



National Medical Cannabis Users Association of Australia

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



The NMCUA is a growing collective of 3000 + Australian REFUGEES from the health 'care' system which offers no safe alternative for their terminal or baffling diagnosis; or their hidden illness. These sufferers are finding exceptional relief and extremely valuable therapy in whole-plant cannabis extractions. They use and/or support the use of full-spectrum whole-plant cannabis products as the only acceptable road to take in order to give the the people of Australia the access they deserve to the healing and preventive properties of Cannabis as medicine.

*This submission is made on behalf of the NMCUA under subsection 42ZCZK of the Therapeutic Goods Regulations 1990 (the Regulations) in response to the proposed amendment to change the current Poisons Standard to create a new **Schedule 4 entry for cannabidiol (CBD)** for therapeutic use with consideration of an Appendix D listing.*

The NMCUA is strongly opposed to the amendment being proposed. Our Reasons for this are many. In summary they are:

- ◆ it is not in the best interest of the majority of Australians ;
- ◆ it is an unnecessary, costly, bureaucratic administrative step that will slow the forward progression of the legalisation of Cannabis medicine, for very little gain;
- ◆ all sufferers who can benefit from whole-plant Cannabis' therapy will continue to suffer and will remain disadvantaged and in fear of prosecution; and
- ◆ in the opinion of reasonable minded Australians, if accepted, this proposal amounts to mal administration by the policy makers that will result in an unfair, unjust and unreasonable practice being established that is improperly discriminatory.

Explanatory Notes

At present no hemp product is "legal" to consume in Australia - the only country in the world to hold this view. The stubborn determination to keep it this way since 2008 by successive governments, despite the Food Safety Standard Committee's recommendations, is shameful in light of such overwhelming evidence world wide that confirms hemp as a super food. This decision needs to be addressed before any CBD product could be even be considered for internal use.

Cannabis extract (Nabiximols) has ALREADY been approved as safe and effective "medicine" by the TGA process – despite it being a plant extract. The people who need access to it via the "right channels" are being blocked at every turn by red tape and circular mazes which seem designed to forestall and frustrate. Ask anyone who has tried.

Cannabis is not a 'one-cannabinoid-fits-all' treatment. The healing power lies in full-spectrum whole plant extracts.

Cannabis might be 'new' to the pharmaceutically trained, but been used for centuries. Consumers are now turning back to it in increasing numbers, as they know it as being a safer alternative to many pharmaceutical preparations.

Australians are fed up with the risky side effects of 10 pills for one illness and the outrageous prices being charged. This cannot be justified when cannabis has the potential to be one medicine that could address 10 problems; and can be grown for the price of a tomato plant. Surely you MUST recognise the implications of this, in reducing dependence on the health budget!

Most health professionals are not acquainted with the endo-cannabinoid system and its connection with homeostasis; or the system's ability to syphon off exactly what it needs and store or eliminate the rest from full-spectrum of cannabinoids in whole plant therapy and rely on anti drug agencies for information.

Mental illness is no longer a valid reason to keep cannabis medicine from the people. Along with the Gateway theory, road carnage and an increase in violent crime - all disproven by statistics and news reports coming from legal US states. The therapeutic benefits of cannabis considerably outnumber any perceived threat to public safety.

Alcohol poses more risk of harm to society than raw cannabis – but its use is condoned and encouraged by governments who continue to refuse to ban advertising or sponsorship deals with NRL and International Cricket authorities – including promoting it on players apparel. Such hypocrisy makes a mockery of harm minimisation claims.

For our members who struggle daily with children afflicted with intractable epilepsy or terminal cancer and other illnesses - this proposal offers crumbs. They are so desperate for **legal access** to cannabis' healing properties, they are willing to settle for this now. Every day they live in fear of having their child taken from them - by death or the authorities. They have been running the gauntlet of the law for too long!

Those affected by iatrogenic disorders or rare and/or orphaned diseases for which there are 'no treatments', have turned to whole-plant botanical cannabis as a last resort and are experiencing undeniable results. In fact current research points to a group of baffling diseases that appear to be caused by cannabinoid deficiency. These people will be disadvantaged by this proposal as will glaucoma sufferers and cardiovascular patients.

Individuals, victims of crime, ex service personnel, and emergency service personnel who can benefit most from whole plant therapy for treatment of PTSD are being left out in the cold. CBD does not work on the correct ECS receptors to bring symptom relief. Evidence suggests that this may be why cannabis became popular as a 'social' drug of choice in the 1970s by servicemen on R&R from jungle warfare in Vietnam. A study is currently being conducted into this area in the US.

