



21 March 2018

Committee Secretariat
Health Committee
Parliament Buildings
Wellington

Email: he@parliament.govt.nz

To the Health Committee

Misuse of Drugs (Medicinal Cannabis) Amendment Bill

Thank you for giving The Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the Misuse of Drugs (Medicinal Cannabis) Amendment Bill.

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the College, is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.

- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Introduction to submission

The College has endorsed the New Zealand Medical Association (NZMA) position statement on medicinal cannabis and agrees with the eight recommendations in its statement.¹ We also consider it important that the debate on recreational cannabis use and the debate on therapeutic or medicinal cannabis use are kept separate.

The College notes the main changes the Bill makes are to:

- introduce an exception and a statutory defence for terminally ill people to possess and use illicit cannabis and to possess a cannabis utensil
- provide a regulation-making power to enable the setting of standards that products manufactured, imported, and supplied under license must meet
- amend Schedule 2 of the Misuse of Drugs Act so that cannabidiol (CBD) and CBD products are no longer controlled drugs.

The rationale for the timing of the Bill was in part due to the Government's 100-day plan, and due to this timeframe the College was informed a report detailing the 'medicinal cannabis scheme' would be available in March.² It is disappointing that as of 13 March 2018, the Government has not released this report. As such, in writing this submission, the College can only comment on the Bill and cannot comment on the details of the proposed scheme.

The College notes an expert advisory committee is being set up to 'consider the current prescribing process for medicinal cannabis products and information needs and process issues.' As consumers will most likely discuss medicinal and therapeutic cannabis with their GP, we would recommend a GP being included on this group. The College would also like to be involved in further discussions on this important issue.

Executive summary of recommendations

The College recommends that:

- 1. The Committee considers how a consultation will align with the Health and Disability Services Consumers' Rights, particularly Right 6 – the right to be fully informed.**
- 2. The Government implements a public health campaign and an authoritative source of information that patients can refer to receive information on illicit cannabis.**
- 3. The Government facilitates training for medical practitioners, with training on changes to the law and discussing the harms and benefits of therapeutic and illicit cannabis use.**

¹ [New Zealand Medical Association. Medicinal cannabis.](#) Accessed March 13 2018.

² [Ministry of Health. Departmental Disclosure Statement: Misuse of Drugs \(Medicinal Cannabis\) Amendment Bill.](#) Accessed on March 13 2018.

4. A cannabis product must meet Medsafe's criteria to be classed as a medicine.
5. The Government should facilitate research on the medical potential of cannabis, as this will allow for a larger evidence base to make informed decisions.
6. The Committee considers how the medicinal cannabis scheme may work with the Therapeutics Bill.

Terminology

The term 'medicinal cannabis' is not defined in this Bill, which is regrettable. The lack of clarity around terminology risks undermining public confidence in medicines. 'Medicinal cannabis' is used to refer to both the plant cannabis, associated products and a range of different ways of ingesting the plant and related products.³ Because of the potential confusion of what constitutes 'medicinal cannabis', for the purposes of this submission the College has adopted the following terminology.

Botanical cannabis: Cannabis in its plant form, this cannabis is unprocessed and is used for recreational, and therapeutic reasons.

Cannabidiol (CBD): CBD is a substance found in cannabis that has potential therapeutic value and little or no psychoactive properties.⁴

Illicit cannabis: Cannabis or cannabis-based products that are not legal to use in New Zealand, for example botanical cannabis. It is currently difficult for medical practitioners to know the content of illicit cannabis and what, if any, pesticides or other substances, have been used on botanical cannabis or illegal cannabis-based products.

Medicinal cannabis: Pharmaceutical grade products.

Pharmaceutical grade products: Refers to products which the New Zealand Medicines and Medical Devices Safety Authority (Medsafe) has classified as safe, for example Sativex.

Recreational use: Consumers who use cannabis to 'get high', for example smoking botanical cannabis.

Tetrahydrocannabinol: is the psychoactive part of cannabis that produces a 'high'.

Therapeutic use⁵: Consumers who use botanical cannabis and cannabis-based products which may have a higher CBD content compared to THC. These products are **not** pharmaceutical grade. This usage is different from recreational use as the end goal is not to get high.

³ [Ministry of Health. Medicinal Cannabis: 100-Day Action](#). Accessed on March 13 2018.

⁴ Ibid.

⁵ The categories of recreational, therapeutic and medicinal cannabis are from Dr Jeffrey Hergenrather, GP, as described at the Melbourne medicinal cannabis symposium in June 2017.

Amend Schedule 2 of the Misuse of Drugs Act so that CBD and CBD products are no longer controlled drugs

The College agrees with removing CBD from the Misuse of Drugs Act. We agree medical practitioners should be able to prescribe these products. However, as there is a shortage of these products, we realise this change in the short-term may not increase consumers' access.⁶

Defence for terminally ill people to use illicit cannabis

The College acknowledges the proposed defence is an interim measure until a medicinal cannabis scheme can be established. We understand that terminally ill patients are accessing this product illegally and that the Police has already been advised to use its discretion when confronted with terminally ill people who have used illicit cannabis.⁷

The College is concerned about some of the potential unintended consequences of this change in law. First, by supplying a certificate stating a person is terminally ill there is no requirement for the medical practitioner to discuss the benefits of harms of illicit cannabis with the patient. As such we recommend that **the Committee considers how a consultation will align with the Health and Disability Services Consumers' Rights, particularly Right 6 – the right to be fully informed (recommendation 1)**. It is difficult to see how a medical practitioner can feel confident in their advice as they themselves will not be fully informed of the composition of illicit cannabis.

