



SUBMISSION TO TASMANIAN INQUIRY INTO MEDICINAL CANNABIS

on behalf of the MCUA Australia

August 2014

This submission is made on behalf of the members of the Medical Cannabis Users Association of Australia (MCUA). We are an online collective of people who either use, or support the use of natural botanical medicinal cannabis flower and extracted cannabinoids for medical use (Cannabis Medicine). Our aim is to become a collective voice in educating the public and campaigning for legal access to full plant extract and use of herbal cannabis for all people who can benefit from its preventative potential and its capacity to treat and cure illness - without fear of prosecution or persecution for their choice.

As the administrator of our online group I get repeated requests for help with supply from sick and desperate people searching for hope. It angers me because I cannot help these poor souls. Having been in a hopeless situation myself, when my daughter was given a terminal diagnosis; I long to be able to say: "Yes, you can get it from XXX."

The MCUA numbers are growing by 100 per week and this proposal is a combined work of *1350 members who share information.

Rather than go into a long spiel about the history and benefits of Cannabis I will endeavour to focus on the supply issue; and suggestions for resolving the legal and administrative nightmare the situation could become.

In its simplest form our proposal is:

1. the secretary of TGA moves to de schedule Cannabis;
2. regulate cannabis as you regulate Kava listed ingredient in complimentary/botanical classification
3. market it like grapes.
4. educate the public with truthful educational material that does not perpetuate the lies created by the Reefer Madness campaign of the 1930s or Nixon's War on Drugs stance of the 1960s
5. place the ONUS of responsibilities for choice about 'dangers' on the user.

KAVA The current restrictions for the therapeutic use are detailed in the Therapeutic Goods Regulations 1990, Schedule 4, Part 4, Division 2 (Plant material from which herbal substances may be derived for listable goods that are consistent with certain qualifications), Item 35.

GRAPE MODEL

Treat Cannabis/Hemp like grapes,

You can grow as many grapes as you want, no license.

You can make as many of those grapes as you want into wine, no license.

You can share that wine with your friends and family, no license.

HOWEVER the moment you want to sell some of that wine you require a license and to show quality control and safety for human consumption.

This way the supply problem addressed and the tax on commercial sales will help balance the budget.

THE CURRENT SITUATION

PUBLIC SAFETY CONCERNS

Currently the personal safety of thousands of consumers (medicinal and recreational) is put in jeopardy by the current laws. They are at the mercy of:

- unscrupulous dealers (the middle men) out to make profit AND
- 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 .

Medical users are being cheated, ripped off and frustrated; they are being persecuted and prosecuted in their efforts to get a regular, trusted and safe supply of the herb that gives them a better quality of life. They RISK all that just to get access to relief that is better than current pharmaceuticals. According to the 2013 Household Drug Survey, the aging population are embracing cannabis - because they have nothing to lose in return for the benefits gained.

BUT of biggest concern to current users of the natural product, is the potential **cost** and **quality** of any pharmaceutical supply. They want reassurance that it is the full plant extract and the best species for their illness. Any regulatory blockades should be kept for big pharmaceutical applicants who would be selling to the public; while users who grow their own, accept responsibility for the dangers resulting from their personal use. Patients have found that different strains of cannabis provide the best relief for different conditions, so Sativex is unlikely to benefit every patient who currently benefits (or could benefit) from whole plant extracts. Sativex is not subsidized by the PBS and costs around \$800 month - this puts it out of reach for those who most need it and who are probably on a disability pension.

Single cannabinoids or synthetic copies are incapable of the same actions of the full extract from the natural plant, as created by the Master himself.

Members of the Association in hemp/herbs/garden related retail businesses are reporting huge increases in inquiries from people who want access to, and/or want to know how to grow Cannabis for themselves – they dont care about the law – they just want relief ...

“...(a friend NSW) manages 2 hydro shops says about 80-90% of their business now is people growing their own for medical reasons. He also said they are selling 10+ brand new complete setups a week to people growing for medicinal reasons.

“Adelaide (Happy Herbs) stores get twenty or so (inquiries) between em, couple of the hydro shops here get about ten or so each a week.. “

“Hundreds ... 20-50/day.. ” (SA) “

“Between my retail store (NSW), the online store and my ebay store I would get roughly 20+ inquiries a week and that seems to be growing each time a new TV report comes out. I have just started to make a list of people and their reasons for sourcing cannabis and will be presenting this to my local MP who already is well aware I am getting lots of inquiries. “

Tony Bower, long time provider in NSW, receives hundreds of inquiries per week, even as he awaits a hearing for continuing to make medicine; while the Nimbin Hemp Embassy fields around a 100 inquiries a week via phone email and internet.

