. Have the group of clinicians who are committed enough to drive innovation in their chosen clinical fields who work with the Agency of Clinical Innovation to build different and better models of care for delivering services, collectively said we should pursue this? No, they have not at this stage. If we go back to them and asked the question - and again we can certainly do that - as to what would be your advice to this Committee, I think they would say that this area might be worth exploring and researching but it is not the first priority they would have. But I would need to confirm that.

Answer:

The purpose of the NSW Palliative Care Network is to plan, implement and evaluate a comprehensive model of care for the provision of equitable and evidence-based palliative care services across NSW.

The Agency for Clinical Innovation (ACI) was unable to obtain advice from clinicians within the Palliative Care Network about the issue of smoking cannabis as a delivery mechanism for palliative patients within the available time frame.

Although some members of the ACI Palliative Care Network are aware of the potential benefits of medicinal cannabis – particularly relating to reducing pain and nausea and increasing appetite, this topic has not been considered as a priority within the development of the ACI Palliative Care Model of Care.

Questions taken on notice – Page 9

The Hon. CHARLIE LYNN: It states, "There are serious concerns about the safety of smoke cannabis especially in the treatment of chronic medical conditions."

Ms JOHNSON: I cannot comment. I am not an expert in that area.

Mr SHIPWAY: Are you reading from our submission?

The Hon. CHARLIE LYNN: No. It is outcomes from a previous New South Wales working party report that was put to this Committee.

Mr SHIPWAY: The general point I would make, because I think that working party was six or seven years ago from recollection, is—

Dr JOHN KAYE: It was in 1999.

Mr SHIPWAY: There we go; 14 years ago. Science keeps moving forward. Certainly the clinicians we spoke to last week in preparation for appearing here said there was some evidence in the field of pain control that there may be some efficacy around the use of cannabis. They also said there are a whole range of other issues in terms of availability, safety and whether it was delivering the claimed outcomes that required further exploration. The issue then for them was: Is this an area of research that we as clinicians want to be focused on? The answer we got from two or three of the leading people in the clinical network was no.

I would suggest that Professor Michael Cousins, who is one of the leading chronic pain experts in Australia—I think he is appearing before you next week—will give you far more detailed advice around the clinical evidence as it currently is in 2013. I think the issue for our clinical network is where do you put your clinical and research effort to get the best result for people suffering from chronic pain? The brief answer we got from two or three days of phone calls last week was not necessarily in this area. We can go back to that clinical network and ask for a more considered response to that question and provide that to you.

Answer:

In relation to chronic pain management, while there may be a place for medical cannabinoids use in palliation or comfort care towards the end of life, there is no evidence that cannabis has a role in non-cancer pain medicine. The analgesic effect is no better than paracetamol. Regular use interferes with Cognitive Behavioural Therapy (CBT) and other self management techniques. Significant adverse events; *interferes with interpersonal relationships; and anxiolytic effect better managed by other methods.* Its legal availability will have a significant negative effect on pain medicine.

Moreover, there is evidence that tetrahydrocannabinol (THC) is toxic to the nervous system with sustained use.

One clinician has advised, *"In my clinical experience, I have never seen a single patient do well with THC use for non-cancer pain. Its use is always a flag for poor prognosis. The demotivating effect of THC is a major problem in this context. Having made the above points, it is possible, but I suspect unlikely that future research may see the development of a refined cannabinoid component that might have a reasonable balance of benefit and harm. So research in non-cancer pain could be considered in a tightly controlled setting"*.

In relation to palliative care, although some members of the Agency of Clinical Innovation's Palliative Care Network are aware of the potential benefits of medicinal cannabis – particularly relating to reducing pain and nausea and increasing appetite, this topic is not a priority within the development of the Agency of Clinical Innovations' Palliative Care Model of Care.

The Agency of Clinical Innovation's Palliative Care Network is aware of Palliative Care Australia's 2012 Media Release (attached) that acknowledges the use of Sativex (cannabis spray) overseas and that it could be "a necessary drug, if found to be safe and effective to go through the Therapeutic Goods Administration approval process". Sativex is currently being tested overseas on cancer patients whose pain does not respond well to traditional painkillers such as morphine. Palliative Care Australia welcomes research into new therapies which can relieve pain and prevent unnecessary suffering at the end of life.