CBD alone, is totally **incapable of the exceptional results** we are **seeing in the media**. The results being experienced by real patients, and come from whole-plant therapy, with a

balance of THC and CBD working in synergy with the full-spectrum of cannabinoids (the “entourage effect”); and Terpenes which clear and reset the receptors in the body to make them more readily available for cannabinoids to attach. Without the terpenes the effectiveness of any cannabinoid is reduced.

To put cannabis therapy (and any proposed trial) into the hands of doctors, would be a backward step. It will take too long to get results the community are getting now. The compassion networks have been operating for a long time and are trusted by those who have been totally let down by the conventional treatment.

Thousands of Australians are already using or making their own cannabis preparations. They have no 'fear' of the medicine – only of the law. They trust it because it helps put an end to their suffering.

A blueprint for compassionate clinics offering alternatives to sufferers is being developed.

Doctors could learn from compassion networks which have learned from the international community and offer individualised care-plans that treat the mind, body and spirit as one, in a gentle stress-free environment that is much more conducive to the healing process. These support clinics can offer the full gamut of treatment including cannabis medical products; dietary advice and supplements; lifestyle changes, encompassing techniques like relaxation, meditation, massage, acupuncture, counselling, record keeping and making their own oil. Individual protocols are formulated. Healthcare is a personal choice.

These healing centres could work in tandem with licensed growers - ready to grow the most appropriate variety for each individual - assuring a sustainable, consistent and safe supply of the cleanest raw product.

These type of centres would be an invaluable asset to the health system lacking in public confidence and choice. Healing centres of this kind could only be possible on a larger scale, if cannabis were more appropriately classified as a botanical complimentary and this knowledge base utilised. Terminally ill do not have time to wait for doctors/ researchers to reinvent this wheel.

This proposal was submitted by the WA government. It makes references to :

- *With the **current public interest in cannabis as a medicine** and with at least two therapeutic products containing cannabidiol in the pipeline (Epidiolex®, GW Pharmaceuticals **and the Insys Therapeutics product*** there are **strong reasons to reconsider how cannabidiol is scheduled in the SUSMP.***

****Insys Therapeutics' product LEADER is a man-made synthetic.*** It is not in the public interest to use Plastic CBD. The public interest lies in trialling the real thing.

- ***Definitive and specific scheduling of cannabidiol will ensure regulatory certainty for those conducting clinical trials with this substance.***

The NSW government is the only one we know who considering conducting trials....

It seems the ship is being steered in the direction of synthetically produced “cannabis” medicine. This amounts to misleading the Australian people.

The speculation floating around has been born of mistrust. There has been no transparency or indication of what is being considered by the NSW Govt. working committee, until this press release dated 15th October appeared on the internet:

“..An Australian Company (Elixinol) has recently been given the go-ahead to grow high CBD hemp for medicine in New South Wales for medicinal purposes, it was announced today.

The Australian Government has seen the potential for industrial hemp medicine production in Australia.

The type of medicine being seen throughout the media recently being successfully used for Epilepsy, Cancer, Parkinson’s and other significant modern diseases are now able to be grown and processed in Australia....”

“...High CBD hemp’ Crops are expected to be planted within the next few weeks in New South Wales. The special breeds selected from Elixinol are based on decades of research into special cannabinoid varieties bred specifically for medicinal use.....

....Hemp seed oil, low in THC and high in CBD is now available legally in Australia for external use. No claims are able to be made until legislation and TGA approval has been approved – expected early next year....”

This proposal to schedule CBD as S4; the timing of this 'out-of-session' meeting; this press release; and the Premier needing a decision by December on a Cannabis medicine trial, all point to one thing – the safe and easy way out - **a CBD only trial.**

Our next concern is about **where this product is to come from.** Australian farmers are so bound up in gov. red tape that it is not a friendly industry to be involved in and unless the noose is loosened on the licensing procedures, it will remain the case.

These prospects have been extremely distressing to the people of Australia who expect a FAIR TRIAL with REAL cannabis like they have seen in the media. That is what most Australians are counting on because they want to make informed, balanced choices about their health care needs – this path stands in the way of that right.

Re: Appendix D listing:

When looking at the additional controls being considered on possession or supply, we believe they are not applicable and totally unnecessary.