Several compassionate (underground) oil makers who provide free to others around the county are receiving on average 20 – 50 calls each week from desperate people begging them for help. In reality, this number would be an absolutely conservative estimate 4 -5000 people month seeking out Cannabis for medicine.

According to one source: “There would not be enough people who know how to do this to supply the people who need it.”

When consumers write to the health ministers of ruling parties and opposition, both state and federal levels, to get the situation changed, this is the common wording in the middle of their rebuff:

The Minister has asked me to reply:

Cannabis is included as a prohibited substance under the Commonwealth Poisons Standard incorporating the Uniform Scheduling of Medicines and Poisons. As such, the manufacture, possession, sale or use of cannabis is prohibited under state and territory drugs and poisons legislation. These controls are in place for public health and safety to ensure that all care is taken to prevent misuse of substances which are deemed harmful and for which there is no approved medicinal use.

*The circumstances under which medicines and chemicals are accessible to consumers in Australia are determined through a classification process known as scheduling. **Scheduling decisions made** under the Therapeutic Goods ACT 1989 **are independent of Ministerial involvement.***

No form of cannabis can be approved for medical use in Australia, unless an application is made to the Therapeutic Goods Administration with supporting data to assess its quality, safety and efficacy. The Government cannot coerce a sponsor to make an application for a medicine and approval cannot be given without an application. Until medicinal cannabis is proven in this way to provide more relief than the options currently available, the Australian Government cannot override these safety controls and legalise the use of cannabis as a medicine.

ALTERNATIVELY THE TGA CLAIMS:

*“Thank you for your inquiry to the Therapeutic Goods Administration (TGA) regarding producing medicinal cannabis. ... The TGA is part of the Australian Government **Broader decisions about decriminalisation and access to cannabis are the subject of other Commonwealth and state and territory laws** that apply to possession, use, trade in, distribution, import, export, manufacture, cultivation and production of cannabis....However, please note that cannabis is currently listed in the SUSMP as a schedule 9 substance. Medicines and poisons are classified into Schedules according to the level of regulatory control over the availability of the medicine or poison, required to protect public health and safety. **In Australia, medicine schedules are legislated in the Poisons Standard (the SUSMP)....**” (Which the TGA administers)*

*The term ‘medicinal cannabis’ may be used in reference to a range of preparations including raw cannabis, hashish and **pharmaceutical cannabis preparations (these have been HERBAL EXTRACTS SINCE TIME BEGAN)** such as tinctures and other extracts....; .. therapeutic goods lawfully supplied in Australia must appear as an entry in the Australian Register of Therapeutic Goods (ARTG). **(Only after FEEs and lengthy process)** to gain approval to supply a medicine in Australia; the sponsor of a product would need to submit an application together with supporting data on the safety, quality and efficacy of the product to the tga for evaluation. Approval for marketing in Australia cannot be given in the absence of an application. **(FOR YET MORE EXPORTIVE FEES)** In addition, the Act requires, with certain exceptions, that manufacturers of therapeutic goods in Australia hold a license. **(YET AGAIN FOR A FEE AND A LONG DRAWN OUT PROCESS)** It is an offense, carrying heavy penalties, to manufacture therapeutic goods for human use without a license unless the manufacturer or goods are exempt from this requirement. The TGA website provides further information regarding manufacturing therapeutic goods in Australia. **The TGA hopes the above information is of assistance.***

A touch of Regulatory overkill for a substance that already has TGA approval.

While cannabis remains so tightly bound up in red tape – the people who NEED access it are THE BIGGEST LOSERS. There is no need to control cannabis to this extent.

Perhaps this Inquiry has the power to recommend the one action that could put an end to the circular maze that provides all political parties with a convenient escape route. The buck passing has to stop before progress can be made. Take the decision out of the politicians' hands.

The Secretary of the Commonwealth Department of Health, Jane Halton, has the power to initiate a change in the Poisons Standard under the **SCHEDULING POLICY FRAMEWORK FOR MEDICINES AND CHEMICALS**:

4.5 Amendments to the Poisons Standard initiated by the Secretary

*Under section 52D(3) of the Act the Secretary **has power to amend the Poisons Standard on her own initiative**. In the Secretary's opinion, there may be a need to initiate a scheduling review on the basis of information that becomes available. This information may be provided to the Secretary by a member of an advisory committee or the Department. When the Secretary decides to amend the Poisons Standard on her own initiative this is a final decision. The Poisons Standard is amended in accordance with the procedures required to amend a legislative instrument.*

SHOULD CANNABIS REMAIN A PROHIBITED SUBSTANCE ?

FACTORS FOR PROHIBITED SUBSTANCES (SCHEDULE 9)

1. The substance is included in either Schedule IV to the United Nations Single Convention on Narcotic Drugs, 1961 or in Schedule I to the United Nations Convention on Psychotropic Substances 1971.

