



**South Australian Regional Committee
Royal Australasian College of Surgeons**
Email: college.sa@surgeons.org

31 January 2017

Mr Steve Morris
Chief Pharmacist, SA Health
Via email: Health.MedicinalCannabisConsultation@sa.gov.au

RE: Patient Access to Medicinal Cannabis in South Australia

Thank you for the opportunity to provide comment on the Patient Access to Medicinal Cannabis discussion paper. As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both a state and federal level.

RACS completed the feedback form provide by SA Health which I have attached to this letter. I would also like to draw your attention to RACS' [Use of Cannabis for Medicinal Purposes](#) position paper which further outlines the College's views on this issue.

On behalf of RACS, I thank you for extending us with the opportunity to provide comment on this important area of public policy.

Yours sincerely,

David Walters
Chair, SA Regional Committee

Name of organisation	Royal Australasian College of Surgeons
Name of person providing feedback	Mr David Walters, Chair SA Regional Committee
Contact telephone	
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Feedback | options and questions

Proposal/Question	Comments
Proposed medicinal cannabis patient access pathway in South Australia	While some scientific evidence exists to indicate the potential therapeutic value of cannabis-derived products, there is also considerable evidence highlighting the dangers of frequent cannabis use. Overall the scientific and clinical evidence to justify legalisation is poor, and consequently RACS has formed the position not to support the pathway for patient access to medicinal cannabis in Australia or New Zealand.

<p>Proposed legislative amendments for medicinal cannabis in South Australia.</p> <p>Indicate preferred option or describe alternative:</p> <p><i>Option 3</i></p>	<p>Since the release of our position paper, the Australian parliament has passed legislation allowing for the cultivation and supply of cannabis for medicinal purposes, providing it is authorised under the Therapeutic Goods Act of the relevant state or territory legislation. While RACS' position remains unchanged, we acknowledge that support in the community for this issue has grown steadily in recent years, and it has bipartisan support across political parties and levels of government.</p> <p>Despite the College's position, RACS accepts that the future use of medicinal cannabis in Australia is inevitable, and we are committed to taking a pragmatic approach to ensuring that any legislation is carefully drafted and does not compromise patient safety. Of the available options, RACS supports option three as the preferred legislative framework.</p>
<p>Question 1: Should a medical practitioner be required to hold a section 18A authority before prescribing an unregistered schedule 8 medicinal cannabis product?</p>	<p>Yes. The framework developed must prudently regulate who can cultivate, prescribe and access the product. Therefore, it is appropriate that a medical practitioner be required to hold a section 18A authority before prescribing.</p>
<p>Question 2: Should a medical practitioner be required to hold a section 18A authority before prescribing an unregistered schedule 8 medicinal cannabis product for patients over 70 years of age and Notified Palliative Care Patients?</p>	<p>Yes. Until more comprehensive evidence highlighting the therapeutic benefits of medical cannabis becomes available there should be no exemptions to the requirements for prescriber authority.</p>

<p>Question 3: Should there be consideration of a provision for a general practitioner to be able to hold a section 18A authority to continue treatment initiated and overseen by a specialist medical practitioner?</p>	<p>No. RACS agrees with the proposed pathway in option three that authorisation should only be granted to medical professionals with specialised skills in the treatment of the disease for which cannabis is to be prescribed.</p>
<p>Question 4: Should there be different requirements (compared with the usual requirements that apply to sale or supply of drugs of dependence) for pharmacists in relation to dispensing medicinal cannabis on prescription or supplying medicinal cannabis on order and recording such supply? If so, please detail what requirements should apply?</p>	<p>This question falls outside the area of RACS expertise.</p>
<p>Question 5: Should there be different requirements (compared with the usual requirements that apply to administration and supply of drugs of dependence) for recording administration or supply of medicinal cannabis by a registered health practitioner, including when the drug is administered in a health service facility? If so, please detail what requirements should apply?</p>	<p>RACS believes that the current requirements for recording the administration and supply of drugs of dependence is sufficient for medical cannabis. However, we urge continual monitoring and review in this area. The interaction between cannabis and other medications is largely unknown, therefore it is important that thorough documentation exists and is available to medical practitioners.</p>

<p>Question 6: Should there be different requirements for the destruction of medicinal cannabis products? If so, what requirements should apply?</p>	<p>This question falls outside the area of RACS expertise.</p>
<p>Question 7: Are there any factors unique to medicinal cannabis products that need to be taken into account in relation to the storage and transport requirements for these products? If so, please provide details of any relevant factors.</p>	<p>This question falls outside the area of RACS expertise.</p>
<p>Question 8: Are there any other matters that need to be considered in developing the access pathway? If so, please provide details.</p>	<p>RACS particularly urges caution in the use of cannabis among children, adolescents or any other vulnerable groups except in the context of well-run clinical environments. Imaging studies in adolescents have shown that regular cannabis users display impaired neural connectivity in specific brain regions involved in a broad range of executive functions. Frequent and persistent cannabis use starting in adolescence was associated with a loss of an average of 8 IQ points measured in mid-adulthood according to one particular New Zealand study.</p>

Other comments:

In 2016 RACS responded to the consultation on the SA Alcohol and Other Drug Strategy 2017-2021. The draft strategy outlined a number of objectives aimed at reducing the harm caused to the South Australian community through alcohol and other drug use. To ensure that these objectives are not undermined, the Government must continue to highlight within the community the dangers associated with illicit drug use. This includes recreational use of cannabis which is known to pose harmful risks.

Additionally, RACS has been concerned by recent media commentary suggesting the possible economic benefits that could be derived from a medical cannabis industry in South Australia. These considerations should not influence the final framework, which must be motivated exclusively by the possible improved health outcomes for patients and with the community's best interests at heart.

Please return comments by email or post to:

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