



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair)

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Submission Cover Sheet

Inquiry into Drugs of Dependence (Personal Cannabis
Use) Amendment Bill 2018

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From: [REDACTED]
To: [LA Committee - HACS](#)
Cc: [REDACTED]
Subject: RE: Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 inquiry
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Standing Committee on Health, Ageing and Community Services Legislative Assembly for the ACT,
CANBERRA ACT 2601.

20th March 2019

RE: Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 inquiry

Dear Committee Members,

Although I don't reside in the ACT, I wish to take the opportunity to comment on your Bill.

The proposed changes are a move in the right direction, given the population's majority support for personal cannabis use as evidenced by numerous public polls and the extent of community disregard for the outdated law's prohibition.

The proposed amendment as it stands is clearly designed with the so-called "recreational user" in mind. I prefer the term in quotation marks because you will find, upon questioning almost any "recreational" user over 30 or so years old about their motive for using cannabis, that their use invariably has an identifiable medical basis—whether it be to help with anxiety or stress, or back pain, or the pain from a work injury or from a lingering sports injury, or epilepsy, or migraine, or PTSD (especially among ex-military personnel), or a host of other medical conditions for which cannabis has shown itself to be an effective treatment with no serious side-effects, e.g., MS, Crohns, celiac disease, cancer, Parkinson's, Lyme, psoriasis, anorexia, insomnia, fibromyalgia, Alzheimers, glaucoma, nausea, period pain, skin cancer, etc., etc.

So while you may be framing a legislative proposal for the so-called recreational user, the reality is that an inestimable number of others will benefit—these being the huge number of desperate medicinal users whose needs are not being adequately met by less-effective pharmaceutical products that generally come with serious adverse side-effects. (The cruel farce that the federal government has masquerading as a medicinal cannabis scheme deserves no mention in any serious discussion of cannabis access in medicine.)

On a practical point, in view of a dearth of seedling suppliers, I suggest that the amendment allow 4 plants over half a metre in height, but also allow up to 12 seedlings under half a metre tall, so that adept growers with indoor growing facilities can germinate seeds and prepare advanced seedlings that can be passed onto friends to grow on to maturity. In light of the impracticality of securing a coveted plant in a typical urban backyard, I believe legislation must of necessity also allow indoor growing under lights. Presumably growers will be entitled to store the entire harvest from their 4 plants, this likely being way beyond the 50 gram figure mentioned, and this fact should be spelled out clearly so all parties are in no doubt.

At some stage there needs to be devised a fairer basis for testing positive at a roadside drug test. These procedures should test for actual driving impairment and not merely test for the presence of a substance, in some cases one that may have been taken days before. Early research in countries where cannabis has been legalised is revealing how drivers with a low level of cannabis in their bloodstream are slightly safer drivers than those registering no cannabis, it seems that cannabis encourages less risk taking behaviour behind the wheel.

In closing, I wish to thank the ACT elected representatives for taking the lead in seeking to remove this safe medicinal product from its undeserved inclusion in the Schedule of dangerous drugs. I say "safe" because there is not a single case worldwide where unadulterated botanical cannabis has been shown to have caused death. Not one case.

Yours sincerely,

John Savage

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