



# Medical Cannabis Users Association

Cannabis is the world's most versatile and valuable medicinal herb.



SUBMISSION  
to  
Senate Legal and Constitutional Affairs Committee  
Inquiry into medical cannabis

MARCH 2015

Thank you for the opportunity to submit to this inquiry .

## INTRODUCTION

The MCUA is a growing collective of over 6000 Australian refugees from a broken health 'care' system that has run out of options for safe treatment for their terminal, baffling, hidden and rare illnesses.

These sufferers are finding exceptional relief and extremely valuable therapy in whole-plant cannabis extractions. They use and/or support the use of full-spectrum whole-plant cannabis products as the only acceptable road to take in order to give the the people of Australia the access they deserve to the full gamut of healing and preventive properties of Cannabis as therapy.

The aim of the MCUA is to see the restoration of peoples' health rights; and to see cannabis given its rightful place in our medical arsenal against cancer and all other cannabinoid deficient illnesses that baffle our modern doctors.

The Regulator of Cannabis Bill is a tiny step toward this. Forgive our pessimism, and the “ho hum” here, but this road to nowhere has been trodden before - at state and federal levels and we will again, do our best, to break down the logic barriers and explain yet again, the all encompassing advantages in lifting restrictions on the Cannabis plant - and the complete and utter foolishness of maintaining the status quo.

Successive governments and AMA Presidents, have always leant towards the pharmaceutically prepared product which, until recently, was a pipe dream.

By far the **biggest concern** to current users, is the potential **cost** and **quality** of any pharmaceutical one-size-fits-all or single-molecule chemical imitations created in a laboratory.

Our members want reassurance that products are full plant extract of the best species for their illness. Patients have found that specific strains of cannabis provide the best relief for specific conditions, so products like Sativex and Marinol are unlikely to benefit every patient who currently benefits (or could benefit) from whole plant extracts.

Single cannabinoids or synthetic copies are incapable achieving of the same entourage effect of the full extract from the natural plant.

A study from Israel has documented the superior therapeutic properties of whole plant CBD-rich Cannabis extract as compared to synthetic, single-molecule cannabidiol (CBD). Published in the journal Pharmacology & Pharmacy (Feb. 2015).

*The article directly challenges one of the sacred cows of Big Pharma and the medical-industrial complex — the notion that “crude” botanical preparations are inherently low grade and less effective than pure, single-molecule compounds.*

*The pure CBD tests confirmed the findings of earlier preclinical research. Once again, single-molecule CBD administration generated a bell-shaped dose-response curve with a narrow therapeutic window.*

*The Israeli study found that Cannabis clone 202 extract “is superior over CBD for the treatment of inflammatory conditions.” The greater efficiency of the whole plant extract might be explained by **additive or synergistic interactions between CBD and dozens of minor phytocannabinoids and hundreds of non-cannabinoid plant compounds.** “It is likely that other components in the extract synergize with CBD to achieve the desired anti-inflammatory action that may contribute to overcoming the bell-shaped dose-response of purified CBD,” the Israeli team surmised.*

<http://www.projectcbd.org/news/whole-plant-cbd-rich-cannabis-better-medicine-than-single-molecule-cbd/>

At the 10th International Conference on Drug Policy, **1996**, USA, John P Morgan MD, Professor of Pharmacology, City University of New York Medical School, said of Marinol, the synthetic THC marketed in the States:

*“In a recent study, the scientists gave patients 20 mg of Marinol by mouth to see if it increased their appetite. Not only could they not detect much appetite-increasing effect, but they learned the interesting fact that, in one-third of people who take Marinol by mouth, you have no blood levels at all. The drug is so poorly bio-available it’s surprising that it got onto the market. There may well be some reason to believe that there are individuals in our government who are interested in getting Marinol on the market to diminish the pressure for marijuana smokers.”*

## **IN THE BEGINNING....**

Cannabis has never been “dangerous”. History shows this was a myth created mid last century by businessmen with profit driven motives - rather than out of any sense of moral obligation to prevent harm.

This banning of Cannabis had no scientific base or reason for being – anywhere but in the minds of these men.

The war on drugs is firmly rooted in racism, control and suppression, and has nothing to do with health or safety.

*“There are 100,000 total marijuana smokers in the U.S., and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing result from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers and any others.”*

*"Reefer makes darkies think they're as good as white men." Harry Anslinger, FBN (forerunner of the DEA) ('Drug Policy Reform and Prohibition Politics (2004)' by Rudolph Joseph Gerber)*

*The Single Convention Treaty was the handiwork of the powerful ex-director of the Federal Bureau of Narcotics, **Harry Anslinger**, architect of the first federal cannabis prohibition law, the 1937 Marihuana Tax Act.*

*Anslinger had pushed for a treaty against cannabis in order to shore up the act's dubious constitutionality under U.S. Law.*

*The Act was later declared unconstitutional for other reasons, only to be supplanted by the Controlled Substances Act in 1970, which kicked off **Nixon's War On Drugs**.*

*Today, the international treaty stands as the principal cause of prohibition-related crime and violence worldwide with drug wars from Mexico to Afghanistan plus the criminalisation of millions of users*

[http://www.tokeofthetown.com/2011/03/50th\\_anniversary\\_of\\_treaty\\_outlawing\\_cannabis\\_world.php](http://www.tokeofthetown.com/2011/03/50th_anniversary_of_treaty_outlawing_cannabis_world.php)

The CURRENT Laws and Treaties are based on these lies and should therefore hold no water when it comes to making legal decisions in the best interest of the whole nation.

