Health Select Committee
Parliament Buildings
Wellington

- This submission is on behalf of an organisation, and we agree to it being made public.
- We would like to appear to speak regarding this submission. Commercially-sensitive issues will require a confidential private hearing.
- We request to be able to provide supplementary submissions in response to matters arising including any draft regulations that are proposed.

Submission on the Misuse of Drugs (Medicinal Cannabis) Amendment Bill

1 Recommendations about the Bill

PharmaCann welcomes this Bill and strongly supports the general intent. We have made several suggestions for how the Bill could be improved to achieve its aims including increasing positive health outcomes, encouraging a domestic industry, and making safe high-quality Cannabis-Based Products more affordable for New Zealand patients.

PharmaCann supports:

- De-scheduling Cannabidiol (CBD) and other non-THC cannabinoids and recommend an allowance of up to 5% non-CBD cannabinoids.
- Providing an exemption and statutory defence for terminally ill patients and caregivers, and recommend it be amended to “severe or life-threatening condition”, consistent with established criteria for prescribing unapproved non-pharmaceutical controlled drugs.
- New regulation-making powers to set standards for Cannabis-Based Products and recommend these be two-tier, with a “near-Pharma” standard similar to Canada, as well as a herbal remedy approach for unprocessed herbal products. We urge caution when considering Australia as their approach has not yet delivered significant benefits for patients.

- Reviewing the exemption and statutory defence provisions, all related regulations, and the Medicinal Cannabis Scheme, to ensure they enable safe and affordable access to Cannabis-Based Products.

1.1 A summary of all recommendations contained in PharmaCann's submission:

1. De-schedule cannabidiol, all other non-psychoactive cannabinoids, and consider de-scheduling all cannabinoids not explicitly listed in MoDA.
2. Amend the existing hemp regulations to allow hemp licences to be used for CBD (or other cannabinoid) extraction.
    a. We recommend setting a point that the hemp licence covers to; for example, whole plant primary extraction. Further refinement or manufacturing would require a manufacturing licence under the Medicines Act.
3. An exemption be made to the definition of CBD Products for those produced as herbal remedies and with no therapeutic claims, such as naturally produced balms and tinctures.
4. Strengthen the exemption and statutory defence to further reduce the likelihood of prosecutions.
5. Extend the exemption and statutory defence to caregivers as well as patients.
6. Extend the exemption and statutory defence to cover all "severe or life-threatening" conditions, not just those certified as having less than 12 months to live.
7. Allow patients and caregivers who qualify for the exemption to procure cannabis-Based Products from licit sources, such as the PharmaCann platform.
8. A two-tiered system for CBP standards: GMP or 'near-pharma' for products that are prescribed, such as high-strength products or isolated compounds, and an alternative medicine or herbal remedy approach for patients to access food-grade low-strength or unprocessed products for therapeutic reasons.
9. Recognise pharmaceutical standards, designed for regular medicines, are a significant blockage preventing domestic production and exponentially raising prices for patients.
10. Review the process for having a CBP approved as a medicine, with a view to streamlining the process and potentially "grandfathering" cannabis (like aspirin and others) in recognition of its widespread historical use.
11. Amend s14(3) of MoDA to allow licences to be issued to authorise consumption for therapeutic use. This can be achieved by adding to section 7 of the Bill a new clause (2):
    a. Delete section 14(3) and insert a new section 14(3): "Except in the case of a licence issued for the purpose of research or study, no licence granted under this Act shall authorise the consumption, injection, or smoking of any controlled drug."
12. Insert into regulation 22 2(C) the words "A Cannabis-Based Product or CBD Product" and insert a definition of a Cannabis-Based Product into regulation 2 (1) Interpretations. The new regulation 22 2(C) would read:
    a. "the approval of the Minister under subclause (1) is not required for the supply, administration, or prescribing of- (C) Cannabis-Based Product or CBD Product."
13. Amend s14 to allow products to be exported for commercial purposes.

14. Not counting historic or minor cannabis convictions in any police check or assessment relating to a licence.
15. Increase funding for cannabis-related research.
16. Amend the hemp regulations to allow production of placebos.
17. Review and report on all aspects of this Bill and all other components of the Medicinal Cannabis Access Scheme.
18. Consider PharmaCann for membership of any advisory committees.

