Submission No 135

INQUIRY INTO IMPACT OF THE REGULATORY FRAMEWORK FOR CANNABIS IN NEW SOUTH WALES

Organisation: The Royal Australian College of General Practitioners (RACGP) NSW and ACT

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RACGP NSW&ACT Submission to the inquiry into the impact of the regulatory framework for cannabis in NSW

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RACGP

The Royal Australian College of General Practitioners (RACGGP) NSW&ACT Faculty welcomes the opportunity to provide a submission to the Portfolio Committee No. 1 – Premier and Finance for the opportunity to provide input to the *Inquiry into the impact of the regulatory framework for cannabis in New South Wales.*

The NSW&ACT faculty supports over 14,000 members across NSW&ACT, which accounts for approximately 33% of the total RACGP membership. We are committed to advocating for the profession and to providing members with opportunities for participation, quality education and collegiality.

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

Background

The RACGP has always been a strong advocate for evidence-based medicine and does not recommend nor encourage the use of medicinal cannabis (MC); however, it recognises that as specialists, general practitioners (GPs) may offer to prescribe MC products to a limited number of patients with specific conditions, in consultation with those patients and their care teams.

From a GP perspective, the prescribing of MC products is contentious. Difficulty is faced by GPs when deciding between advocacy on the part of their patients, and the limited available evidence for the efficacy of MC particularly when generalising currently available evidence across into other populations / diagnosis that were not the population studied in the available trials. This creates a difficult dynamic whereby GPs are faced with the pressing need to provide care for patients who are unable to manage chronic and debilitating conditions using conventional, evidence-based treatments[1], but remain concerned about the role and potential risks associated with MC. At present, the evidence base for the use of MC products is limited and inconclusive. The current evidence base is heterogeneous, comprising a small number of randomised clinical trials (RCTs), of varying quality. Anecdotal evidence suggests that many patients have found real benefits from MC use, however there is a need for more research and greater information to

support GPs in understanding the clinical role of MC and MC containing products. The RACGP highlights the need for further research into the safety and effectiveness of MC products[1].

Chronic pain is cited as the primary condition for MC prescription[2] and is defined as pain lasting >3 months[3]. Chronic pain is difficult to treat and can have significant adverse effects on quality of life. Suicidal behaviour is 2-3 times higher in patients with chronic pain, and approximately 40% of forced early retirements are due to chronic pain[3]. Chronic pain is a frequent presentation in general practice and is typical of conditions such as arthritis, fibromyalgia, cancer, and diabetes. MC product delta-9- tetrahydrocannabinol (THC) has demonstrated efficacy in treating chronic pain[3]. MC prescription offers an alternative approach to the management of chronic pain that may be similarly effective to opioids in improving pain, physical functioning, and sleep quality[4]. Furthermore, unlike with opioids, hyperalgesia to painful stimuli does not appear to occur with chronic use of cannabis and analgesic effects can be retained, even as tolerance develops[3].

Following chronic non-cancer pain, anxiety disorders are the second most common reason for the prescription of MC in Australia[2]. MC products are also prescribed for palliative care, cancer pain, chemotherapy-induced nausea and vomiting, and epilepsy[1].

MC products are mostly classified as 'unregulated medicines' by the Therapeutic Goods Association (TGA) and doctors must apply for approval to prescribe[1]. This additional regulation requirement leads to uncertainty amongst GPs, particularly when considering the lack of guidelines on the use of MC products, and the sheer volume of those available.

THC has documented side effects including dizziness, appetite stimulation, drowsiness, altered mood, anxiety, and impaired cognition[3]. The side effects of MC vary by dose and route of administration, however a lack of available guidelines on MC containing products has led to uncertainty in the evaluation of risk to benefit in the prescribing of cannabis containing products. In a 2024 study of seventeen Australian healthcare professionals[5], all participants reported concern about the lack of guidelines for identifying the most suitable treatment approach for individual patients to best manage their health conditions.

There are presently more than 190 different MC products can be accessed via TGA schemes[3].
There is difficulty therefore in understanding which products should be prescribed, and when. There is a lack of MC content in tertiary education, training, or development opportunities and many of those who prescribe MC have gained their knowledge though self-directed learning[5]. Although there are numerous resources for MC education available online, practitioners report challenge in identifying reliable and unbiased sources of information. The status of MC as an unapproved therapeutic good is a significant barrier to its prescription by healthcare professionals, despite its potential benefits to patients.

(b) the socioeconomic impact of the current regulatory framework for cannabis

One in five Australian adults are estimated to be living with chronic pain, costing the community over $140 billion per year[3]. Despite the barriers to prescription, a 2021 analysis of available evidence on MC in the treatment of chronic pain[3] found that to date, over 130,000 MC approvals have been issued in Australia, with approximately 65% of these to treat chronic non-cancer pain. Further research and guidance on the

prescription of MC products may help reduce the barriers faced by GPs in prescribing MC, and in doing so, improve their confidence and the options available to treat chronic, non-cancer pain.