- A number of first world countries with populations similar to Australia have disregarded their obligation to the outdated treaties and conventions; rejecting the idea that cannabis should still be treated under the strict controls; and are in favour of the modern scientific and evidence-based research coming from worldwide respected institutions rebuffing claims that Cannabis is a 'poison' or that it dangerous.
- History reveals that cannabis was only included in the said treaties because it was not in the best interest of the fathers of prohibition and authors of the treaty, to have a hemp or cannabis industry. **Its scheduling as a prohibited substance is as illegitimate today as it was in 1937.**

2. The substance has either no currently established therapeutic value, or

- Cannabis plant extract (Nabiximols) has been approved by the TGA as the 'safe and effective' active ingredient in Sativex. One would consider this to be 'established therapeutic value'.
- Cannabis also has established therapeutic value in the relief of nausea caused by chemotherapy and HIV /aids and helps to boost appetite and enables sleep from the pain relief it gives.
- it is also recognised by glaucoma sufferers (including actress Woopi Goldberg) who swear by it.

3. Taking into consideration the danger to the health of individuals and of the community (both immediate and imminent) associated with the use of the substance as compared to the therapeutic advantages of the substance, the benefits are substantially outweighed by the risks.

Worldwide research is showing that the real and immense therapeutic benefits to all Australians, both immediate and imminent, of legalising cannabis, far outweigh the any minuscule risks of suspected or perceived 'danger' to the public . Viz:

- Cannabis is NOT a poison. It is listed in US pharmacopeia as having a toxicity of 4000- 8000 mgs per kg of body weight; and prior to the Marijuana Tax laws it was a trusted, reliable and favoured ingredient in over the counter and prescribed remedies for any number of ailments.
- In 1989 endo-cannabinoid system was discovered and is found in all mammals. Its secrets are still being uncovered. As a system of receptors in their physiology, there to receive NATURAL cannabinoids. Emerging research from countries where it's legal, are uncovering its unlimited potential as a curative and preventative medicine.
- Before it became (controlled) an 'illicit' substance - popular with the masses as a recreational pastime (used and abused) - cannabis was medicine and has been for centuries as such. The illicit market was caused BY the law that prohibits the use of cannabis. It would be completely obliterated if this were to change.

4. are the "Dangers" of Cannabis such that it warrants limiting use to strictly controlled medical and scientific research?

- The **National Drug Strategy Household Survey 2013** shows that pharmaceutically produced drugs currently have the highest rate of abuse, misuse and leakage into the illicit market since 1998.
- Nearly four (4) Australians die every day from overdose. Oceania, which includes Australia and New Zealand, has a higher than average drug mortality rate. Overdoses out-numbered road fatalities in Australia in 2012. (*Aust. Bureau of Statistics, 2014*). (<http://www.overdoseday.com/facts-stats/>)
- Death by overdose, intended, accidental or by foul play with cannabis – unheard of.

So when comparing to the risk of abuse and its consequences; against its therapeutic advantages and potential, the benefits of de scheduling it significantly outweighs any nominal and perceived risks to public safety and savings to the public purse via reductions in policing and PBS subsidies; there is NOTHING to be gained by keeping bound up in chains.

The real 'danger' to the public, lies more in budgetary damage done by the absurd waste of tax payers money being funneled out of the country to international pharmaceutical manufacturers, when cannabis – can be grown locally as a commercial enterprise for the pharmaceutical industry; niche manufactures; herbal supplements manufacturers; and home-made tinctures and oils that can not kill - is still being CONTROLLED.

5. The substance has no currently established therapeutic value and is likely to present a high risk of dependency, abuse, misuse or illicit use. (A high level of control is required through prohibition of use, possession, administration, prescription, sale or distribution to prevent abuse, misuse or diversion into illicit activities.)

- The substance (cannabis plant extract) has been evaluated and approved as safe and effective MEDICINE by the TGA for relief of **muscle spasticity in MS**;
- US held Patent on 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.
- US held Patent on Cannabinoids as antioxidants and neuroprotectants US 6630507 B1

Abstract Cannabinoids have been found to have antioxidant properties, unrelated to NMDA receptor antagonism. This new found property makes cannabinoids useful in the treatment and prophylaxis of *wide variety of oxidation associated diseases, such as ischemic, **age-related, inflammatory and autoimmune diseases***

AND presents a high risk of dependency, abuse, misuse or illicit use.