2 Introducing PharmaCann New Zealand Ltd

PharmaCann New Zealand Ltd ("PharmaCann") is a New Zealand company founded with a vision for improving overall health outcomes by making safe and reliable Cannabis-Based Products more accessible in New Zealand. We hope to encourage a domestic cannabis industry that is sustainable, affordable, and operates to the highest standards.

PharmaCann is preparing to apply for licenses for domestic production and distribution of Cannabis-Based Products. We intend to develop products as good as anything available overseas, but at more affordable prices for New Zealand patients.

PharmaCann will be a gold-standard, vertically-integrated, cannabis business. If the regulatory environment allows, we intend to develop and build industry-leading cultivation and formulation facilities in New Zealand, and research and develop a range of different products. These could include standardised raw flowers, topicals, oral sprays and drops, extractions using supercritical or solvent methods, and placebo versions for clinical research. Our products will be:

- Produced using innovative and sustainable methods in New Zealand;
- Manufactured to appropriate standards;
- Distributed through our portal (https://pharmacann.nz/) to prescribers and pharmacies;
- Available for clinical trials in New Zealand;
- More affordable than existing products;
- Exported in raw, processed or finished form where it is legal to do so.

PharmaCann intends to build extraction and QA/QC labs to GMP standard. We believe processing and extraction to the highest levels will add value and allow us to make products that can be sold around the world. However, for reasons of patient affordability and urgency, we strongly recommend also allowing production of 'near-Pharma' and food-grade CBPs.

PharmaCann's initial product range called Satinol®, formulated as CBD-only capsules, high-THC capsules, and a balanced oil, could be market ready within six months of the appropriate licences being obtained, if near-Pharma or food-grade products are permitted. Attaining GMP certification will take significantly longer. Product concept designs[1] are shown below:

1 All text is for illustrative purposes only. Satinol® is a trademark of PharmaCann New Zealand Ltd

Our crops will be cultivated at secure purpose-built facilities following Standard Operation Procedures that are designed to produce standardised levels of Active Pharmaceutical Ingredients (API), such as THC and CBD, within the acceptable variation for herbal medicines. We intend to manufacture in secure, controlled, energy-efficient, indoor facilities and hybrid greenhouses like the example shown below:[2]

In addition to manufacturing Cannabis-Based Products, our proprietary platform, www.PharmaCann.nz, will be an ordering and regulatory compliance portal for New Zealand prescribers and pharmacists.

There are currently eight different pathways for prescribing cannabis-Based Products, depending on whether they are CBD, THC, approved, unapproved, pharma grade or non-pharma grade. The PharmaCann platform will make the process simpler for prescribers by automating reporting and ensuring compliance, preselecting a range of CBPs made to appropriate standards. Making it easier for prescribers will lead to more affordability for patients.

We believe our plans to produce Cannabis-Based Products in New Zealand will benefit patients, prescribers and regulators – and create employment and generate export revenues – however they require significant up-front investment. The development of this business has highlighted several obstacles

2 Canadian Licensed Producer greenhouse shown for illustrative purposes only – exact design may vary. © Ceres Greenhouses

and uncertainties that are not addressed by the Bill in its current form. PharmaCann's objective in writing this submission is to outline areas of concern from a business perspective. About medicinal cannabis

2.1 Medicinal cannabis in New Zealand

One in twenty New Zealanders currently uses illicit cannabis therapeutically[3] – approximately 165,000 people. The most common conditions for New Zealand patients are chronic pain (40%), nausea (11%), depression (26%), anxiety/nerves (27%), and others (43%) including epilepsy, Parkinson's and other movement disorders, MS and other inflammatory disorders, gastrointestinal disorders such as Crohn's and IBS, fibromyalgia, glaucoma, migraine, osteoporosis, and sleep disorders.[4]

A small number of Cannabis-Based Products are legally available under certain circumstances, but it is a complex and time-consuming process and the available products are costly to patients. We understand there are currently fewer than 100 active prescriptions.

During the 2017 election Labour campaigned to "Introduce legislation to make medicinal cannabis available for people with terminal illnesses or in chronic pain".[5] This bill is part of a package of reforms to create a Medicinal Cannabis Scheme[6] including:

- a review of how cannabis is prescribed,
- encouraging domestic cultivation and manufacture,
- establishing minimum quality standards for products,
- creating an agency to oversee domestic production and comply with UN drug conventions.

