[redacted]

## Standing Committee on Health, Ageing, Community and Social Services –

## Inquiry into the Exposure Draft of the *Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014* and related discussion paper

- Author's name;
- A postal address and contact telephone number; and
- An e-mail address (if possible).

You might like to write your submission in such a way that individuals cannot be identified, and request that your name be redacted. Alternatively you can request that all or part of your submission remain confidential, in which case the committee will still be able to publish that evidence at a later date.

If you are concerned about the sensitivity of your submission, please contact the Committee Secretary on committees@parliament.act.gov.au. You may also choose to indicate whether or not to give evidence in person to the committee when they hold hearings.

Further information lodging a submission is available at: http://www.parliament.act.gov.au/in-committees/Getting-involved.

For further information or to lodge a submission please contact the Committee Secretary, Mrs Nicola Kosseck on 620 50435 or email at: committees@parliament.act.gov.au

At its meeting on Thursday, 7 August 2014, the Assembly passed the following resolution:

> "That the exposure draft of the Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014 and the related discussion paper be referred to the Standing Committee on Health, Ageing, Community and Social Services for inquiry and report by the last sitting day in June 2015.".
> ( http://www.parliament.act.gov.au/in-committees/standing_committees/Health,-Ageing,-Community-and-Social-Services/inquiry-into-exposure-draft-of-the-drugs-of-dependence-cannabis-use-for-medical-purposes-amendment-bill-2014-and-related-discussion-paper/terms-of-reference?inquiry=624651 ; accessed 12 February 2015)

[redacted]

I refer to the ACT Greens Medical Cannabis Discussion Paper and Exposure Draft Legislation: *Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014*, that were tabled by Mr Shane Rattenbury MLA, seeking comments by Monday September 15, 2014.

I understand this matter has been referred to the Legislative Assembly's Standing Committee on Health, Ageing, Community and Social Services for a report to be tabled by June 2015.

In submitting my comments on the Discussion Paper and the Exposure Draft Legislation, I am mindful of published opinions and views expressed in support of medicinal cannabis, for example:

> "… Medicinal cannabis use was lawful in Australia until the 1950s, but cannabis cultivation and use is now illegal in all Australian jurisdictions for any purpose, even though the international drug treaties to which (Australia is party) permit the medical and scientific use of drugs whose recreational use is prohibited…
>
> A recent review of research about medicinal cannabis use found 82 randomised controlled trials had positive results while only nine were negative. … at least half a dozen prestigious bodies in Australia, the United Kingdom, Canada and the United States have published favourable reviews of the evidence in the last 15 years.
>
> The consensus is that cannabis is not a miracle curative drug but it's very useful for relieving distressing symptoms, especially when the most often used drugs have not proved sufficiently effective or safe. …
>
> Medicinal use of cannabis is now permitted in more than a dozen countries including Canada, Switzerland, the Netherlands and Israel…"
>
> - Dr Alex Wodak, Emeritus Consultant at St Vincent's Hospital, Darlinghurst and president of the Australian Drug Law Reform Foundation; and Dr Laurence Mather, Emeritus Professor, Anaesthesia, Northern Clinical School at University of Sydney; *Australia has no reason to disallow medical cannabis use* (See: http://theconversation.com/australia-has-no-reason-to-disallow-medical-cannabis-use-24717 ; accessed 11 September 2014)

> "… (Marijuana) doesn't have a high potential for abuse, and there are very legitimate medical applications. In fact, sometimes marijuana is the only thing that works… We have been terribly and systematically misled for nearly 70 years in the United States (on marijuana), and I apologize for my own role in that…"

[redacted]

Dr Sanjay Gupta, a neurosurgeon and Chief Medical Correspondent for CNN; *Why I changed my mine on weed* (See: http://edition.cnn.com/2013/08/08/health/gupta-changed-mind-marijuana/index.html ; accessed 11 September 2014).