We are talking about non psychoactive CBD oil extracted from industrial hemp plants. Cannabidiol is a single substance that in no way, shape or form can get users “high” and holds no appeal in the illicit market. Therefore:

- ◆ **it has no “ specific health risk”** that may be mitigated by restricting availability through specialist medical practitioners”
- ◆ **it has NO** “specific high potential for **abuse**”, (warranting) “restrictions on availability”
- ◆ **it has NO** “significant potential for illicit diversion and/or abuse” as it has no marketability or value because it cant get you “high”.
- ◆ **there are no** “specific health risks” - mood stabilisers, mood enhancers and changed perceptions are wanted effects of psychiatric medications; and psychosis can be caused by alcohol, prescription medications, genetics and childbirth...
- ◆ **it needs NO** “further restrictions on access” - it needs the noose loosened.
- ◆ **there are NO** “ implications for professional practice by affected healthcare practitioners and regulatory control by the states and territories. “

ADDITIONAL REASONS for our Objection:

- ◆ CBD is not a poison and is non psychoactive therefore it need not be on the SUSMP at all and it should not require a script. One of our primary reasons for opposing **cannabidiol** (CBD) only, is that it is not a 'medicine' – it is aggressively marketed online as a 'dietary supplement'.
- ◆ It is not dangerous nor toxic. Responsibility for self medicating presents little or no risk to the user or to the safety of the public – in much the same way as Vit C or panadol poses a negligible risk.
- ◆ There was no scientific validity in the reasons for Cannabis being included in the schedule in the first place. It was based on manufactured hysteria. Cannabis was a respected therapeutic agent from 1840 until 1937. Queen Victoria used it herself to relieve menstrual pain.
- ◆ There is no legitimate reason to use synthetic man-made CBD primarily based on cost; when Hemp extract is a botanical, recreated with uniform precision by nature herself and could be readily available to all now, at little cost through using the raw product as an extracted juice.
- ◆ Any and all attempts to bring about the medical use of cannabis have been stonewalled by the AMA and stalled by successive governments for decades. To make CBD available on prescription only, is putting it in the judgemental and ill-informed hands of medicos - who have long ignored its potential and medicinal properties, to the detriment of public health - some of whom may not to inform, recommend or offer it to patients.

- ◆ the only restrictions placed on it should be that it is a product of Australia - using ONLY the Australian grown product and manufacturing companies. As a soil rejuvenator, imported hemp goods may come from tainted or contaminated source. Any product imported should be thoroughly tested here before use of imported product is approved.

CONCLUSION

If considering any re scheduling, it would certainly make more sense in the long run, to consider de scheduling hemp and cannabis completely **at this time**. This would in turn give our agricultural industry a boost and allow trials to go ahead unimpeded by suffocating restrictions.

The Secretary of the Commonwealth Department of Health, 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.

It is by your own definition a “botanical” and fits snugly into your complimentary medicine criteria.

This simple act would also make the access to cannabis' medicinal properties FAR less complicated and costly – in terms of time and human suffering - by cutting unnecessary red tape. America is on the brink of de scheduling. The court rulings here, reflect the judicial opinion and the commonality of occurrence, of people fronting them for legitimate and demonstrable medicinal use, resulting in their being 'let off' in increasing numbers. There is NO need for this aggravation for sick people either.

More and more countries with similar or greater populations than Australia are ignoring the “treaties” that are way past their use-by date when it comes to modern science. The Secretary of the TGA has the power, under the act, to make scheduling decisions without political interference. Recommendations need to reflect what is really happening and should include a directive to advise all states and territories to remove the word 'cannabis' from all criminal legislative instruments and ensure that all non violent life- ruining convictions be squashed.

There is no justification or scientific evidence anywhere that confirms cannabis is harmful to humans. SMOKING cannabis is what is harmful. – medical users are acutely aware of this and avoid this method of administration.

Cannabis medicine has gained acceptance and respect by the general populous, not only for its curative benefits, but in the variety of ways it can be administered. Ingesting it - raw as juice or vegetable matter; made into edibles; as an oil or tincture; vaporising; topically as ointment -even via suppository – all options.

It's most appropriate place is in the Complimentary Medicine market. This allows for patient choice and doctors to supervise a patient's progress and record results (trial) of their patients care choice without fear of de registration.

Most NMCUA members are adamant they will continue to grow or seek out and buy the raw product and make their own medicine as this is a safer alternative than to RISK buying dodgy online products. Even though they fear the law - they need and trust cannabis more. NONE are criminals and should not be treated as such.

It is hoped that this collective of scientific minds will not remain overly cautious this time on this long drawn out issue. There are over 20,000 articles and fresh evidence coming out of recognised institutions almost daily, saying cannabis is good medicine – we can only hope this will not be ignored.

