

If our scientists and medical colleges would put forth the same effort in finding the virtues in the “true remedies” as found in nature for the use of the human race, then poisonous drugs and chemicals would be eliminated and sickness would be rare indeed. If they would make use of only these remedies that [the universe] has given for the “services of [all people]” it would bring an untold blessing to the world.

(Source: Kloss J., Back to Eden, Back to Eden Publishing Co., 1995, p.ix)

Standing Committee on Health, Ageing, Community and Social Services
ACT Legislative Assembly
CANBERRA ACT 2601

Inquiry into exposure draft of the Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014 and related discussion paper

Thank you for the opportunity to provide a Submission to the above inquiry. My Submission strongly supports legislation that enables people to have ready and affordable access to medicinal cannabis – without unnecessary and unreasonable obstruction by the government, bureaucrats and/or the medical profession – as and when required.

Trial

I am strongly opposed to the Legislative Assembly sponsoring a cannabis trial (I trust that this is not being considered). Further cannabis trials are unnecessary as the scientific evidence is in and people in many parts of the world including in like-minded countries to Australia, have had access to medicinal cannabis to alleviate their pain and suffering for decades.

Should the Legislative Assembly require a ‘trial’, this would mean that Members are effectively saying that people residing in the ACT are a different ‘species’ of human being to other human beings living in other parts of the world including in countries such as the USA and Western Europe.

A trial would constitute a waste of resources and delay the introduction of treatment to people suffering in the ACT right now – today. Any decision that causes a delay in making medicinal treatment available to people who are suffering or having their learning opportunities disrupted – as is the case for some children – is counter-productive, cruel and inhumane. A trial simply cannot be justified.

Medical Involvement in Application Process

I do not agree that ‘doctors’ should have the right to determine the type of treatment a person may have for pain or any medical condition for that matter.

I am deeply concerned that some doctors may not support their patients in using medicinal cannabis and some may actively encourage vulnerable people to try pharmaceutical drugs first. I am also concerned that some doctors may have financial interests in companies that manufacture the pain relieving drugs that the

doctor is seeking to encourage and prescribe to his/her patient – and subsequently receive a bonus payment for writing the prescription. This is totally unacceptable to me and raises conduct issues. In the end, it is vital that consumers be informed through an ACT Government or other education campaign that the decision to decide their treatment type is theirs.

I believe that my health is my own personal responsibility and therefore, it is my human right to determine the best treatment for myself and/or my child. No politician, bureaucrat or medical professional should stand in the way of people accessing any product that they consider may help them after having acquainted themselves with the potential risks and benefits.

Doctors do not own their patients – patients are not the property of the medical profession. Similarly, governments do not own people – governments are instead required to serve the people and act at all times in good faith for the betterment of the people. Government laws that jail people for committing an act that alleviates the suffering of another person is a bad law – and bad laws must be changed.

Chief Health Officer Role

I have major concerns about naming the Chief Health Officer (CHO) as the final decision maker as to whether or not a person may access medicinal cannabis to alleviate their suffering. I believe that this approach is extremely heavy handed, overly bureaucratic and inconsistent with the approval process for well known ‘habit forming’ and dangerous pharmaceutical drugs prescribed for pain which are handed out like lollies by doctors to vulnerable people every day.

Scientific research and observations prove that many pharmaceutical drugs prescribed for pain (oxycodone/oxycotin, endone) are not only addictive but highly dangerous with significant adverse side effects including breathing difficulties, addiction and death – yet this is legal, no problem says governments and the medical profession. For prescribing these habit forming and dangerous drugs there appears to be no CHO oversight and yet it is proposed that medicinal cannabis have such scrutiny. This is discriminatory and unjustified.

It is inconsistent to have two divergent approval processes for pain relieving treatments with the natural product being subject to a higher approval test than the known addictive pharmaceutical drugs. It does not make sense.

