MEDICAL CANNABIS USERS ASSOCIATION OF AUSTRALIA

SUBMISSION TO THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AN FAMILY VIOLENCE PREVENTION COMMITTEE
JULY 2016

**Draft Public Health (Medicinal Cannabis) Bill 2016**

Thank you for the opportunity to comment on the Bill.

The MCUA of Australia Inc is the premier voice of patient advocacy for the people of Australia who currently use or who are wanting to use Cannabis as a therapeutic agent.

We have close to 11,000 AUSTRALIAN members who suffer chronic, baffling, rare, untreatable, terminal and painful conditions, who call on us for help to access cannabis information and medicine. These people are rejects from the health system that has failed them miserably and the doctors who have run out of options. They are looking for hope and an alternative to the prescription pad medicine. The greater number of our members have had astounding success using whole plant natural cannabis illegally and are prepared to defy the law to maintain their quality of life.

Our mandate is to make sure that organic natural plant-based medicine is readily available to all who need it at minimal cost to the user. We have a duty to protect our membership from shonky online “suppliers” and inferior or dodgy products. We take this seriously and as a group we work together to inform / educate new users.

There are many in society who only trust pharmaceutical products made by “reputable” drug peddlers. Their needs must be met too and the pie is big enough for all sides. But our main objective is to advocate for patients who want legal access to or to grow their own cannabis for medicine and nutritional needs.

The MCUA has within its all Australian membership, a network of extremely knowledgeable, compassionate suppliers who grow cannabis, make oils and provide medicine to patients- many do this free of charge. Some of them have been doing it for decades. They are swamped with requests for help. They are healers (not dealers) and should be treated by the law as such and their knowledge and experience utilised, not shunned, in this current transition period.

The MCUA does not endorse any company who claims to be a legitimate supplier – especially those who pop up on the internet with sales pitches too good to be true.(see Tilray Pg 16) We advise our members to stay away from these “snake oil” salesmen and not to waste their money. There is NO ACCESS to testing facilities, so they have no way of knowing if the product is what it claims to be. When patients grow and make their own products they know exactly what is in them.

There are many myths and inaccuracies within the briefing document and the Bill, and these will also be addressed in this submission. It will also make comments as to how the bill can be improved in the best interest of Queenslanders and all Australians.

Three documents are appended to this submission.

## OBJECTIVES OF TH BILL

*"A *key objective* of the Bill is to ***minimise the complexity*** and **regulatory burden** of the scheme on patients, medical practitioners and pharmacists..." The policy position of the Queensland Government is **to allow greater use of medicinal cannabis products** under certain circumstances and for specific patients. The Bill will achieve the policy objectives by establishing a regulatory framework to facilitate treatment with medicinal cannabis, **while preventing unauthorised use.***

## COMMENT

The Bill's focus seems to be ***more*** on keeping cannabis AWAY from the people rather than getting RELIEF to those in need in a fast, efficient and cost effective way.

This bill creates a complicated unnecessary framework because the government is far too pre-occupied with the illicit issues and criminality surrounding cannabis than it is with the health benefits (and subsequent budgetary relief) cannabis can offer to the people of Queensland.

This proposed paper trail, dealing with 2 Govt. departments on 2 levels of Govt., makes it a laborious, bureaucratic night mare for ordinary Aussies who just want relief from suffering and hope for a cure and who can access the product illegally NOW.

Is it any wonder the black market thrives? This bill will ensure a bright economic outlook for its future.

The Bill seeks to punish "unauthorised use" and does not have any level of "authorisation" for the people who have been recommending/ growing / dispensing and healing people out here for decades in some cases.

The bill has no regard to the rights and liberties of patients who already use cannabis for medical purposes. The bill further inflames the situation by increasing penalties on those who provide for these people NOW. Please note that without the covert / illegal use of cannabis the mainstream would never have known the benefits.

***Your BRIEFING DOC STATES:*** *"….online survey, and of these over 96 per cent were in favour of treatment with medicinal cannabis. Key health industry stakeholders* were also extensively consulted, including medical professionals and representatives from hospital and health services. The bill, and particularly the strict controls around prescribing, dispensing and possessing medicinal cannabis products, was strongly* ***supported by these* stakeholders…."***

The actual END stakeholders are the patients and 96% of them were not in favour of strict controls around these activities. They would much prefer to grow the species most relevant to their OWN condition and make the oil themselves or be able to take their plants to a registered manufacturer for extraction. The MCUA is the tip of the iceberg of users in this country – the ones who no longer fear the consequences of their coming out as much as they fear their illness.

***"…t**here have been some very limited trials done in other areas (other than palliative care and epilepsy) but to date the evidence has not been convincing. It has been suggestive but not necessarily convincing, mainly because not many trials have been done….**"***

THOUSANDS OF "TRIALS" have been done in secret over many decades - without medical supervision - AND the results are VERY convincing - the evidence is out here = people finding relief and cures to untreatable conditions and rejoicing (silently) in their discovery. NO ONE is in danger of death from plant based cannabis use. Right NOW, whole plant based extract trials between the doc n patient need to be encouraged, recorded and a central "trial file" set up somewhere so results can be sent and collated. The proposed paper trail of seeking permission

at every level, and patients having to import expensive products at the whim of a pen pusher, is an abuse of health rights under the Health Charter.

In a mature and responsible decision making process, that is in the best interest of the People you represent, there should be no such thing as "unauthorised use" because the "law" makers need to consider that the use of cannabis will **NEVER** be stopped – no matter what its intended use. You could save the tax payers a substantial amount of wasted resources, if you bit the bullet and legalised its use by adults and stopped the rhetoric about cannabis being harmful.

## THE PROCESS

Cannabis products generally cannot lawfully be supplied without ***both*** TGA and Queensland Government approval. TGA approval process is long and slow.

### COMMENT

**In your briefing document** you say "...*only one person has applied…."* *(it took her 4 yrs of lobbying to finally get approval)*

The QLD Govt. has ***drastically underestimated*** the number of people who will be applying. Maybe only one person has applied so far, but there are many others waiting in the wings for the outcome of this inquiry and the final decisions about the process.

