



Petition 2011/41 of William Joseph Rea

Report of the Health Committee

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Petition 2011/41 of William Joseph Rea

Recommendation

The Health Committee has considered Petition 2011/41 of William Joseph Rea and recommends that the House take note of its report.

Introduction

We have considered Petition 2011/41 of William Joseph Rea, requesting

that the House give urgent attention to the Law Commission's recommendations regarding medical cannabis use and legislate to decriminalise cannabis use for pain relief or managing symptoms of chronic illness; allow doctors to prescribe cannabis; and allow clinical trials, and note that 2,765 people have signed a petition supporting this request.

Submission from petitioner

In 2011 the New Zealand Law Commission released the report *Controlling and regulating drugs: A review of the Misuse of Drugs Act 1975*. It made a number of recommendations including Recommendation 134 that “the Government should consider undertaking or supporting clinical trials into the efficacy of raw cannabis by comparison to synthetic cannabis-based products as a treatment for pain relief”. The petitioner supports this recommendation. He also considers it undesirable to criminalise genuine medicinal users of cannabis, and noted that cannabis has a long history of medicinal use, and its use as a medicine is legalised, or essentially legalised, in many countries including Canada, Germany, the Netherlands, Spain, and a number of states in the United States.

We heard that, unlike opioids, cannabis does not need to be taken in increased dosages to maintain pain relief. It was argued that this, combined with a culture of over-prescribing—particularly of opioids—makes cannabis a good pain relief alternative. The petitioner submitted that harm from smoking cannabis is “far from proven”, and suggested that any potential harm could be minimised by using vaporisation as the delivery mechanism.

Two currently approved medicines, Sativex and Marinol, mimic the effects of traditional medicinal cannabis. We therefore questioned the need to legalise the use of cannabis for medicinal purposes. We heard that Marinol, a synthetic product taken in pill form, has pharmacological shortcomings and could cost over US \$5,000 per year. While slightly less expensive, Sativex is not subsidized by Pharmac and many patients find the process of obtaining it on prescription from a GP proscriptive and unaffordable. It was argued that as Sativex is a cannabis extract, medicinal cannabis has in essence become available in New Zealand.

Response to petition

The Ministry of Health is reluctant to treat raw cannabis differently from other controlled drugs that may have medicinal properties. It also has concerns about the use of raw cannabis as a medicine. It noted that raw cannabis varies greatly in chemical composition and strength, and that no credible assurance could be given at present that medicinal cannabis would be free of chemical contaminants or mould.

The ministry submitted that chronic cannabis use has been associated with chronic bronchitis and impaired immune systems. It also noted a recent study which suggested that smoking a joint of cannabis per day has risks similar to that of smoking a pack of cigarettes per day. We note that tobacco use has adversely affected studies on cannabis-use and cancer.

The Misuse of Drugs Act 1985 contains provisions for the use of controlled drugs and medicines to be approved. Sativex has gone through this process and, as at June 2013, there were 10 active approvals, including two for “off-label” use. Pharmac has not received any applications for Marinol to become an approved medicine. Nor has Pharmac received an application for Sativex to be subsidised. We note that anyone—including patients—may submit a funding application, and that this is an avenue the petitioner might wish to consider.

The ministry submitted that it is not averse to clinical trials of cannabis, and said that there is no absolute legal barrier to their taking place. It noted, however, that the approval of the Director-General of Health would be required, and that any trial would need to comply with the Misuse of Drugs Act.

Conclusion

We recommend that the Ministry of Health continue to review world literature on the use of cannabis and its derivatives as a medicine.

We also recommend that Pharmac continue to assess whether there is positive evidence from countries that subsidise medicinal cannabis as to whether it provides a useful option for managing chronic pain, particularly with terminally ill patients.

We have no other matters to bring to the attention of the House.

Green Party minority view

Green Party members welcome Mr Rea’s petition, and the Law Commission’s report on which it was based. We believe that a much more positive and proactive stance should have been taken by the committee.

Several of the “concerns” expressed by the Ministry of Health were essentially spurious, and should have been disregarded by the committee. For example, the ministry gave us evidence of health risks associated with smoking cannabis, while, in fact, the petitioner gave us significant evidence of alternative methods for consuming cannabis that did not involve smoking. The ministry told us that it had concerns about achieving a consistent chemical composition and about quality control (for example, mould). As the petitioner and his representative Dr Noller told us, many other jurisdictions have introduced legal medicinal cannabis schemes, and some of these have developed very sophisticated systems for ensuring a supply of very high-quality and consistent product. If they can do it there seems to be no reason why New Zealand, a country that prides itself on high-quality primary production, cannot.

Furthermore, there seems to be no doubt that most people who believe they will benefit from access to medicinal cannabis will acquire this illegally if it is not available legally. An illegal supply is uncontrolled, will have variable quality and consistency, and will most likely be smoked. In other words the ministry’s advice to the committee is likely to lead to more of the harms to health that concern them than a legal supply.

We absolutely accept that there are harms associated with the consumption of cannabis, but as the Law Commission, the Ministry of Health, and others all agree, there are also benefits. There seems to be, as the Law Commission and the petitioner recommended, a public interest to be served by New Zealand-based research into the balance of these benefits and harms. We believe that the committee ought to more actively promote such research, rather than take the neutral stance in this report.

We believe that the committee ought also to have advocated more strongly for a Pharmac subsidy on Sativex. More so than any other medicine, cannabis is available on the “black market”. If Sativex is priced beyond the means of patients for whom it is prescribed, it is inevitable that they will continue to source cannabis through illicit means, with the health problems that concern the ministry and other risks described by the petitioner. The public interest would not be served by this.

Finally, as we were told by the petitioner, raw cannabis is of two different species and contains a large number of chemical constituents which are likely to achieve some of their therapeutic effects through interaction with each other. It is, therefore, likely that products such as Sativex or Marinol will not have the full therapeutic effects of raw cannabis. Pending the outcome of suitable clinical trials we will not know what the balance of benefits and harms of raw cannabis is. However, many of those people who report medicinal benefit from cannabis use are people with very serious and often terminal conditions. For patients in such circumstances it is generally accepted that it is ethically acceptable to make a beneficial product available, even though it may also cause harms that we do not fully know. Another step, therefore, that the committee should have taken was to encourage Police to take no action to enforce the current law around cultivation and possession of cannabis, and possession of cannabis-use paraphernalia, for genuine users of medicinal cannabis.

Appendix

Committee procedure

The petition was received on 27 November 2012. We received written submissions from William Joseph Rea, the Ministry of Health, and the New Zealand Law Commission. We heard evidence from the petitioner and the Ministry of Health.

Committee members

Dr Paul Hutchison (Chairperson)

Shane Adern

Paul Foster-Bell

Kevin Hague

Hon Annette King

Iain Lees-Galloway

Moana Mackey

Scott Simpson

Barbara Stewart

Dr Jian Yang