



Senate Standing Committee on Community Affairs
Inquiry into Improving Access to Medicinal Cannabis Bill 2023
May 2023

Improve the mental health of communities

Royal Australian and New Zealand College of Psychiatrists Submission

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About the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7900 members including more than 5600 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs' [Inquiry into Improving Access to Medicinal Cannabis Bill 2023](#).

This submission is informed by a range of the RANZCP's expert Committees, including our Committee for Evidence Based Practice and Faculty of Addiction Psychiatry, and provides the RANZCP's response to the [first reading](#) of the bill and the provided [explanatory memorandum](#). In particular, the RANZCP is responding to following amendments to the regulatory framework of medicinal cannabis:

1. allowing prescription by any prescribing medical practitioner
2. adopting a definition for cannabis as a regulated product that allows a higher level of THC, up from 0.1% to 1%
3. allowing whole plant cannabis products with a limit of 1% THC and 10% cannabinoids to be sold over the counter at a chemist for humans and a veterinarian for animals, provided the purchaser is over 18.

The RANZCP supports, where backed by sufficient evidence, appropriate regulation of medicinal cannabis to ensure equitable access to those who require it. Until this evidence is forthcoming, the RANZCP does not support the proposed regulatory amendments.

For further information on the RANZCP's position on the use of medicinal cannabis, please see our [Clinical Memorandum: Therapeutic use of medicinal cannabis products](#) (January 2021).

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RANZCP position on the use of medicinal cannabis

The RANZCP supports further research and, where backed by sufficient evidence, appropriate regulation of medicinal cannabis to ensure equitable access to those who require it. The RANZCP notes efforts across Australia (recent [DVA changes](#) and [changes within South Australia](#)) to improve access to medical cannabis for patients. The RANZCP outlines its position on the use of medicinal cannabis, including the status of the current evidence base and the associated risk, below:

- **Lack of Evidence base**

Although there is increasing public and medical interest in medicinal cannabis, the evidence upon which to base an assessment of the efficacy, effectiveness and safety of medicinal cannabis products is limited.

Existing evidence for medicinal cannabis is also questioned by professional medical bodies. [The Royal Australian College of General Practitioners](#) outlines the limited evidence base. Further, as part of its Choosing Wisely campaign, Australian & New Zealand College of Anaesthetists (ANZCA) [Faculty of Pain](#)

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[Medicine](#) advises clinicians to not prescribe currently available medicinal cannabis products to treat chronic non-cancer pain unless part of a registered clinical trial.

The RANZCP emphasises that further high-quality research regarding the use of medicinal cannabis for the treatment of mental disorders, conducted under standard research trial conditions, must precede reform to widen access to it. If medicinal cannabis is being used outside of formal research trials, then careful evaluation of this use is strongly encouraged as outlined in the RANZCP's [Clinical Memorandum](#) to ensure that medical practitioners can provide their patients with appropriate treatments which are supported by evidence.

Central to concerns of current use is that medicinal cannabis products are increasingly being prescribed for anxiety and insomnia when there are primary evidence-based treatments such as cognitive behavioural therapy (CBT) which are not necessarily completed before a medicinal cannabis prescription. There is also a risk that prescribers are not asking key questions, including questions about past psychiatric conditions. A particular concern is psychosis vulnerability and use of THC.

The RANZCP recognises that, when prescribed as (Schedule 8) controlled substances, regulations surrounding the prescription and use of medicinal cannabis vary across Australian jurisdictions. It is recommended that prior to wholesale changes at a national level, research is also conducted at a state and territory level. Clinical registries in these jurisdictions to track medicinal cannabis use, wider demographic information and subsequent mental health outcomes, would improve our understanding of quality care regarding medicinal cannabis.

- **Correlation with hospital admissions for psychosis**

RANZCP members have raised that recent increased prescribing of medicinal cannabis, particularly the use of high potency tetrahydrocannabinol (THC) products (the psychoactive part of cannabis), has correlated with an increase in admissions for psychosis. Data and evidence to support whether increased prescription of THC products is leading to increased rates of hospitalisation with psychosis is currently not available. The following points are raised to support the RANZCP's calls to exercise caution when widening access to medicinal cannabis:

- In Australia, in 2019-20, there were 6,427 cannabinoid-related hospitalisations (including cannabis and synthetic cannabinoids), which equates to an age-standardised rate of 26 hospitalisations per 100,000 people. This is the highest rate recorded over the course of monitoring and is more than double the rate observed in 1999-2000 (11 hospitalisations per 100,000 people). Over the entire period of monitoring, cannabinoid-related hospitalisations mostly comprised a principal diagnosis of mental and behavioural disorder (92% in 2019-20).[1] This does not however separate trends in hospitalisations from recreational and medicinal cannabis users.
- Despite extensive research into the nature of cannabis intoxication, evidence is still lacking regarding rates and correlates of cannabis-associated psychotic symptoms warranting clinical attention. This includes events such as requiring emergency medical treatment due to the emergence of psychotic symptoms following cannabis use – both for recreational and medicinal purposes. A study systematically investigating cannabis-associated psychotic symptoms leading to emergency medical treatment showed the occurrence of such acute adverse reactions. Certain groups are also at a particularly high risk (e.g., young users consuming potent forms of cannabis, those with mental health problems).[2]
- An increasing number of studies highlight the evidence-based prediction that the greater availability of high-potency cannabis will result in more people presenting with psychotic disorders associated with their cannabis use.[3] This is supported by a positive association between the number of cannabis dispensaries and rates of psychosis emergency department visits across all counties in Colorado (where cannabis has been legalised). Although it is unclear whether it is access to products, or the types of products that may be driving this association, increased access to high potency extracts (including inhaled and food products) with large amounts of THC are of particular concern.[4]

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- The University of Sydney research - Medical cannabis use in Australia: consumer experiences from the online 'cannabis as medicine survey 2020' confirms that the introduction of a regulatory framework for medicinal cannabis in late 2016 resulted in a considerable uptake of prescribed medicinal cannabis use by consumers with little or no prior illicit cannabis use (for medical or non-medical reasons).[5] This suggests that whilst widening the access of medical cannabis may provide a safer option for patients using illicit cannabis, it may simultaneously pass on the associated risks of cannabis use to people who would otherwise not have used it.