History before prohibition portrays cannabis as a home remedy, widely used by herbalists, and as a useful ingredient in over the counter pharmacy medicines until prohibition put an abrupt end to its use.

Cancer rates have risen steeply with every passing decade since Cannabis was removed from the peoples' access . The survival rate for adult cancers is no better today than it was in the 1920s. Even if cannabis were responsible for a handful of psychosis, it is not a good enough reason to prevent access to a drug that has the potential to double the current "survival rate"!!

[http://journals.cambridge.org/action/displayFulltext?](http://journals.cambridge.org/action/displayFulltext?type=6&fid=8869674&jid=MDH&volumeld=57&issuelid=02&aid=8869673&fulltextType=RA&fileld=S0025727312001032)

[type=6&fid=8869674&jid=MDH&volumeld=57&issuelid=02&aid=8869673&fulltextType=RA&fileld=S0025727312001032](http://journals.cambridge.org/action/displayFulltext?type=6&fid=8869674&jid=MDH&volumeld=57&issuelid=02&aid=8869673&fulltextType=RA&fileld=S0025727312001032)

US PATENT ON CANNABIS in treatment of CANCER

Phytocannabinoids in the treatment of cancer US 20130059018 A1

Abstract

This invention relates to the use of phytocannabinoids, either in an isolated form or in the form of a botanical drug substance (BDS) in the treatment of cancer. Preferably the cancer to be treated is cancer of the prostate, cancer of the breast or cancer of the colon.

<http://www.google.com/patents/US20130059018>

For our Australian legislators to perpetuate these laws and blindly obey the treaties in this day and age is an absurdity bordering on a crime against humanity. The LEGAL process is the ONLY obstacle holding back the many undeniable advantages we could be enjoying as a nation by de scheduling cannabis. Lawyers can be our best friends or our worst enemy in this attempt at a push for legislation.

The MCUA is a member organisation the new *International Medical Cannabis Patient*

*Coalition* which is uniting patient organisations as a common voice in an effort to change these UN policies.

*“...Cannabis is now considered an effective treatment for a variety of medical conditions including neurological conditions, neuropathic pain and nausea. The World Health Organization (WHO) reviewed the current evidence on medicinal cannabis in 2014, and suggested that the United Nations should consider rescheduling the substance. Part of the revision is consideration of risks, as it is inappropriate that cannabis is currently subjected to the same level of control as opiates. While the WHO estimates opiate use and abuse yields an estimated 69,000 fatal overdoses annually, not a single case has been documented for cannabis...”*

## FROM SNAKE OIL TO PETROCHEMICALS

*William Avery Rockefeller was a 19<sup>th</sup> century snake oil salesman who had no compunction about preying on the weak and innocent in his pursuit of wealth and power. His son John D. Rockefeller founder of the infamous Rockefeller dynasty built his fortune on oil refining - and its pharmaceutically derived products became the snake oil of the 20th century .*

<https://www.corbettreport.com/meet-william-rockefeller-snake-oil-salesman/>

Petro-chemicals have enabled the creation of novel materials and products in countless manufacturing industries ..... pesticides\*, fertilisers\*, household cleaning products\* and pharmaceutical drugs.

Pharmaceutical drugs like these need a high level of vigorous testing and lengthy trialling because basically they are poisonous to the human body. We do not have a physiological mechanism to metabolise them. They also need an extremely high level of testing and research and development which they believe legitimises the soaring cost of their drugs.

There are no gasoline or benzene receptors in the body, so of course these medicines need rigorous testing!

We DO, however, have cannabinoid receptors, for plant based natural cannabinoids.

Doctors have no qualms about prescribing these legal poisons based on information fed to them by the company's own research projects; yet they fail to recognise the usefulness of cannabis.

As shown here with OXYCONTIN

*“.. in 1996 the FDA approved an 80mg version of the pill; four years later it approved a 160mg tablet. According to the FDA’s “History of OxyContin: Labeling and Risk Management Program,” **higher dosages were approved specifically for opioid-tolerant patients.***

*These high-milligram pills were probably one of biggest reasons that OxyContin became such a popular street drug. Recreational users and addicts could crush, sniff, and inject the pill for a powerful high that, as promised, lasted over eight hours. The euphoric effects and potential for abuse were comparable to heroin. But clearly doctors and pharmacies never drew the ghastly parallel.*

Purdue and its *top executives pleaded guilty to charges that it **\*\*misled doctors and patients about the addictive properties\*\***\*\*\* of OxyContin and misbranded the product as "abuse resistant."*

*Prosecutors found a "corporate culture that allowed this product to be misbranded with the intent to defraud..*

*12 claims against the company, seeking damages total **\$1 billion which is just **\*\*one-third of the company's annual revenues from OxyContin\*\******

<http://theweek.com/articles/541564/how-american-opiate-epidemic-started-by-pharmaceutical-company>

**How much power do these companies exert in the decisions by the TGA to keep cannabis out of the peoples' hands?**

**When are law makers going to start listening to the people who have no ulterior motives?**

Cannabis research is ignored while the Australian government, via the Therapeutic Goods Administration, welcomes companies with criminal records: Pfizer, Novartis, Sanofi-Aventis, GlaxoSmithKline, AstraZeneca, Roche, Johnson & Johnson, Merck, Eli Lilly, Abbott Laboratories, Bayer, Purdue and other criminal enterprises.

