

13 March 2015

Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

E-mail: legcon.sen@aph.gov.au

Dear Committee Secretary,

Re: Regulator of Medicinal Cannabis Bill 2014

This letter is a joint submission responding to the Senate Legal and Constitutional Affairs Committee Inquiry on the Regulator of Medicinal Cannabis Bill 2014, from the following community organisations:

- Australian Federation of AIDS Organisations (AFAO)
- National Association of People With HIV Australia (NAPWHA)
- ACON
- Positive Life NSW.

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); Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV and its effects, develops policy on HIV issues, and provides HIV policy advice to the Commonwealth, state and territory governments.

The National Association of People With HIV Australia (NAPWHA) is Australia's peak non-government organisation representing community-based groups of people living with HIV. NAPWHA provides advocacy, representation, policy, health promotion and outreach on a national level. NAPWHA's work includes a range of health and education initiatives that promote quality standard of care for HIV positive people. NAPWHA contributes to research into the incidence, impact and management of HIV, and strives 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.

ACON is New South Wales' leading health promotion organisation specialising in HIV and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Incorporated in 1985 as the AIDS Council of NSW, ACON has been widely recognised as an innovative, successful organisation which has adapted to changes in the HIV epidemic and responded early to emerging health issues among our communities.

Founded in 1988, Positive Life NSW is a not-for-profit community organisation representing the interests of people with HIV, their partners and family in NSW. Positive Life NSW works to eliminate HIV-related prejudice, stigmatisation and discrimination. It provides information and referrals, community development, education, peer support programs, health promotion, policy development and systemic advocacy.

This submission is informed by our organisations' and members' experience in providing support to people living with HIV (PLHIV) - including treatments advice and delivery of drug and alcohol support and education programs; and in providing policy advice to support the objectives of Australia's national and jurisdictional HIV strategies. The current national strategy, the *Seventh National HIV Strategy 2014-2017*, notes that:

'The effectiveness of antiretroviral therapy means there are more people with HIV living longer and surviving into old age. There is a growing body of evidence that HIV can substantially impact on people as they age; for example, diseases normally associated with ageing can occur at younger ages. HIV models of care need to facilitate the monitoring, care and support of people living with HIV to manage the comorbidities associated with living with HIV infection long-term and the natural ageing process.'¹

Research has shown that cannabis has been effective in assisting people to deal with HIV-related pain, loss of appetite, neuropathy and nausea²³⁴. People living with HIV, like many people with chronic illness, utilise cannabis to alleviate such symptoms - or would do so if cannabis purchase, possession and use were not illegal. 16.5% of PLHIV surveyed for *HIV Futures Seven*⁵, a national cross-sectional survey of Australian PLHIV, reported using cannabis as a complementary therapy, with this number being separate to recreational use. Research has also suggested that cannabis can interact with specific HIV medications, such as Atazanavir⁶. More research is needed to confirm the nature and severity of this interaction.

We note the submissions to this Inquiry made by Ms Debra Cliff and The Don Medicinal Cannabis. Our organisations agree with their call for broadening the purview of the Bill beyond a single oil extract, to ensure that patients can access optimal cannabis treatment, titrated by strain/type/method of administration and the amount of cannabis therapy appropriate for the individual patient and their specific illness.

The provision of information and education to communities that are likely to utilise and benefit from the medicinal 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 doctors.

¹ Seventh National HIV Strategy 2014-2017, section 7.3.2

Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-hiv#4>

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 J Grierson, M Pitts, R Koelmeyer (2013) *HIV Futures 7: Making Positive Lives Count*, monograph series number 88, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia

⁶ 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 parties to this submission believe that the decriminalisation of cannabis cultivation and possession for personal use for medical reasons, across Australian jurisdictions, would facilitate more honest and open discussion between PLHIV and their doctors about the possible benefits and risks of its use. Our organisations believe that some form of allowance for personal medicinal use would allow users more control and choice over purity, strength and method of production of the cannabis consumed. This would be best achieved through allowing individuals with certified medical conditions to cultivate a limited number of marijuana plants for personal use and/or to purchase from certified growers and producers.

We appreciate that these issues are beyond the scope of this Bill, and acknowledge that providing a framework for providing medicinal cannabis is a separate issue to states' and territories' consideration of decriminalisation of cultivation and possession of marijuana for personal use. We are pleased that the regulatory framework as provided by the Bill would facilitate the development and funding of research into the benefits and risks of cannabis use for the alleviations of painful and distressing symptoms associated with a range of medical conditions, including HIV and co-morbidities, and that this research may facilitate well-informed consideration of decriminalisation issues.

Thank you for the opportunity to comment. For further information from any of our organisations please contact Linda Forbes, Policy and Communications Manager, AFAO, on

Yours sincerely,

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