Rights of Review of Decision

The CHO involvement in the approval process raises questions around the timeframe for decision and review rights (a legal principle in Australia) should a person seeking medicinal cannabis receive an adverse decision.

This is a critical issue that must be addressed as this proposed heavy-handed approval process opens the door to an extensive bureaucratic process that may result in significant delays for decision. In the meantime, the suffering person must wait and this wait and possibly for several months. This potential scenario is unacceptable given that each day of delay results in unnecessary suffering and could make a significant difference to the person’s longer-term health outcome.

Questions

Should the Bill proceed, how will people of the ACT be informed about their rights to choose an appropriate treatment for their medical condition?

Will the sick and suffering be informed that they have the right to decline a doctor's request that they try pharmaceutical drugs first before being permitted access to medicinal cannabis?

Why should a vulnerable and suffering person be required to seek CHO approval to access and use medicinal cannabis when the patient down the road, addicted to pharmaceutical pain relieving drugs, is free to shop around for their medication without requiring any formal approval process?

Should the CHO be required to give approval to a person seeking access to, and use of, medicinal cannabis, what review rights does a person have should they receive an adverse decision?

Should the CHO be required to give approval to a person seeking access to, and use of, medicinal cannabis, what is the timeframe for the approval process and what guarantees are proposed to be built into the system to ensure that applications do not fall between the cracks?

Categories and Medical Conditions

I am offended that people of the ACT would be forced to try 'conventional treatments' in the first instance after a diagnosis when it is very well established that many such treatments are harmful and cause preventable deaths. I would encourage the Committee to inform itself of the myriad of research available including the Australian book entitled, *Selling Sickness: How drug companies are turning us all into patients* (Ray Moynihan and Alan Cassels, Allen & Unwin, Sydney, 2005) and a recent media article in the 'Sydney Morning Herald' (Amy Corderoy, Health Editor, 8 February 2015) – see link:

<http://www.smh.com.au/national/health/peter-gotzsche-founder-of-the-cochrane-collaboration-visits-australia-to-talk-about-dangers-of-prescription-drugs-20150205-136nqc.html>

If I was unfortunate to get cancer, I would expect access to medicinal cannabis immediately – I may even be cured as there are many documented cases where this has occurred. It is my right to decide what treatment I want to try, surely. Every person I know who has had chemotherapy has gone into rapid decline and died soon after. It is a well established fact that chemotherapy strips away the life-force and healthy cells from the human body – I ask you, why would I want to try that and moreover, it is inappropriate for governments to even attempt to direct me (or my child) to one form of treatment over another.

In terms of medical conditions, I support medicinal cannabis being made readily available to people suffering from cancer (regardless of the stage the disease is at) and all of the conditions listed in the draft discussion paper.

In addition, I would propose additional medical conditions. These include back injury of any type that causes long-term, significant pain (see below case study) and autism in children. On the latter, I know of a case where a young person with

aspergers syndrome (on the autism spectrum) used cannabis and his autistic characteristics virtually disappeared. He was able to communicate and socialise with ease with peers in a way that he struggled to do in his normal daily life.

Medicinal cannabis relaxes the muscles and nervous system and autism is a nervous system disorder and thus, medicinal cannabis for this medical condition needs to be seriously considered. Imagine the change in children's lives? Imagine the cost savings to government in terms of special needs education and services? This could make a significant difference to both the affected children and their families.

True Case Study 1

I am close to an adult male, William*, who is dying – here in Canberra. A few years ago, William was diagnosed with prostate cancer. William was prescribed conventional treatment – radiation therapy and later chemotherapy and other medications. Since having chemotherapy just a couple of months ago, Williams deteriorated significantly. I believe that this treatment has shortened William's life expectancy. William is currently bed-ridden. It is likely that he will not be independent again as he can only walk a few steps with the aid of a walker.

William suffers pain every day. He is on many pharmaceutical medications and I have lost count of all the coloured pills. William is now a 'legal' drug addict – addicted to Endone (a pain medication), the side effects of which leave him in a very poor state – he has no quality of life. William is under a specialist oncologist who has treated him for some time and he has been told that he has around six months to live. It should not be this way.