Therefore this double permission seeking process will cause a huge backlog especially when one person is approving so many levels of authorisations under the bill VIZ:

The medical practitioner
The patient
The dispenser
The assistant dispenser
The patient's carer
the responsible person administering in an institution ....

The bill states that ONE person – the CHIEF EXECUTIVE of Queensland Health evaluates ALL these applications and decides if a patient is "suitable" to be treated with medicinal cannabis. The briefing says this duty can be delegated.

One huge point of concern for our members is that: The "chief executive" of Queensland Health Mr Michael Walsh the "approver" has ***NO medical background*** *and NO experience with Cannabis medicine. Viz:*

*Over the past 17 years, Mr Walsh has held Deputy Director-General positions across economic and social portfolios in the Queensland Government, including Queensland Health, the Department of Education and Training, and the Department of Infrastructure and Planning. Within these roles he led the development of strategy, policy and governance initiatives …. Previously, he held executive management positions in the private sector, including roles as Principal Management Consultant at PricewaterhouseCoopers and Managing Director at PowerHouse Partners Pty Ltd, where he provided management consulting in areas of organisational strategy, change management and project governance BUT HE HAS HAD NOTHING TO DO WITH MEDICAL CANNABIS.*
http://health.qld.gov.au/system-governance/health-system/key-people/director-general/default.asp

But he can call upon the "expert" panel

> *"…. the expert panel would need to look at whether* ***the condition …. was a reasonable condition for cannabis to be used.*** *The e****xpert panel would then make that decision*** *and make that recommendation to the chief executive..."*

Secondly, we, the end users of the product, have **serious concerns** about the make-up, qualifications and expertise of members of the "expert" panel – which may include, experts in science, pharmacy or medicine; justice and law; ethics, culture or sociology; agriculture – but **no one with any specific on-the-ground experience in the area of cannabis therapeutics.**

Why are people with **no prior experience**, charged with making the final decision about whether or not a person is "**suitable**" for / or will be permitted access **to a medical treatment**?

It could be likened to employing your accountant to fix your car on advice he takes from the vet and your hairdresser.

## TIME FRAMES

**The time frames within which the chief executive must decide an application are:**
a. within 90 days after receiving the application (3 months)

b. if the chief executive has requested the applicant provide further information, within 90 days **after** the further information is received (+ 3 more months)

c. if the application is complex, within a reasonable time after the standard period, as decided by the chief executive. (+ god knows how much longer)

PLUS
whatever amount of time the TGA takes to approve/ reject an application. **In other words it could go on indefinitely.**

### COMMENT

All of these applications for approval will take too much TIME. People with cancer don't have that luxury. People in pain should not be further frustrated by this hoop jumping circus that will drive many to stay with the black market.

In your briefing document it is stated that:

> *A GP or a specialist—any doctor—can prescribe medicinal cannabis for any patient for any condition. … .* **First, you have a doctor who needs to be looked at in terms of their knowledge and skills, *whether they have the right expertise to prescribe cannabis* ..."**

#### HOW LONG will this take?

Medical practitioners have trusted the propaganda peddled by Govt. departments like NCPIC; pharmaceutical companies and the AMA at the expense of the patients own research, knowledge and needs for a long long time.

HOW long will it take for enough doctors to be converted? How long will it take for them to become "experts with the skills and knowledge" necessary to meet patient needs in confidently **prescribing** cannabis? Cannabis is unlike all big pharmaceutical "medicines" they have been conditioned to, with dosage and bell curves and regular administration thrown out the window.

Cannabis is not a one-size-fits-all medicine. It is a food with medicinal and therapeutic value.

***FROM BRIEFING DOCUMENT:*** *"….There have been minimal trials done around the world. The other problem is there are* ***so many different compounds in cannabis.*** *There are not just one or two. There are a couple we know a reasonable amount about, but there are a lot of other compounds so it is quite difficult to differentiate what is the effective path..."*

> *Cannabis can never be a pharmaceutical agent in the usual sense for medical prescription, as it contains a variety of components of variable potency and actions, depending on its origin, preparation and rout of administration. Consequently, cannabis has variable effects on individuals . It will not be possible to determine universal safe dosage of cannabis for individuals based on a clinical trial…*
> ***David G Pennington DM FRCP FRACP University of Melbourne***

To do clinical trials for every condition / illness / symptom that cannabis can help would take many decades and zillions of dollars.

Clinical trials may not have been carried out, but the anecdotal evidence abounds. Academics argue that these accounts from patients using "illegal" cannabis, are not trials. But isn't anecdotal evidence the thing that researchers rely on and what ultimately determines the outcomes of "clinical" trials. I.E. the patient takes the medicine and reports back to the researcher how it affects them when they are asked for feedback? Improvements or otherwise are noted as a result. When a patient becomes pain free or cancer free or symptom free and medical testing supports the opinion, how can this not be relied upon as evidence that herbal cannabis works. These kind of results, recorded in patients files could act as "trials" for all kinds of conditions and fast track the research if all results were collated in a central place.

Patients using cannabis learn to self titrate. When finding the level of pain relief necessary for a chronic sufferer, the dose may vary considerably from day to day and patient to patient and strain to strain. With no fear of death from overdose, patients can experiment to find the best levels and the most suitable strain for their condition.

Seed science is already well advanced. Seeds have been bred with a cannabinoid ratio to meet the needs of certain conditions better than others. It is not only varying Cannabinoid ratios, Terpenes & Flavonoids also play a very big part in sourcing a strain to suit each individual.

*https://weedseedshop.com/en/blog/choosing-the-best-strain-for-your-personal-marijuana-needs/*

**The best way to achieve optimum treatment for the greater number of people** is to allow home growing (in a secure environment if we must); and spend some money on the establishment of public testing facilities for those who want to make their own medicine. Others may benefit from co-operatives that grow and share raw cannabis for sale; and by providing funds for manufacturing facilities that can convert raw materials into oils / tinctures and other products for patients in a safe, hygienic and consistent manner that can be dispensed through clinics where people can get advice and product in one place would be much more beneficial and productive than spending millions of dollars on pharmaceutical imitations for a handful of conditions.