PharmaCann New Zealand welcomes and supports the development of this Medicinal Cannabis Scheme.

2.2 International experience

Several countries have implemented medicinal cannabis access schemes in recent years. As our closest neighbour and largest trading partner, Australian reforms have received much attention here. Medicinal cannabis was "legalised" in 2016 in Australia. At a federal level this has meant removing prohibitions on cultivation, manufacture, and export, but little else.

Fewer Australian patients now have access than in New Zealand on a *per capita* basis, and no Australian-made products have yet made it to market. Reforms

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3 https://www.stuff.co.nz/national/health/79193936/one-in-20-new-zealanders-using-cannabis-for-medical-reasons--study

4 Pledger M J, Martin G, Cummings J; New Zealand Health Survey 2012/13: characteristics of medicinal cannabis users. New Zealand Medical Journal 22nd April 2016, Volume 129 Number 1433. https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1433-22-april-2016/6865. Adds to more than 100% as more than one condition/symptom per patient may be indicated.

5 http://www.labour.org.nz/100days

6 https://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/misuse-drugs-medicinal-cannabis-amendment-bill

enacted in Australia have encouraged a corporate-style business model due to the large capital investment required.

The benefits of the Australian approach appear to be lower than in Canada, the United States and Israel, which allow patients to access herbal cannabis produced to a food grade standard as well as a pharmaceutical standard.

3 Analysis of the Bill

We support the guiding principles of the Bill[7], expressed in the explanatory note, of "fairness, safety and quality, and compassion."[8]

3.1 De-scheduling Cannabinol (CBD)

Section 4 of the Bill de-schedules CBD by amending Section 2 (Interpretations) of the Misuse of Drugs Act 1975. CBD is not currently listed in the Misuse of Drugs Act 1975 however is considered by the Ministry of Health to be captured as an isomer of THC. By this reasoning CBD is considered a Class B controlled drug as it is a "preparation of cannabis".

PharmaCann recognises the need for caution as the exact pharmacological mechanism of CBD is not yet known. However, we should also recognise CBD has been consumed for thousands of years. In recent years with widespread medical use there have been no reports of overdose, addiction, or psychoactivity. The historic record available for CBD supports it not being considered a controlled drug. Of note, CBD is over the counter in most comparable countries with the exception of Australia.

The World Health Organisation recently reviewed the status of cannabidiol[9] and said:

> *"cannabidiol does not appear to have abuse potential or cause harm... [Current information] does not justify scheduling of the substance."*

We support de-scheduling cannabidiol. This clause improves on a similar regulation[10] issued in August 2017, It makes clear CBD is not covered by the Misuse of Drugs Act 1975 (MoDA) and so reduces some regulatory requirements for prescribers and pharmacists, and makes importation, distribution, and local production more straightforward.

3.1.1 Other cannabinoids should be included

Tetrahydrocannabinol (THC) is the only cannabinoid listed in the schedules of the Misuse of Drugs Act. We question why this clause applies only to cannabidiol. There are other cannabinoids which produce no psychoactive effect and/or have promising therapeutic uses, including CBC (cannabichromene), CBN (cannbinol), CBG (cannabigerol), THCv (tetrahydrocannabivarin), and CBDv (cannabidivarin), and these should be included in this clause along with CBD.

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7 http://www.legislation.govt.nz/bill/government/2017/0012/latest/whole.html#DLM7518707
8 http://www.legislation.govt.nz/bill/government/2017/0012/latest/d56e2.html
9 http://www.who.int/features/qa/cannabidiol/en/
10 http://www.legislation.govt.nz/regulation/public/2017/0198/latest/whole.html

3.1.2 Proposed tolerance should be increased

The proposed “contamination” tolerance of up to 2 per cent total other cannabinoids is possible to achieve but may greatly limit options for patients and reduce affordability. We recommend increasing the tolerance to perhaps 5 per cent and/or amending it to count only tetrahydrocannabinol (THC), as that is the only cannabinoid which is a controlled drug.

