

**Medicinal Cannabis Advisory Group Meeting Minutes**

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| **Date:**  | Tuesday 14 May 2019 |
| **Time:** | 6.00pm–7.00pm |
| **Location:** | Teleconference |
| **Chair:** | Dr Russell Wills |
| **Attendees:** | Committee – Dr Brian Ensor, Judy Leader, Professor Michelle Glass, Dr David Burrell, Rebecca Reider, Manu Caddie, Kali Mercier, Tara Creaven-Capasso, Dr Andrew Butler, Dr Cynthia Sharpe, Simon Royal, Suzy BarberSecretariat – Andrea Eng, Kayla Cook, Cherish Low, Valerie Mills, Susan ThomsonMinistry of Health – Chris James, Jane Hubbard, Sharon Woollaston, Chris House |
| **Apologies:** | N/A |

| **Item** | **Notes** |
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| **1** | **Teleconference began 6.00pm** |
| **2** | **Introduction - Simon Royal, Dr Andrew Butler and Suzy Barber** |
| **3** | **Acknowledge suggestions brought up in the previous meeting and what the Ministry of Health (the Ministry) has done as a result** |
| **4** | **Inherent risks of Medicinal Cannabis use**The Medicinal Cannabis Advisory Group (the Advisory Group) suggested the Medicinal Cannabis Scheme Consultation Document (the Consultation Document) include a section summarising the evidence on the risks and benefits of medicinal cannabis.The Advisory Group suggested the document include a comment that the Ministry will be undertaking post-market monitoring.**Action:** The Ministry to further investigate the mechanisms for post-market surveillance/pharmacovigilance.  |
| **5** | **Cost and time required for Good Manufacturing Practice (GMP) vs Good Production Practices (GPP)**The Advisory Group discussed the Canadian medicinal cannabis industry. It was noted that many Canadian manufacturers are moving toward the Good Manufacturing Practice (GMP) standard to be able to access international markets, where GMP is a requirement of trade.It was highlighted that manufacturing to GMP will enable New Zealand to be a competitor in the international market for medicinal cannabis products whereas manufacturing products to GPP will not.Some Advisory Group members suggested that GMP will take too long to set up compared with GPP. Patients would have to wait longer to access products, and would continue to use products of unknown quality. It was agreed that there needed to be sufficient information on the differences between GPP and GMP in the consultation document for people to evaluate the different proposals for manufacturing standards.**Action**: Secretariat to consider asking for more information around GPP vs GMP, including costs and time to market, in the consultation document. |
| **6** | **Equity of Access**It was highlighted that there is a need for a better understanding regarding some of the issues raised as to how Māori might be affected or whether inequities may increase due to the Scheme.**Action:** Ministry to work to strengthen equity section of consultation document and seek feedback on barriers to access. |
| **7** | **Ministerial approval for prescribing unconsented medicinal cannabis products (excluding CBD products)** Some Advisory Group members raised a concern that if the requirement for Ministerial Approval is removed there needs to be a mechanism in place in New Zealand to protect prescribers from patient pressure to prescribe.It was noted that medicinal cannabis products, at least for the first few years, are likely to be more expensive than illegal cannabis while the local industry is established. The Advisory Group discussed mechanisms currently in place that are possibly more efficient and less restrictive than requiring a specialist prescription but will still provide a secondary approval/peer review process less onerous to prescribers than ministerial approval.The Advisory Group noted that the language used in this section and throughout the consultation document was confusing in regards to the use of consented / unconsented medicines.**Agreed:** Secretariat to seek feedback through consultation on need for a second opinion or some mechanism if the requirement for Ministry approval to prescribe is removed.**Agreed:** Secretariat to review the consultation document and simplify the language used. |
| **8** | **General Licensing requirements** The Advisory Group discussed the general licensing requirements in the consultation document and recommended the use of clear criteria and removal of terms subject to interpretation such as “fit and proper person”.**Action:** Secretariat to review this section in the consultation document and make requirements clearer. |
| **9** | **Evidence for pharmacokinetics** It was suggested that medicinal cannabis products prescribed in New Zealand should at least have pharmacokinetic data so that prescribers know what the given dose will do and the potential impact this may have in conjunction with other medicines. However it was also suggested that the finished product could end up costing more if this was implemented.It was noted that to get approval for a clinical trial in New Zealand, the medicine must be manufactured to GMP. **Action:** Suggestion that theSecretariat frame this issue as a consultation question: whether or not clinical trials should be required. |

The teleconference ended at 7.30pm