Further advice from both the Pain Network and the Palliative Care Network could be provided, however it is likely that the process of providing considered advice will take a number of months.

Questions taken on notice – Page 11

The Hon. TREVOR KHAN: Do you know what the level of penetration is amongst young adults of the use of cannabis? Do you have those sorts of statistics?

Mr SHIPWAY: If we go back to the school surveys, I think for 16-year-olds, those who have ever used cannabis, it is more than 50 per cent. Those who use on a regular basis, which is defined usually once in the last month, is well below 50 per cent—

The Hon. TREVOR KHAN: We would hope so.

Mr SHIPWAY: But it is certainly higher than 10 per cent. I would have to go back to the published report of the secondary schools survey to be completely accurate about those figures.

The Hon. TREVOR KHAN: Would you be in a position to provide that?

Mr SHIPWAY: Yes, that is easily provided; it is publicly available.

Answer:

There are two recent sources of information on the levels of cannabis use among young people in Australia:

- the 2011 Australian Secondary Students' Alcohol and Drug Survey; and
- the 2010 National Drug Strategy Household Survey.

According to the former, 22.2% of 16 year olds used cannabis in the past year, 11.8% in the past month and 5.9% in the past week. For 17 year olds, this was 25.1%, 13.3% and 7.6%, respectively.

According to the latter, 21.3% of 18-19 year olds had used cannabis in the past year, 13.3% in the past month and 7.8% in the past week. For 20-29 year olds, this was 21.3%, 11.1% and 7.2%, respectively.

Questions taken on notice – page 12

The Hon. TREVOR KHAN: Do you get any statistics from the injecting centre with regard to the drugs that are used and the like?

Mr SHIPWAY: I would have to take that question under advisement and get some advice from the Mental Health and Drug and Alcohol Office about that.

The Hon. TREVOR KHAN: Can you do that? The reason I ask is that I think Marianne Jauncey would tell you that now the major source of illicit drugs being injected there is in fact prescription drugs, so you might find that out because again it weighs on how we view some things, I suspect.

Answer:

Type of drug used at the Medical Supervised Injecting Centre in the year to October 2012 (N.B. the latest available data is to October 2012).

| Type of drug | Use of the drug expressed as a percentage of total drug use at the Centre | Total number of injections |
|---|---|----------------------------|
| Other opioids (e.g. oxycodone, fentanyl, morphine, methadone) | 64.31% | 49,037 |
| Heroin | 18.03% | 13,749 |
| Other drugs (e.g. any drug not otherwise specified) | 7.12% | 5,431 |
| Amphetamines | 6.85% | 5,228 |
| Cocaine | 2.98% | 2,270 |
| Benzodiazepines (e.g. Valium) | 0.43% | 328 |
| Heroin/cocaine combinations | 0.28% | 211 |