- **Dependency** on Cannabis is equivalent to a dependency on chocolate, junk food or computer games. Dependency is mostly for medical reasons. Like dependency on pain killers or sleeping tablets.
- **Withdrawal** One member who cured his cancer with doses of up to 3gms per day of pure oil and vaporized as well, had his supply slashed without warning and spent 10 months behind bars. His withdrawal included depression from environmental factors. He was a model prisoner.
- The only market for sufferers is the Illicit market
- It appears that pharmacy drugs have topped the **abuse and misuse** list in the latest round of ABUSE statistics in the **National Drug Strategy Household Survey 2013** - that makes these legal drugs a HIGHER RISK for dependency abuse and misuse whilst remaining free to kill and maim thru accident or intention or foul play. Non-medical use of pharmaceuticals in the previous 12 months has increased overall since 2007 and was at the highest level of use seen since 1998 (from 3.7% in 2007 to 4.7% in 2013).
- Findings released this week (4/8/14) by Vic. Health show that **15 people per day die** of alcohol related illness and 430 people are hospitalized every day from the effects – yet there are NO CONTROLS in place for public safety. There are NO CONTROLS over people who MANUFACTURE their own AT HOME. These products are pushed on us by allowing advertising and sponsorship of major televised sporting events. For example: final game of the State of Origin series - 4X v VB on players' jerseys and painted on the field; then Tooheys adds in the breaks – televised when our young players and fans are on school holidays – without controls.
- Anyone can go into any chemist and purchase a bottle of Kava for 'mood enhancing' and sleep assistance – despite deaths being reported. When anxious and stressed, people self medicate.. and they WILL adjust the dose to help relieve symptoms or take the pain away. There are NO CONTROLS except taking responsibility for your own actions.
- It should be the same with Cannabis which is a far safer alternative. Adult Cannabis consumers deserve the same consideration and respect when it comes to decisions about cannabis.

5. high level of control is required through prohibition of use, possession, administration, prescription, sale or distribution to prevent abuse misuse or illicit use

WHY is such a high level of 'control' applied to cannabis in the current climate? AND What it has been achieved by it?

- **CONTROLS are in place to prevent misuse. In this case they** have caused the illicit market to evolve and blossom; they have caused the criminal element to thrive because there WILL ALWAYS BE A HUGE MARKET demand for cannabis. People will NEVER stop seeking it out or risk growing it regardless of 'controls' when 300,000 Australians ADMIT to use daily and 750000 ADMIT to weekly use.

- Recreational /personal use of cannabis is complexly intertwined with, and ultimately inseparable from, medicinal use. People want access to a SAFE recreational alternative that they can grow themselves – like drinkers can make home brew. They prefer a toke rather than being pushed into booze culture by advertising and the law; and into prescription drugs from the doctor to mix with it, when there is no OTHER natural alternative to help them loosen up or sleep.
- In such a culture, reduced supply of cannabis creates a demand for substitutes.
- Police operations, primarily geared to search and destroy crops, to intentionally drive prices up by creating a scarcity in a captive market, only increases demand for cheaper and available substitutes – especially in our sick, and our youth who are vulnerable to thrill seeking behaviour and peer pressure. Ice, amphetamines and other synthetic imitations create huge problems in personal life and for society.
- Legal Highs replace the 'real thing'. They are called “synthetic marijuana” but are – in reality – very different from cannabis. They contain powerful chemicals called cannabimimetics and can cause dangerous health effects. The drugs are made specifically to be abused. Like many other illegal drugs, synthetics are not tested for safety, and users don't really know exactly what chemicals they are putting into their bodies. These synthetic drugs can be extremely dangerous and addictive. Health effects from the drug can be life-threatening. <http://www.aapcc.org/alerts/synthetic-marijuana/>)
- Cannabis is a much more 'society-friendly' drug than alcohol, ice, amphetamines, heroin, and many pharmaceutical medicines. To reduce its availability through heavy controls pushes people into a dark and dangerous area. This is what happens when you take away the SAFE option.

WHAT IS THE COST OF THIS THE HIGH LEVEL of CONTROL AND WHAT HAS IT ACHIEVED?

- A considerable amount of the annual police budget is wasted on Cannabis. Take for instance the ANNUAL NSW north coast 'search and destroy' missions = Police Air Wing costs as noted in the 2013 NSW Inquiry into Medical Cannabis doc : “\$2799.50/hr “ for a single engine aircraft as used on the Cannabis Eradication Program (CEP). These missions are carried out over a number of weeks in the northern rivers region every year – and the problem still exists. - one would have to have a serious look at that strategy. This money could be used much more effectively utilized in fighting other areas of drug-related crime.
- Ask anyone who has been dragged thru the court system and/or spent time incarcerated for growing cannabis what the cost has been. Ask our young people who have SUBSTANTIALLY REDUCED chance of employment and little or no chance of meeting new rigid demands being put on them by the Abbott govt; and restrictions placed on overseas travel because of convictions recorded against them for victimless, NON violent crimes. Such laws have helped put a disproportionate number of aboriginal people in prison, and left them with criminal records that hurt chances at education, jobs and housing. The 'offending' farmers could grow in peace to meet SAFE medical market demand for good outdoor bush - grown by experts with decades of experience - who could teach new 'farmers' the trade.
- Ask the babies born with Fetal Alcohol syndrome what the controls have done.
- Ask the magistrates who are faced with sentencing folks from all walks of life, who's only crime is cannabis for medicinal use . They have no room to move where this matter is found to be proven. Sentence inconsistency is seen throughout the nation. In NSW alone, this is a huge problem. One man can be imprisoned for 10 months awaiting trial for curing his liver cancer; while another case where a man grew and made medicine for his wife with breast cancer is thrown out of court . Why

