



Misuse of Drugs (Medicinal Cannabis) Amendment Bill

12–1

Report of the Health Committee

July 2018

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Louisa Wall
Chairperson

Misuse of Drugs (Medicinal Cannabis) Amendment Bill

Recommendation

The Health Committee has examined the Misuse of Drugs (Medicinal Cannabis) Amendment Bill. We have been unable to reach agreement and therefore cannot recommend that the bill proceed.

Purpose of the bill

The Misuse of Drugs (Medicinal Cannabis) Amendment Bill seeks to improve access to, and the quality of, medicinal cannabis. It is a Government bill that would amend the Misuse of Drugs Act 1975.¹

Currently, there is a legal pathway for people to obtain medicinal cannabis products on prescription from a medical practitioner. However, access to affordable medicinal cannabis products remains problematic for many New Zealanders.

As introduced the bill would:

- introduce an exception and a statutory defence for terminally ill people to possess and use illicit cannabis and to possess a cannabis utensil
- amend Schedule 2 of the Act so that cannabidiol (CBD) and CBD products (products containing CBD and no more than 2 percent other cannabinoids) are no longer classed as controlled drugs
- provide a regulation-making power to enable the setting of standards that products manufactured, imported, or supplied under licence must meet.

The creation of a regulation-making power would facilitate the development of a Medicinal Cannabis Scheme. The scheme's aim would be to provide a greater supply of quality medicinal cannabis products by enabling domestic cultivation and manufacture.

Submissions

We received 1,786 written submissions on the bill. The majority of submitters indicated that they support allowing individuals to use cannabis for medicinal purposes. Only 1 percent of submitters did not support the intent of the bill.

We heard 158 oral submissions in Wellington from a wide range of organisations and individuals. Although most submitters supported the bill, some expressed concerns. We outline these below.

¹ [The Misuse of Drugs Act can be read on the New Zealand Legislation website.](#)

Submitters' concerns about the bill

Limiting the exception and statutory defence to the terminally ill

Many submitters commented that the exception and statutory defence should be expanded to include not only people who are terminally ill, but also those with other medical conditions. The most commonly mentioned were chronic pain, cancer, epilepsy, multiple sclerosis, and severe and debilitating illnesses. Submitters highlighted that individuals with these conditions could benefit from easier access to medicinal cannabis products.

Submitters also recommended that the provision be extended to caregivers, friends, whanau, suppliers (referred to as "green fairies"), and growers. Submitters were concerned that limiting the exception and statutory defence would be a barrier to access for the terminally ill who may need the assistance of others to source illicit cannabis for them.

A number of submitters felt that the terminally ill are vulnerable and should not receive a lower standard of care than other population groups. They raised the concern that the use of cannabis without medical oversight could be harmful, and believed that medicinal cannabis products should be regulated in the same way as other medicines.

Regulation of medicinal cannabis products

The provision in the bill to allow the setting of quality standards was supported by many submitters; 96 percent of those who commented on this provision supported it. They submitted that minimum standards should be well regulated to ensure public safety, and that advertising of products should be allowed.

Definition of terminal illness

The definition of terminally ill and the requirement for a medical professional to diagnose this condition also raised concern with a number of submitters. Many submitters stated that terminal illness is hard to define, and that a person may live longer than a year after a diagnosis of a terminal illness.

Descheduling of cannabidiol (CBD)

Although the majority of submitters supported the removal of CBD from the Act, some stated that a full risk assessment should be undertaken first. Others said the provision did not go far enough, and that other non-psychoactive cannabinoids should be removed as well.

Amendments considered

We considered seven possible amendments to this bill, mostly proposed by the Ministry of Health.

Ministry recommendations

The ministry recommended five amendments to the bill. They aim to make the bill more consistent with the principal Act, eliminate barriers to its practical implementation, enable easier navigation and understanding of the Act, and reflect concerns raised by submitters.

