



Misuse of Drugs (Medicinal Cannabis) Amendment Bill **Health Committee**

The Salvation Army New Zealand Fiji, Tonga and Samoa Territory Submission

EXECUTIVE SUMMARY:

- 1 The Salvation Army encourages a healthy spiritual, emotional, mental, physical and social lifestyle without the recreational use of drugs, including alcohol and tobacco. We think holistically to provide a ministry that addresses the whole person —their spiritual, physical, mental/emotional and social needs; and in supporting this, we offer a place to belong — authentic faith communities where anyone is welcomed, and where those who profess to follow Jesus contribute as they are able¹.
 - 1.1 Although social or recreational use of mind-altering or mood-changing drugs (both legal and illegal) does not inevitably lead to dependence, such use can have financial, relational, psychological, educational and legal consequences. The Salvation Army believes that abstinence from these substances is the most effective way to set an example of personal responsibility for healthy living.
 - 1.2 While The Salvation Army believes total abstinence is the only certain guarantee against the harmful effects of alcohol, tobacco and other drugs, it does not judge people who use these substances. The Salvation Army continues to offer compassion to those whose use of such substances has become harmful; supporting them to regain social, physical, mental, emotional and spiritual health.
 - 1.3 The Salvation Army believes that human beings are created in the image of God and that therefore the body should be treated with respect (1 Corinthians 3:16, NIV). Accordingly, The Salvation Army promotes the welfare of the body, as well as the mind and spirit. While certain lifestyle choices may be legally and socially acceptable, some choices may be neither helpful to the person concerned, nor to those likely to be influenced by their actions (1 Corinthians 8:9, NIV)².
- 2 The Salvation Army **generally supports** in principle this Bill, particularly the provisions increasing accessibility and affordability of medicinal cannabidiol. Generally, we support;
 - 2.1 Clause 4 which outlines the specification of both Cannabidiol (CBD) and terminal illness.
 - 2.2 Declassification of Cannabidiol as a controlled drug as outlined in Clause 9.
 - 2.3 The removal of barriers in accessing CBD products, ensuring that safe Cannabidiol can be accessed by those who need it. As outlined in Clause 10.
- 3 However, The Salvation Army either **recommends further clarification** on specific aspects of the Bill. These are:
 - 3.1 Clause 5 – Here, someone is not in contravention of the law if they use, produce, procure or smokes *any* plant, seed, fruit and any cannabis preparation from the genus

¹ <https://intranet.salvationarmy.net.nz/index.php/strategic-mission-plan/mp/tsmp-next-steps-survey>

² <http://www.salvationarmy.org.nz/about-us/position-statements/alcohol-tobacco-drugs>

cannabis if they produce a medical certificate certifying their terminal illness (emphasis added). This is an unnecessarily broad provision given the Bill's focus on CBD, which evidence suggests is the most effective cannabis product in easing end of life pain and nausea. The focus must remain on CBD in this Bill.

- 3.2** Clause 7 – Here, the Governor-General may, by Order in Council, make regulations to require a minimum standard for medicinal cannabis. We strongly support this provision and contend these regulations and standards are crucial to establishing an evidence based and effective medicinal cannabis system. The Salvation Army, through our ASARS (Addictions, Supportive Accommodation and Reintegration Services) and Bridge Treatment Programmes are willing to support and advise the Governor-General, if required, as they develop this framework.

BACKGROUND:

- 4** The Salvation Army is an international Christian and social services organisation that has worked in New Zealand for over one hundred and thirty years. The Army provides a wide range of practical social, community and faith-based services, particularly for those who are suffering, facing injustice or those who have been forgotten and marginalised by mainstream society. We have over 90 Community Ministry centres and Churches (Corps) across the nation, serving local families and communities. The Army's Addiction, Supportive Accommodation & Reintegration Services (ASARS) provide services at more than 30 locations throughout the country. ASARS support people seeking help with alcohol, other drugs, and gambling related problems, emergency housing options and assisting people transitioning from prison to the community.
- 5** We are passionately committed to our communities as we aim to fulfil our mission of caring for people, transforming lives and reforming society through God in Christ by the Holy Spirit's power³.
- 6** This submission has been prepared by the Social Policy and Parliamentary Unit of The Salvation Army. This Unit works towards the eradication of poverty by encouraging policies and practices that strengthen the social framework of New Zealand⁴.

GENERAL COMMENTS:

- 7** The Salvation Army generally supports the stated purpose of the Bill. Palliative care for the terminally ill is crucial for that patient's end of life situation. The Salvation Army is committed to high quality palliative care and we attempt to outwork this through our Marlborough Community Hospice. Ensuring that the patient receives a high level of care using drugs which work for them during palliative care in reducing nausea and pain is vital. Opioids, which are common end of life drugs, can be incredibly debilitating. Their adverse effects can be extensive with constipation, nausea and vomiting, drowsiness, confusion and hallucinations occurring for some patients⁵. Existing research indicates that CBD has low toxicity, a good safety profile and

³ <http://www.salvationarmy.org.nz/about-us/mission-statement>

⁴ <http://www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit>

⁵ Rod MacLeod, Jane Vella-Brincat, Sandy Macleod, *The Palliative Care Handbook: Guidelines for Clinical Management and Symptom Control*. (Wellington, 2016), 11.

limited addictive potential⁶. Additionally, since CBD does not contain tetrahydrocannabinol, it is not a psychoactive substance and therefore does not have the addictive elements that other psychoactive substances contain.

