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Transcript: AMA President, Dr Tony Bartone, RN, *Breakfast with Hamish MacDonald*,
 Wednesday 4 July 2018

Subject: Medicinal Cannabis

HAMISH MACDONALD: A first of its kind study looking at attitudes to medical marijuana among Australian GPs has found broad support for the drugs and a desire to make them more easily available. More than half of the 640 GPs surveyed say they would like to see medical marijuana available on prescription. The study, though, expresses some concerns about the process involved in all of this, and the difficulties in talking to patients.

Dr Anthony Bartone is the President of the Australian Medical Association. Welcome to *Breakfast*.

TONY BARTONE: Good morning.

HAMISH MACDONALD: Before we get to the details of the report, exactly how are doctors currently using medical marijuana in Australia. What's the process?

TONY BARTONE: So, medicinal cannabis is available under certain schemes, as we call them, through the TGA, that are being provided to allow specialists and other people who want specialist prescribers who want to use the product in their field of practice. It is pretty intensively laboursome in some points, you might say, but that's because there's still not the rigour, the process, and the efficient data available about the narrow therapeutic windows that some of these products have. So, just to be clear about that, the evidence around the world is being reviewed and has been found to be particularly weak in parts, not robust enough, not precise enough, not clear enough, and we're still in the process of using trials in our country to actually gather further data. And that's why some of these special access schemes, or other processes that are used, is to try and create a safety profile around the product that hasn't gone through the usual trials and safety testing that usually every product that comes to the Australian market has to undergo. So, this is a reverse of what usually happens. By the time it's available to be prescribed, it's gone through a really robust process, of which the TGA is one of the world leaders, and has kept the Australian public assured and safe from unintended consequences of medications before they hit the market.

HAMISH MACDONALD: The study found that more than six out of every ten GPs have at least one patient inquiring about medical marijuana in the past three months. Are you surprised at the level of public interest in these drugs?

TONY BARTONE: When we look at some of the therapeutic reasons why these products would be prescribed, these are conditions which are really, really stressful, really difficult, really difficult to manage and are obviously of quite burdensome nature to the patients and to the families concerned. It's understandable that once it becomes something that's discussed in the media, in the community space, of course people are going to have questions, of course people want to find out more about something which may potentially give them an option for a condition which is very difficult to manage. So, I'm not surprised that patients have questions. Unfortunately, this is a case where the cart came before the horse really significantly because of a considerable amount of political and media interest in pushing this product to the market before it's gone through its usual channels of preparation and supply and logistical surety it's

really created this demand, this inertia, this desire by the public for information for availability. But we're finding now even today there's a report from *The Lancet* that says, that medicinal cannabis really is not that good an option for the use in chronic pain. So, we're really finding even in trials that have been conducted in the eastern seaboard at the moment that a number of patients are dropping out of the trials because of lack of efficacy of the product that they're taking. So, we're still...

HAMISH MACDONALD: [Interrupts] Why is it that so many GPs surveyed say they feel uncomfortable discussing medical cannabis with patients?

TONY BARTONE: Because there's still not the robust data behind it. As I was mentioning on a number of occasions, that data is still of dubious, it doesn't give us the surety about how, when, and why to use it with complete comfort, even amongst the particular specialists involved in the particular disciplines who might use it - refractory, paediatric epilepsy, for example, where it's probably got its best level of indication and evidence supporting it, there is still conjecture about the right form and the right type to be using. But in other things like palliative care, some of the data, some of the studies show a really poor level of evidence. And so, in that climate and that confusion, it's really understandable why some doctors will feel uncomfortable, and of course, even among specialists there's debate about the side effects down the track, unintended or otherwise.

HAMISH MACDONALD: We will have to leave it there. Dr Anthony Bartone, thank you very much indeed.

TONY BARTONE: My pleasure. Have a good day.

4 July 2018

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