The following are the ministry's proposed amendments:

- Moving the exception for the terminally ill to be able to possess and use cannabis to section 8 of the Act. This would make the location of the exception consistent with other provisions set out in section 8 of the principal Act, and make the Act easier to navigate and understand.
- Amending clause 7 of the bill (which would amend section 14 of the Act) to allow regulations to prescribe standards for all stages of cultivation, production, and manufacture, and criteria for when the regulations will apply.
- Adding a new clause to make it clear that regulations made under section 37(1)(o) are intended to override section 20 of the Medicines Act 1981.² This would allow the Director-General of Health to communicate the availability of medicinal cannabis products that meet the scheme's quality standards to appropriate health professionals. Without this clause, the Medicines Act prevents the communication of product details on non-consented medications.
- Excluding substances from the Act that are related to tetrahydrocannabinols (THCs³) that are naturally found in cannabis, where there is evidence that they have little to no psychoactivity. The Act currently lists THCs as controlled drugs, and captures a number of other cannabinoids as related substances. A number of these substances have little to no psychoactivity, and many have potential therapeutic benefits. Cannabinoids in general are not specifically listed in the Act. The amendment would allow for control under the Act to be limited to substances related to THCs that are capable of inducing a psychoactive effect in individuals.
- Revising the definition of CBD products (clause 4 of the bill) to allow no more than 2 percent of the total CBD and specified substance⁴ content to consist of THCs and related psychoactive substances that are naturally found in cannabis. This would also allow CBD products to contain some non-psychoactive cannabinoids that are naturally found in cannabis. The revision would enable easier production of CBD products while minimising the risk of harm from psychoactive components that are also naturally found in cannabis.

Additional amendments considered

We also considered some additional amendments:

- That defences and exemptions for the terminally ill to be able to possess and use cannabis be repealed 5 years after commencement. This would reflect the fact that the provision is intended as an interim, compassionate measure until a Medicinal Cannabis Scheme is established and quality product is more readily available.
- That a new clause be added limiting the granting of licences for cultivating, manufacturing, importing, or supplying cannabis products to two purposes: commercial activity, or for research or study. This would eliminate the risk of non-commercial growing operations and make it easier to monitor production and compliance with quality standards.

² [The Medicines Act can be read on the New Zealand Legislation website.](#)

³ THCs are a family of largely psychoactive substances that share similar structures and are a subset of the cannabinoid family of substances.

⁴ Specified substances are THCs and related psychoactive substances that are naturally found in cannabis.

Conclusion

We heard diverse perspectives in the course of considering this bill. The polarity of the views, and the complexity of the issues made it impossible for us to reach a united stance.

We are grateful to all submitters for their contributions. The open and honest accounts were valuable to our consideration and we will share what we have learnt with our colleagues in the House.

Party views:

New Zealand Labour Party view

Labour Party members of the Health Committee believe that making medicinal cannabis more readily available will help relieve the suffering of people with terminal conditions, as well as improving access for those who have been prescribed it by their doctor for the treatment of other medical conditions.

Many New Zealanders will have watched a loved one struggling with a terminal illness or condition. Medicinal cannabis gives them another option to find relief and make the most of the time left with them.

There is increasing evidence to support the use of medicinal cannabis. Late last year the World Health Organization noted that cannabidiol (CBD) could have therapeutic value and did not carry any addiction risks.

Labour members support key provisions in the Misuse of Drugs (Medicinal Cannabis) Amendment Bill as part of establishing a medicinal cannabis scheme to increase the supply of quality medicinal cannabis products:

Providing an exception to the offence, and a defence to the charge, of possessing and using illicit cannabis for people who have a terminal illness

A medicinal cannabis scheme will take time to develop and implement. We know that some people with a terminal illness already use illicit cannabis for medicinal purposes. Allowing them to use cannabis without the fear of criminal conviction is a compassionate measure, where concerns around product safety, quality, efficacy, and long-term risks are different.

Allowing the Government to make regulations to set quality standards for medicinal cannabis products

The majority of products likely to be available as part of a medicinal cannabis scheme will be unconsented. We want to ensure that products on the market are made to a standard that allows them to be prescribed and consumed with confidence. Although a medicinal cannabis scheme can be established without this provision, the ability to regulate products within the scheme is contingent on it.

The overall standard for medicinal cannabis products is not expected to match that of pharmaceutical grade products, e.g. manufacturers will not be required to provide clinical trial data. Standards will however cover the manufacturing process and end product quality, and will apply to all products manufactured domestically and imported.

The setting of quality standards will be led by the Ministry of Health, and will be informed by approaches taken in other jurisdictions, expert technical advice, and stakeholders.

