



# Country Women's Association of NSW

*Incorporated in 1931 by an Act of NSW Parliament  
Constituent Society of the Associated Country Women of the World*

ABN 82 318 909 926

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## **Review of the *Narcotic Drugs Act 1967***

The Country Women's Association is the largest women's organisation in Australia. It aims to improve conditions for country women and children. The CWA does this by advocating for its thousands of members, helping local communities, creating a network of support and meeting together in towns and cities across Australia.

The CWA of NSW has thousands of grassroots members and hundreds of branches across the state. Our members have a strong interest in policy decisions that affect communities, families and country people and can be viewed as an important stakeholder of government at both state and national levels. A key aim of the CWA of NSW is to improve the conditions of families especially in country areas, as well as enhance the value of country living focusing mainly on health and educational facilities.

The CWA of NSW is **also NSW's** largest rural issues advocacy group. With well over 8000 members and close to 400 branches across NSW, there is no other member-based organisation that has the breadth and depth of membership on matters affecting country people. Our policy positions and prioritised advocacy areas are determined by our grassroots members, via a democratic process.

In 2015 the CWA of NSW generated policy supporting the use of medicinal cannabis, specifically to support the legalisation of the growing, manufacture and distribution of cannabis, for medicinal purposes only.

We welcome the opportunity to provide input into the review of the ***Narcotic Drugs Act 1967*** (NDA). This submission will raise at the outset some limitations on the review itself, and then raise some of the problems as we see it with the legislation. The CWA of NSW appreciates that steps are being taken to introduce the use of medicinal cannabis into a complex pharmaceutical management scheme in Australia. However overall, the system created by the NDA is not achieving this objective effectively. We recommend a simplification and rationalisation of the parts of the Act relating to its use and associated Acts, regulations, registers and the like.

### **Limitations of the review of the NDA**

We note in the Discussion Paper there is a series of items that are explicitly not included in this review. We understand the requirement for statutory review and the limitations inherent in this. However, there are features to every legislative framework that if not reviewed, in effect make the process futile.

By not including the issues of: patient access to medicinal cannabis, the costs (or subsidisation of costs) of medicinal cannabis products through the PBS, and the scheduling of cannabis products through the TGA and ARTG, the review team are side-stepping the review of fundamental functions of the 2016 amendments to the legislation. Whilst it is appreciated that there is legislative overlap in many cases with other regulatory frameworks, to specifically rule out these items significantly hampers real, worthwhile outcomes in terms of improving the legislation, and makes the review a largely academic and legalistic exercise in legislative interpretation.

### **Improve the policy objectives of the *Narcotic Drugs Act 1967***

CWA of NSW submits that the legislation ought to be amended to include specific objectives, along the lines of managing and regulating the safe use of medicinal cannabis to ease suffering and reduce symptoms of those with a terminal illness or chronic pain and/or treatment of side effects significantly reducing a **patient's quality of life**.

It is our understanding that these objectives should have been included into the NDA when the 2016 amendments were made. The current review presents the perfect opportunity to amend the objectives so as to include a measurable benchmark to review the effectiveness of the legislation. If the legislation does not set out what is trying to be achieved, it is impossible to effectively measure whether the legislation is achieving any desired outcomes.

We understand a need to move cautiously and conservatively. We believe that policy objectives are of fundamental importance when navigating through this untested field of regulation, and will assist the process.

### **Cumbersome regulation is resulting in very limited access to medicinal cannabis**

Whilst the TGA does not release the complete data in terms of patient numbers, we do know that there are approximately 4500 approvals to access medicinal cannabis currently. Given that we cannot determine repeat patients the number of actual patients is likely to be much less than that. There are reportedly tens of thousands of patients sourcing it illegally. This does indicate policy failure, and does not align with the purposes of the introduction of the 2016 amendments.

We understand that the procedure for the manufacture and distribution of medicinal cannabis is flawed in that the compliance standards GAP and GMP, and the Therapeutic Goods Order 93 and 100 combined with the fact that medicinal cannabis is not included on the Australian Register of Therapeutic Goods (ARTG) places this product in perpetual regulatory limbo. The *United in Compassion* (UIC) submission goes into a great deal of detail on the cumbersome regulatory requirements, and the CWA of NSW refers to that submission, and supports the statements put forward by the UIC.

We also understand that the number of state and territory approvals varies drastically. Again, without the full release of the data it is difficult to properly assess the impact, however it is clear that some states are far more able to obtain access than other states/territories. This is disadvantageous to those living in those states or territories where access is seemingly extremely exceptional.

The UIC use the example of Germany as a comparison – where medicinal cannabis legalisation legislation was introduced one year after Australia's. Germany has approximately 50,000 patients currently accessing medicinal cannabis.

### **Lack of commercial incentives and opportunities for agriculture**

The CWA of NSW further submits that there is market failure as well as policy failure happening. Presumably because the cannabis plant is not patentable, the commercial incentive for the production of the medicine is significantly reduced. In such a scenario it is the responsibility of the Government to intervene and ensure the regulatory system is designed in such a way as to stimulate market participants.

Australian farmers are known for their clean green approach to primary production, there is an immense potential here to allow farmers to diversify whilst also adding to the Australian GDP. This could all be happening with the knowledge that pain and suffering of our sickest community members will ultimately be reduced. The case is strong for a win-win scenario.

### **Further information**

We commend fully to the Review Team the UIC submission which explains in further details the failings of the current policy framework. We implore the review team to look closely at the current legislative settings as there is a potential to significantly improve the current commercial market and policy framework, and to properly give effect to the purposes of the 2016 amendments.

Our policy manager, Adair Garemyn can be reached on (02) 8337 0200 to further discuss the issues raised in this submission. We appreciate the opportunity to provide input into this important review.

Yours sincerely

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CEO