- 8 There is evidence from Australia of CBD working in palliative care as an anti-emesis (drug effective against vomiting and nausea). The results indicate there is research supporting the use of medicinal cannabis in this context. But this study clearly stated that further research needs to occur⁷. We contend that local research into CBD and palliative care is urgently needed to provide greater information for this area.
- 9 We believe access to CBD is too limited. If CBD is proven to be an effective anti-emesis drug in palliative and end of life situations, then it should not be classed as a controlled drug. We support increasing the availability and access of CBD in these end of life care situations as long as there is sound evidence for this process, and the regulatory framework for CBD is rigid and maintains high standards of medical care. We acknowledge for many Medicinal Cannabis is not accessible at end of life situations. Consequently, some turn to illicit cannabis in order to relieve pain during the palliative care stage. However, we believe that Medicinal Cannabis and CBD would serve these people better and so increasing supply and availability should be the focus of the Government and the legislation.

SPECIFIC COMMENTS ON THE LEGISLATION:

10 Clause 5

- 10.1 We support this provision wherein those who are terminally ill should not have to be sanctioned by the Courts for the use of illicit cannabis as a method of pain control.
- 10.2 However, we are concerned that there is not sufficient scientific evidence to suggest that illicit cannabis is effective as a treatment for pain and nausea for those who are terminally ill. We contend that the focus should be on medicinal cannabis and CBD, ensuring that a high-quality product is produced and made available for terminally ill patients.
- 10.3 Furthermore, the use of illicit cannabis by the terminally ill as defined by the legislation still results in cannabis use founded on an illegal trade. We strongly oppose this approach. Illicit cannabis, by its own definition and through our own experience in drug treatment, is produced from illegal criminal activity often involving gangs and/or criminal syndicates. Even though under this Bill terminally ill people can be excused for this cannabis use, they would have logically engaged with criminal elements of society to secure this cannabis. We believe that this is not the type of society we want in Aotearoa New Zealand where our laws are unclear when it involves terminal illness and illicit cannabis, and which by default permits these vulnerable patients to engage with criminals in clear breach of the law.

11 Clause 7

⁶ Expert Committee on Drug Dependence, *Cannabidiol(CBD) Pre-Review Report*. (Geneva: WHO, 2017), 13,14.

⁷ Chan et al, A Review for Australian Nurses: Cannabis use for anti-emesis among terminally ill patients, (2017).

- 11.1** The Salvation Army strongly supports this provision. The Salvation Army believes regulation of medicinal cannabis to a minimum standard is vitally important. This would ensure that the consumers receive a high standard of product during an extremely difficult time for them and their whanau. However, we contend that this final product must be delivered in a carefully managed medical process and that the doses administered are closely monitored to ensure any potential effects are not negative for these patients in palliative care.
- 11.2** Again, we believe the focus of this Bill should be on medicinal cannabis and CBD, and not on illicit cannabis. Having a strong regulatory framework here would ensure that the products are of high quality, and ideally reduce or eliminate the need for these patients to procure and use illicit cannabis for their suffering.
- 11.3** Due to the nature of cannabis within the public sphere it is important to distinguish CBD as a viable and effective treatment for those who are terminally ill and those with chronic pain and other ailments. Regulating the drug, and ensuring there is a standard for its production, means that people will become more accustomed to its use and its presence.
- 11.4** The Salvation Army through our ASARS and Bridge Treatment Services are willing and open to engage with the Governor-General as they go about establishing this regulatory framework.

Clause 8

- 12** The Salvation Army supports this provision. The Salvation anticipates that within two years, Section 7 could be removed from the legislation due to CBD being available and regulated as a viable treatment for terminal illness. This would naturally result in illicit cannabis no longer being needed or used during palliative care for the terminally ill.

CONCLUSION:

- 13** The Salvation Army supports the concept of the Bill. We believe CBD and related products can be beneficial to terminally ill patients. The Bill's aim to ease access to CBD is important. However it is unclear how many patients this law change will actually or potentially affect. How many terminally ill patients are actually medicating with illicit cannabis? How many terminally ill patients, who have not used medicinal cannabis or CBD before, would start using CBD if this law passed? In principle, this Bill makes logical sense. However, greater research into all facets of this Bill (and related areas) is vital.
- 14** We have stated above the parts of this Bill that we cannot fully support or that we have requested further clarification about. But, The Salvation Army commends a large portion of the Bill. We support the use of CBD for the terminally ill, and support adding it to the toolkit for palliative care.
- 15** For further contact regarding this submission, please contact:
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