

Misuse of Drugs (Medicinal Cannabis) Amendment Bill

Submission to the Health Select Committee

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Contact

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About the New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 49,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) Tōpūtanga Tapuhi Kaitiaki o Aotearoa welcomes the opportunity to comment on Misuse of Drugs (Medicinal Cannabis) Amendment Bill (the Bill).
2. NZNO has consulted its members and staff in the preparation of this submission, including members of NZNO Colleges, Sections, regional councils, the Board, Te Rūnanga o Aotearoa, and professional nursing, policy, legal, and research advisers.
3. While the Bill has excited some discussion from members, particularly those working in aged care/ long-term care facilities, most recognise it as a small humane gesture to terminally ill people who may want to use cannabis for therapeutic purposes, ahead of the comprehensive changes to the control and regulation of drugs foreshadowed in the Labour Party's manifesto and the long awaited introduction of new Therapeutic Product regime.
4. The fact that it *is* small does not render it unnecessary or unimportant; NZNO welcomes legislation where the principles of fairness, quality and safety, and compassion, take precedence over the many technical, regulatory and policy barriers that we acknowledge the Bill fails to address satisfactorily. Whilst we acknowledge such issues, we do not intend to canvas them in this submission, as they are outside the scope and intent of the Bill.



5. NZNO **supports** the Bill and **recommends** that you consider:
 - expanding the bill to include those with long-term, incurable conditions or long term chronic or persistent pain;
 - regulation, acceptance and accessibility of cannabis use in aged care/ long-term care facilities;
 - specify “terminally ill” in relation to chronicity of pain and age (over 85 years old).
6. NZNO does not wish to appear before the Committee.

DISCUSSION

7. NZNO acknowledges the virtual impossibility of ensuring consistency between the Bill’s provisions and the current regulatory framework for drugs which is :
 - not aligned with the objectives of the National Drug Policy;
 - largely antithetical to the recommendations of the Law Commission’s Report on controlling and regulated drugs (2011); and
 - where the even the exposure draft of the *fifth* attempt to update the Medicines Act 1982 is years overdue.
8. Without coherent policy and regulation, any change would be problematic and give rise to potential anomalies.
9. We particularly acknowledge issues with:
 - the paucity of clinical evidence (ie randomised controlled trials) for the therapeutic value of cannabis;
 - the lack of information for prescribers as to dosage and delivery method - medical ‘devices’ are not regulated;
 - consumer expectations - not all health practitioners will want to prescribe cannabis;
 - the lack of certainty around regulatory approval under the current regime as the implied therapeutic exemption introduces a new process for medicinal cannabis but there is no system for regulated low risk natural products such as that proposed by the now lapsed Natural Health and Supplementary Products Bill; and
 - uncertainty around regulation of the supply source. (We note that the Medicinal Cannabis Scheme has yet to be released.)

10. However, we also acknowledge that the legislation is likely to offer opportunities for clinical research in Aotearoa New Zealand which we would support.
11. We also note the value and significant amount of qualitative evidence that has been influential in prompting changes to drug laws to allow the use of medicinal cannabis many jurisdictions around the world.
12. The cumulative impact of the personal testimonies of many people with chronic and terminal conditions who made submissions to the Committee charged with developing regulation to legalise cannabis in Canada, was compelling according to the Chair, the Honourable Anne McLellan, who spoke at the *Healthy Drug Law Parliamentary Symposium* in Wellington last year.
13. Closer to home, it is difficult to discount the experience of Helen Kelly, former President of the Council of Trade Unions, who said that the illicit cannabis she was freely given helped her with “pain, nausea and constipation” and was “more effective than the prescribed and funded medication costing \$2000 per dose”¹.
14. Lack of regulatory cohesion is not sufficient cause to delay responding to the immediate needs or wishes of a small group of terminally ill people to use an illegal (albeit widely-used) drug, to alleviate suffering, without being liable for criminal prosecution.
15. It is clear to nurses that there are people who come into this category – largely in acute and aged care services. We acknowledge that for older people in particular, the classification of cannabis as an illicit drug does cause anxiety and for most, precludes their consideration of it, under any circumstances.
16. Palliative care nurses are also well aware that the costs of dying including prescription and medication charges, even for funded medications, are a *huge* burden for individuals and their whanau and that often medications are not picked up because of this.
17. In removing the criminalisation element and improving access to affordable cannabis for medicinal purposes the Bill will make a significant difference to those who are dying.
18. Nurses also work with people who live with long term chronic and persistent pain (i.e. pain that continues for a period of 3 months or more) and are aware that many do use cannabis for pain/anxiety relief out of preference, or because they have not responded, to conventional medication.

¹ M Head. Pers. Com.



19. This puts nurses, who are responsible for managing and delivering medications, in a difficult position both ethically and clinically. How can they manage, or monitor the effects of, what has not been prescribed and what they are not administering?
20. We suggest that the Bill could be extended to those who have long term chronic and persistent pain to possess and use cannabis and to possess a cannabis utensil without fear of prosecution.
21. It will be important to ensure that those in residential facilities, cared by health workers, have the same access to medicinal cannabis as those who are at home and /or cared by their families.
22. This will bring the use of medical cannabis under greater public scrutiny, but it will also give impetus to the development of professional guidelines, consistent quality controls and potentially safe local sources of medicinal cannabis.
23. It may be useful to specify inclusion and categorisation of "terminally ill" in relation to chronicity of pain and age (eg over 85 years old).
24. NZNO agrees that a regulation-making power to enable the setting of standards that products manufactured, imported and supplied under licence must meet is sensible and necessary. It is important that regulatory standards exist.
25. It is similarly sensible to amend schedule 2 of the Misuse of Drugs Act 1975 so that CBD and CBD products are not classified as drugs.
26. There are people already using these CBD products under prescription, but we note that the prescribing health practitioner is at more risk if CBD is a controlled drug.

CONCLUSION

27. In conclusion NZNO welcomes this legislation that is prompted by compassion, rather than delayed *ad infinitum* by multiple regulatory complexities that have, and will, take years to sort out.
28. People are more important and those at the end of their lives, should not be anxious for themselves or loved ones about the consequences of using a product to relieve suffering. Systems exist to support people, not the other way around, and there are many ways in which regulatory issues can be sorted quickly when there is a will to do so.
29. Despite systemic uncertainties and ambiguities, NZNO welcomes this small practical step towards drug regulation that:
 - is person-centred;

- protects those using illicit cannabis who are terminally ill, and (we recommend) those living with long term chronic and persistent pain from criminalisation;
- improves access to affordable medicinal cannabis;
- introduces powers to regulate it; and
- removes CBD and CBD from the list of controlled drugs.

30. NZNO **supports** the Bill.



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