*The briefing document reference*
*https://www.parliament.qld.gov.au/documents/committees/HCDSDFVPC/2016/PH-MedicinalCannibas-Bill2016/15-trns-15June2016.pdf*

## SUITABILITY OF PATIENT TO UNDERGO TREATMENT

> ***"...****In deciding whether a patient is a* ***"suitable person"*** *to undergo treatment with medicinal cannabis..the chief executive may have regard to the …. the patient's criminal history but only to the extent it is relevant to the application;…. fee for a criminal history check payable by the person of whom the check is being conducted*.

**COMMENT**
THIS should **not** even come into the equation when assessing a patient for **any medical treatment.**

### Why are we not dealing with cannabis-based medicines in the same impartial manner as with other medicines ?

It is an abuse of the Charter of Health Rights and a violation of our human rights.

***Universal Declaration of Human Rights adopted by the United Nations in 1948:***

> *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (Article 25, Paragraph 1).*

And a breech of the Australian Charter of Healthcare Rights

> ***RESPECT*** *I have a right to be shown respect, dignity and consideration. The care provided shows respect to me and my culture, beliefs, values and personal characteristics.*
>
> ***PARTICIPATION*** *I have a right to be included in decisions and choices about my care. I may join in making decisions and choices about my care and about health service planning.*
>
> ***PRIVACY*** *I have a right to privacy and confidentiality of my personal information. My personal privacy is maintained and proper handling of my personal health and other information is assured.*

http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

## CANNABIS IS HARMFUL (see also appendix A Toxicity of Cannabis)

**Quotes from Bill:**

> *Despite it being unlawful, it is clear some Queenslanders already use illicit cannabis products for medicinal purposes. This unregulated use of cannabis raises serious concerns due to the potential risks of patient* ***addiction***[1]*, medication intolerance*[3] *and the possibility of* ***abuse***[1]***, misuse***[1] *or* ***diversion***[3] ***…...***
>
> *"Cannabis remains a prohibited substance as it is a* ***dependence-forming***[1] *drug and there is* ***evidence that*** *over time it* ***causes harm***[2]***,*** *particularly in* ***young people***[2]***."***

**COMMENT**
The very same **harms** can be applied to numerous pharmaceutical drugs already approved by the TGA and in common use, rending this argument invalid.

## 1. DEPENDENCE FORMING / ABUSE / MISUSE / ADDICTION

**Dependence forming** means: tending **to cause or encourage addiction especially through physiological** dependence.

Addiction is when the person would rather actively engage in the substance, than interact with life and their sole purpose is to get their next fix. Abuse is NOT addiction.

The difference between overuse / abuse and addiction is that you can stop abusing the substance at any time. Cannabis does not cause any kind of serious physiological withdrawal.

When people abuse a substance there is generally a reason. A person may be sad, angry, lonely, overwhelmed frustrated OR in pain and is engaging in this abuse to "get away" from the pain or trauma that is going on in their lives.

They are using the substance because the substance makes them feel "better". Isn't this why people take anti-depressants? And prescription pain killers?

Being a user, abuser or addict of a substance isn't technically a crime. Decriminalization of possession and cultivation for medical users should be seriously considered in order to get cannabis therapy to those who need it now.

Problematic use leading to dependence among teens is also proving to a fallacy.

**Study: Rates Of Problematic Cannabis Use Falling Among Teens**

> *Fewer adolescents are consuming cannabis; among those who do, fewer are engaging in problematic use of the plant, according to newly published data in the* ***Journal of the American Academy of Child & Adolescent Psychiatry.*** *Investigators at Washington* ***University School of Medicine in St. Louis*** *evaluated government survey data on adolescents' self-reported drug use during the years 2002 to 2013. Over 216,000 adolescents ages 12 to 17 participated in the federally commissioned surveys. Researchers reported that the percentage of respondents who said that they had used cannabis over the past year fell by ten percent during the study period. The number of adolescents reporting problems related to marijuana, such as engaging in habitual use of the plant, declined by 24 percent from 2002 to 2013. The study's lead author acknowledged that the declines in marijuana use and abuse were "substantial." The study's findings are consistent with previous evaluations reporting* ***decreased marijuana use and abuse by young people over the past decade and a half*** *— a period of time during which numerous states have liberalised their marijuana policies.* *(Publication History* ***Published Online: April 06, 2016 )***

http://www.jaacap.com/article/S0890-8567%2816%2930101-0/abstract

## 2. HARMFUL TO YOUNG PEOPLE

The greatest **HARM** from cannabis comes from being caught with it. **Young people** end up with criminal records for victimless "crime" that inflicts hefty fines that can bring economic suffering to them and or their families; and loss of license which may result in loss of job and prevention of overseas travel.

*FROM THE BRIEFING DOCUMENT*

> ***(****I) am concerned about the long-term effects, especially if we are treating three-, four- and five-year-olds.* ***What is the long-term effect going to look like? (see appendix C)***

*Dr Young: It is definitely a concern. Doing anything with children is always a concern. Here we are not that concerned because the product we are planning to use, Epidiolex, does not contain any THC. That is the component that really causes that long-term risk of potentially developing psychosis…"*

Mental Health concerns regarding cannabis tend to come from a self-fueling group of discredited scientists funded by the pharmaceutical, prison, tobacco, and alcohol industries, pushing non-peer-reviewed papers while relying upon reports issued by others in their own group to further support their own grossly misleading research and clearly biased agendas

*While many still debate the potential for marijuana to cause schizophrenia, researchers at H**arvard Medical School say there has "yet to be conclusive evidence that cannabis use may cause psychosis."***

*http://www.leafscience.com/2013/12/08/marijuana-cause-schizophrenia-harvard-study-finds/*

**A controlled family study of cannabis users with and without psychosis.**

*The results of the current study suggest that having an increased familial morbid risk for schizophrenia may be the underlying basis for schizophrenia in cannabis users and **not** cannabis use by itself.*

http://www.ncbi.nlm.nih.gov/pubmed/24309013

Psychosis Schizophrenia affects approximately one percent of the population. That percentage has held steady since the disease was identified, while the percentage of people who have smoked cannabis has varied from about 5% to around 40% of the general population.