In 2009, Eli Lilly pleaded guilty to criminal charges of illegal off-label marketing of olanzapine [Zyprexa], the lethal drug implicated in adverse side effects and many suicides.

Yet the TGA still permits this drug - buckling again to pharmaceutical industry interests.

People have growing suspicious of Drug companies and their profit driven motives. Now more than ever before, we dont feel safe using pharmaceutically prescribed medication.

*Dr. Herbert Kleber of Columbia University. has **impeccable academic credentials**, and has been quoted in the press and in academic publications warning against the use of marijuana, which he stresses may cause wide-ranging addiction and public health issues. But when he's writing anti-pot opinion pieces for CBS News, or being quoted by NPR and CNBC, what's left unsaid is that Kleber **has served as a paid consultant to leading prescription drug companies, including Purdue Pharma** (the maker of **OxyContin**), Reckitt Benckiser (the producer of a painkiller called **Nurofen**), and Alkermes (the producer of a powerful new opioid called Zohydro).*

<https://news.vice.com/article/leading-anti-marijuana-academics-are-paid-by-painkiller-drug-companies?preview&cb=v141003793553>

Why will the TGA not recognise international independent research from world acclaimed universities; direct evidence from users or centuries of safe and effective use?

## **SOARING COST OF HEALTH CARE**

With the growing burden of an aging population on our health system, it makes no sense to ignore the benefits of full legalisation rather than piecemeal legislation and bureaucratic nonsense designed to protract the process and protect political backsides and nothing else.

Irrational use of medicines is a major problem worldwide. The financial burden of this is

enormous. WHO estimates that more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly. Irrational use includes failure to prescribe in accordance with clinical guidelines; inappropriate self-medication, often of prescription-only medicines; non-adherence to dosing regimes use of too many medicines per patient ("poly-pharmacy").

Quote from MCUA member: "It used to cost me \$1000 a month in Narcs.. before I hit the safety net - then \$4-500 a month"

AND that is just one (1) **chronic pain** sufferer's MONTHLY burden on the system. Yet this affliction has been completely ignored by the experts on the "working committee" of the NSW LNP Government who proposed the \$9 million trial money and set the time frames of 5 yrs or more before we see results.

**Cannabis users pay for or grow their own medical treatment** .. rather than burden the tax payers. They choose cannabis because it works for them, and it is safer than most prescribed medication.

Sativex (TGA approved pharmaceutical cannabis extraction) is **not subsidised** by the PBS and costs around \$800 -1200 month - this puts it out of reach for those who most need it and who are probably on a disability pension. They can grow the same product for the cost of a tomato plant and undertake a basic extraction in their kitchen. Why should they wait?

It is important to have a regular supply of the RIGHT variety of cannabis for a specified condition. It is imperative to an individual's treatment plan and the only way this will happen is for people to grow their own, because the ONLY way cannabis can be used universally, is as a HERBAL extract. It is individually controlled to suit the PERSON not the market .

People are using this preparation NOW. They are using it for all kinds of illnesses and relief from all manner of symptoms NOW. It brings them relief NOW. And they will continue to use it NOW. They will not be waiting 5-10 yrs for anyone's "permission" to find this relief – surely you must understand this?

*"It is not legitimate, for government to involve itself in things that a person voluntarily does to him or herself, or that people choose to do to each other by mutual consent, when nobody else is harmed."* John Stuart Mill, father of liberalism.

Any regulatory blockades should be kept for pharmaceutical company applicants who would be selling to the public; while users, who grow their own, accept PERSONAL responsibility for the 'dangers' to themselves or 'harm' to others resulting from their personal choice.

The Braund medical fraud controversy on 1948 still effects legislation regulating treatment providers up to the present.

It seems as a result of this case, ALL governments have struggled to develop legislation that would protect patients and punish quacks but also allow for serendipitous or unorthodox discoveries.

CANNABIS is not quackery or serendipitous. The research is out there.

## THE CURRENT SITUATION

Mirrors that of a decade ago. Viz:

Howard supports marijuana for pain relief **May 22 \*\* 2003 \*\***

The use of cannabis for medicinal purposes has won the backing of Prime Minister John Howard.

Mr Howard said yesterday he was "all in favour" of using marijuana for pain relief, but only when there was no mainstream treatment available and when it was dispensed by a doctor in tablet or spray form.

