

**Submission
No 73**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: ACON, Positive Life NSW, Australian Federation of AIDS Organisations, and National Association of People with HIV Australia

Name: Mr Nicolas Parkhill

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The parties to this submission recognise that many people with chronic illness, such as HIV, use cannabis as a complementary therapy to assist with pain relief, appetite loss and nausea. This use is supported by research which shows the effectiveness of cannabis in dealing with these issues. Decriminalisation of personal use for medical purposes would have benefits such as enabling a more open discussion with medical practitioners about the risks and benefits of use, and enabling open provision of reliable information to consumers that may reduce harms through paths for less harmful methods of consumption. We also believe that some form of allowance for personal medical use would allow consumers more control over issues such as strength, purity and method of production. We recommend that the four year clinical trial of medical cannabis proposed by the 1999 NSW Drug Summit be undertaken immediately alongside the decriminalisation of cannabis for personal medical use.

Submission to the NSW Legislative Council's

Inquiry into the use of cannabis for medical purposes

February 2013



**Australian Federation
of AIDS Organisations**

14 February 2013

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

Dear Ms Foley

Re: Inquiry into the use of cannabis for medical purposes

This letter is a joint submission responding to the terms of references for the NSW Legislative Council's General Purpose Standing Committee No. 4 Inquiry into the use of cannabis for medical purposes from the following non-government organisations (NGO's):

- ACON
- Positive Life NSW
- National Association of People With HIV Australia
- Australian Federation of AIDS Organisations

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

Positive Life NSW is a not-for-profit community organisation representing the interests of people with HIV, their partners and family in NSW. It was founded in 1988 and incorporated in July 1989. Positive Life NSW is a membership organisation with an elected board of directors. All Board members and staff are either living with/or personally affected by HIV. Positive Life NSW works to promote a positive image of people living with and affected by HIV with the aim of eliminating prejudice, isolation, stigmatisation and discrimination. It provides information and targeted referrals, outreach and community development, publications, education and community awareness, peer support programs, health promotion, policy development and systemic advocacy related to health and community support services.

The National Association of People With HIV Australia (NAPWHA) is the country's peak non-government organisation representing community-based groups of people living with HIV. NAPWHA provides advocacy, effective representation, policy, health promotion and outreach on a national level. Our work includes a range of health and education initiatives that promote the highest quality standard of care for HIV positive people. NAPWHA contributes to clinical and social research into the incidence, impact and management of HIV. We strive to minimise the adverse personal and social effects of HIV by championing the participation of positive people at all levels of the organisation's activity. NAPWHA has a secretariat based in Newtown, Sydney, which undertakes a range of policy, health

promotion, advocacy and support work. This work is overseen by a Board of Directors elected by our membership from around the country. The full membership and governance of NAPWHA is open only to people with HIV and their state or territory based organisations.

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance; and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV and its effects, develops and formulates policy on HIV issues, and provides HIV policy advice to the Commonwealth, state and territory governments.

The parties to this submission welcome the opportunity to respond to the inquiry into medical cannabis. The parties have long been engaged with drug law reform, most prominently through our participation in the Drug Summit and the work that followed. Our knowledge is based on our experience of providing support to people living with HIV (PHIV), as well as our drug and alcohol support and education programs, providing treatments advice and our work with PHIV.

We are aware that people with HIV, like many people with chronic illness, utilise cannabis to alleviate symptoms related to their chronic condition and their medication. We understand from HIV Futures 6¹, a national cross-sectional survey of Australian PHIV, that 18% of PHIV report using cannabis as a complementary therapy, with this number being separate to recreational use. Research has shown that cannabis has been effective in supporting people to deal with pain, loss of appetite, neuropathy and nausea²³⁴.

Research has also suggested that cannabis can interact with specific HIV medications, such as Atazanavir⁵, though more research is needed to confirm the nature and severity of this interaction. The parties to this submission believe that the decriminalisation of personal use for medical purposes would facilitate more honest and open discussion between PHIV and their doctors about the possible benefits and risks of its use. It could also see further research being undertaken in NSW due to a more open regulatory framework.

We also believe that some form of allowance for personal medical use would allow users more control over issues such as purity, strength and method of production of the cannabis consumed. This would be best achieved through allowing the personal growth of a limited number of plants or for supply through certified growers and producers.

¹ J Grierson, J Power, M Pitts, S Croy, T Clement, R Thorpe and K McDonald (2009) *HIV Futures 6: Making Positive Lives Count*, monograph series number 74, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia

² Phillips TJC, Cherry CL, Cox S, Marshall SJ, Rice ASC (2010) Pharmacological Treatment of Painful HIV-Associated Sensory Neuropathy: A Systematic Review and Meta-Analysis of Randomised Controlled Trials. *PLoS ONE* 5(12)

³ Ellis R J, Toperoff W, Vaida F, van den Brande G, Gonzales J, Gouaux B, Bentley H and Atkinson J H Smoked Medicinal Cannabis for Neuropathic Pain in HIV: A Randomized, Crossover Clinical Trial *Neuropsychopharmacology* (2009) 34, 672–680;

⁴ Woolridge E, Barton S, Samuel J, Osorio J, Dougherty A, Holdcroft A, Cannabis Use in HIV for Pain and Other Medical Symptoms, *Journal of Pain and Symptom Management* 2005;29:358–367.

⁵ Ma Q, Fehintola F, Zingman B, Reichman R, Fischk M, Gripshover B, Difrancesco R, Forrest A, Morse G D; Tobacco and Marijuana Uses Significantly Decrease Atazanavir (ATV) Trough Concentrations in HIV-Infected Individuals, Presentation at ICAAC 2009

The 1999 NSW Drug Summit recommended a four year clinical trial of medical cannabis, which the former Labor Government failed to implement despite the cross party support that this proposal received. This is a long overdue initiative and should be undertaken immediately alongside the decriminalisation of cannabis for personal medical use.

The provision of information and education to communities that are likely to utilise and benefit from the medical use of cannabis would also be valuable. This should include the engagement of community, service providers and doctors to ensure that reliable information is available to consumers and that potential harms are reduced, for example, by paths for less harmful methods of consumption than smoking.

Any reforms that flow from this inquiry should be monitored throughout implementation and a thorough review undertaken after a period of 3 years to ensure that the goals of the reform are being met.

Should you require any further information please do not hesitate to contact Nic Parkhill on (02) 9206 2122 or at nparkhill@acon.org.au

Kind regards

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