should these people even be before the courts?

- There would be NO ILLICIT activity associated with cannabis if it were not a 'prohibited' substance. The regulatory over reach of the current situation could be 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. They are no longer legitimate nor justified.

Mental Health Issues

Depression

- In many instances, is caused more by social-economic circumstances, environmental elements and emotional upset than by Cannabis. It is elements like no job, no money, no car, no future, loneliness that lead to cannabis use to ALLEVIATE the depression. These sufferers, use cannabis to make their life bearable. They become 'lazy' thru continual rejection and limited opportunity to make something of themselves. So they sit at home, playing computer games, sleeping, mixing with friends and smoking bongos .. and generally trying to 'get a life' where there is none. Anxiety and paranoia arise when the men in blue come knocking at your door and your chances at life dissolve in front of your eyes. Then, when you freak out - along comes the ambulance to take you to Mental Health and you become a psychosis statistic.
- The suggested negative side-effects of cannabis use are well documented. But more recently, these have been found to have positive affects as a consequence. For instance 'Cannabis changes perception'. Dr Michael Lee, lead study author from Oxford University's Centre for Functional Magnetic Resonance Imaging of the Brain, said: "We found that with THC, on average people didn't report any change in the pain, but the pain bothered them less".
- Cannabis is considered by many people to be a natural source of stress relief. In fact, an Israeli study published last year validates this claim, suggesting that "cannabinoid system activation could represent a novel approach to the treatment of cognitive deficits that accompany a variety of stress-related neuropsychiatric disorders." Hoping to expand on these findings, a team of researchers from Vanderbilt University in Tennessee published a study in last month's issue of Translational Psychiatry. Their results suggest that increasing one's levels of endocannabinoids, particularly anandamide, could be a viable treatment for stress-induced anxiety.
<http://www.medicaljane.com/2014/08/11/study-cannabinoid-therapies-may-help-treat-stress-induced-anxiety-disorders/>

PTSD

- Another fascinating discovery, one with implications for PTSD, is that the cannabinoid system is integrally related to memory, specifically to memory extinction. Memory extinction is the normal, healthy process of removing associations from stimuli. By aiding in memory extinction, marijuana could help patients reduce their association between stimuli (perhaps loud noises or stress) and the traumatic situations in their past. Anecdotal evidence says by and large the use of therapeutic cannabis provides a significant improvement in quality of life both for those suffering from this malady and for their family and friends <http://veteransformedicalmarijuana.org/content/general-use-cannabis-ptsd-symptoms>
- The U.S. government has signed off on a long-delayed study looking at cannabis as a treatment for military veterans with PTSD. <http://www.cbsnews.com/news/government-approves-marijuana-study-for-treating-ptsd-in-veterans/>

SCHIZOPHRENIA:

- A team of researchers from the University of Manchester (UK) and the University of Lancaster (UK)

published "The Impact of Cannabis Use on Clinical Outcomes in Recent Onset Psychosis" in *Schizophrenia Bulletin*, last month (June 2014). Their results suggest that cannabis does not worsen the experience of schizophrenia, and it may in fact help.

<http://schizophreniabulletin.oxfordjournals.org/content/early/2014/07/09/schbul.sbu095.abstract>

CANCER OF THE LUNG, NECK AND HEAD

- In 2006 a systematic review looked at marijuana use and lung cancer risk. Dr Donald Tashkin of UCLA conducted a study in order to prove that marijuana use was linked to lung cancer. No association could be found between the two, even in chronic long term users. They observed that cannabis dilates the airways as opposed to tobacco and is an effective treatment against asthma and emphysema. But even heavy marijuana use has "far lower risks for pulmonary complications" than the consequences of tobacco use, Tashkin said.
- There are difficulties in researching the effects of cannabis. Many people who smoke cannabis also smoke tobacco. And users of cannabis often mix it with tobacco. This can make it difficult to know whether it is the tobacco, the cannabis, or both that has caused a cancer.
<http://www.cancerresearchuk.org/cancer-help/about-cancer/cancer-questions/does-smoking-cannabis-cause-cancer>
- As cannabis has become more accepted -- and in some places, legal -- a UCLA researcher has re-examined the question (2013): Does smoking marijuana cause lung cancer? In the June edition of *Annals of the American Thoracic Society*, Donald P. Tashkin, MD, emeritus professor of medicine at UCLA's David Geffen School of Medicine, says that light to moderate marijuana use does not cause increased lung cancer risk and that the verdict is not out on heavy use..
http://www.huffingtonpost.com/2013/06/20/marijuana-lung-cancer_n_3474960.html