"I am totally opposed to the decriminalisation of marijuana and I remain very strongly opposed to that," Mr Howard said in an interview with The West Australian. "But you are dealing here with the relief of pain and suffering and essentially where people's quality of life has already been not only severely degraded but also potentially threatened. "And in those circumstances it seems to me to be a proper human reaction to say if somebody who could be dying of cancer, whose pain could be relieved by marijuana, then I'm all in favour of it." Mr Howard was speaking a day after the NSW Government announced a four-year trial of cannabis for medicinal purposes. *Legalised cannabis will be prescribed to people suffering from chronic pain or wasting illnesses under a four-year trial to be run by the NSW Health Department. The State Government aims to introduce draft legislation to govern the trial during the current parliamentary sitting, with the trial to begin next year. It would include hundreds of people with cancer, HIV, severe or chronic pain, MS-related muscle spasticity, spinal cord injury or nausea caused by chemotherapy.*

**The Government is yet to outline how the cannabis would be distributed to participants.** Options include allowing them to grow a limited number of marijuana plants, but a spokesman for the Special Minister for State, John Della Bosca, said it was more likely cannabis would be prescribed like other medicines.

**Announcing the trial in parliament yesterday, the Premier, Bob Carr, said new cannabis derivatives developed by the British company GW Pharmaceuticals, including an inhaler-type spray and a tablet, would be considered.**

**An Office of Medicinal Cannabis will be set up within the Health Department to run the trial and possibly distribute the drugs.**

Medicinal users with a medical certificate from a doctor with whom "they had an ongoing and genuine medical relationship" would register with the office annually.

**People would be ineligible if they had been convicted of a drug offence other than minor personal use, were on parole, or under 18, or pregnant.**

**The Government has been considering the trial since the 2000 Drug Summit, when it set up a working group to study the issue.**

Mr Della Bosca's spokesman said the draft legislation was complicated, **with a series of legal hurdles to be overcome.** He said laws must be changed to allow cannabis to be grown or for a drug company to register a cannabis derivative.

**The Opposition Leader, John Brogden, said he would support the proposal if the cultivation and distribution of cannabis and eligibility criteria for inclusion in the trial were tightly controlled.**

**The Greens MP Lee Rhiannon called for a broader trial open to children dying from degenerative diseases.**

Mr Carr emphasised that the Government did not support decriminalisation of cannabis for recreational use.

"The case against the decriminalisation of cannabis is stronger than ever," he said.

He said the working group found that law-abiding people had been forced to turn to the black market to ease their pain.

**"No decent government can stand by while fellow Australians suffer like that, while decent, ordinary people feel like criminals for simply medicating themselves."**

The president of the NSW branch of the Australian Medical Association, Dr Choong-Siew Yong, said it supported the trial.

He said there was strong anecdotal evidence that cannabis eased the symptoms of sufferers of the diseases listed and could be more effective than drugs now available.

But he said it was important that "non-traditional" methods of delivery were used.

"You have to be able to properly control the dose," he said.

"Also, smoking cannabis is as harmful or more harmful than smoking tobacco. As a doctor I could not support that."

The spokesman for the National Drug and Alcohol Research Centre, Paul Dillon, said the working group found **anecdotal and research evidence supporting the use of cannabis and its derivatives existed, but a greater number of controlled trials were needed.....**

At what point do we declare that enough is enough and put an end to the ridiculous war on cannabis.

The change in the cannabis laws is taking far too long. We are a decade further on and STILL the same debate continues...

NSW has led the charge **again**. The NSW LNP having recently introduced its TICS scheme. This is a "euphemism" for "we- will-not-arrest-you-for-possession" while you are on your do-it-yourself-trial. They have offered NO medical back up; no help with supply and no recording of results. Just do the best you can, dealing with the black market.. You can use but not grow; you will be charged for using this medicine if you drive; **AND your supplier will be arrested if they cultivate ...."**

Where is a "carer" supposed to get the medicine from if they dont grow it?

Already we have seen REGISTERED carers ARRESTED ... because they are cultivating the plant for medical users ...

Do you have any idea how silly this is?

**If this is the result of the EXPERTS on the working committee GOD HELP US ALL**  
Sir Humphrey would indeed be proud of this effort.

AND on top of ALL that they announced \$9 million in funding for trials to start AFTER the next State election in March.

This morning MCUA members wake up to this: These police need EDUCATION.  
<http://www.abc.net.au/news/2015-03-13/record-amount-of-cannabis-found/6312224?section=nsw>

And now we are going down the rabbit hole and into the endless circular maze just one more time ...

#### **Indian Hemp Drugs Commission, 1894:**

*"The commission has come to the conclusion that the moderate use of hemp drugs is practically attended by no evil results at all. ... ..moderate use of hemp... appears to cause no appreciable physical injury of any kind,... no injurious effects on the mind... [and] no moral injury whatever."*

#### **LaGuardia Commission Report, 1944**

*"Cannabis smoking does not lead directly to mental or physical deterioration... Those who have consumed marijuana for a period of years showed no mental or physical deterioration which may be attributed to the drug."*

#### **The Pharmacological Basis of Therapeutics. L.Goodman and A Gillman, 3rd edn. 1965.**

*"There are no long lasting ill-effects from the acute use of marijuana and no fatalities have ever been recorded ... there seems to be growing agreement within the medical community, at least, that marijuana does not directly cause criminal behaviour, juvenile delinquency, sexual excitement, or addiction."*

### **Uk royal commission, the wootton report 1968:**

*"Having reviewed all the material available to us we find ourselves in agreement with the conclusion reached by the Indian Hemp Drugs Commission appointed by the Government of India (1893-94) and the New York Mayor's Committee (1944 - LaGuardia) that the long-term consumption of cannabis in moderate doses has no harmful effects.... "the long-asserted dangers of cannabis are exaggerated and that the related law is socially damaging, if not unworkable"*

