AUSTRALIAN MEDICAL ASSOCIATION
ABN 37 008 426 793
T | 61 2 6270 5400
F | 61 2 6270 5499
E | info@ama.com.au
W | www.ama.com.au
42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

Ms Sophie Dunstone
Committee Secretary
Senate Legal and Constitutional Affairs Legislation Committee
Parliament House
CANBERRA ACT 2600

Dear Ms Dunstone

Re: Regulator of Medicinal Cannabis Bill 2014

The AMA is pleased to provide comments on the Senate Legal and Constitutional Affairs Legislation Committee inquiry into the *Regulator of Medicinal Cannabis Bill 2014* (the Bill).

As an organisation that represents the interests of medical practitioners, and advocates for improved health, and health care in the broader community, the AMA is supportive of a nationally consistent and evidence-based approach to the regulation, supply and use of medicinal cannabis.

The *Therapeutic Goods Act 1989* and the *Narcotic Drugs Act 1967* already adequately provide for the regulation of therapeutic narcotics. Medicinal cannabis should be held to the same standards of evidence, safety, quality, and efficacy as other therapeutic narcotic products. This will ensure that medicinal cannabis can be standardised and regulated in its pharmaceutical preparations and administration, thereby reducing the harm to potential users. There is no need to establish an alternative scheme to regulate medicinal cannabis.

The public discourse on the use of medicinal cannabis for a limited number of health conditions ignores the fact that consuming cannabis for recreational purposes is harmful. The smoking of crude cannabis poses unacceptable health risks, which will not be addressed by the regulation proposed in the Bill. In addition, the negative effects of cannabis use on mental health for some people is widely recognised. This is why medicinal cannabis should be subject to the *Therapeutic Goods Act 1989* and not regulated separately.

While this stance may be seen as conservative in the context of the current debate on the merits of medicinal cannabis, it is critical that medical practitioners have confidence in the integrity of the pharmaceutical products that are available to treat patients. Similarly, all patients including those being treated for terminal illness, must be confident in the quality of the therapeutic products that are prescribed to them by their treating medical practitioner.

In addition to establishing a duplicate system for regulation of a particular narcotic product, the Bill also proposes to establish a process for medical practitioners to be authorised to prescribe medicinal cannabis. Put simply, this is an unnecessary layer of bureaucracy and paperwork for medical practitioners to undertake a task, the writing of prescriptions, that they are already well trained (and recognised) as being capable to do.

Further the requirement that patients and their carers be authorised to use medicinal cannabis at the request of their medical practitioner, is problematic. This may see undue pressure being put upon doctors to support applications for authorisation, purely as a means of access to cannabis products. There is a risk that if a doctor does not support a patient's application for authorisation it may undermine the doctor/patient relationship. This is different to a decision by a medical practitioner not to prescribe a medication because it is not clinically appropriate for the treatment or management of the patient.

While the AMA supports the efforts currently being undertaken in relation to the clinical trials of medicinal cannabis, it does not support proposals contained in the *Regulator of Medicinal Cannabis Bill 2014* for a duplicate system of regulating the production, use of and access to medicinal cannabis.

Yours sincerely

A/Prof Brian Owler
President
13 March 2015