3.1.3 Avoid capturing non-therapeutic products

The proposed definition of a “CBD Product” may inadvertently capture hemp-derived products such as body care products, foods, and balms. We propose making a specific exemption in the definition of CBP Product for those produced as herbal remedies and with no therapeutic claims, such as naturally produced balms and tinctures. These should not be subject to the Medicines Act but should still be produced to appropriate standard in a registered premise by trained workers. This is consistent with our recommendation for a two-tier standard for the quality of medicinal cannabis products (see 4.3 below).

We recommend:

- De-scheduling cannabidiol, all other non-psychoactive cannabinoids, and consider de-scheduling all cannabinoids not explicitly listed in MoDA.
- Amend the existing hemp regulations to allow hemp licences to be used for CBD (or other cannabinoid) extraction. We recommend setting a point that the hemp licence covers to; for example, whole plant primary extraction. Further refinement or manufacturing would require a manufacturing licence under the Medicines Act.
- An exemption be made to the definition of CBD Products for those produced as herbal remedies and with no therapeutic claims, such as naturally produced balms and tinctures.

3.2 Statutory defence for terminally ill patients

Sections 5 and 6 of the Bill amends Sections 7 and 13 of the Misuse of Drugs Act 1975, to create an exemption and statutory defence for a terminally ill patient who “procures, possesses, consumes, smokes, or otherwise uses” cannabis or a cannabis preparation, and/or possesses a cannabis utensil.

Because it will take some time for a domestic industry to bring products to market, and we support the Bill’s principles of fairness and compassion, PharmaCann supports measures to immediately protect patients and their caregivers and provide access on compassionate grounds, however we are concerned the proposed statutory defence may not go far enough to provide significant protection over the existing police discretion.

The exemption should apply to all “severe and debilitating” conditions, not only those certified as having less than one year to live. This would be consistent with

the principle of compassion and fairness, and with existing policy settings for unapproved products[11].

Allowing patients to 'procure' cannabis may be considered a *de facto* licence and may put unreasonable pressure on family members, caregivers and healthcare workers to obtain illicit cannabis on their behalf – yet provides them with no legal protection. We note the Ministry of Health has said the exemption as currently worded may encourage law enforcement agencies to bring prosecutions to test out the boundaries of this provision.[12]

In lieu of allowing procurement from illicit sources, we recommend allowing patients and caregivers to obtain it from licit sources. PharmaCann's platform could be used to provide patients with access to Cannabis-Based Products including cannabidiol products that we import, distribute, or produce locally. Our platform incorporates automatic reporting and auditing functionality and ensures only authorised persons can access the system.

We recommend:

- Strengthening the exemption and statutory defence to further reduce the likelihood of prosecutions.
- Extending the exemption and statutory defence to caregivers as well as patients.
- Extending the exemption and statutory defence to cover all severe and debilitating conditions, not just those certified as having less than 12 months to live.
- Allow patients and caregivers who qualify for the exemption to procure cannabis-Based Products from licit sources, such as the PharmaCann platform.

3.3 Regulations to create new standards for Cannabis-Based Products

Section 7 of the Bill amends Section 14 (Licences) of the Misuse of Drugs Act 1975, to enable new regulation-making powers to set new minimum quality standards for products that contain controlled drugs manufactured, imported, or supplied under a licence granted by the Misuse of Drugs Act, including Cannabis-Based Products.

We support the intention to encourage domestic production while promoting safety and quality by creating new standards for Cannabis-Based Products (CBPs). We agree current pharmaceutical standards, designed for regular medicines, are a significant blockage preventing domestic production and exponentially raising prices for patients.

A market analysis performed by PharmaCann has shown pharmaceutical-grade products such as Sativex® and some of Tilray®'s range are sold for approximately ten times more than they could be available for, if manufactured locally.

11 https://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/prescribing-cannabis-based-products

12 https://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/misuse-drugs-medicinal-cannabis-amendment-bill/advice-governments-medicinal-cannabis-100-day-commitment

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14

Of note, Tilray®, Bedrocan® and other manufacturers in Canada and Europe produce cannabis flowers to GMP standard (pictured above) and market it for reasonable prices comparable to illicit cannabis. It is New Zealand's additional requirements of medicinal cannabis being considered both a controlled drug and a pharmaceutical medicine that push costs and retail prices to unaffordable levels. To remedy this, we recommend a two-tiered system (see below).