### **US Jamaican Study 1974**

*"No impairment of physiological, sensory and perceptual performance, tests of concept formation, abstracting ability, and cognitive style, and tests of memory"  
"[Cannabis smoking] does not lead directly to mental or physical deterioration... Those who have consumed marijuana for a period of years showed no mental or physical deterioration which may be attributed to the drug."*

### **Professor Lester Grinspoon, M.D. 1997: Associate Professor of Psychiatry, Harvard Medical School**

*"Cannabis is remarkably safe. Although not harmless, it is surely less toxic than most of the conventional medicines it could replace if it were legally available. Despite its use by millions of people over thousands of years, **cannabis has never caused an overdose death.**"*

### **The Kaiser Permanente 1997 study "Marijuana Use and Mortality" American Journal of Public Health"**

*Relatively few adverse clinical effects from the chronic use of marijuana have been documented in humans.... However, the criminalisation of marijuana use may itself be a health hazard, since it may expose the users to violence and criminal activity."*

Isn't it about time Australia led the way? Isn't it time we stopped the dithering and mucking around and just got the job done in the most expedient and inexpensive way possible for the benefit of the greater number of Australian citizens:

De schedule and reclassify as a **botanical ingredient** then it can be manufactured and used by everyone. People can then grow their own. This will have huge ramifications in reducing the health budget.

## **HEALTH RIGHTS**

The Australasian **Charter of Patient rights** maintains:

**Participation:** I have a right to be included in decisions and **choices** about my care.

Where does this leave people who choose cannabis as a front line treatment?

It leaves them stripped of their legal and constitutional right to 'life' and/or a better quality of life - by words on paper, a broken health system and moral bankruptcy.

It has been proven over and over again that Cannabis is not dangerous enough to warrant an S9 scheduling. The regulatory over reach of the current situation is considered by many as a violation of our human rights.

When cannabis extract was deemed safe by the TGA, it negated the need for such tight 'safety measures' to remain in place. These measures are no longer legitimate nor justified.

It leads us, the long suffering public, to ask the obvious questions:

- WHO is really behind the wheel, driving and perpetuating the roundabout that

legalising cannabis has become?

- WHO really has "our" BEST INTEREST at heart by keeping it this way?
- WHO benefits the most from keeping it this way?

It appears to the public, be the police who are playing God. Especially in the Hemp food area. It is a well known fact that there is NO thc in hemp seed food. And 2 cases before the ACT court have shown that magistrates are beginning to question the motives and wisdom of the "concerns" shown by police. In NSW the courts are listening and the leniency of their findings is a reflection of the views they seem to be adopting. LEGALLY SPEAKING.

<http://www.canberratimes.com.au/act-news/man-escapes-conviction-for-driving-under-influence-of-drugs-after-eating-hemp-seeds-20150302-13spp4.html>

<http://www.canberratimes.com.au/act-news/hempseed-muesli-led-to-act-drugdriving-charge-laws-under-fire-20131011-2vegn.html>

Who really benefits from keeping cannabis "banned" in Australia?

*"NSW Premiers Department, FSANZ and a Tasmanian Parliamentary Inquiry thoroughly investigated Police concerns finding that Police could not substantiate their comments. It was also found that Australia is the only country to use random roadside saliva testing. Reports have concluded the devices are unreliable and could not be recommended, it was also discovered that confirmatory analysis used by Australian Police are below Australian Standards." Andrew Kavasilas Federal HEMP Party Secretary*

Why is this so? Why is the health and well being of the whole of Australia's population being held to ransom based of an unsubstantiated claim made by the police for 8 long years?

*Lord Edmund-Davis in Morris v Beardmore stated: "If the courts of common law do not uphold the rights of individuals by granting effective remedies, they invite anarchy, for nothing breeds social disorder as quickly as the sense of injustice which is apt to be generated by the unlawful invasion of a person's rights, particularly when the invader is a government official."*

We are growing intolerant of the insanity and the stubborn resistance to admit the truth about cannabis.

## **HEALTH BUDGET**

The health system in this country is not a safe place. Trust is gone. People are wanting to take a more active role in their health decisions. More n more we are searching out health info and making informed decisions about what course we will take. It is NOT the place of the government or law makers to interfere with those decisions. Especially when the patient pays.

Cancer Australia admits "... A recent survey of Australian women with breast cancer found that 87.5% had used complementary therapies..."

*.. with many using 4 or more therapies.*

*The most commonly used were vitamin supplements (54%), support groups (50%),*

massage (41%) and meditation (39%). Other studies overseas have reported that 63% - 83% of breast cancer patients use at least one type of complementary or alternative therapy.

The use of complementary 7 – 64% and alternative therapies 22% by adult cancer patients has been reported in Australia.

Approximately 50% of ovarian cancer patients have reported using complementary or alternative therapies in some small studies.

