

---

# Editorial

## Medicinal cannabis

In February 2016, the Commonwealth Government amended the Narcotic Drugs Act 1967 to allow cultivation of cannabis and manufacture of cannabis-based products (CBP) for research and medical purposes. This was followed by the establishment of a license and permit scheme under the Act, run by the Commonwealth's Office of Drug Control, which opened on 1 November 2016.

On the same day, the Therapeutic Goods Administration (TGA) listed cannabis and related cannabinoids for medical and research use in Schedule 8, as controlled drugs. Cannabis for recreational use remained in Schedule 9 (prohibited substances) and continued to be captured by jurisdictional Drug Laws. As most states and territories adopt the Poisons Standard, by reference, into their Medicines and Poisons Act (however titled), this meant that these substances could now be legally prescribed and dispensed, including in the Australian Defence Force (ADF). Publications on the current ADF website, however, only address recreational use.

Most states and territories have now established processes under their Medicines and Poisons arrangements to deal with CBP prescriptions. Most involve specialist prescribing and some form of expert panel to advise the regulator. As most CBP are unregistered goods in Australia, medical practitioners must either obtain approval from the TGA to import or access an increasing range of local supplies from pharmacies supplied by various small importers.

The safety and efficacy of these drugs remains controversial. Several Australian medical Colleges have released statements recommending caution in prescribing until there is further robust research on efficacy and safety. While there is some scientific basis for the medical use of certain CBP as symptomatic

therapy for a limited range of serious medical conditions, the existing evidence for broader medical use is of limited quantity and quality, there is ongoing concern about long term benefit and safety, and there is an agreed need for further high-quality research. These factors, coupled with initial limited supply, have seen limited enthusiasm for prescribing these agents.

Over time, this will change, as medical practitioners become more comfortable with the agents and a broader range of accepted uses is established. The ADF will need to determine its policy on use by serving members, with several other countries' militaries having either a zero tolerance or unclear policy on its use. I would welcome any letters to Editor or articles on how the ADF should proceed in this area.

Our third issue of 2017 tackles a broad range of topics. Caterpillar dermatitis, poisoning in military and veterans' hospitals, and professional role conflicts in military teaching head up the articles. There are also several mental health articles, looking at anger in PTSD, web-based social support programs and the mental health of unmanned aerial vehicle operators. Finally, there are two interesting perspectives, one on command and technical authority and another on the Army Malaria Institute.

We continue to get a good range of articles, but other military and veterans' health articles are always very welcome and we would encourage all our readers to consider writing on their areas of military or veterans' health interest. As we head into our annual AMMA Conference, I would encourage all presenters to publish their presentations, to ensure they get to a wider audience.

**Dr Andy Robertson, CSC, PSM**

**Editor-in-Chief**