



Petition 2005/84 of Chris Fowlie,
President, on behalf of NORML,
New Zealand Inc and 2,991
others

Report of the Health Committee

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Recommendations

The Health Committee recommends to the Government

- that it update the prescribing guidelines for pharmaceutically-based THC¹ derivative medicines to include Sativex as a medicine under the Medicines Act 1981
- that it continue to make pharmaceutically-based THC derivative medicines available to treat serious medical conditions when traditional methods have failed.

Background

This petition requests that Parliament give urgent consideration to changing the law to allow individuals to obtain, possess, and use cannabis for treatment of serious medical conditions when this has been endorsed by their registered medical practitioner.

NORML New Zealand Incorporated is a non-profit incorporated society, founded in 1979, which campaigns to end the prohibition of marijuana. It believes that the current measures ostensibly taken to reduce harms from marijuana use are in fact designed to reduce use, whether harmful, non-harmful, or even beneficial, and that this is unjust.

A previous Health Committee conducted an inquiry into the public health strategies related to cannabis use and its legal status in August 2003. It made a large number of recommendations to the Government, including these on the legal status of cannabis:

- that the Expert Advisory Committee on Drugs give a high priority to its reconsideration of the classification of cannabis
- that it pursue the possibility of supporting the prescription of clinically tested cannabis products for medicinal purposes.²

A member's bill seeking the same outcome, the Misuse of Drugs (Medicinal Cannabis) Amendment Bill, was introduced into the House in June 2006.

Cannabis is a controlled drug under the Misuse of Drugs Act 1975. The Minister of Health has the power under this Act to approve the supply and administration of controlled drugs, including cannabis for medicinal use, by a medical practitioner; and under the Medicines Act 1981, to approve a product containing cannabis for use as a medicine.

¹ Delta-9-tetrahydrocannabinol—the primary psychoactive ingredient in cannabis.

² Health Committee, *Inquiry into the Public Health Strategies Related to Cannabis Use and the Most Appropriate Legal Status*, 2002–2005. AJHR, I.6C.

A formal application must be made for approval to use cannabis for medicinal purposes. The application must be signed by a general practitioner (GP) and endorsed by a medical specialist.

Benefits of cannabis use

NORML says that recent research suggests that cannabis is a valuable treatment aid with a wide range of clinical applications:

- for pain relief—particularly neuropathic pain and arthritis
- as an appetite stimulant, especially for patients suffering from cancer, HIV, AIDS wasting syndrome, anorexia, or dementia
- as an anti-nausea agent—helpful for patients undergoing chemotherapy or other debilitating treatments
- for easing muscle spasms in neurological disorders, such as multiple sclerosis or spinal cord injury
- for neuroprotection and protection against some types of malignant tumours.

NORML says that cannabis or its derivatives are also effective in treating a host of other conditions such as glaucoma, Alzheimer's disease, amyotrophic lateral sclerosis, diabetes, fibromyalgia, gliomas, gastro-intestinal disorders, hepatitis C, hypertension, osteoporosis, pruritis, and Tourette's syndrome.

The Ministry of Health told us that the scientific and clinical evidence, while not overwhelming, supports the medicinal use of cannabis for the treatment of serious medical conditions when traditional medications have failed. It says that cannabis provides a broad-spectrum effect. For example, in patients with HIV/AIDS-related conditions, cannabis can reduce nausea, pain and joint aches, while stimulating appetite and potentially reducing anxiety.

The ministry also says that the toxicity associated with excessive doses of cannabis is unlike that of the analgesics currently prescribed for chronic pain and disease, in that cannabis has a wider safety margin, with fewer short-term side effects. It concludes that medicinal cannabis appears effective and safe in all age groups; however, it says caution should be applied to patients with cardiovascular disease or psychosis, and those prone to falls and postural hypotension.

Risks from cannabis use

The ministry told us that there are several short-term adverse effects from cannabis use; but the risks of a fatal overdose are very small, with no deaths reported in the medical literature. It says that intoxication or excessive doses of cannabis may result in lethargy and sleepiness; and that inexperienced users may experience feelings of anxiety, dysphoria, and paranoia. Patients with ischaemic heart disease, hypertension, and cerebrovascular disease who use cannabis may experience cardiac arrhythmias and chest pain. The elderly may be more prone to the postural hypotensive effects of cannabis use.

The ministry advises that many of the long-term effects of cannabis use are minor compared with those of current drug regimens for chronic disease states, including for

instance the long-term use of benzodiazepines or opiates. The major long-term health effects of chronic cannabis use, especially daily use, remain uncertain; but the main potential adverse effects appear to be

- respiratory diseases such as chronic bronchitis and emphysema caused by heavy smoking of cannabis
- subtle impairment in memory, attention, and the organisation and integration of complex information
- an increased risk of low-birth-weight babies, and possibly of birth defects, if it is used during the first trimester of pregnancy.

It is thought that high doses may influence the reproductive system, but the effects, if any, are likely to be smaller than those of alcohol use and tobacco smoking during pregnancy.

The ministry also says that clinical observation suggests that regular cannabis use may adversely affect interpersonal relationships. Excessive and chronic use is possibly linked to psychosis, and may exacerbate the symptoms of schizophrenia or precipitate the condition.

NORML concedes that smoking anything can be regarded as a questionable way of treating illness. It says, however, that harm can be minimised, for example by using a vaporiser, which releases the active ingredients from cannabis without releasing the carcinogens given off by burning plant material, or by a local invention called “spotting” which uses a similar principle. Cannabis can also be ingested in the form of food, drinks, or tinctures.