MORE DRUG DRIVERS ON THE ROAD CAUSING ACCIDENTS

- In fact road fatalities have dropped in Colorado since marijuana was legalised, putting to bed fears of "drugged drivers" turning the roads into a bloodbath.
<http://www.9news.com.au/world/2014/08/07/03/13/road-fatalities-at-all-time-low-since-marijuana-legalised-in-colorado#oqBEEAFz3T2HArpB.99>

POT USE IN YOUNG LEADS TO BRAIN DETERIORATION

- Historically, marijuana use has been linked to the deterioration of young brains that often leads to burnout behavior. However, a new study of college students suggests quite the contrary: smoking weed may actually provide a certain level of increased brainpower. According to researchers from the University of Minnesota, consuming marijuana at an early age does not necessarily lead to poor cognitive function as an adult. In fact, their latest study, published in the March edition of the *Journal of Clinical and Experimental Neuropsychology*, researchers say college-aged stoners scored higher on several cognitive function assessments. <http://www.hightimes.com/read/stoners-have-better-cognition-non-smokers>

THERE NEEDS TO BE MORE RESEARCH

- To date, there are over 20,000 published studies or reviews in the scientific literature referencing the cannabis plant and its cannabinoids, nearly half of which were published within the last five years ... they reveal that cannabis (is) relatively safe and effective therapeutic and/or recreational compounds. Unlike alcohol and most prescription or over-the-counter medications, cannabinoids are virtually nontoxic to healthy cells or organs, and they are incapable of causing the user to experience a fatal overdose. Unlike opiates or ethanol, cannabinoids are not classified as central nervous depressants and cannot cause respiratory failure. In fact, a 2008 meta-analysis published in the *Journal of the Canadian Medical Association* reported that cannabis-based drugs were associated with virtually no elevated incidences of serious adverse side-effects in over 30 years of investigative use. <http://www.alternet.org/drugs/marijuana-one-most-scrupulously-researched-drugs-known-humanity-media-likes-pretend-pots>
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“Cannabis is a safer drug than aspirin and can be used long-term without serious side effects. It is never possible for a scientist to say that anything is totally safe. But, at the end of the day, scaremongering does science – and the public – a great disservice. Cannabis is simply not as dangerous as it is being made out to be.”

Professor Les Iversen, chair, Advisory Council on the Misuse of Drugs, May 2003.

Source: <http://www.standard.co.uk/news/why-cannabis-doesnt-kill-7285389.html>

The drug has been used medicinally for 2,000 years. It has been given with success in migraine and neuralgia, but it very often fails to afford relief. It is used for depressive mental conditions and anxiety states notably when associated with duodenal ulcer. It is useful for insomnia associated with pain because it combines analgesic with soporific action.

[Hale-White's Materia Medica, Pharmacology and Therapeutics, 30th edition. London: J & A Churchill 1957, p. 177]

It is a useless exercise to put specific parameters on any new law stating who can and who can't have access to cannabis. It becomes a matter of discrimination and a constitutional and health rights' violation. We have the chance to put the issue to bed once and for all. The trials must go ahead if that is what it takes. But for those who need it NOW to improve their quality of life by self medicating (as we do with legal medications) it will take too long. These people will continue to ignore the current unjust, unfair and unreasonable laws that currently govern the situation.

PREVENTITIVE HEALTH POLICY

- Following the recent publication of the Australian Institute of Health and Welfare report on the nation's health, which shows a growing trend among individuals to take responsibility for their health, the Complementary Healthcare Council of Australia led fresh calls for policymakers to raise their [commitment](#) to wellness and prevention. (02-Jul-2014) http://www.foodnavigator-asia.com/Formulation/Government-must-match-changing-tastes-with-preventative-health-policy?utm_source=copyright&utm_medium=OnSite&utm_campaign=copyright

HEMP FOOD INDUSTRY

The preventative health benefits of hemp foods & raw cannabis leaves are well documented and should be embraced not ignored. Since 2008, successive governments have 'controlled/regulated' the human consumption of hemp food. Currently, the Health Ministers and the PM hold the key to unlocking a valuable aid in PREVENTATIVE medicine, based in farma-cology rather than pharmacology - YET they continue to balk at making a decision.

