



**LEGISLATIVE ASSEMBLY**  
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

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STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES  
Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair)  
Ms Caroline Le Couteur MLA

## Submission Cover Sheet

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

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To the Standing Committee on Health, Ageing and Community Services,

I am writing with regards to the Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill. I would like to start this submission by saying that I support the bill as it stands. I believe that consenting adults should be able to use cannabis as they wish, within reasonable limits. However, amendments can be made to improve the lot of those who use cannabis to relieve medical conditions. There are also some practical considerations that need to be made for the bill to be more effective in moving people away from the black market.

### **My Personal Experience**

I am a person living with chronic rheumatoid arthritis. I am treated with a range of medications for that, and I am also taking several medications for other chronic illnesses. These drugs often lead to nausea, vomiting, loss of appetite, bone pain, headaches and more as side effects. Cannabis has helped me cope with these side effects on many occasions when doctors had nothing more to offer me.

The nature of an autoimmune illness such as rheumatoid arthritis is that sometimes, I experience flares, which cause me days of pain, immobility and fatigue. I have found that cannabis use reduces the pain to a more manageable level, so that I can sleep, attend medical appointments and perform a minimum of self-care. It also allows me to reduce my pain enough to participate in recreational activities with friends and family where I would otherwise be bedridden. CBD oil, in particular, reduces some of the inflammation, which increases my mobility and allows me to work when I otherwise could not. Cannabis does not interact with my existing medications, meaning that it is safer for me than most over-the-counter medications.

I am not eligible in any way to access medical marijuana under the current scheme. It is so restrictive that I would have to be dying. However, the use of this drug has given me back so much quality of life. I hate that I have to break the law just to get some relief, but until a fair medical marijuana scheme can be established, it is the only way I see of reliving some of my pain.

### **Recommendations**

#### **1. Allowances for Medical Users**

I support an amendment to the bill to increase the possession allowance for people who use cannabis for medical purposes. However, I am concerned that the implementation of such an amendment. Any such amendment needs to account for the difficulty many people experience in accessing specialists in the ACT, and must be far less restrictive than the current medical marijuana scheme.

Ideally, a broader basis for prescription of medical grade cannabis products would reduce the personal risk many undertake by allowing for standardisation of strains and formulations. This is something that should certainly be considered in future. However, this may take many years in

the current political climate, and for those of us in pain, that is simply not good enough. In the meantime, a licensing scheme for adults with chronic pain and other conditions would be a fair model.

A possible pitfall with such a model is that there is a stigma amongst many doctors against the use of cannabis, even where it is effective for gaining quality of life. Asking them to voluntarily take part in a licensing or certification scheme may not result in increased access. Some work in this area would be needed if that route were considered. A supportive framework to encourage general practitioners to engage with the scheme would be necessary, as the pain specialists in Canberra are already heavily loaded, which would impede access to the scheme.

For the reasons above, I support the amendments to the bill regarding an increased limit for persons with medical reasons, but would encourage the committee to ensure that the implementation of such a limit be informed by the lived experience of people who use marijuana for medical reasons *outside of the current scheme*.

## **2. Artificial Cultivation**

It is unclear to me why the bill rules out artificial cultivation, when other limits exist to prevent commercial scale growing. I believe that it is discriminatory towards the increasing number of Canberrans who live in apartments, and does not account for the fact that plants may be stolen if planted in the open. It would be unreasonable that my two plants should be legal because I was lucky enough to get an apartment with enough sunlight while my friend on the other side of the building can't use lights to grow the same strain and size of plants. This undermines the principle of the bill, which is to allow people to grow their own. I propose that reference to artificial cultivation be removed.

## **3. Seed Exchange**

Legalisation with reasonable limits must allow for the exchange of seeds without penalty, so that people can get the means to grow their own supply, or people will not cross that hurdle to exit the black market. If possible, room should be made within the law for a not-for-profit community seed exchange, so that those using the products for medical purposes could access different strains. For example, people using cannabis for chronic pain may prefer to grow a strain high in CBD, as this cannabinoid is more medically useful and does not get them 'high'. I propose that an amendment be made allowing for the exchange of seeds and the establishment of a legitimate community seed exchange.

## **4. Community Education**

There has been some discussion in the community about the dangers of allowing cannabis to be legal. As it is a drug, the same as caffeine, alcohol and nicotine, there will need to be some community education to help keep our community safe. It would be great to see some resources allocated educating people about using cannabis responsibly. This should take a harm

minimisation approach and could aim to prevent underage use, deter driving under the influence, steer people towards safer use methods than smoking and help people spot the signs of psychological dependence. I propose that funding, perhaps in the form of a grant round for community organisations, be allocated to educating the community upon passage of this bill.

## **Conclusion**

I summarise my recommendations as:

1. That the proposed amendment to increase the limit to 100g for medical users be accepted
  - a. That if a licensing or prescription model is to be developed, a temporary increase be declared for those with diagnosed chronic pain and illness.
2. That the restriction on artificial cultivation be removed.
3. That an amendment be added to allow for the possession and exchange of seeds
  - a. That a not-for-profit community seed bank be established.
4. That some resources be allocated to public education and harm minimisation.

Thank you for the opportunity to make this submission to the Inquiry.

Yours sincerely,

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