Effects of prohibition

According to NORML, conventional medicines are not effective for some patients. It says that people suffering from certain conditions for which conventional medical options have proven unsafe or ineffective must either continue to suffer without effective treatment, or obtain cannabis illegally; it estimates that more than 11,000 New Zealanders may already be doing so. It claims that the risks of harm to these people are increased by treating them as criminals.

The ministry says that the use of cannabis for medicinal purposes raises issues about the legitimate supply of what is primarily an illegal drug, and the potential for diversion of medicinal cannabis into the illegal market. It notes that home growing is likely to subject patients to the danger of burglary, a potential burden that should not be placed upon them.

Obtaining consent

The ministry told us that the application process requires approval from both a GP and a medical specialist, whereas for morphine only a GP’s approval is needed, except in cases of addiction.

NORML says that every patient so far who has had the courage to apply to use cannabis has been refused. It says that patients have consistently told NORML that they have been unable to persuade doctors to make applications on their behalf; there is no lack of support, but doctors are reluctant to risk losing their careers and livelihoods. NORML

argues that the current approach is futile, onerous, and politicised; it does not help patients, and should be changed.

An alternative approach

The ministry says that if cannabis were to be used as a medicine it would be important for patients to have access to a product of uniform quality and potency, which is unlikely to be achieved by home growing. It suggests that to achieve such consistency a suitable cannabis product would need to be registered for use as a medicine; currently there is no approved drug of this kind in New Zealand.

The ministry advises that Sativex³, which contains the active ingredients of cannabis, is such a product for neuropathic pain; the dose is delivered as a mouth spray for most effective and consistent absorption. The dose can be standardised and the appropriate safety warnings can be listed on the product. The ministry says the product's acute side effects, and any long-term effects, are essentially identical to those of natural cannabis.

An application to use Sativex must be signed by a GP and endorsed by a medical specialist, because it is a drug listed under the Misuse of Drugs Act 1975. Guidelines setting out the process have been available since August 2007, and there have been two applications to date. We note that the ministry intends Sativex to be listed as a medicine under the Medicines Act 1981, which will mean that only a GP's signature will be needed on an application.

The ministry has also advised that the cost of Sativex is likely to be restrictive. The average dose costs \$NZ15 per day. The ministry says that it is too early to say whether Sativex will be approved for subsidy once it is listed as a medicine.

NORML says that legislation that permitted only pharmaceutically-produced cannabis-based medicines, such as Sativex, would be ineffective. It says several clinical trials have shown whole herbal cannabis to be more effective than single extracts such as Sativex or synthetic alternatives such as Marinol. It argues that cannabis is easy to grow, and cheap compared with pharmaceutical cannabis derivatives.

New Zealand Drug Foundation

The committee received a letter from the New Zealand Drug Foundation, which says that while natural or raw cannabis poses more risks to human health (especially in smoked form) than derivative drugs, evidence indicates that it is often more effective at delivering THC and other medicinal cannabinoids (the chemical components of cannabis) than the present range of drugs.

The foundation suggests that the Government should implement the policy changes needed to establish a compassionate regime for the use of cannabis in limited circumstances. It recommends in its letter that the Minister of Health consider establishing an expert advisory committee on medicinal cannabis to

³ Sativex is approved by *Health Canada* for use as an adjunct for the symptomatic relief of neuropathic pain in multiple sclerosis and moderate-severe cancer pain in adults. It is also available on a named-patient basis in the UK.

- review continually the developing body of evidence on the therapeutic value of cannabis and the countervailing harms to health
- establish a system for managing applications to use natural cannabis products
- make recommendations on guidelines for prescribing cannabis products
- establish a process for monitoring medicinal use, and evaluate the regime's effectiveness after three to five years.

Conclusion

We do not support changing the law to allow individuals to use the natural cannabis plant to treat specific and serious medical conditions when traditional methods have failed. We note that there is a pharmaceutically-based THC derivative medicine available by application to a GP, with specialist endorsement by an oncologist, neurologist, anaesthetist, or palliative care specialist. The committee notes, however, that the pharmaceutically-based THC derivative medicine currently available is not subsidised and is concerned that cost could restrict access for some patients.

Some of us considered that the Ministry of Health should take note of the New Zealand Drug Foundation's recommendation to continue to review the developing body of evidence on the therapeutic value and countervailing harms to health of natural cannabis.

The committee recommends that the Government notes this report and that the Government instructs the Ministry of Health to

- update the prescribing guidelines for pharmaceutically-based THC derivative medicines to include Sativex as a medicine under the Medicines Act 1981
- continue to make pharmaceutically-based THC derivative medicines available to treat serious medical conditions when traditional methods have failed.

Appendix

Committee procedure

Petition 2005/84 of Chris Fowlie, President, on behalf of NORML, New Zealand Inc and 2,991 others was referred to the Health Committee on 22 November 2006. The Health Committee of the 48th Parliament heard evidence on 16 July 2008 from NORML and the Ministry of Health.

Committee members

Dr Paul Hutchison (Chairperson)

Hon Ruth Dyson

Dr Jackie Blue

Hon John Carter (from 11 December 2008 to 18 February 2009)

Kevin Hague

Hon Luamanuvao Winnie Laban

Iain Lees-Galloway

Eric Roy (from 18 February 2009)

Nicky Wagner

Michael Woodhouse