Despite a massive increase in the number of Australians consuming the drug since the 1960s, Wayne Hall of the University of Queensland found no increase in the number of cases of schizophrenia in Australia. Mitch Earleywine of the University of Southern California similarly found the same with regard to the US population and Oxford's Leslie Iversen found the same regard to the population in the UK. According to Dr. Alan Brown, a professor of psychiatry and epidemiology at Columbia University, "If anything, the studies seem to show a possible decline in schizophrenia from the '40s and the '50s".

The long term side effects of anti epileptic drugs, ADHD drugs and anti depressants have a great many documented, long term physical and mental side effects. Despite the building evidence and an ever increasing number of kids being prescribed anti depressants, and anti-epileptics- no one stands up and shouts their concern for these kids.

Everyday more and more drugs are approved based on data from drug manufactures "trials". Many of these drugs have serious side effects and increasingly they have been blamed for deaths from overdose – accidental or intended - in young people. These include a number of commonly used psychiatric drugs.

*"... a study that was published (Feb 2016) in the British Medical Journal by researchers at the Nordic Cochrane Center in Copenhagen... showed that **pharmaceutical companies were not disclosing all information regarding the results of their drug trials.** Researchers looked at documents from 70 different double-blind, placebo-controlled trials of selective serotonin re-uptake inhibitors (SSRI) and serotonin and norepinephrine re-uptake inhibitors (SNRI) and found that the full extent of serious harm in clinical study reports went unreported.*

http://www.collective-evolution.com/2016/02/12/bombshell-study-published-outlining-some-very-frightening-facts-about-anti-depressant-drugs-pharmaceutical-companies/

Anti-depressants are being given to children at younger ages …

> *New research (British Medical Journal 2015) has found the anti-depressant drug paroxetine, which is **prescribed to millions of children**, has recorded higher rates of psychiatric adverse events, suicide and self-harm*

http://www.smh.com.au/national/health/british-medical-journal-study-into-paroxetine-aropax-reveals-suicide-risk-20150916-gjo0fj.html

> *Health experts are concerned about the large increase in prescriptions, as few of the drugs have been trialled on children and can have serious side effect **….** A new study out of **Australia** shows alarming increases in the drugging of children and adolescents from 2009 to 2012:… The number of children in Australia aged between 10 and 14 given antidepressants jumped by 35.5 percent—from 2009-2012—134 drug regulatory agency warnings cite antidepressant drugs causing side effects, including suicidal ideation, aggression, hostility, mania, psychosis, heart problems, and even death and homicidal ideation*

*http://www.abc.net.au/news/2014-06-19/anti-depressant-prescriptions-for-kids-on-the-rise-study-says/5534530*

> *A new study out of Australia shows alarming increases in the drugging of children and adolescents from 2009 to 2012:*
> *•The number of children in Australia aged between 10 and 14 given antidepressants jumped by 35.5 percent—from 2009-2012—134 drug regulatory agency warnings cite antidepressant drugs causing side effects, including suicidal ideation, aggression, hostility, mania, psychosis, heart problems, and even death and homicidal ideation).*
> *•Anti-psychotic drugs rose by almost 50 percent in the same age group during those 4 years—72 warnings on antipsychotic drugs cite effects, such as mania, psychosis, seizures, strokes, diabetes and sudden death.*
> *•Prescriptions for ADHD drugs rose by 26.1 percent— 44 warnings have been issued on ADHD drugs/stimulants causing side affects such as hallucinations, violence, hostility, heart problems, suicidal ideation and behaviour, addiction, and death.*
> *•Legislation in Victoria, Australia also allows psychiatrists to use electroshock on children under the age of 13.*
> *Emily Karanges from the University's School of Psychology says antidepressants and anti-psychotic medications can have serious side effects.*
> *"These are very strong drugs and children and adolescents tend to be more susceptible to side effects from these drugs runs," Dr Karanges said*

**https://www.cchrint.org/2014/06/27/australia-kids-on-psychiatric-drugs-skyrockets-legislation-also-allows-psychiatrists-to-electroshock-them/**

> *Toddlers as young as 18-months-old are being treated like experimental rats, drugged up with some of the most brain-damaging, life-altering psychotic pills. ...**These are the kinds of pills that cause wild delusions, aggressive impulses, erratic behaviour, or in some cases, cause violent and suicidal thoughts.** … Why do parents, doctors, psychologists and neurologists continue to disregard these appalling side effects?*
>
> *Take the example of 5-month-old Andrew Rios, a newborn who began having seizures (which is a common side effect of vaccines by the way). When Andrew turned 18 months, a neurologist put the toddler on an epilepsy drug called felbamate, which immediately evoked violent behaviour*

*in the young child. ..As the young boy's life was being ripped apart by the medical system, a neurologist intervened again to prescribe Risperdal, an experimental drug used on adults diagnosed with bipolar disorder and schizophrenia.*

*http://checkoutthehealthyworld.com/drugging-toddlers-becoming-big-business-big-pharma-million-kids-5-brain-damaging-psych-meds*

**HOWEVER …** ***no links between chronic cannabis use as a teenager and a later development of serious illness were found.***

*What (researchers) found instead was "a little surprising," according to Jordan Bechtold, PhD, the lead researcher and a psychology research fellow at the* ***University of Pittsburgh Medical Center.*** *Their study, which observed 408 males from the late 1980s to 2009, found* ***no links between chronic marijuana use as a teenager and a later development of cancer, depression, psychotic symptoms, asthma, anxiety or respiratory problems. ...*** *There were* ***no differences in any of the mental or physical health outcomes*** *that we measured regardless of the amount or frequency of marijuana used during adolescence," said Bechtold in a release..." (May 2015)*

http://www.apa.org/pubs/journals/releases/adb-adb0000103.pdf

***Abstract Modest cannabis use in teenagers may have <u>less cognitive impact</u> than… previously suggested.***

*We investigated associations between adolescent cannabis use and IQ and educational attainment in a sample of 2235 teenagers from the Avon Longitudinal Study of Parents and Children. …. These findings suggest that adolescent cannabis use is not associated with IQ or educational performance once adjustment is made for potential confounds, in particular adolescent cigarette use.* ***Modest cannabis use in teenagers may have less cognitive impact than epidemiological surveys of older cohorts have previously suggested.***