Having observed William's rapid deterioration following conventional treatment, I have formed the opinion that if he was able to have medicinal cannabis, his suffering would be alleviated and the side effects from all the medications either diminished or eliminated as they could then be stopped. I have encouraged William to ask his doctor about getting his hands on medicinal cannabis but he dutifully listens to his doctor who does not appear to want to help. Having observed William's treatment first-hand over recent years, I am of the view that had he accessed medicinal cannabis at the first point of diagnosis, he would not have experienced anything like the suffering he has endured and nor would he have had the associated costs of multiple ineffective treatments and medications.

Do I believe that William's suffering is able to be alleviated even for just a short while before he leaves Planet Earth? Yes I do. Do I believe that Williams will be able to access what he needs to alleviate his suffering before he passes? ... sadly, no I do not. The decision on whether or not William may have his suffering alleviated rests with the Legislative Assembly.

Case Study 2

I know a woman who has a 20 year old son, Alex*. Some years ago, Alex had an accident and he has suffered pain in his back ever since. The pain has affected his life opportunities – he cannot work or study. Alex was a very good student and aspired to be a doctor and yet it is doctors who have been dishing out script after script of powerful pain relieving drugs such as oxycodone.

Alex is now a drug addict.

Because of the pain and addiction, Alex is now taking all manner of other prescription medications and shops around for these pills. He is also drinking excessively in order to try and 'blot' out the pain.

What happened was that the dose of the pain relieving drugs needed to be increased over time which has resulted in major addiction. His body now needs higher and higher doses.

Alex now wants to commit suicide as he sees that there is nothing that can help him and he cannot live a full and quality life while suffering such pain. Alex is committing acts of self harm (cutting – his arms and legs are now significantly scarred). Alex's mother is at her wits end – she believes that he will die unless he can find a treatment that will address the pain long-term.

Alex now needs drug rehab and event mental health services say his suicidal thoughts are due to the pain he is suffering – it is a vicious cycle. Alex has nowhere to go as his mother can no longer deal with the issue. Further, Alex's addition now involves multiple pharmaceutical drugs caused through his endless search for relief. I would ask this: where is the accountability of the medical profession?

This is a tragedy of mammoth proportions – for such a young person with their whole life in front of them to be suffering in this way. Doctors can no longer help – there is nothing else – except medicinal cannabis. It is at least worth a try given that Alex's life is at stake.

It is important to note that Alex is just one of many such cases and it is a major injustice to deny any person relief of their suffering based on ignorance and prejudice.

Conclusion

In conclusion, I strongly support ready access to, and use of, medicinal cannabis for people suffering from a wide range of medical conditions including but not limited to the conditions outlined in the in draft discussion paper.

The current Bill has major flaws and inconsistencies with the approach taken to regulatory approval processes associated with known habit forming and dangerous drugs. I do not agree that the Chief Health Officer should have any role in the approval process.

The treatment of health conditions is a matter for the person suffering the condition and their treating health professional. It is inappropriate for suffering people to be asked to wait for a bureaucratic decision that may take several months – and even be missed altogether – which may result in the worsening of a person's health outcomes.

For people seeking urgent pain relief, time is of the essence and history tells us that bureaucratic processes are generally unable to meet the immediate needs of the person seeking redress and in this case, approval to use a medical substance.

The model and approach proposed in this Bill demonstrates how unevolved and behind Australia is in comparison with similar countries. We need to look to overseas models but whatever approach is adopted, control must never be given to pharmaceutical manufacturers.

Finally, given the extensive range of potentially and even known harmful and addictive medicines readily available on the pharmacy (and even supermarket) shelf, why should it be that a beneficial and potentially life-saving or life-transforming substance not be similarly available to people who need it?

Thank you again for the opportunity to provide feedback.

* Names have been changed to protect the individual's privacy.