**Some patients use complementary and alternative therapies to gain a feeling of control over the treatment of their disease.**

Reasons given include the need for a **new source of hope**, preference for natural therapy and achieving a sense of greater personal involvement. One large study has found there is a significant association between the use of complementary and alternative therapies by cancer patients and needs unmet by conventional medicine, helplessness and lower scores on emotional and social functioning scales. Other reasons reported by women with breast cancer in Australia and overseas for using complementary and alternative therapies, include improving physical and emotional wellbeing and quality of life, boosting the immune system and seeking to reduce side effects.<sup>7, 8</sup>

#### **WHY IS THIS RESULT BEING IGNORED ????**

<http://canceraustralia.gov.au/publications-and-resources/position-statements/complementary-and-alternative-therapies>

## **PREVENTIVE MEDICINE**

We are encouraged to take an active roll in our health care and prevention at all levels of government is the CENTREPIECE in their health policy documents.

Yet -despite all the research documenting it - you all refuse to consider that cannabis/hemp may play a vital role in reducing dependence on the system NOW and in the future!!

Cannabis should be embraced for preventative capabilities.

Fresh, non psychoactive cannabis leaves are brimming with antioxidant, anti inflammatory, neuro-protective and anti-aging properties and should be juiced and included in the daily diet to help reduce the incidences of many seriously expensive illnesses; and possibly change the future doom and gloom predictions for our aging population.

Hemp seed food products grown here, could be an uncontaminated, renewable and sustainable source of the 3 omegas essential for good health – that can be made into flours, milk and skin care products... But not while it remains in its current classification....

The number one priority for both NSW and Federal Health policy is to keep people out of hospital. This could ultimately be achieved if cannabis products (raw fresh juiced leaves and hemp seed products) were introduced to the diet asap.

*“ In another study on the endocannabinoids published in the journal Pharmacological Reviews back in 2006, researchers from the Laboratory of Physiologic Studies at the National Institute on Alcohol Abuse and Alcoholism uncovered even more about the benefits of cannabinoids. These include their ability to promote proper energy metabolism and appetite regulation, treat metabolic disorders, treat multiple sclerosis, and prevent neurodegeneration, among many other conditions.*

*With literally thousands of published studies now showing their safety and usefulness, cannabinoids, and particularly marijuana from which it is largely derived, truly are a health-promoting "super" nutrient with virtually unlimited potential in health promotion and disease prevention.”*

[http://www.naturalnews.com/036526\\_cannabinoids\\_breast\\_milk\\_THC.html](http://www.naturalnews.com/036526_cannabinoids_breast_milk_THC.html)

## THE AMA STANCE:

Dr Stephen Hamblin, President of Australian AMA lists the worst side-effects as: “..changes in concentration; hallucinations that **may** occur and increased rate of early onset psychosis .. er .. um ...er a “number of other things” - short medium and long term side-effects ....”

Perhaps the good doctor should have a closer look at the established and well documented short, medium and LATE term side-effects of chemotherapy?

How many psychosis did we end up with in the last year that were caused by alcohol, the side-effects of psychiatric and other pharmaceutical drugs or even child birth when compared to cannabis induced psychosis?

Was it genuine “psychosis” as opposed to the temporary condition of “first-time-use-paranoia” about being busted, that can accompany it?

### According to the Dr Hamblin:

“..People who use it **claim it works** and believe it works – but “personal testimonials” **don't** carry any weight...”

Personal “testimonials” are the NORMAL way in which doctors judge patients progress are they not? The patient reports failure or success of their treatments to the doctor and the doctor adjusts the treatment BASED ENTIRELY ON PERSONAL testimony?

“Personal testimony” is the ONLY acceptable evidence in court?

Why is it only NOT acceptable when it comes to cannabis users testimonials?

What an astonishing claim to make when **it is this info** which scientists/researchers rely on as well. This AMA reasoning is complete rubbish. There is no validity or legitimate argument in this stance.

Doctors are taught pharmaceutical medicine in academia. Most have never heard of the endo-cannabinoid system.- let alone know what it is there for. Without prescription pads many modern doctors would not be able to function.

As we are constantly being told by the “health authorities”, diet plays a hugely important role in preventative health and good outcomes; and obesity is rampant.

I have had MCUA members saying things like: “My doctor never mentioned diet. Just pills”.

This is a shameless backing of international corporate drug pushers who sit back and rake in the profits – often for inferior generic products that have been superseded by IMPROVED treatments.

### **UNITED IN COMPASION SYMPOSIUM**

Aussie doctors had the perfect opportunity to show some professional interest in the Cannabis as medicine subject when recognised international experts came here to Australia in November last year for a Symposium. Our doctors chose to ignore it en mass. This attitude is not in the best interests of their patients.

Many many doctors and their associations were emailed about the “United in Compassion Symposium” - which was backed by tax payer funds and had the Premier's blessing. They ignored it.

Did they think they would be 'arrested” for being there? Or de registered ???

Ditto with NSW state and Federal politicians.

Practising doctors who do not move with the times are dangerous. They need to educate themselves if they trained before 1990.

The endo cannabinoid system was discovered in 1989 BUT it is still not taught in medical or nursing courses. No good enough. The layman know about it. But not the “experts” they need to learn about it for the sake of their patients and in then name of safe patient-care.

First do no harm...

