

**Submission
No 68**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: Hepatitis NSW
Name: Mr Alastair Lawrie
Date received: 15/02/2013



The Director
General Purpose Standing Committee No. 4
Parliament House
Macquarie St
SYDNEY NSW 2000

Dear Sir or Madam

Inquiry into the use of cannabis for medical purposes

Hepatitis NSW is an independent, community-based, non-government health promotion charity funded by the NSW Ministry of Health. We provide information, support, referral and advocacy for people affected by hepatitis C in NSW. We also provide workforce development and education services both to prevent the transmission of hepatitis C and to improve services for those affected by it.

We strive to be representative of people affected by hepatitis C and work actively in partnership with other organisations and with the affected communities themselves to bring about improvements in quality of life, information, support and treatment, and to prevent transmission of the hepatitis C virus (HCV).

We are please to enclose our submission to your inquiry. We appreciate the opportunity to do so.

Please contact our Policy and Media Officer, Mr Alastair Lawrie, on 02 8217 7719 or alawrie@hep.org.au should you require further information.

Yours sincerely

Stuart Loveday
Chief Executive Officer
Friday 15 February 2013

Hepatitis NSW
working towards a world free of viral hepatitis

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It is estimated that approximately 226,700 Australians are currently living with chronic hepatitis C¹. 49,500 people living with HCV have moderate to severe liver damage, with an additional 6,300 people having cirrhosis². In NSW, it is estimated there are between 86,000 and 87,000 people currently living with chronic hepatitis C³, while there were 3,273 hepatitis C notifications in NSW in 2012⁴.

Hepatitis NSW also provides information and support for, and advocates on behalf of, people living with and affected by chronic hepatitis B.

In 2011, an estimated 209,000 people in Australia were living with chronic hepatitis B. An estimated 382 deaths in 2011 were attributable to the hepatitis B virus (HBV)⁵.

Hepatitis NSW endorses the submission made to this inquiry by ACON on 14 February 2013.

In particular, Hepatitis NSW supports the recommendations made by ACON that:

- Personal use of cannabis for medical purposes should be decriminalised, including allowing the personal growth of a limited number of plants or for supply through certified growers and producers
- The four-year clinical trial of medical cannabis, recommended by the 1999 NSW Drug Summit, should be undertaken as quickly as possible

¹ The Kirby Institute, *HIV, Viral Hepatitis and Sexually Transmissible Infections in Australia: Annual Surveillance Report 2012*, p7.

² *Ibid*, p14.

³ *Ibid*, and Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C Sub-Committee, *Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006*, p75.

⁴ NSW Ministry of Health, Hepatitis C notifications in NSW residents, 5 February 2013 (www0.health.nsw.gov.au/data/diseases/hepc.asp).

⁵ *Op cit*, The Kirby Institute 2012.

- Information and education should be provided to relevant communities, through community organisations/service providers and medical professionals, to ensure people make informed decisions and potential harm is minimised, and
- A review should be undertaken 3 years after these recommendations are implemented.

Hepatitis NSW agrees that there are significant possible benefits from adopting these recommendations, including encouraging more honest communication between people living with hepatitis C and their doctors, as well as assisting enhanced control over cannabis purity and strength.

A particular advantage of this approach would be allowing more research in the area of hepatitis C and cannabis consumption for medical purposes. There is currently substantially less research on this topic than comparable studies of people living with HIV.

Of the research that has been undertaken, a key study in 2006 found that cannabis use may relieve the debilitating side-effects of interferon⁶, which remains the primary treatment for people living with hepatitis C⁷. The assistance of cannabis in reducing or managing side-effects is potentially significant because it can contribute to patients remaining on treatment for the optimal treatment duration, and therefore may aide increased sustained virological response or cure rates.

In the 2006 study by Sylvestre et al, of the cannabis users, only 5% discontinued treatment early, whereas 33% of non-cannabis users ceased treatment before the optimal duration. The study also found that the cannabis users were three times more likely to have a sustained virological response (54% for cannabis users, versus 18% of non-users), possibly due to this increased treatment adherence.

Hepatitis NSW is aware of anecdotal evidence that some people living with HCV in NSW do use cannabis to relieve the side-effects of interferon-based treatment, as well as more broadly in relation to symptom relief of chronic hepatitis C itself.

However, there is little scientific evidence about the efficacy or safety of cannabis use for people living with HCV more generally. There is some evidence from 2007 that people living with HCV who use cannabis regularly may be more likely to have severe liver fibrosis, as well as possible evidence linking cannabis use and liver steatosis (liver fat accumulation)⁸, although research remains limited.

It is for this reason that, as described above, Hepatitis NSW would welcome the clinical trial of medical cannabis to allow for further research in this area which may help determine the risk factors involved with cannabis consumption for people living with chronic hepatitis C.

⁶ These side-effects can include flu-like symptoms, fatigue, insomnia, loss of appetite, nausea, weight-loss, muscle and joint pain, severe itching and depression.

⁷ Sylvestre, Diana L; Clements, Barry J; Malibu, Yvonne, Cannabis use improves retention and virological outcomes in patients treated for hepatitis C, *European Journal of Gastroenterology & Hepatology* 18 (10): 1057-1063, October 2006.

⁸ www.natap.org, Daily Cannabis Smoking as a Risk Factor for Fibrosis Progression in Chronic Hepatitis C, 2007 and www.hivandhepatitis.com Cannabis Use Predicts Severe Liver Steatosis in Patients with Chronic Hepatitis C, Liz Highleyman, 2007.

Finally, we note that chronic hepatitis C and chronic hepatitis B are both leading causes of liver cancer, liver failure and death in people in NSW. Indeed, we note that liver cancer incidence is increasing faster than any other internal cancer⁹. This means that there are additional medical uses for cannabis for people with chronic HCV and HBV, including alleviating the effects of chemotherapy, as well as pain relief for those with terminal illness.

We refer you to the position statement – Medical Use of Cannabis (Marijuana), which was released by the Cancer Council of New South Wales in 2012. In particular, the Cancer Council NSW wrote:

“Cancer Council NSW acknowledges that cannabis may be of benefit to cancer patients where conventional treatments are unsuccessful, in the following circumstances:

- in relieving nausea and vomiting in patients undergoing chemotherapy;
- as an adjunctive analgesic in patients with moderate to severe pain; and/or
- as an appetite stimulant for cancer patients experiencing weight loss and muscle wasting.”¹⁰

However, while Hepatitis NSW does not have the relevant expertise to make a submission in relation to these broader topics, we encourage the Committee to seek the evidence of experts in oncology and palliative care in relation to these matters, such as the Cancer Council of New South Wales.

We appreciate the opportunity to make a submission regarding the use of cannabis for medical purposes. Should you require further information please contact our Policy and Media Officer, Mr Alastair Lawrie, on 02 8217 7719.

Yours sincerely

Stuart Loveday
Chief Executive Officer
Hepatitis NSW
Friday 15 February 2013

⁹ Robotin, M, et al, *Preventing Primary Liver Cancer: How well are we faring towards a national hepatitis B strategy?* 2008, The Medical Journal of Australia, 188(6), 363-365.

¹⁰ Cancer Council NSW, *Position Statement: Medical use of cannabis (marijuana)*, 4 October 2012, www.cancercouncil.com.au