Nutritionally, the **key point** about hemp seed food is that its **edible portion**--the meat of the shelled seed--resembles the seeds of other cultivated grains including wheat and rye, and **does not contain THC and will not make you high.**

Omega 3 is deficient in today's diet and is responsible for planning and organisation skills. This deficiency has the effect of 'shortening the wick' of impulsive behaviours. Research being carried out on NSW inmates that shows how a lack of Omega-3s equates to higher aggression levels. The preliminary findings suggest giving omega-3 supplements to young offenders might improve mental health and decrease violent

behaviour. Cannabis has substantial amounts of Omega 3 and can easily be incorporated into the diet.

Cannabis can be grown as a safe, renewable and sustainable source.

<http://the420times.com/2012/07/cannabinoids-occur-naturally-in-human-breast-milk/>

http://www.naturalnews.com/035759_cannabis_juicing_health.html

The fresh leaves can be juiced or added to food with no psycho-activity. Cannabis in its raw state is high in medicinal cannabinoids. With the leaves either juiced or consumed in a salad, they contain high content of vitamins and minerals and are loaded with non-psychoactive, anti-inflammatory and anti-cancer nutrient compounds known as cannabidiol (CBD). These are capable of preventing and reserving chronic illnesses and have unique immune-regulating capabilities. This essentially means that the human body was *built* for cannabinoids, as these nutrient substances play a *critical role* in protecting cells against disease, boosting immune function, protecting the brain and nervous system, and relieving pain and disease-causing inflammation, among other things.

There are literally thousands of published studies now showing the safety and usefulness of cannabinoids. They truly are a health-promoting "super" nutrient with virtually unlimited potential in health promotion and disease prevention and cure. WE could all BENEFIT from having a plant in our back yard.

AND with ALL the zillions of \$\$ raised in donations over many decades for the CANCER research, it is bordering on negligent to think that the Cancer INDUSTRY has NOT allocated some proportion of the funds raised by donation, into cannabis trials as a possible cure for cancer, or an adjunct therapy at least. This could be considered as fraudulent, considering the cancer fighting properties of cannabis have been known since 1974.

WHERE does this leave Tasmania?

The Australian LAW makers need to shed the stereotypical view of cannabis users and the stigma they associate with cannabis use. The best solution would be to marry the two industries and encourage investment in both.

Each state has the ability to amend its drug laws. "Broader decisions about decriminalisation and access to cannabis are the subject of other Commonwealth and state and territory laws that apply to possession, use, trade in, distribution, import, export, manufacture, cultivation and production" of cannabis can be changed to facilitate the industry – similar to Norfolk Island – would open the potential for medical tourism and offer a HEALTH solution to the service needs of sufferers are unable to be met legally. The market will come to you.

Now that Sativex has been approved as a prescribed medicine - arresting and jailing patients for using 'herbal' cannabis makes no more sense than allowing people to drink coffee while jailing them for possessing coffee beans.

Governments and anti-cannabis campaigners with a pathological fear and lack of understanding are the ONLY people who need to be convinced by trials.

The NSW Nurses Association has spoken out in support of cannabis to treat chronic pain. Some doctors speak (behind their hands) to patients about trying cannabis and many would come out publicly in support too, if they were not afraid to be de registered (or struck off the pharmaceutical rep's Christmas list) for using their own discretion in patient-care, instead of govt dictated best practice.

Do the law makers and health ministers (only one of whom has any medical background) know more about Cannabis than these TRAINED health workers and international researchers? Thousands of consumers use cannabis every day and we never hear of cannabis overdose or cannabis-fueled violence.

As a parent who lost a 21 yr old daughter to cancer, I am totally enraged that we were NOT TOLD about Cannabis as a possible treatment for her Bowel cancer - despite its illegality - when there was a NO HOPE diagnosis. Cancer Australia preaches that it wants patient involvement in treatments which is a crucial

healing element severely lacking in current 'best practice' option. Preparation of cannabis oil or tincture at home allows the carer and the patient to contribute to treatments they have faith in because it is their choice. The very best solution is for users to grow their own, or be able to purchase clean raw product at reasonable prices from a source such as Tascann proposed.

Each diagnosis of cancer has the pharmaceutical companies rubbing their hands together in profit making glee. When one considers the cost burden to the tax payer of around \$300,000 AND with 1:3 people being diagnosed with cancer, freeing up cannabis could make a SUBSTANTIAL reduction to the health budget!

