

**Submission
No 117**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: NSW Ministry of Health

Date received: 25/02/2013

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

NSW Ministry of Health's submission

Terms of Reference

(a) The efficacy and safety of cannabis for medical purposes

In response to concerns about the harmful impacts of cannabis, *The National Drug Strategy 2010-2015*, identifies reducing cannabis use as a key priority. In endorsing the Strategy, governments have committed to reducing cannabis use through a combination of demand reduction, supply reduction and harm minimisation approaches.

The NSW Ministry of Health is focused particularly on providing treatment and public education options to reduce or avoid cannabis use and its related health harms. A NSW Ministry of Health's Fact Sheet (Attachment A to this submission) sets out the immediate and long term adverse effects of cannabis use that inform these policy and treatment responses.

In this context, the Ministry of Health has not investigated the "*efficacy and safety of cannabis for medical purposes*" but is aware of the following previous work on this issue:

- The Report of the Working Party on the Use of Cannabis for Medical Purposes – August 2000 available on the Internet at:
http://www.ndarc.med.unsw.edu.au/sites/ndarc.cms.med.unsw.edu.au/files/ndarc/resources/medical_cannabis_v2.pdf
- The British House of Lords report by the House of Lords Select Committee into the medical use of cannabis and cannabinoids, 1998 available on the Internet at:
<http://www.parliament.the-stationery-office.co.uk/pa/ld199798/ldselect/ldscstech/151/15101.htm>
- The United States Institute of Medicine report on Marijuana and Medicine: Assessing the Science Base, 1999 available on the Internet at:
http://books.nap.edu/catalog.php?record_id=6376

(b) If and how cannabis should be supplied for medical use

From a health perspective, a key risk of any program using cannabis for medical purposes would be the potential for diversion for illicit use. This could increase the risk of health impacts and undermine current government efforts to reduce the use of cannabis in the broader community.

Cannabinoids may be synthetically manufactured or derived directly from the cannabis plant as is the case with *Sativex* a proprietary pharmaceutical developed and marketed by GW Pharmaceuticals in the United Kingdom. It is a pharmaceutical grade extract containing a regulated dose of tetrahydrocannabinol (THC) and

cannabidiol (CBD) available in a metered dosage Oromucosal spray. Details with regard to its use in response to certain medical conditions and progress with this development and availability may be accessed at: www.gwpharm.com.

In regard to existing approved processes for accessing such products:

- a description of the existing regulatory framework whereby approved pharmaceuticals may be accessed and supplied is at Attachment B to this submission;
- Individuals may also access therapeutic products that have yet to be approved in Australia through processes under the Commonwealth's Therapeutic Goods Administration as detailed at: www.tga.gov.au/pdf/access-sas-guidelines.pdf.

(c) Legal implications and issues concerning the use of cannabis for medical purposes

The cultivation, supply and use of cannabis is prohibited in all Australian jurisdictions including under the NSW Drug Misuse and Trafficking Act 1985. Any proposal to enable individuals to access cannabis for use in the treatment of their medical symptoms would require amendment to the NSW Drug Misuse and Trafficking Act 1985.

Consideration would also need to be given to the implications of Commonwealth legislation and the controls and other requirements of international drug conventions under the United Nations to which Australia is a signatory (refer www.unodc.org/undoc/treaties). Of note, Australian legislation and drug conventions frequently provide an exemption from prosecution for the cultivation, supply and use of illicit drugs in particular circumstances where such drugs are provided for medical or scientific purposes.

Cannabis



What is Cannabis?

Cannabis is the most commonly used illegal drug in Australia. It is made from the dried flowers and leaves of a plant called *Cannabis Sativa*. Other names for cannabis are grass, mull, pot, dope and yarndi.

Cannabis can look like dried herbs or tea. Sometimes it contains seeds or twigs. It can be grey, green or brown in colour.

Cannabis is usually smoked in hand-rolled cigarettes called joints or in water pipes called bongs. Sometimes it is mixed with food such as cakes and cookies and eaten.

What is THC?

THC (tetra hydro cannabinol) is the chemical in cannabis which makes you feel *high*. This means you experience a change in mood and may see or feel things in a different way.

Some parts of the plant contain a higher level of THC. For example, the flowers or buds have more THC than the stems or leaves.