"…There is honest debate among scientists about the health effects of marijuana, but (the New York Times Editorial Board) believe that the evidence is overwhelming that addiction and dependence are relatively minor problems, especially compared with alcohol and tobacco. Moderate use of marijuana does not appear to pose a risk for otherwise healthy adults. Claims that marijuana is a gateway to more dangerous drugs are as fanciful as the "Reefer Madness" images of murder, rape and suicide.

There are legitimate concerns about marijuana on the development of adolescent brains. For that reason, (the Editorial Board) advocate the prohibition of sales to people under 21. …"

- New York Times Editorial Board; *Repeal Prohibition, Again* (See: http://www.nytimes.com/interactive/2014/07/27/opinion/sunday/high-time-marijuana-legalization.html ; accessed 11 September 2014)

"…the notion that medical marijuana leads to increased use among teenagers is flat-out wrong. A new study by economists Daniel Rees, Benjamin Hansen and D. Mark Anderson is the latest in a growing body of research showing no connection -- none, zero, zilch -- between the enactment of medical marijuana laws and underage use of the drug.

The authors examined marijuana trends in (USA States) that passed medical marijuana laws. They tracked self-reported pot use by high school students in the years leading up to and following the enactment of these laws. They conclude that the effects of medical marijuana on teen use are "small, consistently negative, and never statistically distinguishable from zero."

[redacted]

> The authors verified their work by running a number of regression tests and examining youth drug use data from other sources, too. They found that, if anything, passage of medical marijuana laws had a slight negative effect on teen use.
>
> …this paper, like others before it, provides straightforward evidence that there is no link between medical marijuana laws and teen marijuana use. …"
>
> - Christopher Ingraham in Washington Post-Wonkblog, *Medical marijuana opponents' most powerful argument is at odds with a mountain of research* (See: http://www.washingtonpost.com/blogs/wonkblog/wp/2014/07/29/medical-marijuana-opponents-most-powerful-argument-is-at-odds-with-a-mountain-of-research/ ; accessed 11/9/2014)

And while still early days, the sky has not fallen in the state of Colorado, USA since legislation on marijuana (Amendment 64) has been implemented in this jurisdiction commencing in the beginning of 2014:

> "…Marijuana prosecutions are way down across the state — The Denver Post found a 77 percent drop in January from the year before (http://www.denverpost.com/marijuana/ci_24894248/marijuana-case-filings-plummet-colorado-following-legalization). …
>
> The ominously predicted harms from (marijuana) legalization — like blight, violence, soaring addiction rates and other ills — remain imaginary worries. Burglaries and robberies in Denver, in fact, are down from a year ago. The surge of investment and of jobs in construction, tourism and other industries, on the other hand, is real …
>
> The Colorado State Patrol reported in April that fatal crashes in the first quarter of 2014 were down 25.5 percent from the year before…"
>
> - Lawrence Downes in the New York Times, *The Great Colorado Weed Experiment (*See: http://www.nytimes.com/2014/08/03/opinion/sunday/high-time-the-great-colorado-weed-experiment.html; accessed 11/0/2014)

I also note that the Discussion Paper refers to overseas experience with medical cannabis in the Czech Republic, Israel, Netherlands and USA.

[redacted]

## The Issue and Ramifications

At the outset, let us be clear as to the prime issue under consideration:

> *To legalise the medical use of cannabis for those who have a legitimate need*

In considering this issue, we should be aware that "… the international drug treaties to which (Australia is party) permit the medical and scientific use of drugs whose recreational use is prohibited …" (See: http://theconversation.com/australia-has-no-reason-to-disallow-medical-cannabis-use-24717 ; accessed 11 September 2014)

Legalising the use of cannabis for medical purposes would:

- empower those people who need it medically under their doctors' health management, and reinforce the patient-doctor relationship
- enable the cultivation of cannabis plants appropriate to the individual needs of the patient in terms of plant variety, efficacy and quality, and medical/cultivating costs
- remove the burden and stigma experienced by otherwise law abiding citizens so they no longer be forced to act like criminals under present legislation