Cannabis as a recreational choice, straddles both legal drug 'worlds' - tobacco and alcohol- and it could come under similar restrictions to pacify the slow learners. It should be up to the individual to use sensibly and in the public interest without impinging on the rights or safety of others. If those interests are put at risk by users, then the user pays the price.

It may comfort parts of society to have some 'regulations' in place - for those who have no common sense attached to their free will. Regulations for personal use to appease the anti cannabis lobby could, be the same as alcohol. These could include: prohibit sales to under 18s ; plain paper packaging with warnings about smoking; sold from bottle shops and specialist tobacconists and even chemists. No license to use. Home growing = home brewing = equal rights for all consumers.

The profit making potential from cannabis and hemp crops could pull all states back into the black by legislating tax proceeds as State only revenue. This can happen only if the 'prohibited substance label' is removed and or the state drug laws amended. People with reasonable minds believe there is absolutely NO legitimate grounds that can justify keeping cannabis as a prohibited substance any longer. Unless the reasons for doing so are tainted with the smell of the 'c' word that no politician wants associated with his name....

All Australians want A FAIR GO AT FIGHTING ILLNESS AND CANCER. They want honesty- not a doctor who is driven by best practice recommended by the puppets of the current ruling party who are vilified for telling patients about ALL of the options - from coffee enemas to microwave therapy to cannabis. Cannabis IS legal and accessible in other parts of the world... to withhold THIS information is negligent considering we have the 'right' to be included in decisions and CHOICES whatever our illness.

Thank you for making the opportunity available for our members to make comment.

Yours Sincerely

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Skeletal Overview of MCUA collective Proposal:

Step 1

TGA Secretary TGA de schedules cannabis

Step 2

it is then re classified as a listed ingredient in herbals complimentary medicine as guidelines for manufacturers large and small

Step 3

The TGA recommends to State and Federal Govts the update schedules and request that all legislative instruments be adjusted to remove all reference to cannabis as a illicit drug or prohibited substance in all drug related laws

Step 4

Legislate for a Cannabis Working Committee be established to administer the changes and plan their implementation federally and all states. (Health and legal specialists and other special interest groups) And set a time limit for implementation of changes.

Step 5

Hemp growers' licensing restrictions should be eased and commercial hemp food farming be opened up to the market forces with a few restrictions in place. (Responsibilities: Agriculture department; primary industries growing; and manufacturing minister drying and processing and marketing) Workers in the industry be over 18. (restrictions) Commercial Cannabis growers license like tobacco growers For raw cannabis product, GST is collected and payable from on farm sales to manufacturer and from manufacturer to wholesaler or retailer. The PBS would subsidize purchases of raw cannabis and manufactured products made on a doctors prescription. All other sales would incur tax such as that on tobacco and alcohol and it should be for individual STATE use only.

Step 6

The PERSONAL use of (recreational) cannabis could be treated as a cross between tobacco and alcohol regulations

Step 7

The huge re education campaign of the public which has in fact already started if results from polls and comments posted on recent media stories. Replace current propaganda with truthful fact sheets.

Step 8

All people in prison for non violent cannabis related crimes be released and convictions quashed; all people

with convictions should be able to apply to a newly created body, for cleaning of criminal record for cannabis offenses; and all pending cases shall be reviewed for dismissal. This would have to include releasing all current prisoners and canceling any further court hearings for relating to non violent cannabis crimes. And scratching of all convictions for cannabis use.. this could be done on application by those concerned. declares amnesty on all new charges and suspension of all current cases waiting hearing
Step 8

The people relinquish the right to claim compensation for the loss of family and loved ones; and the heartache caused by stopping access and the stubborn stand made by successive govts on this matter, in exchange for full de scheduling.

Overdosing deaths stats

A study in the US — where, like Australia, prescription drug deaths have been rising for a decade — has found the opposite trend in 13 states where medical marijuana use has been legalised.

Prescription drug overdose deaths in those states dropped by a quarter, the study published this week on the American Medical Association’s online journal found.

Drug sector workers in Victoria said making marijuana available for chronic pain relief would reduce the use of more dangerous drugs, including opiod-based prescription painkillers such as oxycodone and illegal drugs including heroin.

In 2012, 209 Victorian deaths were attributed to prescription opioid overdoses and 109 to heroin overdoses.

The State Government this week announced it would allow clinical trials of medical cannabis but stopped short of legalising its use.

Victoria’s peak medical body said medical cannabis may prove more effective than current prescribed treatments in some cases but legalising it would not solve prescription drug overdose problems.

“The abuse of prescription drugs needs a comprehensive response that include a real-time prescription monitoring system and increased education about the dangers of certain prescription medications,” AMA Victoria president Dr Tony Bartone said.

“However, the legalisation of medicinal cannabis for specific conditions, following extensive clinical trials proving its efficacy, could provide patients with further options.”

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