ANZSPM

The Australian & New Zealand Society of Palliative Medicine Limited (ABN 46 639 357 305)

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Dear Secretariat Team,

ANZSPM submission to TGA Consultation: Proposed amendments to the Poisons Standard - Joint ACMS/ACCS meetings, June 2020

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) thanks the Secretariat for the opportunity to make a submission to TGA's consultation on two proposed amendments to the cannabidiol (CBD) entry in the Poison Standard.

ANZSPM is a specialty medical society representing practitioners of Palliative Medicine in Australia and New Zealand. Our members are medical practitioners who provide care for people with a life-limiting illness. Our membership currently includes more than 420 medical practitioners working in Australia.

ANZSPM made a submission to the Senate Inquiry into current barriers to patient access to medicinal cannabis in Australia in January 2020 and represents a number of members who have an interest in the proposal to amend the scheduling of cannabidiol, as it may impact on the palliative care environment.

We provide the following comments in response to the reasons for the proposal outlined on the TGA's website[1]:

Reasons for the proposal

- *The current proposal is to create a new Schedule 3 (Pharmacist Only Medicine) entry for cannabidiol (CBD) at doses up to 60 mg/day or less. A safety review conducted by the TGA has established that low doses of CBD may have possible clinical utility when used via the oral route in the management of some conditions that do not require medical practitioner oversight. See the report at Review on the safety of low dose cannabidiol.*

[1] https://www.tga.gov.au/consultation-invitation/consultation-proposed-amendments-poisons-standard-joint-acmsaccs-meetings-june-2020 (accessed 14 May 2020)

- *The evidence in the report establishes that CBD has an acceptable safety and tolerability profile at the proposed dose.*
- *Given that the safety profile is based on cannabidiol having low affinity for the CB1 and CB2 receptors, and thus is not exhibiting psychoactive effects, the proposed Schedule 3 entry should be limited to plant derived CBD as it is present only as (-) CBD or synthetic cannabidiol only containing the (-) CBD enantiomer.*

ANZSPM response

- ANZSPM questions the claim in the Public Notice that there is *"clear evidence of benefit, good safety profile and low risk"*.
- Cannabidiol (CBD) interactions remain largely unknown. However, it is recognised that CBD is psychoactive (causing reduction in seizures, somnolence, sleepiness etc), a very strong P450 inhibitor and has significant drug interactions.
- In the palliative care setting, the most relevant potential interactions are with commonly used medications and may include cumulative toxicity with opioids and benzodiazepines, as well as unknown interactions with antidepressants. In the oncology setting, the potential for interactions between cannabinoids (all of them) and immunotherapies is under investigation (see Taha et al article[2]) and has potentially deleterious effects on cancer treatment outcomes. This is not widely known.
- We are aware of a clinical trial currently being conducted in Queensland and due to report next year on the benefits or otherwise of medicinal cannabinoids for symptom relief[3]. It would be prudent for the Joint Advisory Committee to delay its decision on these matters until the report of that trial is available.

Reasons for proposal

- *It is proposed that down-scheduling to Schedule 3 is more appropriate than Schedule 2, as pharmacist advice is necessary to mitigate safety risks associated with CBD's high potential for drug-drug interactions when used concomitantly with many other commonly prescribed drugs that are metabolised via CYP pathways.*
- *Schedule 3 provides an appropriate level of health professional advice while increasing accessibility of CBD.*

ANZSPM response

- In the palliative care setting the risk of drug-drug interactions is high. This requires a holistic, interdisciplinary approach with an appropriate broader assessment and advice on symptom management above and beyond cannabinoids by a palliative care specialist. ANZSPM is concerned about how such an interdisciplinary assessment and integrated management of a patient who takes a CBD predominant compound amongst other medications would work under this new scheme.

[2] Taha, T., Meiri, D., Talhamy, S., Wollner, M., Peer, A., & Bar-Sela, G. (2019). Cannabis Impacts Tumor Response Rate to Nivolumab in Patients with Advanced Malignancies. *The oncologist*, *24*(4), 549–554. https://doi.org/10.1634/theoncologist.2018-0383 (accessed 14 May 2020)

[3] Mater research: Medicinal cannabinoids trial for symptom relief. Available at: https://www.materresearch.org.au/News-and-events/Research-News/January-2018/Medicinal-cannabinoids-trial-for-symptom-relief (accessed 14 May 2020)

- ANZSPM is also concerned about implementation of this proposal, noting that pharmacists are not currently funded to provide the suggested counselling and verification and would be additionally burdened to provide health advice on CBD without having access to appropriate interdisciplinary health advice.

Other comments

- ANZSPM would also like to see more consideration about safety, regulation and control of the quality of CBD.
- It is very difficult and expensive to extract and produce pure CBD and it is not clear how the contents of other cannabinoids in a product will be measured and controlled. It is likely that many CBD products which are currently available in Australia contain significant amounts of THC.
- Additionally, it is not clear how the TGA suggests regulating and controlling the safety of a low dose of under 60mg cannabidiol/day including monitoring whether patients were exceeding the 60mg cannabidiol/day dose.

In conclusion, while ANZSPM acknowledges that there is continued interest in the use of cannabinoids for symptom control, including in relation to palliative care patients, at present the evidence remains uncertain. As we have recommended in response to earlier consultations, decisions in this area must be evidence-based and at present there is a need for further research investment in this area and for proper consideration of the outcomes of clinical trials which are already underway.

We welcome further participation in this consultation and are happy to be contacted about this submission.

Yours sincerely,

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