> "… Experts have said it's difficult to predict how legalization will affect demand. But some (marijuana) dealers on Reddit noted positive changes in consumer sentiment as (USA) states have begun to permit usage. "Older-aged customers are more frequent now 'cause they are no longer scared of losing their jobs/lives/etc. over weed," one commenter said …"
>
> - Nate C Hindman in Huffington Post, *Where Pot Is Legal, Dealers Brace For Corporate Takeover* (see http://www.huffingtonpost.com/2012/12/13/pot-legal-corporate_n_2293593.html ; accessed 11/9/2104)

- free-up valuable and limited police resources to deal with criminal and anti-social activities that really matters
- curtail criminal and black market activities that are associated with the illegal use of marijuana

[redacted]

> [redacted] It may surprise you that open alcohol on Cullen Street (Nimbin) will attract more police attention than smoking a joint. Sgt Dave Longfield is a Public Order Tactical Advisor for the Richmond Local Area Command. When speaking about maintaining a peaceful protest over the (2014 Nimbin Mardigrass) weekend , he clarifies their agenda …
>
> "In our experience, people who over-indulge in alcohol tend to cause more drama than people who over-indulge in illegal drugs."
>
> …"
>
> - Mike McHardy, Paul Jeffers reporting in SBS, *This is Nimbin: inside the "refugee camp for the war on drugs"* (see: http://www.sbs.com.au/news/article/2014/07/10/nimbin-inside-refugee-camp-war-drugs ; accessed 11/9/2014)

I am mindful of the strident, well funded and politically influential anti-medical marijuana advocates whom attempt to obfuscate the debate by making statements such as: 'Data from epidemiological studies have repeatedly shown an association between cannabis use and subsequent addiction to heavy drugs and psychosis.'

But although "A" may be associated with "B", this doesn't mean "A" caused "B."

At best those who are anti-medical cannabis are ill-informed and misguided.

At worse, the anti-medical cannabis interest groups with vested interest will continue to throw up furphies, falsehoods and hyperbole to confuse the issue.

In this context, it is a no brainer that those with financial interest against medical cannabis would prefer people needing it to spend huge sums of money on a TGA approved pharmaceutical manufactured drug rather than growing the plant themselves at very little costs. (For example: "Sativex which has been approved in Australia only for one condition (treating intractable spasticity associated with multiple sclerosis) and is expected to cost patients between $500 and $800 a month." See: http://theconversation.com/australia-has-no-reason-to-disallow-medical-cannabis-use-24717 ; accessed 11/9/2014)

[redacted]

Further, evidence is mounting that it is the whole cannabis plant with its many chemicals acting in combination that are efficacious for those needing relief through medical cannabis – not pharmaceutical manufactured drugs with few active ingredients .

> "… There are more than 480 natural components found within the cannabis plant, of which 66 have been classified as "cannabinoids." Those are chemicals unique to the plant … Raphael Mechoulam (a decorated scientist, recently nominated for the prestigious Rothschild Prize), along with many others, said he believes all these components of the cannabis plant likely exert some therapeutic effect, more than any single compound alone … evidence is mounting that these compounds work better together than in isolation: That is the "entourage effect."
>
> … More than a decade of experiments revealed that a whole plant extract, bred to contain roughly the same amounts of THC and CBD in addition to the other components in the plant, was more effective in reducing the pain and spasms of MS than a medication made of a single compound …"
>
> - Dr Sanjay Gupta, a neurosurgeon and Chief Medical Correspondent for CNN, *Medical marijuana and 'the entourage effect'* ( see http://edition.cnn.com/2014/03/11/health/gupta-marijuana-entourage/ ; accessed 11/9/2014)

And shame on those health service providers who have not kept up-to-date with developments regrading medical cannabis but instead choose to arrogantly fall back on outdated dogma and are holier-than-thou.