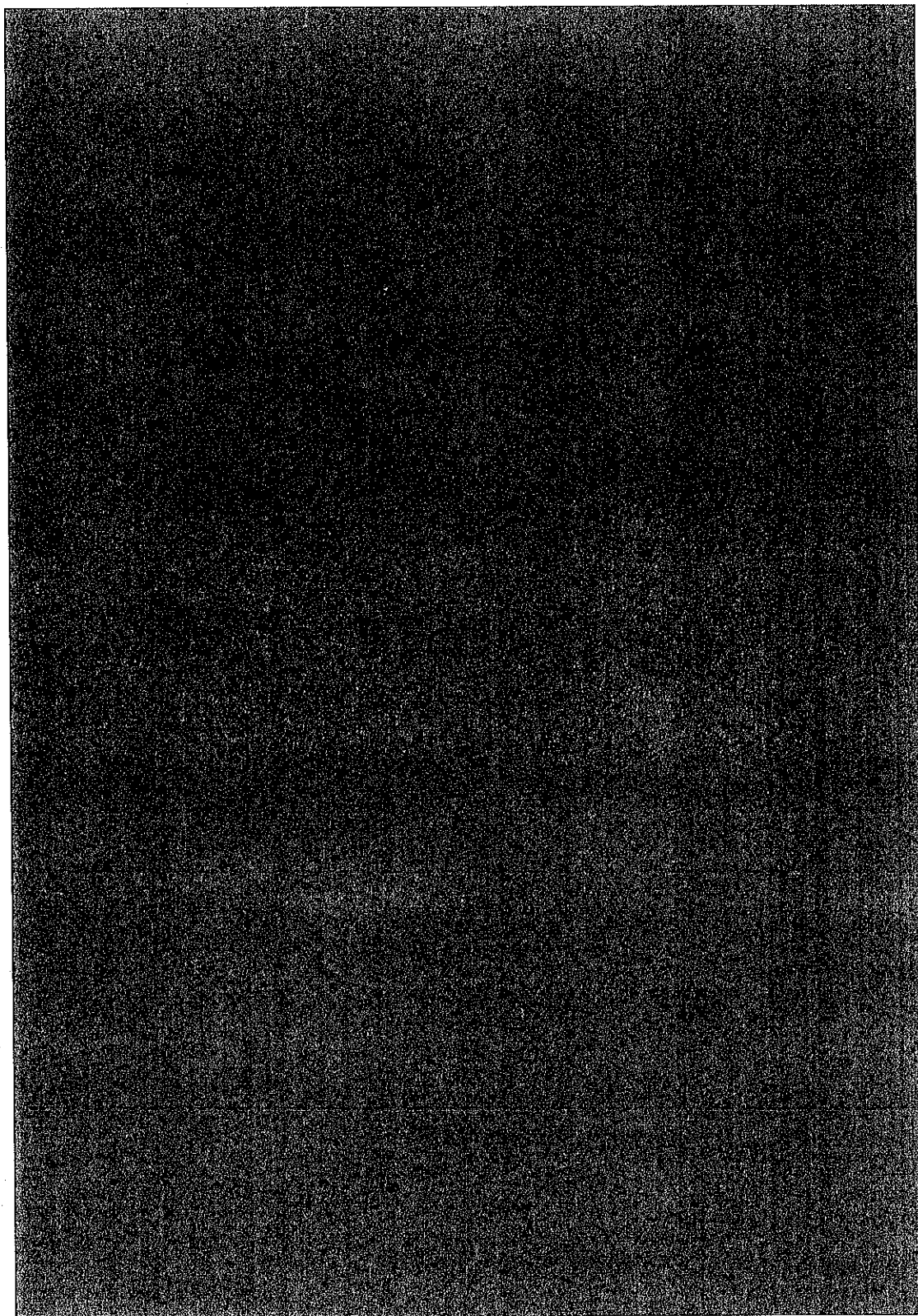


CIBG
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Medicinal Cannabis

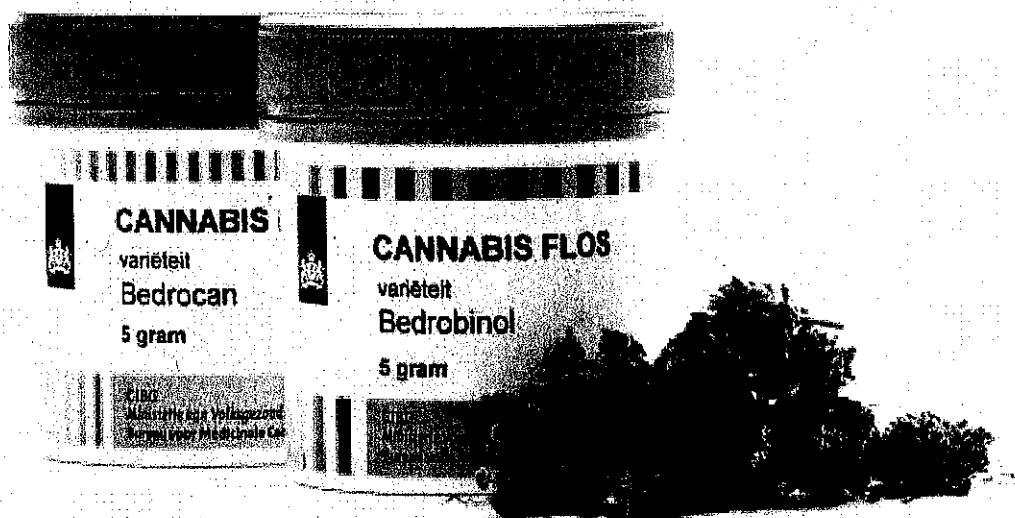
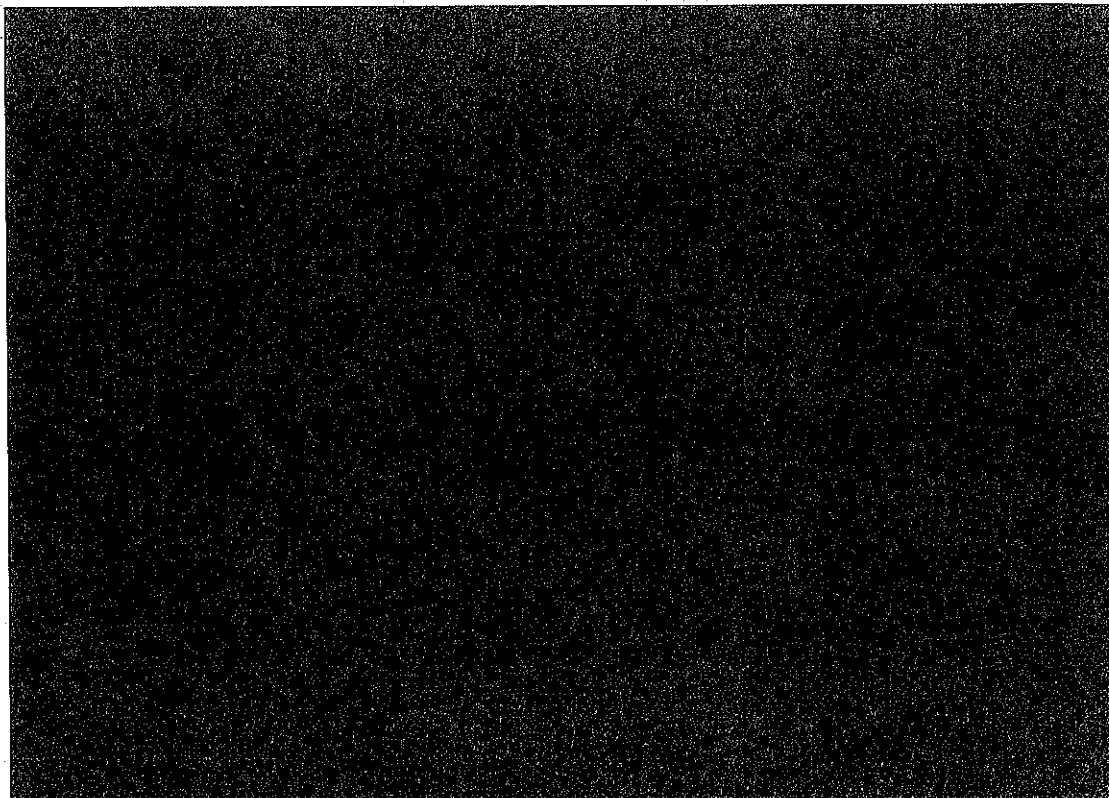
Information for patients





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This brochure is meant for patients who are using medicinal cannabis or considering using it in the future and provides information about this medication in general, its effects and how to take it.

What is medicinal cannabis?

Cannabis consists of the dried flowers of the female *Cannabis sativa L* plant, also known as hemp or marihuana. Cannabis contains a number of active substances, like dronabinol (THC) and cannabidiol (CBD). THC is mainly responsible for the effects of cannabis, but others – like CBD – may also influence the effectiveness of the drug. The chemical composition of the cannabis determines the effects and side effects. Cannabis dispensed by pharmacies complies with the strictest quality standards and is intended for medicinal use only. Therefore, it is called medicinal cannabis.