- **Potential for misuse**

Regulatory measures regarding the prescription of medicinal cannabis for any condition should take into consideration the potential for misuse, dependence and side-effects. More efforts to educate people (particularly young people) and public health initiatives about the consequences of cannabis use are therefore needed, prior to the induction of any reform to widen access, to minimise potential harm.[5]

- **Provision of education and on the regulation of medicinal cannabis**

The RANZCP advocates for continued regulation of medicinal cannabis, in line with the regulation of other unapproved therapeutic goods. To support the efficacy of existing regulation, the provision of education and training is crucial. Opportunities for training and education from government bodies is limited. Research has shown that consumers continue to find the regulatory framework difficult to navigate, and report accessing medical practitioners willing to prescribe medicinal cannabis as barriers to access.[5]

Education and training activities should be provided by independent bodies which do not have interests in the marketing and commercial sale of medicinal cannabis. The Therapeutic Goods Administration (TGA), as the relevant regulator, is best placed to provide holistic training which addresses the relevant regulatory, medical, therapeutic and legal considerations involved in the regulation of medicinal cannabis. Training must ensure potential prescribers are aware of the very limited evidence for efficacy (beyond certain forms of childhood epilepsy) as well as vulnerable groups, particularly relating to psychosis vulnerability and use of THC.

In conjunction with this there is a need for comprehensive monitoring systems and tracking of outcomes associated with medicinal cannabis to inform use. This would assist in helping medical practitioners who may be considering prescribing medicinal cannabis to understand the evidence and risks, and convey this information to patients.

Restricting prescription through the current Special Access Scheme and Authorised Prescribed Schemes established by the Therapeutic Goods Act 1989 (Cth) (the TG Act) is supported as a way of allowing quality control in prescribing, especially selection procedures for patients. It is recognised that current approval processes are complex, and may benefit from streamlining to minimise administration for prescribers who have genuine reason to prescribe. This could include the development of process-based information in relation to making applications to the current Special Access Scheme and Authorised Prescribed Schemes. Although the TGA website provides lengthy information in relation to the schemes, and specifically accessing medicinal cannabis, there is no clear, easily accessible information about how to apply to each of the schemes. We therefore advocate for the development of a process map, infographic or other such document, specifically tailored to the needs of medical practitioners, which would set out the application process for each scheme.

In many state and territory jurisdictions there is a requirement for the relevant Department of Health or related government entity to approve a medical practitioner to prescribe medicinal cannabis. Educational activities or publications formulated by the TGA should therefore be created in conjunction with the relevant state and territory body. This will ensure that information provided is comprehensive and references the interaction between Commonwealth and state and territory laws in this area.

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RANZCP position on proposed amendments to the Regulatory Framework

As a result of the following matters, the RANZCP contends that undue haste in improving access to medical cannabis may place patients at risk. Considering this position, the RANZCP does not support the following proposed amends until the evidence base has grown to a sufficient level to safely promote medical cannabis' increased use:

- Allowing prescription by any prescribing medical practitioner
- Adopting a definition for cannabis as a regulated product that allows a higher level of THC, up from 0.1% to 1%
- Allowing whole plant cannabis products with a limit of 1% THC and 10% cannabinoids to be sold over the counter at a chemist for humans and a veterinarian for animals, provided the purchaser is over 18.

Until then, medicinal cannabis products should follow the same approval process as other pharmaceuticals to ensure acceptable standards of effectiveness and safety are met.

Reflected in our [Strategic Plan](#) (2022-25) the RANZCP supports the advancement of research to drive policy change and innovation, and this includes medical cannabis. The RANZCP thus offers our support to the Senate Standing Committee on Community Affairs to further detail the current evidence gaps, and to support equal access to medical cannabis in a manner that does not risk patient safety.

References

- [1] NDARC - National Drug and Alcohol Research Centre. Trends in drug-related-hospitalisations in Australia 2019-20. 2021. Available Online - <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-related-hospitalisations-australia-1999-2020>
- [2] Schoeler T, Ferris J & Winstock AR. Rates and correlates of cannabis-associated psychotic symptoms in over 230,000 people who use cannabis. Translational psychiatry. 2022 Sep 6;12(1):369. Available Online - <https://www.nature.com/articles/s41398-022-02112-8>
- [3] Di Forti M. To legalize or not to legalize cannabis, that is the question!. World Psychiatry. 2020 Jun;19(2):188. Available Online - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7214953/>
- [4] Wang GS, Buttorff C, Wilks A, Schwam D, Tung G & Pacula RL. Impact of cannabis legalization on healthcare utilization for psychosis and schizophrenia in Colorado. International Journal of Drug Policy. 2022 Jun 1;104:103685. Available Online - <https://www.sciencedirect.com/science/article/abs/pii/S0955395922001049>
- [5] Lintzeris N, Mills L, Abelev SV, Suraev A, Arnold JC & McGregor IS. Medical cannabis use in Australia: consumer experiences from the online cannabis as medicine survey 2020 (CAMS-20). Harm Reduct J. 2022 Jul 30;19(1):88. Available Online - <https://pubmed.ncbi.nlm.nih.gov/35907959/>