

Australian Centre for Cannabinoid Clinical and Research Excellence (ACRE)
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To whom it may concern

Re: ACRE Draft NSW Cannabis Medicines Prescribing Guidance

The Australian College of Nursing (ACN) welcomes the opportunity to provide feedback on the draft prescribing guidance document on *Prescribing Cannabis Medicines for Non-Cancer Pain* (January, 2019). As the pre-eminent and national leader of the nursing profession, ACN is committed to promoting equality, dignity and respect for all people receiving and accessing care within Australia's health system, including those experiencing chronic non-cancer pain.

ACN believes the prescribing guidance document is comprehensive and clear, outlining best practice approaches to therapy for chronic non-cancer pain, which are consistent with ACNs views. In particular, ACN agrees that medicinal cannabis should only be prescribed in instances where non-pharmacological and first-line medicinal therapeutic approaches have been trialled without success. ACN is pleased that the document provides supporting resources and guidance on current evidence around the effectiveness of medicinal cannabis – its potential risks, side effects and dosing schedules.

ACN believes the guidelines address concerns we have previously raised with regards to use of medicinal cannabis. Specifically that there are inherent risks associated with cannabinoid use, which may outweigh any potential benefits, particularly around drug interactions, side effects and potential toxicity. As noted in ACNs submission to the *Department of Health's Chronic Pain Medicinal Cannabis Guidance consultation* (November 2017), we have consistently recommended further clinical trials regarding the use of medicinal cannabis for various conditions, in addition to post-marketing surveillance within the community. ACN is pleased that the document provides guidance on where to report adverse outcomes and the responsibilities of the prescriber in monitoring for these.

ACN notes the draft prescribing guidance document refers to medicinal cannabis as an "unscheduled medicine". ACN encourages legislative changes in favour of regulation of medicinal cannabis as either a schedule 4 or schedule 8 medicine by the Therapeutic Goods Administration due to the inherent risks associated with its use. As noted in ACNs submission to the Queensland Governments *Inquiry into the health and Other Legislation Amendment Bill 2018* (30 November 2018), such changes would not only remove barriers for individual and doctors seeking access to medicinal cannabis treatment but also protect health practitioners and provide a layer of safety for individuals in the community.

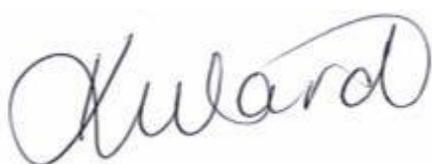
ACNs membership was engaged on the guidance document and has provided a list of proposed changes for ACREs consideration:

- Consider making clear what the reporting and data collection requirements are for the prescriber (e.g. details on changes in their patients' circumstances including treatment cessation, changing in dosing, ineffective dose escalations).
- Consider including a list of authorised health practitioners with regards to the prescribing of medicinal cannabis (e.g. are accredited nurse practitioners authorised to prescribe?).
- Consider guidance on what to do and where to report if a prescribing health practitioner is abusing medicinal cannabis or is suspected of prescribing medicinal cannabis to a drug dependent individual
- Consider highlighting the importance of regular monitoring and review of patients for potential alcohol and illicit drug use at initiation of and during therapy with medicinal cannabis (e.g. urine drug screening as per the opioid treatment program to establish suspected substance abuse or opioid use).
- Consider highlighting the role of a multidisciplinary approach to chronic non-cancer pain with pain clinics and nurse practitioners in drug and alcohol services. Chronic pain and addiction management are generally interrelated and there are complexities for prescribers who are managing both.

ACN believes that in order to address any gaps that may arise, it is important for relevant organisations, bodies and stakeholders to engage in regular discussions concerning the prescribing, supply and use of medicinal cannabis. Some examples include Palliative Care Australia, and the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (ANZCA), who have expressed caution and concern in the use of medicinal cannabis.

If you have further enquiries regarding this matter, please contact Carolyn Stapleton, Manager - Policy and Advocacy, at carolyn.stapleton@acn.edu.au.

Yours sincerely



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