PharmaCann is confident we can manufacture CBPs that are as good as anything available overseas, at more affordable prices for New Zealand patients. However there remain significant legislative and regulatory hurdles to overcome for this to happen, and it is not clear from the Bill how exactly this will be achieved. We assume there will be a package of regulations to follow, including but not limited to the new regulatory making power contained in section 7 of the Bill.

3.3.1 Two-tier standards for CBPs

PharmaCann aspires to produce CBPs to GMP grade and distribute them through our proprietary online portal. It could be in our best interests to advocate for expensive pharmaceuticals and GMP production. However, we believe a two-tiered approach would achieve the best outcomes for patients while providing safety and assurance for prescribers. Such an approach is not uncommon overseas (for example: Europe, Canada, US states). We urge you to consider approaches wider than just that found in Australia, which appears to have not yet provided significant benefits for patients.

We recommend:

- A two-tiered system for CBP standards: GMP or 'near-pharma' for products that are prescribed, such as high-strength products or isolated compounds, and an alternative medicine or herbal remedy approach for patients to access food-grade low-strength or unprocessed products for therapeutic reasons.

3.3.2 Regulatory reforms not currently contained in the Bill

3.3.2.1Process for approvals, prescriptions, and licensing

We recommend amending the process for having a CBP approved as a medicine, amending the process for prescribing unapproved CBPs, and removing the current prohibition on issuing licenses to manufacture controlled drugs as a medicine.

13 © Tilray (Canada) https://www.tilray.com/
14 © Bedrocan BV (Netherlands) https://bedrocan.com/

The current process for having a CBP approved as a medicine is inappropriate and is a major obstacle in achieving the aims of this Bill. Problems include:

- Approvals require clinical trials, yet research is hampered by the status as a controlled drug;
- Clinical trials require significant investment, yet funding is difficult due to the non-proprietary nature of cannabis as a plant;
- The process tends to encourage single-molecule formulations, but this is often less effective therapeutically than whole-plant oil extracts;[15]
- Medicinal cannabis does not have a Drug Identification Number (DIN), needed to begin the process.

Section 14(3) of MoDA (Licensing) effectively prohibits any products being manufactured in New Zealand, because it says no licence shall be issued which authorises consumption other than for the purposes of research or study.[16]

A relatively straightforward amendment to s22 of the Misuse of Drugs Regulations 1977[17] could enable prescriptions by GPs without needing special Ministerial approval.

We recommend:

- Reviewing the process for having a CBP approved as a medicine, with a view to streamlining the process and potentially "grandfathering" cannabis (like aspirin and others) in recognition of its widespread historical use.
- Amending s14(3) of MoDA to allow licences to be issued to authorise consumption for therapeutic use. This can be achieved by adding to section 7 of the Bill a new clause (2):
    - Delete section 14(3) and insert a new section 14(3): "Except in the case of a licence issued for the purpose of research or study, no licence granted under this Act shall authorise the consumption, injection, or smoking of any controlled drug."
- Inserting into regulation 22 2(C) the words "A Cannabis-Based Product or CBD Product" and inserting a definition of a Cannabis-Based Product into regulation 2 (1) Interpretations.
    - The new regulation 22 2(C) would read: "the approval of the Minister under subclause (1) is not required for the supply, administration, or prescribing of— (C) Cannabis-Based Product or CBD Product."

3.3.2.2 Allow exports

We recommend specifically allowing exports of CBPs. New Zealand's relatively small local market may be unsustainable for firms to operate in, especially if regulations necessitate significant capital requirements to become licensed.

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15 This is the so-called 'entourage effect'. See Russo, E: Taming THC: potential cannabis synergy and phytocannabinoid-terpenoid entourage effects. Br J Pharmacol. 2011 Aug; 163(7): 1344–1364. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165946/ or Ben-Shabat S, Fride E, Sheskin T, Tamiri T, Rhee MH, Vogel Z, Bisogno T, De Petrocellis L, Di Marzo V, Mechoulam R:. "An entourage effect: inactive endogenous fatty acid glycerol esters enhance 2-arachidonoyl-glycerol cannabinoid activity". European Journal of Pharmacology. 353 (1): 23–31 https://www.ncbi.nlm.nih.gov/pubmed/9721036

16 http://www.legislation.govt.nz/act/public/1975/0116/latest/whole.html#DLM436422. S14(3) says "Except in the case of a licence issued for the purpose of research or study, no licence granted under this Act shall authorise the consumption, injection, or smoking of any controlled drug."