The College is concerned that allowing cannabis for terminally ill patients may make the product seem more acceptable than it currently is. This is especially problematic in cases where patients might have comorbidities. As one of our members pointed out, it is likely that a significant number of patients may be at risk of chest infections or pneumonia. Smoking illicit cannabis may increase their pain. Although there are other ways of ingesting cannabis such as vaporising or edibles, it is unlikely this will alleviate symptoms in all cases.

In the College's view, if this Bill does pass we recommend that **the Government implements a public health campaign and an authoritative source of information that patients can refer to receive information on illicit cannabis (recommendation 2)**. This campaign will need to include hard-to-reach communities, who may not be able to afford an appointment with their medical practitioner and may use illicit cannabis without any advice from their medical practitioner. The campaign will also need to take account of the various levels of health literacy across different consumer groups.

Alongside educating consumers on potential benefits and harms of illicit cannabis, medical practitioners will also need training on talking to patients about illicit cannabis and its use. The area of therapeutic and illicit use of cannabis is new for most medical practitioners and is distinctly different from recreational use. A change in law will not necessarily led to medical practitioners being more informed about cannabis. For example, in the US state of Washington, where medicinal cannabis is legal, a survey found that health

⁶[Ministry of Health. Cabinet paper: Medicinal cannabis for the terminally ill and patients with chronic pain: 100 day action plan.](#) Accessed on March 13 2018.

⁷ [Ministry of Health. Department Disclosure Statement. Misuse of Drugs \(Medicinal Cannabis\) Amendment Bill.](#) December 14 2017. Accessed on March 13 2018.

practitioners' main source of knowledge on cannabis was the news media.⁸ We therefore recommend that **the Government facilitates training for medical practitioners, with training on changes to the law and discussing the harms and benefits of therapeutic and illicit cannabis use (recommendation 3)**. Although we recommend training, consumers should not expect all medical practitioners to be comfortable recommending or discussing illicit cannabis use.

The Committee should also consider the potential of some consumers 'doctor shopping' and the potential for some consumers to apply pressure to medical practitioners to provide a certificate. This may harm the doctor–patient relationship, as some patients may feel their medical practitioner is stopping them accessing illicit cannabis.

Regulating medicinal cannabis

The College agrees that as with any medicine, access to medicinal cannabis needs to meet quality standards and be regulated. As such the College recommends that **a cannabis product must meet Medsafe's criteria to be classed as a medicine (recommendation 4)**.

We understand there is a significant amount of public pressure for consumers to have access to therapeutic cannabis. Some members of the College have also expressed interest in having greater access to these products they can prescribe and advise consumers on. However, due to the lack of credible evidence of efficacy of therapeutic cannabis the College's view is these products should not be treated as a medicine.

Regulating therapeutic cannabis

If the Bill does pass, the College will recommend that GPs treat therapeutic cannabis products in the same way that they treat complementary and alternative medicine (CAM).⁹

If a medical practitioner would like to recommend these products they must follow the Medical Council's guidelines on complementary and alternative medicine, including:

- Medical practitioners need to be aware of CAM therapies, irrespective of whether the practitioner intent to use them or recommend them. Medical practitioners should ask their patients about their use of CAM and by whom the CAM therapy is provided.
- Medical practitioners should pay careful attention to the process of informed consent and should advise patients where scientific support for treatment is lacking.
- Medical practitioners who practice both conventional medicine and CAM need to make their patients aware of which modality they are using and that the modality is agreed upon with the patient.

We understand that part of the reason for the 'medicinal cannabis scheme' is to improve access for cannabis-based products for all New Zealanders. However, the College is apprehensive about a situation arising where some patients can afford pharmaceutical grade products, and due to cost other patients will

⁸ Carlini BH, Garrett SB, Carter GT. Medicinal cannabis: a survey among health care providers in Washington State. *American Journal of Hospice and Palliative Medicine*. 2017 Feb;34(1):85-91.

⁹[Medical Council of New Zealand. Doctors and CAM \(complementary and alternative medicine\)](#). Accessed March 13 2018.

most likely only be able to access potentially lower quality therapeutic products. As such the College recommends that **the Government should facilitate research on the medical potential of cannabis, as this will allow for a larger evidence base to make informed decisions (recommendation 5).**¹⁰

Medicinal cannabis scheme and the Therapeutics Bill

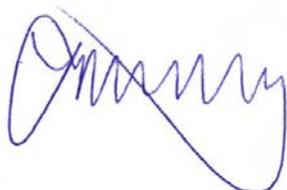
The College recommends that **the Committee considers how the medicinal cannabis scheme may work with the Therapeutics Bill (recommendation 6)**. The purpose of the Therapeutics Bill is to replace the Medicines Act 1981. If this Bill does pass, we think it would be confusing and unnecessary to have one regulatory scheme for cannabis and another for other medicines and therapeutic products.

Review of Misuse of Drugs (Medicinal Cannabis) Amendment Bill

The College supports the requirement for the Minister of Health to review and report on the amendment no later than two years.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely



Dr Tim Malloy
President

¹⁰ New Zealand Medical Association position statement on medicinal cannabis. Recommendation 4.