To continue to deny its therapeutic value to the masses, based on the perceived 'risks' of social degradation being the end result, borders on negligence.

It also brings the credibility and reasoning of the decision makers into question by the public who are well informed on the topic and expecting a FAIR TRIAL of cannabis medicine. It is time the doctors who tell patients from behind their hands to “keep doing what they are doing” came out of hiding. To bad they will not get the opportunity to speak up without fear of repercussions

Finally, please keep in mind that the people are the end users of these products – their knowledge and input must be considered and respected.

Thank you for the opportunity to contribute to this important issue

Yours Sincerely

Gail Hester
for and on behalf myself and the
National Medical Cannabis Users
Association of Australia

REFERENCES

From ELIXINOL WEB SITE = <http://www.elixinol.com/why-choose-elixinol/#.VFr29eq4bIU>

CBD Hemp Oil is a **dietary supplement** made from Industrial Hemp. It is not Marijuana. It is available in all US states. No permit or prescription required

FOOD AND DRUG ADMINISTRATION (FDA) DISCLOSURE:

The content of this website has not been evaluated by the FDA and is ****not intended to diagnose, treat, or cure any disease****

Press release

https://www.facebook.com/elixinol/posts/336466936525720?comment_id=342383405934073¬if_t=comment_mention

[CBD Alone does NOT Treat Epilepsy Effectively](#)

October 22, 2014/

“.....Janea took Haleigh to Colorado to begin using medical cannabis to treat her seizures. Cannabidiol (CBD) lowered the severity and number of Haleigh’s seizures, **but the real seizure control didn’t begin until higher levels of THC were introduced** into Haleigh’s treatment.

This is not surprising to anyone who is knowledgeable about cannabis. Cannabidiol is a powerful anti-inflammatory with some anticonvulsant properties, however, tetrahydrocannabinol (THC) is a powerful anticonvulsant and anti-spasmodic compound. Also, these compounds work in synergy with one another and the other phytocannabinoids which naturally occur in the cannabis plant.

.Since all facts, scientists, medical researchers, patients, and informed doctors know that CBD-oil alone is not an effective medical treatment, then why are so many legislators pushing “CBD only” legislation? Because it’s easy and safe.

Cannabidiol lacks the psychoactive properties of THC, but it also lacks comprehensive medicinal efficacy

There is no CBD/THC debate amongst the experts; only the morons. Here’s a question for the people who think that CBD only is effective: “Why don’t one of the many CBD products that are legally available work like whole plant extracts?” Hempmeds, Dixie, and others offer CBD tinctures that aren’t worth the bottle in which they’re packaged.

<https://halcyonorganics.com/cbd-alone-treat-epilepsy-effectively/>

EXAMPLES OF LAB TESTING OF CBD OILS

<http://www.icomr.org/5stars-certified-lab-test-endoca-hemp-oil-cbd-5-10ml-liquid-in-dropper/>

“.....Over the course of the past year, cannabidiol, or CBD oil, has quickly become the rock star of the medical marijuana industry because of its ability to treat a variety of conditions -- including epilepsy -- without exposing patients to intoxicating effects.

However, the cannabinoid is still illegal in most of the United States, which has provided *an opportunity for some hemp businesses to market a variation of knockoff CBD treatments that they claim have the same healing power as popular strains such as Charlotte’s Web.*

However, after patients began submitting complaints about some of these products, including “Real Scientific Hemp Oil,” (RSHO) claiming they were making them sick, a research firm dedicated to cannabidiol education – called Project CBD – launched a full-blown investigation into the matter.

After six months, the organization emerged with a 30-page report entitled “Hemp Oil Hustlers: A Project CBD Special Report on Medical Marijuana Inc., HempMeds and Kannaway,” which began as a curious look into an umbrella penny stock company, but transformed into a dissection of the hemp oil industry and its sometimes shady business practices.

Interestingly, Project CBD found that all three companies featured in the report are operated by the same controlling interest, and shows that Kannaway and HempMeds are both subsidiaries of Medical Marijuana Inc.

These companies are infamous for making claims about their legal hemp oils being significant sources for CBD because they are derived from imported hemp paste – implying that legal hemp oils are a suitable alternative to CBD medicine.

Yet, as the report indicates, these products are only technically similar and do not provide the same health benefits as high-CBD cannabis strains.

“We believe that industrial hemp is not an optimal source of CBD, but it can be a viable source of CBD if certain hemp cultivators are grown organically in good soil and safe extraction and refinement methods are employed,” wrote the authors of the Project CBD report....”

