

10 May 2018
Blaise Bratter
General Manager
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To Whom It May Concern,

I am writing to you in response to the proposed changes regarding the definition of cannabidiol in the Poisons Standard.

The Medical Cannabis Council is Australia's peak industry body, representing approximately 75 organisations, researchers and educators.

After consultation with our Members, the Council would like to articulate its **support** for the proposed change to measure cannabidiol as a percentage of weight per volume (w/v).

The wording in the current Schedule 4 entry for cannabidiol has meant that any preparation containing cannabidiol as an ingredient in less than 98% purity would be restricted to supply as a Schedule 8 medicine, regardless of the concentration of the ingredient in the product.

However, the proposed change would broaden the scope of products that would fall into Schedule 4. If implemented, the proposed change will mean that cannabidiol-dominant products containing other cannabinoids would fall into Schedule 4 as long as the concentration in the product of total cannabinoids other than cannabidiol does not exceed 1% w/v.

From a scientific and clinical standpoint, the Members see this proposal as reasonable considering the favourable side-effect profiles of cannabidiol-dominant products, which justifies their designation as Schedule 4 medicines.

The broadening of the scope of products that would fall into Schedule 4 will make access to medicinal cannabis products simpler for patients in need, owing to the less stringent state-based Schedule 4 requirements compared with the onerous Schedule 8 authorisations and dispensing protocols that doctors and pharmacists currently have to comply with for these products.

As an alternative, the Council observes that the reason for the current proposal is focusing on ensuring THC is limited to 1% w/v. However, as whole-plant extraction preparations will likely contain other cannabinoids in addition to THC. For this reason, we would also support the following alternative definition which increases the total other cannabinoids content to up to 2% w/v. This would ensure a preparation contains no more than 1% THC w/v, but may also contain other cannabinoids naturally present in the plant:

“CANNABIDIOL in preparations for therapeutic use where tetrahydrocannabinoids comprise no more than 1% w/v, and other cannabinoids found in cannabis comprise no more than 2% w/v”

The Council and its Members overwhelmingly support the proposed change to the Poisons Standard. The revision would be a big step forward in legitimising medicinal cannabis as a viable medical treatment option for doctors (and patients) in Australia, especially considering the clinical justifications available for the use of cannabidiol-dominant products in a wide range of conditions.

Thank you for your consideration.

Kind regards,



Blaise Bratter
General Manager