*http://www.ncbi.nlm.nih.gov/pubmed/26739345*

## THERE HAS NEVER BEEN A RECORDED DEATH FROM CANNABIS USE

## HARM TO YOUNG PEOPLE FROM PRESCRIBED PSYCHIATRIC DRUGS

*Phoebe Morwood-Oldham's son Timothy John died eight days after he was issued the common nicotine addiction treatment Champix from his doctor. … Champix has been an approved- aid to quit smoking in Australia for eight years but legal magazine Inside Counsel reported that the company behind the drug in America had settled about 80 per cent of 2700 legal claims worth about $273 million. "****The TGA continually reviews the adverse events and we believe that Champix PMI and CMI contains the appropriate information to assist in its safe and effective use,****" a spokesperson said.* ***2015 QUEENSLAND***

http://www.goldcoastbulletin.com.au/news/gold-coast/bond-uni-student-and-mother-lobbying-for-investigation-into-drug-and-links-with-other-deaths/news-story/f7dd50baa06249dabefdaaee91e0794a#.Vf-8rh8qRm4.facebook

## PRESCRIPTION DRUG ADDICTION IN AUSTRALIA IS OUT OF CONTROL

> *While the media has been focused on Australia's meth addiction, prescription drug addiction continues to fly under the radar.... Australia is currently in the same situation as America in regards to unprecedented harms being caused by the abuse of prescription medications. Australia's rate of prescription drug addiction was reported as **second highest in the world** last year, only after the United States, and afflicts 3-4% of the population. medical professionals are worried that prescription drug addiction is out of the public's radar, while at the same time asserting the problem is even greater in magnitude than the ice epidemic. … In Victoria, **prescription drugs were involved in 82% of overdose deaths** in 2014. Benzodiazepines such as Xanax, Serepax, and Valium were most commonly involved in toxic deaths and opioids came in a close second.*

http://www.thecabinsydney.com.au/could-heroin-rise-above-meth-as-australias-biggest-problem-drug/

> *Prescription drug abuse is growing at an alarming rate and is a "national emergency", the Australian Medical Association (AMA) says. … ScriptWise spokesman and AMA WA council of general practice chair Dr Steve Wilson said the violence and crime that flowed from methamphetamine addiction may be dominating the national agenda but prescription drug abuse is killing more people.*

http://www.abc.net.au/news/2015-08-26/ama-wa-describes-prescription-drug-abuse-as-national-emergency/6727574

## INCOMPETENCE OF PRESCRIBING by Medical Profession

It is indeed becoming harder and harder for patients to **trust** our Medical Professionals and our Health "System" in many instances. The AMA in Qld has as one of its sponsors a Wine Company…. Many have become puppets of the pharmaceutical industry. These are some of the reasons that Australians are turning more an more to alternative and farm-a-cological medicine – and seeking advice and treatment from experienced but "untrained" providers.

> *The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful."*
> *Arnold Seymour Relman (1923-2014), Harvard Professor of Medicine and Former Editor-in-Chief of the New England Medical Journal*

*http://www.collective-evolution.com/2016/02/12/bombshell-study-published-outlining-some-very-frightening-facts-about-anti-depressant-drugs-pharmaceutical-companies/*

> *Studies from several countries show that 80-95% of doctors regularly see drug company representatives despite evidence that their information is overly positive and prescribing habits are less appropriate as a result.*

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1126053/#ref15

***A SYDNEY GP's decision*** *to unlawfully prescribe potentially deadly doses of opiates has been described by a disciplinary tribunal as "contemptible, outrageous and unethical".*

> *Dr Ghee Hong Michael Tan, of Mona Vale, surrendered his registration last year but has now been banned from reapplying for three years after the NSW Civil and Administrative Tribunal found him guilty of professional misconduct....In one case, the* ***GP prescribed an average daily dose of 1126mg of oxycodone to a patient with*** *osteoarthritic pain of the knee, hip and back* ***who was enrolled in a methadone program.***

*http://www.pharmacynews.com.au/news/latest-news/gp-s-prescribing-contemptible-and-outrageous?mid=698771fd14&utm_source=Cirrus+Media+Newsletters&utm_campaign=289f5979f1-Pharmacy+Newsletter+-+20160622165637&utm_medium=email&*HYPERLINK "http://www.pharmacynews.com.au/news/latest-news/gp-s-prescribing-contemptible-and-outrageous?mid=698771fd14&utm_source=Cirrus+Media+Newsletters&utm_campaign=289f5979f1-Pharmacy+Newsletter+-+20160622165637&utm_medium=email&utm_term=0_fe913f1856-289f5979f1-60664673"*utm_term=0_fe913f1856-289f5979f1-60664673*

> *The doctor who administered incorrect doses of a chemotherapy drug to 70 cancer patients at a Sydney hospital will be investigated by the national medical watchdog. St Vincent's Hospital confirmed on Friday that, effective immediately, medical oncologist Dr John Grygiel was placed on leave and would no longer treat patients at the hospital*

*http://www.smh.com.au/national/health/dr-john-grygiel-stood-down-after-giving-70-cancer-patients-incorrect-chemo-dosage-at-st-vincents-hospital-20160219-gmyz45.html*

***Bipolar sufferer reveals how medication prescribed by her doctor left her blind***

> *and with 70 per cent of her skin peeling off 'as if she'd been in a fire' ...Becki Conway of Florida was diagnosed with bipolar disorder and was prescribed drug combination of Lamictal and Depakote in 2009 ...****Both drugs are used to treat seizures and bipolar disorder and one carries warning which highlights potential danger of combining the two...***

http://www.dailymail.co.uk/news/article-3445123/Woman-left-legally-blind-suffering-reaction-prescribed-drug-pairing.html

The **REAL HARM** for Medical Cannabis users comes from unscrupulous greedy black market profiteers and the methods they employ in the growing and manufacturing process. This would be avoided by allowing people to grow their own and/ or to have a safe regulated authorised supply of many different varieties such as in a co operative / dispensary type arrangement.