Somehow this, the most basic promise from physician to patient becomes lost and twisted in the fight to cure cancer. Due to what is called “best practice” recommendations and based on medicare rebates, doctors are limited in their approach to fighting this deadly disease. The three basic tools at their disposal are surgery, chemotherapy, and radiation. Generally they choose all three.

**"...today, there are more people making a living from cancer, than are dying from it." - G. Edward Griffin**

**As a side note:** There really needs to be a full and proper investigation into the pharmaceutical industry and its control over our health interests. The TGA & PBS are just cash cows that syphon funds to their international companies stock holders; and serve our economy's interest NOT one iota. It is past time that this systemically ingrained abuse be stamped out. There is no legitimate reason - other than greed and profiteering and extortion - for the ridiculously high prices being asked for common medications in this country. Perhaps Mr Hockey should start here looking for savings.

### **THE RECREATIONAL SIDE**

There is a misconception among the uninitiated that there is some kind of special power in “medical” cannabis, that is not present in “street” Cannabis. This misconception needs to be

squashed before any reasonable minded discussion can take place. Cannabis is Cannabis, is Cannabis - no matter if it is pharmaceutical or street product the side effects will always be the same – but still far less threatening than drugs of chemical petro-based origins. .

**Please keep in mind alcohol is a mind altering substance that has NO other use in society but to get people high**

## **CANNABIS USE IN AUSTRALIA**

1,900,000 law abiding citizens made a conscious choice to **break the law** by using cannabis in the last 12 months – an increasing number of them were from the aging members of the population who use medically . (NPCIP and household survey)  
Not one of them died as a direct result.

There were 71,000 annual medication-related admissions to NSW hospitals

St John Ambulance data shows there were 622 narcotic overdose call-outs between February 2014 and January this year – an average of 50 a month.

Paramedics responded to 79 non-fatal narcotic overdoses, including 50 heroin-related overdoses, in January alone, compared with 22 cases in February 2014. This includes treatment for morphine, fentanyl and codeine overdoses."

<http://www.watoday.com.au/.../record-number-of-overdoses-as-h...>

"Up to 15 people die and more than 430 are admitted to hospital every day in Australia due to alcohol-related illnesses, new research shows.

The study reveals that in 2010, excessive and long-term consumption of alcohol resulted in 5,554 deaths and 157,132 hospital admissions."

<http://www.abc.net.au/.../15-australians-die-each-day.../5637050>

The flow-on problems alcohol creates in society are mammoth and cost society dearly .. both financially and public safety issues. They are not myths. Statistics "dont" lie.

I might also add that the proportion of deaths attributable to cannabis remains 0%

YET alcohol-related advertising and sponsorship of major international sporting events remains in place – encouraged - not banned by our Federal Minister for Health & Sport.

Why is this so and why does it continue to be the case decade after decade?

We the people know why. And we are not fooled by the conflict of interest that appears to be going on between politicians and corporate sponsors wanting their will to be done.

THAT is the legal bottom line.

We are fed up with public servants shielding themselves with policy documents and We are fed up with bureaucratic buck-passing.

The simple fact is that cannabis is a much safer alternative both medically and socially and many people PREFER to use it. It has and always will have a voracious market. That is never going to change.

Cannabis is not a narcotic and does not suppress the central nervous system. It also has no known physical withdrawal symptoms that are any more problematic than withdrawal from chocolate according to many long term users in the MCUA.

Cannabis is thus a truly recreational herb, in contrast to alcohol, prescription drugs and tobacco, all of which are toxic and potentially lethal. The real reason PERSONAL USE of cannabis is prohibited, is because it presents an organic, sustainable, non-toxic alternative to powerful vested interests; particularly the pharmaceutical industry.

### **POLICING PROHIBITION - Costs to POLICE PUBLIC RELATIONS**

Year after year we hear this similar stories from all over northern NSW:

*"Around 36 cannabis plants were found on a property .... with a conservative street value of \$250,000."*

*To who? I hear my members asking.*

*"..Senior Sergeant ..... from .... Police said his station had been investigating the properties for a number of months..."*

Why not act on information as it is received instead of waiting until the crop is mature and ready for sale? Unless there is a very good reason to do so.. this is this kind of news that infuriates medical cannabis users and creates suspicion that erodes community respect and confidence in our police .

<http://www.warwickdailynews.com.au/news/chopper-used-drug-raid/2562002/?ref=hs>

THESE POLICE OFFICERS NEED AN UPDATED EDUCATION ON CANNABIS:

Crime Manager Jameson said cannabis is a massive problem across the Mid North Coast. "This is an insidious drug, a drug that causes significant psychological issues, long-term and short-term medical issues," he said. "It is a gateway drug that leads on to other, stronger, chemical illicit drugs, and it is a driver of significant crime issues in the community."

I will spare you the other numerous pages of references I could supply to dispute this utter claptrap.

Why were these crops not processed and supplied to TICS registered "carers" who are **not** permitted to grow for their patients?

Arrangements could have been made - by the experts on the NSW working committee - to process this harvest, with that outcome in mind.

It is beyond comprehension that good quality outdoor grown bush be so maliciously destroyed when it could have been of immeasurable value to terminally ill people.

The COST of these **annual** areal search-and-destroy-cannabis-crop missions in NSW could

then at least be justified in the minds of the public.

When a strategy is not working – you either change it or you look for reasons why; so it can be improved. Why has this not happened ?

