

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

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Partially Confidential

# THE NEW SOUTH WALES PARLIAMENTARY INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Sunday, 10 February 2013

My name [redacted]). I have lived with HIV for some 25+ years (diagnosed [redacted] with possible sero-conversion some years before). I have been a longterm user of medical cannabis. I do not smoke tobacco or take any other recreational drugs, I drink in moderation (less than ten standard drinks a month). I am serious about my health, I try to eat well and exercise regularly. I work casually and receive a part-pension.

Cannabis was first recommended to me by my first HIV specialist who asked if I used cannabis, when I replied in the affirmative he said "Good, I like my patients hungry and happy". In the early days before anti-viral therapy cannabis just helped with quality of life - but with the introduction of therapies cannabis helps not just with the effects of HIV but assists with the side-effects of medications.

My main problems over the years have related to nausea and loss of appetite. I was first diagnosed with HIV wasting syndrome in [redacted] and have struggled with weight gain ever since. Currently I am considered underweight at approximately 65 kg (72 kg would be a 'happy weight') and appetite is something I struggle with greatly.

Cannabis can relieve both the nausea and the abdominal cramps at the same time as restoring appetite - without cannabis I would require an anti-emetic such as stemital or maxalon and buscopan for the cramping. My doctor has not been able to prescribe anything that could even come close to cannabis for appetite stimulation.

A few years ago I had the misfortune of vomiting over a several hours watched over by a health professional who later saw me having a little pipe of cannabis and talked to me about it - they were stunned that within 20 minutes I had stopped dry-retching and was sitting at a table eating a bowl of soup. They stated they had never before seen the medical effects of cannabis so effectively demonstrated.

One problem I have had with cannabis is the unknowns involved with the blackmarket supply. I would prefer a product that comes with health warnings and with a known

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cannabinoid profile - I am lead to believe a profile of THC for the nausea & appetite with a strong presence of CBD to lessen the psychological effects of the THC - to me the psychoactive effects of cannabis are side-effects I seek to ameliorate. Other problems with the current supply model (blackmarket) are unwanted interaction with criminal activity, outrageous costs and intermittent supply to name but a few.

Cannabis has not adversely affected my place in the workforce, my employer is aware of my medication but has accepted my assurances they have nothing to worry about intoxication in the workplace. I am regarded as a responsible employee of ten years standing. My family and friends have a positive attitude to my medical choices.

I would welcome an opportunity to testify before the committee.