(d) the impact of the current regulatory framework for cannabis on young people, the health system, personal health, employment, road safety, crime and the criminal justice system

The use of THC containing products, whether medicinal or otherwise, poses ongoing concern with driving and road safety. THC can affect the cognitive and motor skills necessary for safe driving, however, there is challenge in determining the precise role of cannabis in impaired driving[6]. The drug may be detected in body fluids for days or weeks after use, and cannabis may affect driving ability differently between users. The dose and typical pattern of exposure to THC amongst MC patients is likely to develop behavioural and pharmacological tolerance to the effects of THC, such that the risk of driving impairment is mitigated[7], yet patients with a legitimate MC prescription are not exempt from current drug-driving laws[3]. From a GP perspective, the distinction between MC and other potentially sedating medicines, such as opioids, in the current regulation is unreasoned as, similarly to opioid medicines, the potential impact of MC on driving safety is mitigated in the context of clinical consultation; patients being prescribed MC as part of their care can be advised against driving when feeling sedated, when changing dose, and/or when trying a new formation. The application of presence-based cannabis drug driving offences to MC patients is a key barrier to patients seeking treatment due to mobility reduction and potential for prosecution[5]. Legal prohibitions regarding THC and driving are a significant barrier to patient use and there is a need for further experimental studies on the effects of MC treatment on patient driving performance to better guide policy in this area[7].

There exists a complex dynamic between MC use and the criminal justice system. There are tens of thousands of patients with chronic pain being prescribed MC products in Australia, and hundreds of thousands more using illicit cannabis products to self-medicate chronic pain[3]. Of the estimated 600,000 Australians currently self-medicating with cannabis, a majority are utilising illicit cannabis[3]. In the current regulation, there is a working assumption that those who experience symptoms that warrant MC prescription will be able to access MC through legal channels, however in practice, this is not often the case. This assumption leaves those who are unable to access MC legally disproportionately at risk of the criminal justice system.

(e) the impact of the regulatory framework for cannabis on Aboriginal, LGBTIQA+, regional, multicultural and lower socioeconomic communities

At the patient level, the impact of the current regulatory framework for cannabis is an issue of access and often, those who are most vulnerable are the least able to legally access MC.

The cost of accessing MC products includes both the cost of seeing a medical professional to obtain a prescription, and the cost of acquiring the product once it is prescribed[8]. Furthermore, geographical barriers to accessing primary healthcare services are prohibitive to many, particularly those living rurally, without local access to a GP, a pharmacy that is able to compound and dispense this medication, and those with limited mobility. As such, the financial and geographical costs associated with accessing MC products can be prohibitive to individual patients and communities. The expense associated with accessing MC products is resulting in a two-tiered system whereby those who have access to general practice, can afford

regular healthcare appointments and can afford prescription products are granted access to legalised MC products, and those who cannot afford it are denied. The significant costs of accessing MC are contributing to some people choosing to access illicit cannabis products to self-medicate, which raises concern about quality, safety, and criminal implications which disproportionally affect populations of relatively lower socioeconomic status.

Current regulation of MC products disproportionately affects the LGBTQIA+ population. Incidence of drug use, including the use of illicit cannabis products, for self-medication tends to be higher amongst LGBTQIA+ persons as a result of the trauma and stigma commonly experienced by the LGBTQIA+ population. While those persons of LGBTQIA+ identity living in areas of higher socioeconomic status may be not be so limited in their ability to access MC prescription, legal access to MC typically becomes progressively more difficult to access in more conservative regions.

The deep-rooted racial ideologies that underpin cannabis regulation must not be ignored. For some Aboriginal populations, Yandi holds spiritual and ritualistic importance, and its use is part of community and cultural connection. Although this use of cannabis may be considered outside the scope of MC regulation, a sense of community and connection is an inherent competent of mental health management. There is difficulty in assessing the impact of a regulatory framework for cannabis that is based on a white, Caucasian American, westernised discourse that is not sensitive to wider cultural understanding of cannabis meaning and use.

(h) any other related matters.

From a GP perspective, the strict regulation of MC products when considering their associated adverse effects stands in stark contrast with the legality of alcohol and tobacco. Although the RACGP NSW&ACT Faculty does not recommend the legalisation of cannabis and cannabis containing products, it is important to note the contradiction posed by drug regulation that allows access to alcohol despite the associated risks to health, violence, domestic violence, driving impairment, and antisocial behaviour.

Conclusion

Despite the low overall quality of supportive evidence for MC prescription, the legitimate lived experiences of lasting pain reduction with cannabis amongst the tens of thousands of Australians utilising the drug is not easily disregarded[3]. The RACGP does not recommend nor encourage the use of MC, however where MC is legalised, the RACGP NSW&ACT Faculty supports its members in their choice to prescribe MC. MC should be considered analogous to the prescribing of any other medication that can potentially cause sedation and managed accordingly within the clinical management by the GP and their patient. The RACGP NSW&ACT Faculty recommends further research and publication of guidelines to support GPs in prescribing MC and advocates for a fairer regulatory framework that demonstrates greater sensitivity to criminalisation based on access.

References

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