Do you believe the people who pay for services get value for their tax dollar with this repeat strategy?

Has it acted as a deterrent? What, “**HARM**”, do these missions **protect the community FROM**? This “strategy” continuum could be seen by many as gross mismanagement of public funds and making the police look like clowns.

Lets be honest here. How many of the general public would seriously consider cannabis-only users a threat to their personal safety – especially when you consider the usual stereotypical “pot smoker” ?

Driving while “stoned” on Cannabis is no more a threat to public safety than someone driving “stoned” on Oxycontin. The misconceptions that go with driving while “stoned” have been seriously put to bed by current research and statistics from user states in America.

If your concerns expressed for “public safety” are to be believed, why is there **no ban on alcohol advertising** or prohibiting the sponsorship in major and international sporting events when it burdens the Health; Welfare; policing emergency services; and legal aid budgets. It fuels Domestic Violence and creates bullet-proof behaviours. It crosses the foetal barrier with catastrophic results. Cannabis is a lamb by compassion. One that could put back so much into the community.

The hypocrisy in this is beyond comprehension to any “reasonable minded” person . It exasperates and frustrates and infuriates Aussies who suffer daily from chronic pain and rare or untreatable illnesses and for whom cannabis gives a better quality of life than pharmacy drugs. It is grossly unfair that they should live in fear of prosecution while other are free to make and bottle their own booze at will.

## **COST TO SOCIETY**

When we choose to use cannabis the laws comes down on us, clogging up the courts system and wasting everyone time and money. It places huge unnecessary burden on the individual and the Legal Aid system which reduces the chances of people in real need of getting the assistance they require.

Anti social behaviours and threats to the well being to our emergency services and hospital personnel because alcohol induced societal violence and domestic violence is increasing. This happens when pleasure seeing people are forced to choose the more dangerous alternatives to cannabis.

Excess money funnelled via the PBS to international drug peddling companies could be substantially reduced = especially in relation to pain killing medication if cannabis were legal.

Lost productivity due to chronic pain conditions and morphine induced dysfunction - these people, by their own admission burden our welfare budget when they could be productive

members of society using cannabis based pain relief. many members of the MCUA make this comment.

MCUA members openly share and discuss their experiences and these points are the combined opinions of 5800 Australians – the ones who know and understand cannabis use from experience, NOT what they are led to believe by govts and people with ulterior motives.

A greater number of our MCUA members are seniors. A high percentage have used cannabis personally for decades without knowing the benefits it was affording them as a social choice - especially when compared to booze and the misuse of legal drugs that are cheap and easily obtained.

### **PUBLIC OPINION – the BOTTOM LINE:**

Cannabis users do NOT create the fear in our society that comes with ice or alcohol fuelled violence. It just does happen. Cannabis is not a dangerous drug by any stretch of the imagination.

Unless you have more acceptable reasons to keep cannabis bound up in chains, the people are beginning to think it could be the “C” word – the one that NO politician; government official or political party wants associated with their name.

Tell me this: Why should a 60 year old law abiding citizen feel fear and trepidation at the sight of a police uniform ?

What has resulted from the enforcement of these laws is a severe decline in public opinion respect and trust in our police “force”.

We are angry. We are fed up with begging. We are fed up with the stalling. We are sick of alternating political parties protecting their proverbial backsides and using cannabis as a football. Please be aware, that we WILL have access to cannabis medicine regardless of what you decide to do. This foolishness has gone on too long and the people are demanding to know why this situation is being relentlessly pursued no matter which party is in power.

### **PUBLIC SAFETY CONCERNS**

The personal safety of thousands of cannabis consumers is put in jeopardy every week by the current laws. Users are at the mercy of:

- unscrupulous dealers (the middle men) out to make profit;
- shady indoor growers who use any means fair or foul to encourage their crop to grow rapidly and weigh heavier ;
- the police who search and destroy crops, ensuring prices are at a premium;
- sufferers are living in fear of being ‘caught’ and prosecuted and
- parents live in fear of being visited by DoCs for treating their children .

Who protects those interests?

*When it becomes common for persons of good character to to willingly and knowingly conduct themselves in violation of a law, which is widely seen to be unwarranted or unjust or unfair, this should cause those who enact our laws and who are tasked with enforcing or upholding the law to give serious consideration to the repeal or amendment of that law to bring it into accord with modern social values. Judge J Challenger 2/12/2014 as she dismissed a 144 plant grow (USA)*

Even though we applaud the efforts of what this legislation is attempting to achieve yet again, it still remains far too over complicated and burdened with yet more cost. There is a simpler, quicker, cheaper and more sensible option to consider in today's climate of acceptance - and that is to de schedule cannabis completely; reclassify it as a herbal ingredient and let the people take ultimate responsibility for their own health and social choices.

Thank you again for the opportunity to speak on behalf of over 6000 Australians who want to make it known that they will continue to grow, make, buy and use cannabis medicine regardless of the outcome of this inquiry or any law that prohibits them access to cannabis. We are claiming our constitutional and inalienable right to access safe and effective medicine without being treated like criminals

Yours Sincerely  
Gail Hester  
Retired NSW Registered Nurse

for and on behalf of members of  
MUCA Australia