

Pro forma A

**INQUIRY INTO ROAD TRANSPORT AMENDMENT (MEDICINAL
CANNABIS-EXEMPTIONS FROM OFFENCES) BILL 2021**

Name: Pro forma A – in favour of the Bill, requesting that THC be removed from the definition of prescribed illicit drugs and have equal treatment under the *Road Transport Act 2013* to morphine and other opioids.

Number received: 21

The Committee received 21 pro forma A submissions for the inquiry into the Road Transport Amendment (Medicinal Cannabis-Exemptions from Offences) Bill 2021. These responses were based on a standard template, with no additions made by individual contributors. The standard text received can be found over the page.

Standard Text

Dear Members,

I wish to support the proposed amendment for the following reasons:

1. THC is now a drug listed on the ARTG in Sativex™ and should be removed from the definition of “prescribed illicit drugs” within the meaning of “the ACT”
 - a. Morphine is not mentioned in the definition of “prescribed illicit drugs”
2. THC should receive at least the same treatment as morphine in section 111 of “the Act” being a safer substance than morphine *“Opioids are widely prescribed for chronic pain, but due to concerns related to harms, recommendations have been made to reduce reliance on higher doses [1]. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. JAMA. 2016;315:1624–45.*
3. The exemption for Morphine being extended to THC does not detract from the greater offences included in subsequent sections of “the Act”
4. The exemption for Morphine being extended to THC does not detract from offences related to impairment.
5. The success of Medicinal Cannabis in Australia, as predicted by the Minister for Health in 2016, is such that now 2,000 doctors are regularly prescribing Medicinal Cannabis to hundreds of thousands of patients per year usually in replacement for another medication/s.
6. Medicinal Cannabis acts on the body’s own endocannabinoid system unlike many synthetic pharmaceuticals which are regularly prescribed, which may cause significant impairment but are not specifically mentioned in the way that THC is singled out eg: SSRIs, SNRIs, pregabalin.
7. The concern raised by the “digest” about “reversal of onus of proof” must surely have been dealt with in the wording for the defence of using Morphine properly under medical direction. Therefore, it is sensible to match the wording for THC to the wording for Morphine to avoid said concern.
8. https://www.bitre.gov.au/sites/default/files/documents/international_comparisons_2019.pdf measures that road fatalities per 100,000 of population in Australia and Canada in 2019 show similar rates of road safety at 4.68 vs 4.69 while Canada had legalised and significantly liberalised access to, Medicinal Cannabis and Australia was only at the beginnings of the industry.
 - a. This however could be compared to Germany at only 3.62 where legalisation of Medicinal Cannabis was extensive by 2019 and was paid for by most Health Insurers.
 - b. Driving under the influence of drugs is considered an offence according to German law. Drivers are considered under the influence if drugs are found in their blood, irrespective of the amount or concentration. This regulation refers to a selected list of drugs. **Drugs used as medication and administered as intended are exempt.**

It is my belief that to single out THC as a “prescribed illicit drug” within the meaning of the act is outdated since THC became a registered drug on the ARTG. Therefore, to discriminate against THC versus every other possibly impairing drug becomes unsustainable.

That doctors in their wisdom, after decades of training choose to prescribe other medicinal cannabis products instead of ARTG pharmaceuticals suggests that those doctors believe the drug is of more benefit to their patients. For the law to act against the judgement of the doctor in an unbalanced way forcing patients to accept lesser health because of an outdated regulation is open to serious question.

To possibly rely on a lack of research to perpetuate the status quo would fly in the face of a very large body of research already accepted by many nations with which Australia has mutual agreements on pharmaceutical regulation. The European Parliament has already officially stated that sufficient evidence exists to allow European Doctors access to medicinal cannabis for their patients.

It must be recognised that any apparent gap in the body of research should be correlated against the inappropriate demonisation of THC as a (then) popular medicine produced by many large pharmaceutical companies, for US political and racial reasons (matter of public record) and absence of THC from “grandfathering arrangements” as the FDA was formed while grandfathering opiates and even paracetamol allowing one of the now most medically demonised pharmaceutical cocktails to pass straight through.

I therefore commend this amendment to the “Act” on it’s merits and the above comments.

Your sincerely