Varieties

There are several varieties of medicinal cannabis which have different compositions and strengths, and thus different effects. There are three varieties of medicinal cannabis available through Dutch pharmacies: Bedrocan, Bedrobinol and Bediol. Each variety has its own predetermined strength and composition.

| Variety | THC content | CBD content |
|------------|-------------|-------------|
| Bedrocan | about 19% | < 1% |
| Bedrobinol | about 12% | < 1% |
| Bediol | about 6% | about 7,5% |

Figure 1: Medicinal cannabis varieties

What variety is best depends on the symptoms. For example: there is reason to believe that inhaling cannabis with a high CBD content (like Bediol) provides effective relief for pain and muscle spasms in patients with multiple sclerosis (MS). Because of the anti-inflammatory properties of CBD, this variety may be more effective than others for patients with inflammatory conditions.

Cannabis with high levels of THC (Bedrocan and Bedrobinol) is preferred for disorders such as Gilles de la Tourette syndrome, therapy-resistant glaucoma and symptoms like weight loss, nausea and vomiting.

In case of chronic neural pain, Bediol is often prescribed first (for inhaling). If this provides insufficient relief, a variety with a higher THC content is substituted. It is also possible to start with Bedrocan (as tea) or combine varieties and methods of administration.

The effects not only depend on your symptoms, there are large variations between individuals, too. Your doctor will discuss with you which variety and what method of administration are best in your case.

Quality

Medicinal cannabis has to meet certain quality criteria. It must not contain any pesticides, heavy metals, fungi or bacteria. This is strictly monitored.

Research has shown that the cannabis sold in coffee shops hardly ever meets the quality standards of medicinal cannabis from the pharmacy. It's cultivated under specific, controlled conditions by growers who are licensed by the Office of Medicinal Cannabis (OMC).

Which medical disorders?

There is sufficient reason to believe that medicinal cannabis can help in cases of:

- pain and muscle spasms or cramps associated with multiple sclerosis or spinal cord damage;
- nausea, loss of appetite, weight loss and debilitation due to cancer or AIDS;
- nausea and vomiting associated with chemotherapy or radiotherapy used in the treatment of cancer, hepatitis C or HIV infection and AIDS;
- chronic pain (mainly pain associated with the nervous system, for example that caused by a damaged nerve, phantom pain, facial neuralgia or chronic pain which remains after the recovery from shingles);
- Gilles de la Tourette syndrome;
- therapy-resistant glaucoma.

Patients and doctors have also reported positive effects on a range of other conditions, including Crohn's disease, ulcerative colitis, epilepsy, itching, migraine, rheumatism, rheumatoid arthritis, ADD and brain trauma. These positive effects still need to be confirmed by scientific research. (For more information, go to www.cannabis-med.org.)

At present, medicinal cannabis does not cure the disorders mentioned above, but it can relieve the symptoms associated with them. It may also enable other medication to be given at a lower dosage, and reduce their side effects. It is up to doctors to determine whether treatment with medicinal cannabis would benefit a patient, given his or her diagnosis and circumstances. In doing so, they are not limited to the list of conditions given above. A doctor will only prescribe medicinal cannabis if the standard treatments and registered medicines are not having the desired effect or are causing too many side effects.

Side effects

Patients generally tolerate medicinal cannabis well. A low dosage often provides sufficient relief, so that side effects rarely occur. When they do, it is usually the result of a high dosage or combined use with a substance such as alcohol that intensifies the side effects.

Known side effects of medicinal cannabis are mood-altering effects, insomnia and heart palpitations. Other effects are: relaxation, fits of laughter, feeling hungry, heightened sensitivity to the perception of e.g. colour and music, lethargy and distorted temporal and spatial awareness. Your reaction time may also be slower, especially during the first hours after use.

If you take a large dose, you can get 'high'. This is a feeling of euphoria which slowly subsides into feeling satisfied, peaceful and calm. The altered perception may cause you to feel confused. These effects usually disappear after a few hours.

If you have a genetic predisposition to psychosis (like schizophrenia) or other mental health problems, please consult your specialist before using medicinal cannabis. You should also consult your doctor if you are a cardiac patient.

