

## The Hon Roger Cook MLA Deputy Premier Minister for Health; Mental Health

Our Ref: 60-12310

The Hon Greg Hunt MP Minister for Health Parliament House CANBERRA ACT 2600

Dear Minister (veg)

I write in regard to issues faced by Western Australian families accessing cannabidiol (CBD) and other cannabis-based products.

I have received many letters and heard, via personal accounts from parents of some of our sickest children, of the difficulties they face managing intractable, complex epilepsy syndromes. These parents have highlighted their dilemma in personally trying to fund the very high cost of CBD treatment in the hope that this will work where other medicines have not been effective. There are stories of costs of between \$30,000 and \$40,000 per year for the high doses needed in epilepsy.

I acknowledge that, in the last two years, there has been much collective work by State, Territory and Commonwealth Governments towards making cannabis-based products more available to Australians, under a secure legislative framework and a safe medical treatment model. I note that the Australian industry appears increasingly well established, is now producing a wider range of products, and that there is currently a reasonable choice for health practitioners and consumers.

At present, the costs of these products are not regulated by Government, and manufacturers and suppliers are free to change market prices. While there is some suggestion that prices are falling and will continue to do so, the costs to the families that write to me are still very much out of reach. Some more recent evidence places current costs of monthly treatment at between \$200 and \$900 depending on the condition. This material also points at very high, and potentially unsupportable, retail mark ups.

Increasingly, I am being asked as to why CBD and other cannabis-based products are not listed on the Pharmaceutical Benefits Scheme (PBS). I am cognisant that the PBS is a Commonwealth program and that the listing of PBS medicines is process outlined in legislation and designed to be evidence-based. I am also mindful that the PBS must be sustainable and that all medicines funded need to represent value for money for the people of Australia.

There appears to be a number of barriers to PBS listing for these products, including the lack of registration on the Australian Register of Therapeutic Goods (ARTG) and the absence or insufficiency of the medical evidence base. Ideally, these products would be treated like any other medicines and be required to follow existing processes for evaluation; however, it has been suggested to me that medicinal cannabis suppliers, who are largely not the traditional, large pharma companies, may not have the expertise or ability to apply for ARTG and PBS listings. Furthermore, there may be limited incentive for a company to pursue this costly and difficult process when their competitors are not.

I believe that there may be potential to consider how the medicinal-cannabis industry can be encouraged to commit to entering the normal regulatory process for quality and safety of medicines and to conduct the necessary research to support this. Importantly, it should be made clear when considering any incentives of this kind that it must not lead to any dilution of the robust nature of the PBS.

I understand that all States and Territories may be facing similar issues with medicinal cannabis. Should individual jurisdictions continue to take an individual approach, we will end up with a nationally unacceptable postcode lottery for treatment. The establishment of large and very costly jurisdictional access programs for cannabis-based medicines to treat chronic conditions, managed in the community, appears to undermine the PBS itself and to be generally inconsistent with National Medicines Policy.

I believe that this is an important National discussion and, as a result, I propose to list this as an agenda item for the next Council of Australian Governments Health Council. I seek your support for this action and would appreciate any comments the Commonwealth can provide as to how to productively structure these discussions.

I trust this information is of assistance.

Yours sincerely

HON ROGER COOK MLA

**DEPUTY PREMIER** 

MINISTER FOR HEALTH; MENTAL HEALTH