How does THC affect you?

When cannabis is smoked, THC goes quickly into the blood through the lungs. It then goes to the brain and this is when the *high* is felt. This can happen within a few minutes and can last up to five hours from each time the smoke is inhaled.

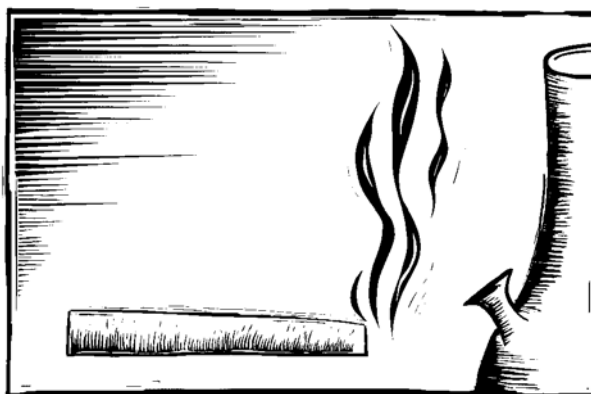
When cannabis is eaten, THC is absorbed more slowly into the blood as it has to pass through the stomach and intestine. Not only does it take longer to experience the *high* when the drug is used in this way, the effects can also last for much longer, particularly those that are regarded as unpleasant by the user, such as hallucinogenic effects.

THC is absorbed quickly into body fat. It is then released very slowly back into the blood. It can take up to one month for a single dose of THC to fully leave the body.

Effects

The effects of cannabis will depend on:

- how much you take
- how often you take it
- how strong the cannabis is
- how the cannabis is taken (joint, bong, food)
- your size, weight, health
- your mood
- your experience with cannabis
- your tolerance to cannabis
- whether cannabis is taken with other drugs, such as alcohol, which can increase the effects of both drugs
- whether you are alone or with other people, at home or at a party, etc
- your age – young people are more vulnerable to the negative effects of cannabis.





Immediate effects

Small amounts

If you have a small amount of cannabis, the effects can last up to five hours from each exposure. You may:

- feel unusually well and happy
- do or say things which you normally wouldn't, such as risk taking behaviour like unsafe sex or dangerous driving
- talk and laugh more than usual
- experience anxiety and paranoia
- have bad balance and coordination
- feel drowsy
- find it hard to concentrate
- have problems remembering things
- feel hungry
- experience asthmatic symptoms or have trouble breathing if you smoke cannabis
- have a faster heart rate
- have dry, red eyes
- have a dry mouth and throat
- focus on one particular thing and ignore all other things.

Large amounts

If you take a large amount of cannabis, you may:

- feel confused
- vomit
- be restless
- experience changes in your perception of time, sound, sight, touch and distance
- feel excited
- see or hear things which are not there (hallucinations)
- feel anxious or panicky
- 'blackout'
- feel distant or separate from reality.



Cannabis can also cause problems with:

- remembering things
- thinking clearly
- movement
- ability to do things like drive or operate machines.

These symptoms usually disappear when the effects of cannabis wear off.

Long-term effects

If you take cannabis regularly over a long period of time then you may experience the following health problems:

- dependence
- increased risk of getting bronchitis, lung cancer and other diseases of the respiratory system
- decreased motivation
- decreased concentration, memory and ability to learn new things
- decreased sex drive
- depression
- psychological effects – this is more likely if the person already has a schizophrenic condition or has a pre-disposition to schizophrenia which can be triggered by cannabis use.

Most people who use illegal drugs, first used drugs like alcohol, tobacco or cannabis. However, most people who use cigarettes, alcohol or cannabis never use other illegal drugs.

Regular cannabis use at a younger age increases the risk of other drug use but only 4 per cent of cannabis users have ever used heroin. The link between cannabis use and the use of other illegal drugs is usually due to the personal traits that make it more likely for the person to take part in risky behaviour.

Dependence

Physical and psychological dependency on cannabis can develop. This means that you may experience withdrawal symptoms if you stop or suddenly cut down as well as tolerance, meaning you need more of the drug to experience the same effects. Cannabis withdrawal symptoms usually consist of flu-like symptoms such as:

- headaches
- nausea
- irritation
- depression
- trouble sleeping and strange dreams
- anxiety
- poor appetite
- restlessness.