Removing cannabidiol (CBD) from the Misuse of Drugs Act

The Expert Advisory Committee on Drugs (EACD) advised that CBD has potential therapeutic value and little or no psychoactive properties. It supported descheduling CBD as a controlled drug.

Naturally-derived CBD products from cannabis will probably contain small amounts of other cannabinoids, including tetrahydrocannabinol (THC) which at low levels is unlikely to have a psychoactive effect. The EACD supported an allowance of 2 percent of other cannabinoids found in cannabis for CBD products, as aligns with Australian scheduling.

Regulations were amended last year to remove a number of controlled drug restrictions for the import and prescribing of CBD products, but it was not possible to remove all controlled drug restrictions for CBD by regulations. This bill will declassify CBD and CBD products with less than 2 percent of other cannabinoids.

Labour members also support Ministry of Health recommendations for the Misuse of Drugs (Medicinal Cannabis) Amendment Bill:

- Moving the exception for the terminally ill to be able to possess and use cannabis to another section of the Act.
The proposed exception will then be located alongside existing exemptions for possession and use, which has no effect on policy but will make the legislation easier to navigate and understand.
- Allowing regulations to: set quality standards for all stages of production, specify what standards can be set and when they apply, and require the Director-General of Health to publish these standards
Setting precise and comprehensive quality standards will ensure products are well regulated, which has implications for public safety, quality assurance, and prescriber and user confidence. Publishing quality standards this way, rather than in regulations, will allow the regulator to respond to changes in technology and an evolving safety profile, and keep pace with an emerging industry.
- Allowing regulations to ensure the sharing of information about quality medicinal cannabis product availability among appropriate health professionals.
Very limited advertising, e.g. letting doctors know which products meet quality standards, will help the scheme fulfil its purpose of enhancing access to quality medicinal cannabis products. We do not support broadening advertising provisions further as that could undermine the medicines framework – permission to advertise incentivises manufacturers to follow the consented medicines pathway.
- Removing CBD and other non-psychoactive components of cannabis from the Act.
THCs naturally found in cannabis are currently listed as controlled drugs, but so are a number of substances that have similar structures or can be easily converted to them. Some substances that are captured as controlled drugs because they are related to THCs will have little to no psychoactivity and may have therapeutic benefits (such as CBD). This recommendation means CBD

will no longer be a controlled drug, so a separate provision to deschedule CBD is no longer required.

- Revising the definition of a CBD product to limit the concentration of psychoactive substances naturally found in cannabis (rather than broad cannabinoids) in the product to 2 percent.

CBD products must not contain more than 2 percent of other cannabinoids, despite some cannabinoids having little to no psychoactivity. We agree that the 2 percent allowance in CBD products should only apply to THCs and their psychoactive related substances naturally found in cannabis. This means a much smaller, but much more appropriate, set of substances will be controlled in CBD products.

These recommendations are consistent with the policy intent, an approach based on the principles of fairness, quality and safety, and compassion. They also respond to current barriers to access, whilst acknowledging that “medicinal cannabis” can mean different things.

Some key topics from submissions of relevance to the bill did not feature in our recommendations. Labour members would like to speak to a few of these:

- Many submitters commented that the exception and statutory defence should be extended to more conditions such as chronic pain, severe and debilitating illness, cancer, epilepsy, and multiple sclerosis.

This provision is a compassionate response to the reality that some terminally ill people are using illicit cannabis, and are worried about potential criminal charges. It is limited to the terminally ill, recognising that the lack of efficacy data, and consideration of the risks and benefits of using illicit cannabis with no quality controls and without medical oversight, are different for this group of patients.

Any other group of patients, such as those with chronic pain, should continue to be able to access quality medicinal cannabis products on prescription. They should also be able to receive advice about the use of medicinal cannabis products, including potential interactions with other medications and medical conditions.

- Many submitters also commented that the exception and statutory defence should be extended to growers, suppliers, friends and whānau, caregivers, and/or nominated people.

At present a person who transports a controlled drug to a person who can possess it legally is not committing an offence, which could be used as a defence for people transporting cannabis to the terminally ill. This defence would not however protect the person against a charge of procuring the drug from a supplier.