Continuous use of cannabis during pregnancy can affect the foetus. Also, certain components of cannabis - like THC - end up in breast milk. That is why the use of medicinal cannabis is not advisable during pregnancy and while breastfeeding. For more information, consult your doctor or pharmacist.

Smoking

Smoking cannabis regularly is bad for your health. Smoke damages the lungs and could lead to infections of the nose, throat and lungs. For this reason, smoking medicinal cannabis is not recommended. Instead, inhaling cannabis using a reliable vaporiser is a more suitable method.

Addiction

Addiction is unlikely with cannabis used as a medicine. The recommended dose is usually lower than that for recreational use. You should take particular care,

however, if you have been addicted in the past. High dosages of medicinal cannabis taken over a longer period may lead to addiction. Quitting may then cause withdrawal symptoms, such as mild forms of restlessness, irritability, insomnia and nausea.

Using medicinal cannabis

Your doctor will determine, in consultation with you:

- Which variety would be most suitable
- What dosage you need
- How to take the medicinal cannabis

You will probably start with a low dosage (see 'Instructions for use and dosage'). If the effect is insufficient, your doctor will gradually increase the dosage. No maximum dose has been determined. Your doctor can keep increasing the amounts of cannabis you take until an effective result is achieved. Therefore, the dose can vary from one cup of tea a week to several grams a day.

You can take medicinal cannabis in various ways. For example: prepared as tea or inhaled using a vaporiser. It is important for the effect to heat the cannabis before using it. We discourage smoking medicinal cannabis.

When inhaled, the active components of cannabis are absorbed quickly by the body. The maximum effect occurs within 15 minutes, and slowly wears off over three to four hours. It is quite easy to adjust the dose when inhaling. If the effect is insufficient, you can choose to inhale more. You can also stop when you achieve the required effect or when you start feeling side effects.

When medicinal cannabis is drunk as tea, it takes at least 30 to 90 minutes before any effects occur. The maximum effect is usually achieved after two or three hours, and it takes four to eight hours to wear off. Eating high-fat food with the tea can improve the absorption of the active substances.

Instructions for use and dosage

Tea

Bedrocan is the most suitable variety for making tea.

- Boil 500 ml of water in a pan with the lid on.
- Add 0.5 grams (about 2 teaspoons or 1 measuring scoop) of medicinal cannabis.
- Turn down the heat and let the tea simmer gently for 15 minutes with the lid still on the pan.
- Take the tea off the stove and pour it through a sieve.
- Keep the tea in a thermos flask if you plan to drink it the same day.

If you want to make tea for several days, use 1 gram (about 4 teaspoons or 2 measuring scoops) of medicinal cannabis for one litre of water. Then, after preparing the tea as described above, add a package or teaspoon of coffee creamer powder to the warm tea. This will keep the active substances in the tea from sticking to the inside of the teapot or cup, reducing its effectiveness. Let the tea cool down and store it in the fridge. It will keep for several days.

You may reheat the refrigerated tea, and can add sugar, syrup or honey to improve its taste.

Dosage:

Start by drinking 1 cup (0.2 litres) of tea in the evening. If this provides insufficient relief after one or two weeks, you can – in consultation with your doctor – drink an extra cup (0.2 litres) in the morning. If the tea still provides insufficient relief, ask your doctor about inhaling medicinal cannabis using a vaporiser. Inhalation acts faster, and its effect is stronger than cannabis tea. Furthermore, the dose is easier to adjust.

Bedrocan and Bedrobinol are available in the form of dried flower tips (flos). Bedrol is provided as granules, as the flower tips have been crushed. All three varieties can be used to make tea or inhaled through an inhaler. It doesn't matter if you use the granules or the flower tips.

Inhalation

To inhale medicinal cannabis we advise you to use a reliable vaporiser. Vaporisers – with instructions – are obtainable in the Netherlands from 'Stichting NCSM' (Volcano®) and in pharmacies. The pharmacies order the vaporisers from Fagron BV.

Dosage:

- The initial dose should be about 200 mg (1 teaspoon or ½ measuring scoop).
- Place this in the vaporiser, heat the cannabis, then inhale once.
- Wait 5 to 15 minutes before inhaling again.
- Repeat this a few times – including the interval between two inhalations – until the desired effect is achieved, or until the onset of undesirable side effects (physical or mental). Start by performing this procedure once or twice a day.
- It's important that you gradually build up your intake. Inhaling several times a day can only be considered after some time has elapsed. Always consult your doctor first, since the dosage and amounts used vary widely between individual patients.