Mixing cannabis with other drugs

It can be dangerous to mix cannabis with other drugs such as alcohol or prescription drugs. This is because the effects of cannabis and the other drug can become stronger and produce more unpredictable effects than if they were used separately.

There is no evidence that cannabis automatically leads to the use of other drugs.

Cannabis and pregnancy

It is not wise to use any drugs during pregnancy. THC passes from the mother to the baby through the placenta. There is some evidence that women who smoke cannabis may give birth to smaller babies or have premature deliveries. Other studies show that newborn babies may have trouble sleeping if their mother used cannabis during pregnancy. Also, in the first six months of life, babies who have been exposed to cannabis in-utero are at a greater risk of developing asthma, chest infections and other breathing problems such as wheezing.

Cannabis and the law

Using cannabis is illegal in Australia. If you use, sell or give cannabis to someone else and get caught, you could face substantial fines and penalties including a prison sentence. This also includes items used to take cannabis such as bongs. In NSW, first time offenders caught carrying a small amount of cannabis may be issued with a formal caution, which can include information about the harms associated with cannabis use and a number to call for drug related information or referral. A person can only receive up to two cautions.

Cannabis and driving

Cannabis makes it more difficult to drive safely, especially when it is taken with alcohol. It is illegal to drive under the influence of any illicit drugs, including cannabis. If you break this law you could lose your licence for a set time, or be fined or sent to prison.

Since January 2007, police have been conducting random roadside drug testing and can give any driver a roadside oral drug test. In NSW, If you test positive, you won't be charged immediately but you will be prohibited from driving for 24 hours. The sample is sent to a laboratory and if it tests positive to cannabis or other drugs, you will be charged to appear in court.

Even where random roadside drug testing is not being carried out, if a police officer suspects you have used drugs you could be arrested and taken to a hospital for a blood and urine test. The samples will be sent to a laboratory and if they test positive to cannabis or any other drug (including prescribed drugs), NSW Police will determine whether your driving would have been impaired by your drug use. You will then be charged accordingly.

Anyone under the influence of cannabis, who kills or injures another person while driving a motor vehicle, can be sentenced to a term in prison.





Information resources

A series of cannabis fact sheets are available for free, from the National Cannabis Prevention and Information Centre (NCPIC) at:

<http://ncpic.org.au/workforce/cannabisinfo/factsheets/>

Topic include:

- What is cannabis?
- Cannabis and the law, mental health, potency, driving, dependence, with prescribed medications, aggression, motivation, tobacco use, young people
- Cannabis in the workplace
- Cannabis use and reproduction
- Looking after a friend on cannabis
- Mixing cannabis and alcohol
- People at risk of developing problems with their cannabis use
- Cannabinoids and appetite
- Cannabinoids
- Cannabis contamination.

Quitting cannabis

If you have been taking cannabis for a long period, you may find it difficult to stop. Some people can stop using in one day while others prefer to stop slowly by taking less cannabis each time. The way you choose to stop is a personal one but there is assistance available:

- the National Cannabis Prevention and Information Centre (NCPIC) provides free resources that can be downloaded from its website:
- *What's the deal on quitting? A do-it-yourself guide for cannabis users*
 - *What's the deal? Cannabis facts for young people*
 - *What's the deal? Cannabis facts for parents*
 - *What's the deal? Talking to a young person about cannabis*
 - *Fast facts on cannabis*
 - *Fast facts on mental health and cannabis.*
- *Mulling it over* is a harm reduction booklet available from the Manly Drug Education and Counselling Centre (MDECC). Tel. (02) 9977 0711.
- Counselling for users, concerned relatives and friends is available in some alcohol and other drug agencies, hospitals, community health centres and private clinics. Phone the telephone counselling service in your state or territory for more information.
- Quit smoking cannabis groups are available in some drug and alcohol agencies. These groups are like quit smoking programs. Phone the counselling service in your state or territory for more information.

- NSW Health operates Cannabis Clinics throughout NSW. The Cannabis Clinics are a free outpatient counselling service for people 16 years and over who would like to reduce or cease their cannabis use. For contact details go to www.permanentlyoutofit.com.au

Confidential telephone counselling

For help and advice about a cannabis related issue, call the free National Cannabis Information and Helpline on 1800 30 40 50.

