



9 January 2020

Senator Rachel Siewert  
Australian Greens Whip  
Chair of Community Affairs References Committee  
Deputy Chair of Community Affairs Legislation Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Senator Siewert,

**RE: CURRENT BARRIERS TO PATIENT ACCESS TO MEDICINAL CANNABIS IN AUSTRALIA**

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

SHPA welcomes the opportunity to provide feedback on the Terms of Reference for the Senate inquiry into the *Current barriers to patient access to medicinal cannabis in Australia*. SHPA members are progressive advocates for clinical excellence and are committed to evidence-based practice and passionate about patient care. Currently, the greatest barrier to the access and wide-spread utilisation of medicinal cannabis in Australia is largely due to the limited scientific evidence available to support its use.

Hospital Pharmacists are accustomed to dealing with high-cost and experimental medicines and play a significant role in supporting prescribers and patients in the safe use of these medicines, however the lack of scientific evidence and therefore quality clinical guidelines, on the use of medicinal cannabis has created a culture of uncertainty amongst health professionals. Health professionals recognise that medicines are high risk products and result in 250,000 hospital admissions annually in Australia costing \$1.4 billion. It is due to this that health professionals place an emphasis on risk mitigation strategies in relation to the use of medicines and require a strong evidence base to support their clinical decisions.

The TGA's *Guidance for use of medicinal cannabis in Australia: Overview* document indicates that medicinal cannabis may only be considered when registered medicines have been tried and proven unsuccessful in managing the patient's symptoms or medical condition. Furthermore, the five indication-specific TGA guidance documents listed below, all have caveats that clearly state that information provided is for an unapproved medicine in the context of limited evidence of efficacy, putting the onus back on the prescribers to emphasise the lack of evidence and possibility of adverse events to patients and their carers.

- *Guidance for use of medicinal cannabis in the treatment of multiple sclerosis in Australia*
- *Guidance for use of medicinal cannabis in the treatment of palliative care patients in Australia*
- *Guidance for use of medicinal cannabis in the treatment of epilepsy in paediatric and young adult patients in Australia*
- *Guidance for use of medicinal cannabis for the prevention or management of nausea and vomiting in Australia*
- *Guidance for use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia*



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Evidence based medicine is an approach to healthcare that integrates best research evidence with clinical expertise and patient values. Contemporary healthcare involves translating evidence into practice through clinical guidelines informed by research and ensuring all practitioners and consumers use research evidence to inform their health and healthcare decision-making. SHPA has however received feedback from members indicating that manufactures of medicinal cannabis have been reluctant to fund clinical trials and provide their product free of charge to candidates. There is a concern that candidates who pay a significant amount of money to be involved in the current medicinal cannabis clinical trials, bias them. Conducting good quality research that yields evidence based clinical guidelines is a vital first step to improving access to medicinal cannabis in Australia.

SHPA consulted with members across our Oncology & Haematology, Paediatrics, Dispensing & Distribution, Leadership & Management and Neurology Speciality Practice groups and whilst the overarching concern was relating to the lack of evidence, the following feedback was also received;

1. Members have raised concerns that given the lack of evidence of this unlicensed product there is remarkably a lack of safety barriers to access of medicinal cannabis in Australia. With government bodies bending to political pressure, the majority of Special Access Scheme applications are being approved, even those considered potentially unsafe.
2. Members have also noted that prices of backyard grown medicinal cannabis products have skyrocketed and desperate patients/carers are purchasing them without any certainty of the quality and/or safety of these unregulated products.
3. Members report extra costs attributed to certain medical practices who charge exorbitant amounts for what would typically be considered regular healthcare. That is, in addition to the price of the product, certain medicinal cannabis clinics are charging patients unreasonable prices for initial consultations, the filling out of SAS applications, follow up phone consultations etc.

Fundamentally, whilst there may be a number of access barriers to medicinal cannabis in Australia, limited quality research and evidence based clinical guidelines for health professionals supersede all other barriers. Prior to tackling other access barriers such as cost and lack of PBS listing of medicinal cannabis products, SHPA recommends that a larger focus is placed on the gathering of evidence to support the clinical use of medicinal cannabis and the development of clear clinical guidelines for health practitioners. Coupled with education for health professionals, this would significantly reduce barriers to access of medicinal cannabis in Australia

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership

Yours sincerely,

Kristin Michaels  
Chief Executive

