

**Medicinal Cannabis Advisory Group meeting Minutes**

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| **Date:**  | Thursday 13 June 2019 |
| **Time:** | 6.00pm–7.30pm |
| **Location:** | Teleconference |
| **Chair:** | Dr Russell Wills |
| **Attendees:** | Committee: Dr Andrew Butler, Dr Brian Ensor, Dr Cynthia Sharpe, Judy Leader, Professor Michelle Glass, Suzy Barber, Manu Caddie, Kali Mercier, Simon RoyalSecretariat: Andrea Eng, Kayla Cook, Cherish Low, Susan Thomson Ministry of Health – Jane Hubbard, John Doyle, Chris House |
| **Apologies:** | Rebecca Reider, Tara Creaven-Capasso, Dr David Burrell |

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| **Item** | **Notes** |
| **1** | **Teleconference Starts 6.00pm** |
| **2** | **Quality Standards for cultivation**The Medicinal Cannabis Advisory Group (the Advisory Group) noted that they would like the advantages and disadvantages of the cultivation quality standards clearly set out in the Medicinal Cannabis Regulatory Scheme Consultation Document (the Consultation Document) and suggested using a table. The Secretariat advised that further information is asked for in the consultation questions and that the Consultation Document previously sent to the Advisory Group was not yet finalised. The Consultation Document also will undergo further editing to include the consultation questions in the relevant sections. The Advisory Group noted that it was important to obtain this information and that the options for cultivation quality standards would be clearer once the consultation questions were incorporated back into the Consultation Document. |
| **3** | **Comparison of GMP vs GPP**The Advisory Group suggested strengthening the information comparing Good Manufacturing Practice (GMP) with Canada’s Good Production Practices (GPP). Specifically, there was a lack of information regarding relative cost to the consumer and manufacturer as well as the time to establish each process. Equity of access to the market for local growers and manufacturers was again noted. The Secretariat advised that GMP and GPP shared most of the same requirements (all except the requirements for stability and validating products), but differed in their level of detail. The key differences between GMP and GPP are highlighted in the Consultation Document. The Advisory Group suggested it might not be clear to patients what GMP might mean in terms of the difference in access and cost. Subsequently, the Advisory Group requested information on the relative costs to the patients of the same product under GPP or GMP. The Secretariat noted it had sought this information from Canadian sources. Information on comparative costs of GMP vs GPP was not available.**Action:**Secretariat to note in the Consultation Document that this information isn’t available, and to seek further information through the consultation. |
| **4** | **Requirements for licence holders**Some members of the Advisory Group raised the concern that there are equity and Treaty issues around not allowing people with drug convictions to apply for a licence. The Secretariat advised that people with drug convictions could apply for a licence, but the granting of a licence is at the Minister’s discretion.  |
| **5** | **Distribution Options**Some members of the Advisory Group noted that some pharmacies have large mark-ups on unfunded and over-the-counter prescription medications, which creates further equity of access issues. The Advisory Group also noted that in Canada products can be obtained directly from the producer or an online pharmacy and that these options should be presented.Other members of the Advisory Group supported the idea of the requirement for prescriptions for medicinal cannabis products, and products only being available through pharmacies. The Advisory group agreed that there is an overriding equity issue that high mark-ups from pharmacies is likely to be a barrier for patients. |
| **6** | **Prescribing Requirements**The Advisory Group noted that the Consultation Document currently doesn’t give the advantages and disadvantages of the current requirements for approval from the Ministry of Health to prescribe unapproved medicines and a prescription from a specialist.The Advisory Group advised that the process for Ministerial Approval is long and presents a significant barrier to patient access. Some members of the Advisory Group discussed controlled drug prescription requirements and how current prescribing requirements (i.e., writing the prescription on a controlled drug triplicate form) may be another barrier for prescribers, limiting quantity of supply and therefore adding cost to patients.The Advisory Group agreed that they would like a system similar to the [PHARMAC] electronic Special Authority process to approve medicinal cannabis products. The system is immediate and approves specific prescribers to prescribe for specific patients and conditions. This also creates a prospective database and register of prescribers and consumers for post-market active surveillance (see 7 below). This would be superior to Ministry of Health approval and allows restrictions on prescribing to be proportional to risk, where the risks warrant more control. The Advisory Group also agreed that Ministerial Approval was a large barrier to patient access and should be removed for prescribing medicinal cannabis products.**Action:**Secretariat to investigate options for streamlining the approval process and on-line data gathering system that are quick and easy to use for prescribers. |
| **7** | **Guidance to Prescribers**The Advisory Group noted that Health Canada and the Royal College of Physicians and Surgeons of Canada have partnered to provide credible, current and accessible information to prescribers and consumers, and the Therapeutic Goods Administration do so in Australia. A discussion took place as to whether or not a similar partnership could occur in New Zealand and what this would look like.The Secretariat noted that it is already their intention to let prescribers and consumers know what medicinal cannabis products are available and which medicinal cannabis products meet the quality standards.The Advisory Group agreed that it was important that prescribers and consumers were given information about medicinal cannabis products from a credible source.**Action:** Secretariat to look into information prescribers might require, as well as possible mechanisms for providing information to prescribers regarding what medicinal cannabis products are available and which medicinal cannabis products meet the quality standards. |
| **8** | **Post Market Controls**The Advisory Group discussed passive surveillance (relying on the cooperation of health-care providers, hospitals etc. to report information) and active surveillance (a systematic approach to proactively seek information). Advisory Group members flagged a strong preference for active surveillance for medicinal cannabis products, as is the case in Germany. Some members of the Advisory Group agreed that they would like an active monitoring approach for medicinal cannabis products (see 5 above).**Action:** Secretariat to look at options for active monitoring for medicinal cannabis products  |
| **9** | **Equity**The Advisory Group noted that the Consultation Document has improved considerably but there remained issues in how equity will apply across the whole Consultation Document and how it will be built into the Scheme for growers, manufacturers and consumers.The Advisory Group noted that the funding of medicinal cannabis products was still an issue. A discussion took place around the flow on effects of costs from the regulator and industry on to patients. The Advisory Group agreed that work needed to continue to address equity issues in the development of the scheme. |
| **10** | **Process from here**The Ministry of Health will incorporate any significant changes that were addressed via the Advisory Group’s feedback. |

Teleconference ended 7.20pm