## 3. Diversion / leakage into illicit market

All cannabis is therapeutic. People use it because it makes them “feel better” than they did before they used it. It lifts the mood, increases appetite, aids sleep, and relaxes the body. No harm is done to the community from personal use of cannabis. People who use cannabis are not violent or anti social in their behaviour. People who have cannabis in their system are not a threat to the safety of other road users.

Chronic long term “recreational” users’ lack of motivation can be attributed in many cases to being unemployed and unemployable due to life circumstances such as poor education and lack of suitable jobs – especially for those who have chronic conditions and injuries. Many suffer depression, anxiety, criticism, and angst because of their societal induced situations.

Cannabis is safer than alcohol and prescription drugs in such cases, and is only available on the black market which causes further stress because of the low income high price cycle.

The black market cannabis raises serious concerns **for medical users** as the majority of them access the illicit market to purchase raw material. Cost is also a serious concern for patients who are unable to work or on low income due to illness.
Prescription drugs cause more harm than cannabis to the community. Oxycontin is one example of over prescribing and sells on the street for $10 /tab. When mixed with the other legal party drug (alcohol) can result in death. You can mix cannabis and booze and all you get is a “green out” that makes you vomit and sleep…. But you do wake up!

***PRESCRIPTION DRUGS DEATHS (USA)***

> *Nick and Jack Savage of Granger **accidentally overdosed on a lethal combination of alcohol and Oxycodone.** Becky Savage.. found her 18-year-old son, Jack unresponsive. Nick also died in his sleep.....The pills being taken and sold in our schools are very real said Commander Dave Wells, Drug Investigations Unit, St. Joseph County Prosecutor’s Officer*

*http://www.wndu.com/content/news/Savage-family-promotes-alcohol-and-drug-awareness-education-with-expert-panel-384029201.html?platform=hootsuite*

## DEFINITION OF CANNABIS

> ***‘medicinal cannabis**’ – a cannabis product **not a product already registered** on the ARTG*
>
> *7 A **cannabis product can be organic or synthetic viz***
>
> *(a) that is or was any part of a plant of the genus Cannabis,whether living or dead;*
>
> *(b) otherwise derived, wholly or in part, from any part of a plant of the genus Cannabis, whether living or dead; or*
>
> *(c) that has, or is intended by the manufacturer of the product to have, a pharmacological effect that is **substantially similar** to the pharmacological effect of a product mentioned in paragraph (a) or (b).*

## COMMENT

Our definition of “medicinal cannabis” is cannabis grown in the sunshine and used as a preventative food source and a curative medicine. Organically grown cannabis will always be the superior product and for our members- the only choice. For others, the pharmaceutical imitations with their measured doses and lockable caps are preferable.

The market for cannabis is infinite. The pie is big enough for both profit seekers and those who prefer to grow the plant and make the products themselves.

Concern is also being expressed that we will be forced into using only synthetic or single molecule pharmaceutical products that will take decades of testing and will be the only legal alternatives.

Much discussion has taken place within our group regarding patients concerns about the pharmaceutical single cannabinoid medicines that are being chosen and imported for the epilepsy trials in NSW and Vic at a cost of millions of dollars.

The success rate from Epidiolex, the single molecule drug chosen for the NSW trials is :“For three out of ten there is significant benefit; for one out of ten its miraculous.” (Mike Baird NSW premier 8/7/2016)

While big pharma and big dollars jostle for positions in the market place, we have epileptic children in our group currently using illegal cannabis tinctures and oils made from purpose-grown Cannabis here in Australia. Our oil makers, using whole plant full extraction - that embraces and utilities the entourage effect where all components work in synergy - are achieving closer to 90% success rates with many children being able to ditch dangerous anti epileptic prescription drugs and begin to lead a normal life. The children who’s parents have “come out” admitting to illicit use are the tip of the iceberg and many say they would not give up something that works, to go on a trial with a single molecule medicine for fear it will set their child’s recovery back.

NO synthetic man-made single molecule will do the job as well as the whole plant is doing already. You cannot improve on Nature.

*A groundbreaking 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 the notion that “crude” botanical preparations are inherently low grade and less effective than pure, single-molecule compounds…...These studies showed that administration of pure, single-molecule CBD resulted in a bell-shaped dose-response curve, meaning that when the amount of CBD exceeded a certain point its therapeutic impact declined dramatically. “Healing was only observed when CBD was given within a very limited dose range, whereas no beneficial effect was achieved at either lower or higher doses,” the authors observed. This characteristic of **single-molecule CBD** — manifested as a bell-shaped dose response — **imposes serious obstacles that limit its usefulness in a clinical context.***
>
> *The pure CBD tests confirmed the findings of earlier preclinical research. Once again, singe-molecule CBD (has ) a narrow therapeutic window ….. (plant) extract provided a clear correlation between the anti-inflammatory and anti-nociceptive responses and the dose, with increasing responses upon increasing doses, which makes this plant medicine ideal for clinical uses. …. 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.*

*https://www.projectcbd.org/article/synthetic-vs-whole-plant-cbd*

***Comments from one of our parents of a child with Darvet Syndrome***

> “.. Many of Australia's epileptic children are already getting success on locally grown full plant and would consider this trial (Victoria with synthetic CBD only) a waste of money and time and that the research that is already underway depicts a better indication of success than Dr Ingrid Scheffer's trial will. The

children in this trial only get a single cannabinoid that is continually lifted to the point many get sicker. There is a science behind this plant but we need the full plant to conduct it. My daughter has Dravet syndrome. I have successfully managed to get her off most of the pharmaceuticals which has required full plant. When we wean the benzos out of these kids we need thc and cbn along with the goodness in the full plant which aids with digestive issues, sleep neuro genesis, behaviour etc...The thc component is vital!!! "
https://www.jci.org/articles/view/25509