So my message to those who choose to ignore the potential medical benefits of cannabis: You should be mindful that you or someone you love may need medical cannabis one day. You or someone close to you may need it DESPARATELY!

Imagine if you will, that someone you love is in desperate need of medical cannabis knowing that it can assist in the symptomatic management of the health issues but you cannot get it because it is illegal. Can you feel the frustration, fear, desperation, loss of control and stress of NOT being able to legally access medical cannabis, as well as the loved one's pain and suffering?

[redacted]

When you or someone else close to you gets cancer, for example, you WILL want access to medical cannabis.

As a high school student back in the early 1970's, I was in a school debating team and one of our topics for debate was ironically the merits of "Should marijuana be legalised?". Our team was tasked to speak pro-marijuana and as I recall we lost the debate. But in 1970's, we didn't have easy access to information about the medical use of cannabis via the Internet – the proverbial genie is out of the bottle.

For the record, I do not use cannabis but I support and respect people's need and right to access cannabis for medical purposes. I had two puffs of a marijuana joint back in the early 1980's but they did nothing for me.

I do not need to use medical cannabis at this time. However I am in my late 50's and part of a large and growing cohort – the older members of our community – who could benefit from access to medical cannabis when the need arises.

I held responsible positions in the private sector and Federal and State Public Service, but I retired early to care for my invalid wife whom was forced into early retirement due to her many health issues. I have a post-graduate degree in a health related discipline.

My invalid wife is mostly house and bed bound since her invalidity. Prior to becoming an invalid, my wife was very athletic and physically active. She benefits from the use of cannabis to symptomatically manage her many health issues as there are no cures for her conditions and prescribed medication does not work for her.

I was a justice-of-the-peace for many years but in middle age, I now find myself on the wrong side of the law actively seeking to procure cannabis for my wife's health and well being. If I am arrested and incarcerated for possession of marijuana, there is no one to care for my invalid wife.

Being retirees, our financial resources are limited yet I am compelled to travel interstate regularly for several days at a time away from my invalid wife to procure cannabis as I do not know where to get it locally in Canberra.

Further I cannot be certain as to the quality or efficacy of the cannabis that I buy illegal on the streets.

To wrap-up, I hope and wish that cannabis be legalised for medical purposes in Australia – it is not "if", rather it is "when". This is not an issue that will go away.

[redacted]

A recent poll indicated that the majority of Australians (almost 66%) “support the legalisation of marijuana for medical purposes and called on ACT politicians to act in the community interest.”

- Tom McLlroy reporting in Canberra Times, *ACT Minister Shane Rattenbury smokes out attitudes to medical marijuana* (See: http://www.canberratimes.com.au/act-news/act-minister-shane-rattenbury-smokes-out-attitudes-to-medical-marijuana-20140724-zwdyo.html ; accessed 11/9/2014)

In middle age, I am more and more sceptical about the motives of anti-medical cannabis advocates as well as those politicians and Government authorities whom fail to demonstrate leadership and intestinal fortitude on this important health issue.

But I am encouraged by the momentum for change, the preponderance of and access to information about cannabis so that eventually, it will be legalised for medical purposes in ACT and Australia.

You – our political decision makers – have the opportunity to make a real difference to Australian society and the health and wellbeing of citizens and voters in Canberra, and to demonstrate real leadership. And in future, you will have to personally declare your position on this issue and be accountable to the electorate.

Please consider this important health issue objectively, and be guided by good science and evidence. Do not be persuaded by those with vested interests against medical cannabis. Vote with your conscience rather than along political or ideological lines – support this issue because it is the right thing to do.

The Discussion Paper also posed a number of questions seeking comments to them. Please see the Attachment for my comments.

**Alternative to Proposed amendment Bill – Further Decriminalising Marijuana Use and Possession in ACT**

Finally if you will not or cannot support this proposed legislation in all conscience, then you may instead consider liberalising the existing provisions regarding cannabis in ACT.