Although we acknowledge that terminally ill people may rely on friends, whānau, and/or caregivers to source illicit cannabis for them, extending the exception and statutory defence to suppliers was outside the scope of this bill. Supply of a controlled drug is a very different offence to possession or use and carries a much higher penalty.

This provision is a compassionate measure for the terminally ill until a scheme providing greater supply of quality medicinal cannabis products through domestic cultivation and manufacture is established.

- Some submitters sought further protections for the terminally ill, expressing concern about the risk that associating with drug dealers would pose to individuals accessing illicit product.

We acknowledge the risks associated with sourcing illicit product, but the provisions are not intended to encourage terminally ill people to use illicit cannabis. The Ministry of Health has assured us they will continue to work with enforcement agencies to ensure that the provision is implemented in line with the principles of fairness, quality and safety, and compassion.

Again, this provision is a compassionate measure for the terminally ill until a scheme providing greater supply of quality medicinal cannabis products through domestic cultivation and manufacture is established.

Some key topics from submissions did not feature in our recommendations as they were outside the scope of this bill. Labour members would also like to speak to a couple of these:

- Almost a third of submitters mentioned recreational use, and the large majority of these submissions supported the legalisation or decriminalisation of cannabis for recreational use.

Chlöe Swarbrick's Misuse of Drugs (Medicinal Cannabis and Other Matters) Amendment Bill was defeated at first reading in January this year. Its purpose was to make it legal for New Zealanders suffering from a terminal illness or any debilitating condition to use cannabis or cannabis products with the support of a registered medical practitioner. However, its defeat meant that allowing the terminally ill to grow their own cannabis plants was outside the scope of this Government bill.

We can confirm however that the Government remains committed to having a referendum on legalising the personal use of cannabis at, or by, the 2020 general election, as outlined in Labour's confidence and supply agreement with the Greens.

- A fifth of submitters commented that they supported regulation of the medicinal cannabis industry in some form. For example, setting licensing conditions for suppliers of quality medicinal cannabis products.

The Misuse of Drugs Act already allows the regulator to set licensing conditions for suppliers of medicinal cannabis products, as has been done for industrial hemp. Setting these conditions will be part of establishing a medicinal cannabis scheme after this bill (an important first step) has passed.

Labour members valued Parliamentary Counsel Office options for parliamentary scrutiny of regulations: disallowable or confirmable instrument, or affirmative resolution.

We support standard procedure for regulations associated with the Misuse of Drugs (Medicinal Cannabis) Amendment Bill and the medicinal cannabis scheme to follow.

Regulations usually deal with matters of detail or implementation, matters of a technical nature, or matters likely to require frequent alteration or updating. Standard procedure requires regulations to be developed by Order in Council as follows:

- identifying the need for regulations (through departmental monitoring and consideration of the relevant statute)
- developing the policy behind the regulations (if necessary), including regulatory impact analysis, and drafting the paper for Cabinet committee consideration
- consultation, as required, with: relevant departments, the government caucus, other parties represented in the House and independent members of Parliament, and affected groups (if required by legislation or otherwise appropriate)
- submitting the policy (if any) to a Cabinet committee and Cabinet for approval (if the regulations are entirely routine and do not require new policy decisions, the Minister may authorise drafting without reference to Cabinet)
- drafting of the regulations by Parliamentary Counsel Office
- drafting the Cabinet Legislation Committee (LEG) paper seeking authorisation for the submission of the regulations to Executive Council (EC)
- submitting the regulations to LEG seeking authorisation for submission to EC
- confirmation of the LEG decision by Cabinet and submission of the regulations to EC on the same day if Cabinet agrees
- notification in the New Zealand Gazette on the following Thursday
- a 28-day period (the 28-day rule) before the regulations come into force
- publication in the Legislative Instruments series.

These regulations will be drafted so that they fall within categories of instruments which are disallowable, but any greater level of parliamentary scrutiny would compromise the ability of the regulator to respond swiftly to changes in technology and an evolving safety profile, and keep pace with an emerging industry.

Labour Party members of the Health Committee support the three key provisions of, and the five recommended changes for, the Misuse of Drugs (Medicinal Cannabis) Amendment Bill, as described above.