## OTHER SYNTHETIC PHARMACEUTICAL CANNABIS PRODUCTS

There are currently 2 cannabinoids available by prescription in the United States: dronabinol (***Marinol***) and N**abilone** (Cesamet). Both are FDA-approved for the management of **nausea and vomiting associated with cancer chemotherapy** in patients who have not responded to conventional antiemetic treatments.1**Dronabinol** is also approved for the treatment of anorexia associated with AIDS. … Although no cannabinoids are currently FDA-approved as analgesics, .. a recent study on use of nabilone in patients with fibromyalgia found a significant reduction in pain compared with placebo. Patients receiving nabilone reported significantly more adverse effects, including drowsiness, but none of these were considered serious. Nabilone is also being studied in the United States for its efficacy in neuropathic pain associated with cancer chemotherapy.

https://www.dea.gov/divisions/sea/in_focus/marinol-cessmet.pdf

*Marinol is More Psychoactive Than Natural Cannabis*

*Patients prescribed Marinol frequently report that its psychoactive effects are far greater than those of natural cannabis. Marinol's adverse effects include: feeling "high," drowsiness, dizziness, confusion, anxiety, changes in mood, muddled thinking, perceptual difficulties, coordination impairment, irritability, and depression.32 Marinol lacks the compound cannabidiol, which possesses anxiolytic activity and likely modifies and/or diminishes much of THC's psychoactivity in natural cannabis.* 39 *… Marinol is More Expensive Than Natural Cannabis* ***Synthetic THC is a costly and difficult compound to manufacture***.56 *(approximately $200 to $800 per month,*57 *depending on the dosage) Natural cannabis, even at its inflated black market value, often remains far less costly for patients than oral synthetic THC.*60

***Despite Marinol's legality, many patient populations continue to risk arrest and criminal prosecution to use natural cannabis medically, and most report experiencing greater therapeutic relief from it.*** *By prohibiting the possession and use of natural cannabis and its cannabinoids, patients are unnecessarily burdened to use a synthetic substitute that lacks much of the therapeutic efficacy of natural cannabis and its cannabinoids…* http://www.theweedblog.com/why-marinol-is-not-as-good-as-real-marijuana/

## CANNABIS TRIALS IN NSW *(**nausea and vomiting from chemotherapy.**)*

The NSW govt announced trials in **FEBRUARY** this year. Mike Baird NSW Premier said that about 330 patients suffering nausea and vomiting from chemotherapy are expected to take part in the clinical trial which will use a **cannabis-derived tablet manufactured by Canadian pharmaceutical company, Tilray.** (the word "tablet" seems to legitimize its

use).

If the govt has accepted the safety and efficacy of this Tilray product - made from plant based cannabinoids and can choose to use it in trials, there should be no reason for keeping Aussie grown natural cannabis out of our grasp. We have the expertise and the know-how to produce cannabis products of this caliber in Australia and Govt financial backing of this industry needs to happen.

**In February** this year minister for medical research in NSW Pru Goward said i**t would take too long to wait for an Australian manufacturer for this trial. "**To wait for an Australian company to get up to scratch would delay what we're doing," she said. "We committed to doing this within 12 months and that's what we're doing because there is so much suffering." http://www.abc.net.au/news/2016-02-26/medicinal-cannabis-trial-launch-for-chemo-patients/7202058

Here we are in July and this trial has still not begun due to the TGA and state playing pass the buck games!

**On 12th JUNE** this year Pru Goward, Minister for Medical Research said **the trials could not start until she had approval from the Therapeutic Goods Administration**, which should happen in the next week or so. "Our trials have to be scientifically designed and it takes time," she said.
http://www.abc.net.au/news/2016-06-12/nsw-minister-criticised-over-delays-in-medical-cannabis-trials/7502716

The trial is part of the NSW Government's **$21 million commitment of tax payers money** to support medicinal cannabis reforms. *http://sydney.edu.au/news-opinion/news/2016/02/26/university-partners-in-medical-cannabis-trial-for-chemotherapy-p.html*

PERHAPS TILRAY SAW THE MINISTER COMING WITH OUR $3 MILLION ..
These trials have still not begun.

> *"….. In June (2016), Tilray, like many of its competitors, was haemorrhaging money. It was forced to lay off a substantial part of its workforce, approximately 60 employees.." and the CEO had disappeared. After 25 years, he left big pharma establishment to become the first CEO of Tilray, … NOW ...16 months later, Engel appears to have left the firm …. he is no longer listed with the management team on the* company's website*"*
> *https://www.newcannabisventures.com/tilray-ceo-greg-engel-appears-to-have-quietly-exited/*

Meanwhile our illegal users are enjoying the relief brought to them courtesy of aussie grown, black market cannabis and our expert oil makers **at no cost to the tax payer . Maybe Pru should have bought "Australian made".**

## One alternative could be a Compassionate Access Scheme

It is already noted that many Queenslanders are using illicit cannabis for medical purposes. This is because the relief they get is outstanding and they are willing to risk prosecution for increased quality of life they get from using it now. These patients must be able to continue their treatment while in hospital. NO other treatment is restricted in this manner.

Not many doctors have any skill or knowledge and right "expertise" to prescribe cannabis. Most have been brainwashed as to its "harms" and have no experience with it.

This is where we need to call upon our community experts.

These issues could be addressed by Compassionate Access Scheme whereby another level of “authorisation” could be added to the bill to accommodate such wide-spread use and those who provide herbal medicine to sufferers.. People who use cannabis are not criminals and they don’t belong in the legal / justice/ court systems.

## A COMPASSIONATE ACCESS SCHEME OUTLINE

The patient discusses their treatment with GP.

Records are made in the patients notes that they have requested to use Cannabis in their treatment plan. Patient is registered on a central register possibly in the health department and a treatment “authority” card could be issued.

