

**Submission
No 62**

**INQUIRY INTO USE OF CANNABIS FOR MEDICAL
PURPOSES**

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To: The Committee

INQUIRY INTO THE USE OF CANNABIS FOR MEDICAL PURPOSES.

Cannabinoids should be available to people who require their use for medically beneficial purposes.

Attached is a publication, *Medical Uses of Cannabis – Information for Medical Practitioners*. A very good reference manual of peer reviewed research, past and ongoing in fields related to the use, efficacy and safety of cannabis for medical purposes.

The book contains results and findings of the only known Australian medical cannabis research project involving the sourcing, cultivation, and laboratory analysis of high THC cannabis plants. Contained in *Medical Uses of Cannabis – Information for Medical Practitioners* is the Report and results of a survey conducted of medical cannabis users.

Upon request, permission was granted to the National Drug and Alcohol Research Centre (NDARC) to use the entire survey and conducted it at a National level with associated media and advertising.

Results of the NDARC findings are published in the *Harm Reduction Journal*, link [Survey of Australian using Cannabis for Medical Purposes](http://ndarc.med.unsw.edu.au/publication/survey-australian-using-cannabis-medical-purposes).

Swift, W, Gates, P & Dillon, PG, 2005, 'Survey of Australian using cannabis for medical purposes', *Harm Reduction Journal*, vol. 2

<http://ndarc.med.unsw.edu.au/publication/survey-australian-using-cannabis-medical-purposes>

I would like to provide further representation on behalf medical cannabis users if it may assist the Committee.

Further unpublished research and testing was conducted to compare control samples against street sourced cannabis to determine levels of nutrient loads, heavy metals and other contaminants. Results of these finding point to the urgent need for education and information in relation to known contaminants that could be present in street sourced cannabis, this is especially important for ailing people already using or intending to use cannabis for medical purposes. Additional processing techniques were explored which resulted in the production of non-smokable cannabinoid products using critically chilled water as the extracting medium. This type of material could be supplied to research and other investigators for further evaluation and can be produced from high or low THC cannabis.

Further and more detailed research was carried out involving inter-cannabinoid modulation, non-cannabinoid compounds and volatiles.

I could provide further information on this and other findings.

During the process of compiling research contained in *Medical Uses of Cannabis – Information for Medical Practitioners* I became acquainted with a number of medical experts including Prof Lawrence Mather and Dr Macdonald Christie of the Institute of Pain Management Research at the Royal North Shore Hospital.

The final draft was very well accepted by those in the medical profession with the Sydney book launch at the Institute for Pain Management Research.

Dr Christie had previously written papers on the safety and uses of cannabis for medical purposes and assisted in an unsuccessful research proposal to use cannabinoids for medical purposes, specifically spinal postoperative pain management.

Prof Mather had taken more interest in my research explaining that as he very close to retirement he could be more outspoken on the medical benefits of cannabinoids. The Professor once stated that he had been aware of the essential part cannabinoids could play in relation to pain management but was never allowed to use them. He went on to say that he had spent a whole career in pain management research looking for a bunch of agents that could do what cannabinoids can do.

I have come to understand that most people who would benefit from the use of cannabinoids for medical purposes have never used cannabis, will never need to smoke it, and will never need dosages above recognised levels of intoxication. These facts alone attest to the added safety and efficacy of cannabinoid use.

I could provide further information on these issues.

I assisted others and co-authored the Ethical Medicinal Cannabis Supplies submission that was referred to considerably in the Consultation Report of the Expert Working Party

There is much evidence that could be supplied in relation to this and other groups that have established to assist those requiring ongoing good, clean standardised products.

International efforts have established various systems to supply whole cannabis and cannabis products to patients who suffer from recognised conditions that respond to cannabinotherapies where conventional pharmaceuticals have failed.

The Committee would be by now well aware of various medical cannabis supply measures adopted and commented on in countries like Canada, Britain and other EU Members, as well as many States in America.

Though these measures are well documented and a great deal of commentary is attributed to these jurisdictions, neither the International Narcotics Control Board (INCB) nor the World Health Organisation (WHO) recognise any of these endeavors as legitimate.

All efforts made in the above mentioned countries in relation to the use and supply of cannabis for medical purposes are strictly speaking against United Nations Drug Conventions.

Interestingly, American States that have approved medical cannabis measures are in conflict with Federal laws.

It should be of interest for the Committee to investigate any adverse consequences experienced by those jurisdictions around the world who have allowed compassionate and regulated measures around the use of cannabis for medical purposes.

It must be noted that the transition by governments from policies against cannabis in all forms, to compassionate medical cannabis regimes that allow for possession, use, cultivation, processing, manufacture and supply had taken differing paths to achieve.

In light of the fact the UN Drug Conventions specifically allow for signatories to permit cannabis for scientific, research and medical purposes under the same provisions provided for opium

production and use. The primary obstacle encountered in relation to any regulated approach to medical cannabis provisions is contained in the fine print in relation to obtaining cannabis from a 'lawful source'.

The INCB is an independent arm of the UN General Assembly and provides oversight to the various Drug Conventions Australia and most all other countries are signatory to.

I note Professor Wayne Hall who was Chair of the NSW Expert Working Party on the Use of Cannabis for Medical Purposes is now one of the 12 Board Members of the INCB.

I have in the past discussed issues in relation to the use of cannabis for medical purpose with the Prof who was obviously in support of the recommendations made by the Expert Working Party. For various reasons, difficulties were subsequently encountered with every attempt at fulfilling any of the 24 recommendations of the Expert Working Party.

Lawful sources of cannabis for medical purposes.

This issue in itself will determine if and how cannabis could be supplied for medical purposes in NSW.

Lengthy court proceedings between the USA DEA and medical researchers in America substantially support the notion that US based Monsanto; Netherlands based Hortapharm and Canadian based Kenex own rights or are considered the only lawful sources of cannabis for medical purposes.

The Britain based GW Pharmaceutical (makers of Sativex) is another company with some particular cannabis proprietary, though not recognised by the UN, INCB or World Health Organisation due to the fact that the foundation cannabis seeds to establish the company were not from a 'lawful source'. It is understood partnerships and mergers have occurred between Bayer AG, Monsanto and GW Pharma that could see future cannabinoid products derived from suitably lawful cannabis.

While the INCB binds all signatory nations, some countries and jurisdictions have chosen or found it necessary to enact regimes as close as possible to INCB articles and rules. These countries have implemented compassionate measures due to the inflexibility and ambiguity of international drug conventions in relation to the use of cannabis for medical purposes.

Australian citizens in need of cannabis for medical purposes should be afforded this small blessing, the opportunity to safely find relief or avert side effects from ailments that some have carried for many years. Australia's position or citizen's medical necessities should not vary greatly in this regard.

I believe there are several initiatives that could be explored in order to ensure those with accredited recommendations can access safe, reliable, regulated cannabinotherapies.

I would be happy to answer any inquiries or provide further information and critical evidence in relation to any issues I have raised.

Yours sincerely

Andrew Kavasilas