The positions we have taken are consistent with advice from the Ministry of Health, including our support for standard procedure where regulations associated with the bill are concerned, i.e. regulations drafted so they fall within categories of instruments which are disallowable only, so the regulator can keep pace with an emerging industry.

We believe that New Zealanders are a compassionate people. Quality medicinal cannabis products can help ease suffering and we want to make it easier for the people in need to get them.

The amendments discussed are set out in Appendix B.

New Zealand National Party view

The National Party supported the Misuse of Drugs (Medicinal Cannabis) Amendment Bill at first reading because, notwithstanding our concerns that the bill was not well worded, it supports the goal of creating a framework where terminally and chronically ill New Zealanders could access medicinal cannabis products for therapeutic use. The licencing regime should be clearly defined in the Bill (it isn't) and there should be better parliamentary oversight of that regime before it is introduced. There is no provision to do so.

We heard from the public and medical community that there may be a place for medicinal cannabis and we support this being added to the tool set that medical practitioners can utilise. We have heard that current pricing and availability are restrictive and we seek to improve the availability and affordability of medicinal cannabis for clinical indications. Underpinning medicinal cannabis there needs to be a robust regulatory framework for the pathway from cultivation to dispensing. These details and associated parliamentary oversight are absent from this bill.

Addressing the three main aims to the bill, we are supportive of improved access to cannabidiol which we are told has negligible psychoactive properties.

We understand the goals of the terminal exemption and statutory defence for terminal patients but we believe there is too much uncertainty around the logistics of supply. We are uncomfortable that exercise of the terminal exemption and the statutory defence requires the illegal act of supplying cannabis to be committed.

This bill seeks blanket regulation making authority for a full medicinal cannabis scheme for which no details have been presented. We believe issues such as medicinal cannabis manufacture, eligibility, dispensing, monitoring, and reporting are important and we are unable to support a bill that does not submit details of such a scheme to public and parliamentary scrutiny.

Appendix A

Committee procedure

The Misuse of Drugs (Medicinal Cannabis) Amendment Bill was referred to the committee on 30 January 2018. The closing date for submissions was 21 March 2018. We received and considered 1,786 submissions from interested groups and individuals. We heard oral evidence from 158 submitters at hearings in Wellington.

We received advice from the Ministry of Health and the New Zealand Police.

Committee members

Louisa Wall (Chairperson)
Dr Liz Craig
Matt Doocey
Anahila Kanongata'a Suisuiki
Matt King
Dr Shane Reti
Angie Warren-Clark
Hon Michael Woodhouse

Advice and evidence received

The documents that we received as advice and evidence are available on the Parliament website, www.parliament.nz.

Appendix B

The revision-tracked version of the bill, as considered by the committee, is attached.

Hon Dr David Clark

Misuse of Drugs (Medicinal Cannabis) Amendment Bill

Government Bill

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<u>11</u>	<u>Amendment to Medicines Act 1981</u>	<u>6</u>
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The Parliament of New Zealand enacts as follows:**1 Title**

This Act is the Misuse of Drugs (Medicinal Cannabis) Amendment Act **2017**.

2 Commencement

- (1) This Act, except **Part 2**, comes into force on the day after the date on which it receives the Royal assent.
- (2) **Part 2** comes into force on the date that is 5 years after the date on which this Act receives the Royal assent.

3 Principal Act

This Act amends the Misuse of Drugs Act 1975 (the **principal Act**).

Part 1**Amendments that come into force on day after date of Royal assent****4 Section 2 amended (Interpretation)**

- (1) In section 2(1), insert in its appropriate alphabetical order:

CBD product means a product that—

- (a) ~~contains cannabidiol; and~~
- (b) ~~if it contains other cannabinoids usually found in cannabis, contains those cannabinoids in a quantity that, in total, constitutes no more than 2% of the total quantity of cannabinoids in the product; and~~
- (c) ~~does not contain any other controlled drug; and~~
- (d) ~~does not contain a psychoactive substance (as defined in section 9 of the Psychoactive Substances Act 2013)~~

non-psychoactive THC analogue means a substance that—

- (a) is not capable of inducing a psychoactive effect, by any means, in a person; and
- (b) has a structure substantially similar to—
 - (i) a tetrahydrocannabinol; or