Medicinal cannabis heated in a vaporiser can be reused up to 3 times, as active components will still be released.

Smoking cannabis – with or without tobacco – is not recommended. Nor is using a water pipe as harmful chemicals are also inhaled.

Taking medicinal cannabis abroad

The use of medicinal cannabis is subject to restrictions laid down in the Opium Act. This means you must follow certain rules when using medicinal cannabis. In the Netherlands possession of medicinal cannabis is allowed – if prescribed by a doctor and dispensed by a pharmacy. This does not apply for most other countries, however.

If you are travelling to a Schengen country and want to take medicinal cannabis along, you need a declaration (Schengenverklaring) from the CIBG, part of the Ministry of Health, Welfare and Sport. The CIBG's website (www.farmatec.nl) has more information about this.

If you are travelling to a country outside the Schengen area, you must contact the embassy or the consulate of the country in question for permission to take the medicinal cannabis with you. You should allow plenty of time for your application to be processed.

Health insurance

Medicinal cannabis is not automatically covered by healthcare insurers. Some healthcare insurers provide partial cover through supplementary insurance. Check your healthcare insurer's policy for details.

More information

If you have any questions, please consult your doctor or pharmacist. For general questions about medicinal cannabis, you – or your doctor or pharmacist – can also contact the Office of Medicinal Cannabis (OMC), which is part of the CIBG, Ministry of Health, Welfare and Sport, in The Hague. The OMC is responsible for overseeing the production of cannabis for medicinal and scientific purposes.

On the OMC's website (www.cannabisbureau.nl), you will find answers to several frequently asked questions on medicinal cannabis use.

Websites

- > Office of Medicinal Cannabis (OMC): www.cannabisbureau.nl/en/
- > CIBG, Ministry of Health, Welfare and Sport: www.cibg.nl
- > International Association for Cannabinoids as Medicine: www.cannabis-med.org
- > Dutch Association for Legal Cannabis and Its Constituents as Medicine (NCSM): www.ncsm.nl

The CIBC is an implementing body of the Ministry of Health, Welfare and Sport. What started as a project in 1995 became the Central Information Unit on Healthcare Professions in 2000, or CIBC for short. Since then, more and more responsibilities have been delegated to the organisation. Its current duties are so diverse that the original name doesn't cover them. That is why we refer to ourselves simply as the acronym CIBC.



This brochure is published by the Institute for
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Medicinal Cannabis of the CIBG,
Ministry of Health, Welfare and Sport.

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MEDIA RELEASE



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Use of cannabis spray for cancer pain

Several media reports today (29th October 2012) indicate that Australian doctors are testing a cannabis mouth spray called Sativex for cancer patients with pain that does not respond well to traditional painkillers such as morphine.

Palliative Care Australia welcomes research into new therapies which can relieve pain and prevent unnecessary suffering at the end of life.

‘Palliative care professionals are experts in monitoring and controlling pain,’ said Dr Yvonne Luxford, chief executive officer of Palliative Care Australia. ‘For people living with terminal illness, the majority of their pain and other symptoms can be relieved or controlled through palliative care.’

‘There are some cases, however, which would benefit from optimised management. This study may be one opportunity for this.’

Pharmaceuticals based on cannabis are not currently licensed in Australia. PCA believes that it is necessary for the drug, if found to be safe and effective, to go through the Therapeutic Goods Administration approval process.

‘Pain can have a debilitating effect on all aspects of your life – psychological, emotional and spiritual,’ said Dr Luxford. ‘Having safe medications which are available to all parts of our population is essential in providing quality end of life care in this country.’

Ends

PCA has information about pain and pain management freely available on www.palliativecare.org.au

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PCA is the peak national organisation representing the interests and aspirations of all who share the ideal of quality care at the end of life

Patron: Her Excellency Ms Quentin Bryce AC Governor-General of the Commonwealth of Australia