[redacted]

I understand that it is “decriminalised” in ACT if a person cultivates up to two cannabis plants (or possess no more than 50g of dried cannabis), under the Simple Cannabis Offence Notice arrangement.

Noting that currently a trafficable quantity is defined under the *ACT Criminal Code* and its regulation as 10 cannabis plants, you may wish to consider referencing this quantity instead to liberalising the existing provisions in Canberra.

I also suggest that a doctor’s certificate confirming a person’s need for medical cannabis be given weight by the police when they are considering whether to prosecute an incident as a criminal offence or not. This would remove a degree of uncertainty for the police, the doctor and his/her patient.

Thank you for the opportunity to comment on this important health issue, Discussion Paper and Draft Legislation.

[redacted]

Attachment

**Responses to questions posed in the ACT Greens Medicinal Cannabis Discussion Paper**

We must be mindful that the core issue under consideration is the use of marijuana for medicinal purposes.

Categories of application to use cannabis

*Q: Are the recognised illnesses and conditions appropriate?*

I understand that:

- Category 1 is for terminal cases.
- Category 2 is for declared prescribed medical conditions
- Category 3 is to allow for consideration, approval of other non-prescribed conditions (declared under Category 2)

It appears that this category system provides sufficient flexibility to accommodate the broad and increasing range of medical conditions for which medical cannabis may be appropriate.

*Q: Are the requirements for medical involvement in the application process appropriate and adequate?*

If your treating primary physician certifies and can demonstrate that you need medical cannabis and other treatments are ineffective and/or inappropriate, then this should be the end of the story. The medical declaration seems reasonable and I fully concur for the doctor to discuss "the likely risks and benefits of using cannabis".

Category 1 cases only need minimal involvement by the CHO – terminal is terminal. There is no need for official photo identity cards etc for Category 1's when only a medical certificate is necessary. Otherwise the CHO's detailed involvement would only add to the patient's burden who is already confronting his/her imminent death. (The CHO's valuable resources could be better spent on other important tasks.)

I understand Category 2 is for declared medical conditions while Category 3 is to allow for consideration, approval of non-prescribed conditions under Category 2.

The requirements for one and two specialist doctors under Category 2 and 3 respectively seem rather onerous, bureaucratic and unnecessarily costly. Further in some cases, it may be extremely difficult to access one specialist

for his/her certification let alone two – think of the shortage of local specialists, or timely access to one.

A more sensible approach would be for the treating primary physician to refer a patient for a specialist doctor opinion but only should it be necessary medically, rather than to fulfil a compulsory bureaucratic requirement – a prudent primary carer-GP would do this anyway.

*Q: Is it sufficient that for Category 2 and Category 3 applicants all regular treatments are "medically inappropriate"? Should other factors be relevant – for example, if a treatment is unaffordable?*

We should be guided by the interactions between the patient and the doctor as to what is "sensible" and/or "reasonable" and medically "appropriate" or "inappropriate".

It is bewildering to me that a person in medical need should be held back from growing a medicinal "weed" which could be easily grown for minimal cost, so that pharmaceutical companies and other hanger-ons can reap huge financial gains to the detriment of the sick.

However I am not against pharmaceutical companies making reasonable economic profits rather than obscene profits. (This is quite aside that there is a question mark over the effectiveness of cannabis based pharmaceutically manufactured drugs anyway!)

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Role of the Chief Health Officer (CHO)

*Q: Does the legislation strike the right balance in regards to eligibility for children to use medical cannabis?*

I don't think it is necessary or appropriate that children are barred outright from using medical cannabis under Category 3, notwithstanding evidence contraindicating cannabis for children's use.

Doctors have to weigh risks and benefits as a matter of routine anyway when providing medical care – the onus is on a doctor to demonstrate the net benefit for a child to use medical cannabis.

The CHO should be guided by the recommendations of the treating doctor(s) and deal with applications on a case-by-case basis. (Otherwise are we saying that we cannot trust treating doctors to fulfil their duty of care to their patients?)