17 http://www.legislation.govt.nz/regulation/public/1977/0037/30.0/whole.html#DLM54846

Export licences can be issued currently under s14, although only for the purposes of research or study.

We recommend:

- Amending s14 to allow products to be exported for commercial purposes.

3.3.2.3 Criminal records

As a high value crop with a risk of diversion, PharmaCann believes responsible persons, license holders and company principals should be of good character with no relevant convictions. We support mandatory training and certification for all key personnel. PharmaCann intends to operate to the highest standard, and all our company employees will be of good character and undergo police checks. However, a minor or historic conviction for cannabis may not be relevant and should not be a barrier to entry into the legitimate workforce.

We recommend:

- Not counting historic or minor cannabis convictions in any police check or assessment relating to a licence.

3.3.2.4 Encourage research by removing barriers and increasing funding

We note this Bill is part of a Government package including regulatory reform and a referendum on legalising personal use to be held at or before the next election. Given this is the likely pathway ahead for New Zealand, we recommend increasing funding for cannabis-related research. Start with baseline studies now, so we have a strong evidence base to make good decisions.

Suggested research topics:

- Baseline studies – before and after law reform
- Pain including cancer pain
- PTSD including earthquake survivors
- Working with the Christchurch and Dunedin Study datasets
- N=1 trials of individual patients with chronic conditions[18]
- Delivery methods – effectiveness, safety, uptake, prevalence
- Strain differences and qualities
- Cultivar selection and breeding for medicinal uses
- Geographic differences and cultivar selection
- Other cannabinoids and active ingredients such as terpenes
- Oil extraction and formulation
- Commercialisation and upscaling

PharmaCann intends to produce placebo versions of all our products and make these available for researchers, including non-active raw flowers, extracts,

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18 For more information about n=1 trials and the issues they resolve, see Lillie et al: *The n-of-1 clinical trial: the ultimate strategy for individualizing medicine?* Per Med. 2011 Mar; 8(2): 161–173. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118090/, Mirza RD, Punja S, Vohra S, Guyatt G (2017). *The history and development of N of 1 trials.* Journal of the Royal Society of Medicine 2017;110:330-340 http://jameslindlibrary.org/wp-data/uploads/2017/02/J-R-Soc-Med-2017-08-Mirza-330-340.pdf, or Duan et al: *Single-patient (n-of-1) trials: a pragmatic clinical decision methodology for patient-centered comparative effectiveness research.* Journal of Clinical Epidemiology Volume 66, Issue 8, Supplement, August 2013, Pages S21-S28 https://doi.org/10.1016/j.jclinepi.2013.04.006.

balms, tinctures. Current hemp regulations preclude this: placebos must be manufactured under a section 14 controlled drugs licence, even though they are non-active and would not contain any controlled drugs. We recommend amending the hemp regulations to allow production of placebos.

PharmaCann has identified several other barriers to performing research and to achieving the benefits of our internet-based portal. PharmaCann would be happy to discuss these further with Committee members or relevant officials.

3.4 Review process

Section 8 of the Bill adds a new section 35E to the Misuse of Drugs Act 1975 to create a review and report to the Minister of Health on the operation of section 7(2A) and (3A).

PharmaCann supports the proposed review and recognise this will be an ongoing process of fine tuning regulations and standards. To complement the review process, it is essential to have a wide and deep research base to enable proper evidence-based decisions.

The review and subsequent report should include all aspects of this Bill, and all other components of the Medicinal Cannabis Access Scheme, such as domestic production, licensing, product development pathways, ease of access, and affordability to patients.

We have attained significant technical knowledge in this area and we encourage you to consider PharmaCann as representatives of the industry for the review set out by this Bill, as well as the Medicinal Cannabis Advisory Committee proposed by the Government[19]. We would be delighted to share our expertise if it would be useful to the Committee or to officials.

Finally, we thank you for this opportunity to present this submission. Please feel welcome to contact us with any questions or for any further information.

Yours sincerely,

Chris Fowlie
Co-founder/CEO

Thom Hooker
Co-founder/COO

https://pharmacann.nz

19 https://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/misuse-drugs-medicinal-cannabis-amendment-bill