24 hour service

NSW

Alcohol and Drug Information Service (ADIS)
Tel. (02) 9361 8000 *Toll free. 1800 422 599

Victoria

Direct Line
Tel. (03) 9416 1818 *Toll free. 1800 858 584

Western Australia

Alcohol and Drug Information Service (ADIS)
Tel. (08) 9442 5000 *Toll free. 1800 198 024
Tel. (08) 9442 5050 (for parents)
*Toll free. 1800 653 203

Queensland

Alcohol and Drug Information Service (ADIS)
Tel. (07) 3236 2414 *Toll free. 1800 177 833

South Australia

Alcohol and Drug Information Service (ADIS)
Tel. (08) 8363 8618 *Toll free. 1300 131 340

Northern Territory

Alcohol and other drug services
Darwin: Tel. (08) 8922 8399 *Toll free. 1800 629 683
Alice Springs: Tel. (08) 8951 7580

Tasmania

Alcohol and Drug Information Service
Tel. (03) 6233 6722
*Toll free. 1800 811 994

ACT

Alcohol and Drug Program
Tel. (02) 6205 4545

* Toll free numbers are only available if you are calling from within that state.

You will find a copy of this sheet at: www.yourroom.com.au

Further copies are available to order via email at: drugaction@doh.health.nsw.gov.au or call (02) 9424 5946.

Other publications in this series include Speed, Alcohol, Hallucinogens, Heroin, Ecstasy, Cocaine and Benzodiazepines.

Current Regulatory Framework to ensure the safety and efficacy of medicines

Pharmaceutical Services, Legal and Regulatory Services Branch, NSW Ministry of Health, have provided the following summary of the current regulatory framework to ensure the safety and efficacy of medicines:

Medicines are regulated for safety and efficacy by the Commonwealth Therapeutic Goods Administration (TGA) under the provisions of the Therapeutic Goods Act 1989 (the Act). Under the provisions of the Act, medicines marketed for use in Australia must be registered (or listed) on the Australian Register of Therapeutic Goods (ARTG).

In order to have a medicine registered for use on the ARTG, sponsors have to provide a comprehensive and extensive volume of evidence that a medicine proposed for registration on the ARTG is efficacious for a specific indication and that the safety profile of the medicine is appropriate for the purpose, after considering the benefits compared to the risks associated with the use of the medicine for the proposed indication.

Over the counter medicines, complementary medicines, herbal and vitamin products are listed on the ARTG to ensure the safety of the products but are not required to produce evidence of efficacy, although are restricted in making therapeutic claims.

The evidence provided for registration on the ARTG will include peer reviewed specialist scientific analysis of various levels of clinical trials undertaken over extended periods. In Australia an application for registration will often involve a track record of the safe and efficacious use of the medicine in an overseas jurisdiction.

The TGA independently also undertakes pre-marketing and post-marketing surveillance of medicines and reports of adverse reactions to medicines throughout the world. The TGA also licenses medicine manufacturers under the provisions of the Act to ensure the quality of medicines registered on the ARTG. The TGA undertakes regular auditing of licensed manufacturers for quality purposes.

The regulatory framework for the safety and efficacy of medicines under the Act extends to a well established procedure for recalling medicines in the event that manufacturing and other quality concerns are detected ("The Uniform Recall Procedure for Therapeutic Goods"). Recalls for defective medicines involves both the TGA and the sponsor of the ARTG registered medicine.

Separate to the Therapeutic Goods Act, States and Territories regulate the labelling, possession, storage and supply of medicines under their drugs and poisons legislation to ensure that medicines are only available to the public via a strict regulatory regime in accordance with the recognised therapeutic standards of what is appropriate in the circumstances.

The supply of medicines under States/Territories drugs and poisons legislation is dependent upon the scheduling of the medicine under the Uniform Scheduling of Medicines and

Poisons, adopted by the States and Territories, after determination by the Commonwealth in a consultation process with States and Territory jurisdictions.

The regulatory framework for the safety and efficacy of medicines to the public is assured under the dual responsibilities of the Commonwealth and States/Territories as summarised above.