<http://www.hightimes.com/read/difference-between-hemp-oil-and-high-cbd-strains>

A half year ago, Project CBD assigned a writer to investigate and report on Medical Marijuana Inc., a penny stock umbrella company that markets “hemp oil” products infused with cannabidiol (CBD), a medicinal component of the cannabis plant. Originally we had

hoped to shed light on the complex financial machinations of Medical Marijuana Inc., a subject that had been addressed by a few stock market analysts but not by journalists in general interest publications.

Project CBD was poised to publish Aaron Miguel Cantu's research when we heard complaints from several sources that people were getting sick, in some cases "violently ill," when they ingested "Real Scientific Hemp Oil," Medical Marijuana Inc.'s flagship product. We decided to delay the release of our report until we had a chance to look into whether there was any truth to these allegations.

Our investigation proceeded in an unanticipated direction, involving analytical lab tests, hemp oil production tours, and a crash course in scientific data regarding toxic solvents, heavy metals, and other contaminants. We have presented our findings in this report.

One thing brought up in this article that concerns me is on page 23, it points out that the products sold by MJNA and friends have been found to contain heavy metals and decomposition-resistant mycotoxins derived from fungi.

Document revised on November 4th 2014

http://www.projectcbd.org/news/hemp-oil-hustlers-a-project-cbd-special-report-on-medical-marijuana-inc-hempmeds-and-kannaway/?utm_source=Project+CBD+Subscribers&utm_campaign=e3328b914e-Newsfeed_10_14_2014&utm_medium=email&utm_term=0_8439c35f49-e3328b914e-233789061

Studies and trials

<http://www.cannabis-med.org/studies/study.php>

Several pharmaceutical drugs have been developed which either contain or have similar chemicals as those found in the cannabis plant. Some researchers have used their understanding of how the brain processes [cannabinoids](#) to develop drugs which follow the same pathways but work differently than marijuana.

A sample of those pharmaceutical drugs based on marijuana are listed below with their names, trade names, manufacturers, cannabis-related properties, suggested medical uses, and approval statuses.

<http://medicalmarijuana.procon.org/view.resource.php?resourceID=000883>

PROHIBITION had no BASE in SCIENCE or MEDICINE

In 1930s the tyrannical **William Randolph Hearst**, the most powerful newspaper owner in America, began printing falsified and exaggerated stories about the "evils of marijuana". A blatant racist who despised Hispanics and Blacks, Hearst used his vast newspaper empire to create hysteria among white parents, alleging that "pushers" - most of them from the lowly ethnic minority class that Hearst despised-- would be dealing marijuana to high school kids, turning them into **addicts** who would quit school, commit violent crimes like murder and rape as depicted in the laughable film "**Reefer Madness**", produced in 1936.

In fact, creating public hysteria over smoking marijuana was simply a smokescreen for Hearst and the wealthy **DuPont** family to **prevent the cultivation or importation of hemp products into the United States**. The DuPont's held many lucrative patents on chemicals used in manufacturing plastics, paper, and paints that could become valueless if hemp products and **hemp oil** derivatives became widely available. But how could they prevent this harmless weed from making their billion dollar patents worthless?

Easy. Outlaw hemp cultivation and importation. But first, the public needed to be convinced that hemp was an "evil". During the 1930's, the Hearst and DuPont families, in conjunction with corrupt or ignorant government officials, condoned and popularized movies, books pamphlets, and newspaper articles warning about the evils of smoking marijuana. This tacit conspiracy worked beautifully. By 1930, many states had already criminalized marijuana use and labeled it a "**narcotic**"! White America had adopted the lunacy of "**Reefer Madness**" as pure truth.

In 1930, the Federal Bureau of Narcotics was created to enforce then existing laws regulating and prohibiting the use of **opiates, heroin, and cocaine**. In 1933, the Volstead Act was repealed by the adoption of the 21st Amendment. **Harry J. Anslinger** had been the Commissioner of Prohibition, but transitioned to Commissioner of the FBN in 1930 while Prohibition was on the verge of repeal. Between 1930 and 1937, Anslinger, in conjunction with the Hearst/DuPont Empires, had convinced several more states to outlaw marijuana possession. As time went on, more and more states, **inundated with more and more hysterical anti-marijuana propaganda**, outlawed the harmless herb. But to preserve the DuPont interest in keeping hemp and its derivatives from becoming a commercially viable product, he needed federal legislation. And he got it.

http://washington-drug-defense.com/REEFER_MADNESS