- (ii) an isomer, ester, or ether of a tetrahydrocannabinol; or
- (iii) and ester or ether or an isomer of a tetrahydrocannabinol; or
- (iv) a salt of any substance described in **subparagraphs (i) to (iii)**

terminal illness means an illness from which a person can reasonably be expected to die within 12 months

- (2) In section 2(1), definition of **controlled drug analogue**, after paragraph (c), insert:

- (d) a non-psychoactive THC analogue

4A New section 2A inserted (Meaning of CBD product)

After section 2, insert:

2A Meaning of CBD product

- (1) **CBD product** means a product that—
- (a) contains cannabidiol; and
 - (b) either—
 - (i) does not contain a specified substance; or
 - (ii) contains specified substances in an amount that is no more than 2% of the sum of the amount of cannabidiol and the amount of specified substances in the product; and
 - (c) does not contain any other controlled drug; and
 - (d) does not contain any other psychoactive substance (as defined in section 9 of the Psychoactive Substances Act 2013).
- (2) In this section, **specified substance** means a substance that—
- (a) naturally occurs in cannabis; and
 - (b) is capable of inducing a psychoactive effect, by any means, in a person; and
 - (c) is—
 - (i) a tetrahydrocannabinol; or
 - (ii) an isomer, ester, or ether of a tetrahydrocannabinol; or
 - (iii) an ester or ether of an isomer of a tetrahydrocannabinol; or
 - (iv) a salt of any substance described in **subparagraphs (i) to (iii)**; or
 - (v) a substance that has a structure substantially similar to any substance described in **subparagraphs (i) to (iv)**.

5 Section 7 amended (Possession and use of controlled drugs)

- (1) In section 7(2), replace “subsection (3)” with “subsections **(2A)** and (3)”.

(2) After section 7(2), insert:

~~(2A) A person who contravenes subsection (1)(a) does not commit an offence if the person—~~

~~(a) procures, possesses, consumes, smokes, or otherwise uses any plant or plant material of the genus *Cannabis*, any cannabis preparation, or any cannabis fruit or seed; but~~

~~(b) has a certificate from a medical practitioner or nurse practitioner certifying that the person has a terminal illness.~~

(3) After section 7(3), insert:

~~(3A) In any proceedings for an offence against subsection (1)(a) in respect of possessing or using any plant or plant material of the genus *Cannabis*, or any cannabis preparation, or any cannabis fruit or seed, the defendant may provide evidence that has a defence if, at the time of the possession or use, the defendant had been diagnosed by a medical practitioner or nurse practitioner as having a terminal illness.~~

(4) In section 7(4), replace “subsection (3)” with “subsections (3) or **(3A)**”.

(5) After section 7(4), insert:

5A Section 8 amended (Exemptions from sections 6 and 7)

After section 8(6), insert:

(6A) Despite section 7(1)(a), a person who has a certificate from a medical practitioner or nurse practitioner certifying that the person has a terminal illness may procure, possess, consume, smoke, or otherwise use any plant or plant material of the genus *Cannabis* or any cannabis preparation.

6 Section 13 amended (Miscellaneous offences)

After section 13(1), insert:

(1A) However, in any proceedings for an offence against subsection (1)(a) of possessing a pipe or other utensil (not being a needle or syringe) for the purpose of possessing or using any plant or plant material of the genus *Cannabis*, or any cannabis preparation, or any cannabis fruit or seed, the defendant may provide evidence that has a defence if, at the time of possessing the pipe or other utensil, the defendant had been diagnosed by a medical practitioner or nurse practitioner as having a terminal illness.

7 Section 14 amended (Licences)

(1) After section 14(1), insert:

(1A) Without limiting subsection (1), the Governor-General may, by Order in Council on the recommendation of the Minister, make regulations to prescribe the minimum quality standard that must be met by a product or class of product—

(a) that contains a controlled drug; and

- (b) that may be cultivated, manufactured, produced, imported, or supplied under a licence granted under this Act.
- (1B) Regulations made under subsection (1A) may prescribe minimum quality standards for the product or for the processes by which the product is cultivated, manufactured, produced, imported, or supplied.
- (2) After section 14(3), insert:
- (3A) No licence may be issued under this Act that authorises the cultivation, manufacture, production, import, or supply of any plant or plant material of the genus *Cannabis*, any cannabis preparation, or any cannabis fruit or seed unless the licence is issued—
- (a) for the purpose of research or study; or
- (b) for the purpose of commercial activity.