Providers could be registered and the details of their experience and speciality recorded in a register of authorised "community" providers and they are exempted from prosecution. (these providers could possibly come by recommendation of the MCUA executive committee who will have screened them and made recommendation that they be included on the register)

The patient may have a provider in mind. They then give the doctor details of the provider’s name and the details of type, dose and administration route recommended by the provider. OR the doctors can refer patients to providers through the “authorised providers register”.

A treatment plan is worked out between provider and patient and shared with the doctor. A register of “cannabis friendly” doctors would be helpful to patients and avoid wasting time of doctors who have moral/ethical / personal objections to the use of cannabis.

The doctor, who may have personal objections to the use of cannabis, could be exempted from all responsibility re the outcomes of treatment – possibly using a consent form that relieves the doctor of any "blame" in the event of any (highly unlikely) adverse reactions.

If the patient needs raw fresh cannabis and/or is confident at growing and making oils etc. for themselves they should be issued with a permit to grow and manufacture for their own use. Growing outdoors would be done in a secure cage to prevent access to the general public.

The patients condition / and results of any tests are recorded in treatment plan and the GP monitors the progress.

This could be considered a "trial" that may be relevant to other patients who suffer similar conditions and a central register of patients undergoing these "trials" is started for each condition treated.

The patient “card” to say they are under medical supervision can be produced when/if patients are saliva tested in road side random drug tests.

These saliva tests are designed to increase road safety but they do not record any level of impairment – they simply record the presence of THC. Like any medication that people take regularly, a tolerance is built and driving is unaffected – as it is with opiate based medications which are not currently being tested or recorded. In the case of prescription medications people are advised on packaging that diving or using heavy equipment is best avoided and this is left up to their own judgement - so it should be with cannabis medicine.

## DIETARY CANNABIS FOR HEALTH AND WELL BEING

> *Juicing cannabis usually involves blending or pressing fresh plant material instead of buds that have been dried or aged. Juicing better allows the body to interact with cannabinoids through the entire digestive system complementing absorption of many critical vitamins, minerals and enzymes within the plant....juicing provides a way of obtaining many of the benefits of cannabis without getting high. ...getting the highest possible dose of cannabinoids is possibly the most important reason of juicing rather than smoking cannabis."*

http://wakeup-world.com/2014/08/18/5-reasons-to-juice-rather-than-smoke-cannabis/
This can only be achieved with personal grow rights or by harvesting and packaging fresh herb from growers and having it for sale in fruit and veg outlets.

> *The documented medical use of cannabis goes back two thousand years, but the Schedule I ban has seriously hampered medical research. Despite that obstacle, cannabis has now been shown to have significant therapeutic value for a wide range of medical conditions, including cancer, Alzheimer's disease, multiple sclerosis, epilepsy, glaucoma, lung disease, anxiety, muscle spasms, hepatitis C, inflammatory bowel disease, and arthritis pain.*
>
> *New research has also revealed the mechanism for these wide-ranging effects. It seems the active pharmacological components of the plant mimic chemicals produced naturally by the body called endocannabinoids. These chemicals are responsible for keeping critical biological functions in balance, including sleep, appetite, the immune system, and pain. When stress throws those functions off,* ***the endocannabinoids move in to restore balance****.*
>
> *Inflammation is a common trigger of the disease process in a broad range of degenerative ailments. Stress triggers inflammation, and cannabis relieves both inflammation and stress. THC, the primary psychoactive component of the plant, has been found to have twenty times the anti-inflammatory power of aspirin and twice that of hydrocortisone.*
>
> *CBD, the most-studied non-psychoactive component, also comes with an impressive list of therapeutic uses, including against cancer and* ***as a super-antibiotic****. CBD has been shown to kill "superbugs" that are resistant to currently available drugs. This is a major medical breakthrough, since for some serious diseases antibiotics have reached the end of their usefulness.*

*https://www.transcend.org/tms/2016/06/the-war-on-weed-is-winding-down-but-will-monsanto-be-the-winner/*

## HOME GROWING OPTION

Home growing as an option, will severely cripple the illegal marketplace because people would rather buy their cannabis in a legal shop, or grow it themselves. This in turn would drastically reduce the street value of the plant and in most cases would put many dealers out of business.

People prefer the idea of going into a legal establishment and walking around, finding the right strain and making a purchase without having to enter into some shady back alley or have awkward conversations with a dealer.

Those who grow at home do not want to make a profit off it, but rather supply their own needs.

Premium cannabis can be quite expensive and if you're suffering from a condition that requires you to consume a lot of cannabis, then buying it might not be the best option. For people creating Full extract cannabis oils you need a lot more than just one ounce. (current street price for one ounce varies from $250 to $400)

This is where growing cannabis becomes the ideal solution and why cannabis home growing should definitely be included in this Bill.

## CONCLUSION

Criminality issues are too big a focus in this complex arrangement of paper shuffling that will cause a backlog to the applications and hold up access for too many people who are in need of real cannabis medicine now. These arrangements make the black market look like a walk in the park.

It is past time that the state and territory governments started to really listening to us .. the electorate. WE are the experts with the experience and knowledge and we will continue to defy the unjust and unreasonable laws that are based on a bed of lies and propaganda propagated last century by a group of wealthy people with vested interests elsewhere.

Cannabis does not require the level of red tape outlined in this Bill. It is non-toxic and has a proven track record with mountains of anecdotal evidence as to its safety and efficacy as a medicine. Evidence that cannot be denied and much of which is backed up in patients medical records. There are NO recorded deaths relating to illegal treatment with cannabis.

A dual system of supply could be introduced that would icorporate and satisfy all users' needs and preferences i.e. phamaceutical products and natural oranicially grown products.

Rather than legislation that suppresses the rights of a person to use cannabis or a doctor to prescribe cannabis treatment, Queensland should be leading the way with a compassionate, just and fair solution in the best interest of the greater number of Queenslanders.

Again, thank you for the opportunity to speak on behalf of 11,000 Australians

Yours Sincerely

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