[redacted]

*Are the conditions for permits to use cannabis sufficient and appropriate?*

I understand that the CHO is required to issue a permit if the conditions are satisfied in S7 of the Draft Legislation unless there is a compelling reason not to issue one, in which case the CHO's decision is a reviewable decision.

The conditions described in the Discussion Paper seem reasonable.

It seems more sensible and administratively efficient for:

- Category 2 and 3 permits to use medical cannabis be for longer than one year and may be renewed, recognising that many if not most of the approved applications are for chronic and persistent conditions that will likely continue beyond one year.

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Permit to grow cannabis

*Q: Are the conditions for permits to cultivate cannabis sufficient and appropriate?*

The need to cultivate cannabis plants arises from a medical need which is to be approved by the CHO.

So it would be logical that once the CHO approves an application to use medical cannabis, then the authority to cultivate plants should be automatic rather than having an extra approval layer/process.

However, where there may be reasonable cause NOT to permit cannabis cultivation, than this should be the exception to be determined on a case-by-case basis and be reviewable under administrative law. (It begs the question of where you would get medical cannabis if you cannot grow it?)

The administrative mechanism may be for the CHO to liaise with the police so they can check for reasonable cause not to enable cannabis cultivation prior to the CHO determining an application to use medical cannabis.

But we should understand that permits are NOT a medical issue, rather they are a policing issue – e.g. security measures over the plants. There is an opportunity here for the police to make a difference if they provide guidance as to what are reasonable security measures.

It seems more sensible and administratively efficient that:

- Category 1 approvals include permits to cultivate plants for one year and may be renewed
- Category 2 and 3 permits should be for longer than one year and may be renewed, recognising that many if not most of the approved applications are for chronic and persistent conditions that will likely continue beyond one year.

Noting that currently a trafficable quantity is defined under the *ACT Criminal Code* and its regulation as 10 cannabis plants, then it would be easier to administer by referencing this number as the default quantity allowable under the draft legislation. This would seem more administratively efficient instead of assigning a particular number of plants to each individual permit.

However there will be occasions when more than 10 plants are needed and this is when flexibility is needed on a case-by-case basis. A recent case involved a person suffering from a rare and aggressive cancer and he needed over 70 plants for medicating his condition. (Refer: https://www.youtube.com/watch?v=MComcHaPXDs&app=desktop )

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Review of the legislation and further options

*Q: Is 3 years an appropriate period before the review occurs?*

Yes – there should be a review and 3 years time from the legislation's assent/implementation seems reasonable.

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*Cannabis can impair a person's inability to operate a vehicle. Will patients using cannabis treatment be allowed to drive?*

Q: How should drug-driving laws deal with the issue of legalised medical cannabis?

The real issue is about impairment to drive, whether impairment is due to using cannabis or some other legal or illegal drugs or any other factors.

On this question, you may wish to consider the experience in Colorado, USA:

[redacted]

"To keep stoned drivers off the roads, the state is expanding to 300 the number of law-enforcement officers trained as "drug-recognition experts." Combating drugged driving is complicated, because there are no instant roadside tests for marijuana and results might be meaningless anyway; regular users can have blood concentration levels of THC, the psychoactive ingredient in cannabis, well over Colorado's legal limit of five nanograms per milliliter and drive perfectly well, and marijuana can be detectable weeks after a high has worn off. Research on the dangers of mixing marijuana and driving is scant, but so is evidence that legal cannabis makes the highways more dangerous. The Colorado State Patrol reported in April that fatal crashes in the first quarter of 2014 were down 25.5 percent from the year before."

- Lawrence Downes reporting in the New York Times, *The Great Colorado Weed Experiment (*See: http://www.nytimes.com/2014/08/03/opinion/sunday/high-time-the-great-colorado-weed-experiment.html; accessed 11/9/2014)

End Attachment