8 New section 35E inserted (Review and report on operation of section 7(2A) and (3A))

After section 35D, insert:

Review of certain provisions

35E Review and report on operation of section 7(2A) and (3A)

- (1) ~~The Minister must, not later than 2 years after the commencement of this section, require the Ministry of Health—~~
- (a) ~~to commence a review of the operation of section 7(2A) and (3A) since the commencement of those subsections; and~~
- (b) ~~to prepare a report on the review for the Minister.~~
- (2) ~~The review and report required under **subsection (1)** must be completed within 12 months of the review commencing.~~
- (3) ~~As soon as practicable after receiving the report, the Minister must present a copy of it to the House of Representatives.~~
- (4) ~~The report on the review must include recommendations to the Minister on—~~
- (a) ~~the implementation of the exception and defence provided by section 7(2A) and (3A) for persons who are terminally ill; and~~
- (b) ~~whether any amendments to those provisions are necessary or desirable.~~

Revocations

9 Schedule 2 amended

- (1) In Schedule 2, Part 1, clause 1,—
- (a) ~~in the item relating to **Cannabis** preparations, after “material”, insert “, other than a CBD product”:~~

- (a) in the item relating to **Cannabis** preparations, after “processing”, insert “(but does not include a CBD product)”:
- (b) in the item relating to **Tetrahydrocannabinols**, after “controlled drug”, insert “or a CBD product,”.
- (2) In Schedule 2, Part 1, clause 2, after “clause 1”, insert “, other than cannabidiol (an isomer of tetrahydrocannabinol) and any other isomers of tetrahydrocannabinols when in a CBD product,”.
- (2) In Schedule 2, Part 1, clause 2, after “designation”, insert “, except for isomers of tetrahydrocannabinols if the isomers naturally occur in cannabis and are not capable of inducing a psychoactive effect, by any means, in a person”.
- (3) In Schedule 2, Part 1, clause 3, after “possible”, insert “, except for esters and ethers of tetrahydrocannabinols or of isomers of tetrahydrocannabinols if the esters and ethers naturally occur in cannabis and are not capable of inducing a psychoactive effect, by any means, in a person”.
- (4) In Schedule 2, Part 1, clause 4, after “clause 3”, insert “, except for the salts of tetrahydrocannabinols or the salts of the substances excluded from clauses 2 and 3 if the salts naturally occur in cannabis and are not capable of inducing a psychoactive effect, by any means, in a person”.

Consequential amendments to Misuse of Drugs Regulations 1977

10 Regulations amended

- (1) This section amends the Misuse of Drugs Regulations 1977.
- (2) In regulation 2, revoke the definition of **CBD product**.
- (3) Revoke regulation 14A (which relates to the authority to import CBD products).
- (4) Revoke regulation 22(2)(c) (which relates to the approval of a CBD product).
- (5) Revoke regulation 28(4)(f) (which provides an exception for CBD products from certain custody requirements).
- (6) Revoke regulation 29(1A) (which exempts the supply of CBD products from certain prescription requirements).
- (7) In regulation 31A(2), delete “or, in the case of a CBD product, 3 months”.
- (8) Revoke regulation 48(3) (which disapplies Part 6 in relation to CBD products).

Consequential amendment to Medicines Act 1981

11 Amendment to Medicines Act 1981

- (1) This section amends the Medicines Act 1981.
- (2) After section 20(2), insert:

(2A) However, the Director-General may provide information to an authorised prescriber as to whether a medicine complies with regulations made under **section 14(1A)** of the Misuse of Drugs Act 1975 that apply to the medicine.

Part 2

Repeal of exceptions and defences created by this Act

12 Section 7 amended (Possession and use of controlled drugs)

- (1) Repeal **section 7(3A)**.
- (2) In section 7(4), replace “subsections (3) or **(3A)**” with “subsection (3)”.

13 Section 8 amended (Exemptions from sections 6 and 7)

Repeal **section 8(6A)**.

14 Section 13 amended (Miscellaneous offences)

Repeal **section 13(1A)**.