RACGP
Royal Australian College of General Practitioners

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13 January 2020

Senator Rachel Siewert
Chair, Senate Standing Committees on Community Affairs – References Committee Membership
PO Box 6100
Parliament House
Canberra ACT 2600

E: community.affairs.sen@aph.gov.au

Dear Senator Siewert,

Re: Current barriers to patient access to medicinal cannabis in Australia

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide this submission to the Senate Community Affairs References Committee's (Committee's) report into the barriers to patient access to medicinal cannabis in Australia.

In recognition of the significant community and political interest in the medicinal use of cannabis for therapy, the RACGP has published two position statements on the *Use of medicinal cannabis products* (updated 2019) and *The regulatory framework for medicinal use of cannabis products* (updated 2020).

Prescribing medicinal cannabis products

The RACGP believes further high-quality research into the safety and effectiveness of medicinal cannabis products is required as the current evidence is limited and inconclusive. Notwithstanding this, current available evidence does suggest a possible role for medicinal cannabis products in a number of limited conditions. Therefore, if after conventional, evidence-based treatments have failed, and the specialist general practitioner (GP) feels that medicinal cannabis products are a viable treatment option for their patients, they should, as other specialists can, be able to prescribe appropriate medicinal cannabis products in accordance with the current regulatory framework.

The RACGP has developed Appendix 1. Prescribing medicinal cannabis products checklist for GPs and their patients.

Regulatory framework

Under the current regulatory framework, the process of prescribing medicinal cannabis products in Australia remains highly bureaucratic, time consuming and expensive, and differs significantly in every state and territory. The RACGP believes a consistent national regulatory framework for prescribing medicinal cannabis products should be developed. The constant changes to, and complexities with, state and territory legislation around accessing medicinal cannabis products are

significant barriers for GPs. This is highlighted in *The regulatory framework for medicinal use of cannabis products*.

Importantly, the Government must be cognisant that general practice is generally the first port of call for Australians with healthcare and medical needs. As such, GPs are trained to treat a wide range of medical conditions that focuses on a whole-person approach rather than a disease-specific approach. Any system of prescribing should recognise that GPs are specialists, and therefore should have the autonomy to determine when it is appropriate to prescribe medicinal cannabis products to eligible patients.

Special Access Scheme and Authorised Prescriber Scheme

GPs can generally only gain access to prescribing medicinal cannabis products through the Special Access Scheme (SAS), in consultation with, and with the support and approval of, other specialist medical practitioners treating the medical condition.

GPs generally cannot access the Authorised Prescriber Scheme (APS) and need to obtain Human Research Ethics Committee (HREC) endorsement as an Authorised Prescriber through a clinical HREC (ie hospital HREC).

Any system of prescribing should recognise that GPs are specialists, and therefore should have the autonomy to determine when it is appropriate to prescribe medicinal cannabis products to eligible patients.

Education

As with any emerging treatment available on the Australian market, especially those with limited evidence for efficacy and safety, GPs who consider prescribing these drugs need to be able to readily access evidenced-based information and educational material. Evidence-based clinical resources and education for prescribing medicinal cannabis products are essential for patient safety and uptake.

While Australian and international guidelines are available, there is a need for the ongoing development of best practice guidelines. GPs should be provided with resources on the legislative and clinical aspects of prescribing medicinal cannabis products, as well as guidance on clear and proper governance processes on prescribing medicinal cannabis products.

The RACGP looks forward to hearing about the Committee's progress and outcomes, and to further participation in future hearings and written submissions.

Yours sincerely,

Dr Harry Nespolon
President