INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

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Date received:	24/01/2013

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21 January 2013 The Hon Amanda Fazio MLC Labor Duty MLC for Ballina

I provide this submission for NSW Legislative Council Standing Committee No. 4, an inquiry into the uses of Cannabis for medical purposes. I write to provide a summary of the evidence regarding medicinal uses of cannabis. This review is meant to be representative, although not comprehensive. I have included only human studies.

Cannabis has been used for medicinal purposes throughout recorded history and across diverse cultures (1, 2). While the illegal status of cannabis has made formal study of the medical effects of the drug difficult (3), there is compelling evidence that cannabis has therapeutic benefit in treating many diseases (4-6). Specifically, cannabis has demonstrated therapeutic benefit in the treatment of multiple sclerosis (4-7), Chronic pain (8), glaucoma (4, 5, 9), mental illness (depression, Bipolar disorder) (10, 11), alleviating adverse side effects of chemotherapy and increasing appetite in people with cancer (4-6, 12, 13) and HIV/AIDS (14), and may have effectiveness in Huntington's disease (15). Cannabinoids contain potent anti-tumour agents, thus cannabis smoking may prevent cancer (6).

There is little evidence of potential harm in the medicinal use of cannabis. Smoking cannabis does not appear to have the same degree of impairment of lung function as tobacco smoking does (16). The 'gateway' theory, which posited that cannabis use leads to 'use of 'harder' drugs, has been discredited and disproven (17, 18). Cannabis is non-addictive (19), although there is evidence that users can develop a psychological dependence leading to social dysfunction (20). A validated tool exists to identify cannabis dependence (21).

The evidence regarding cannabis and psychosis or schizophrenia is not clear. While there is evidence that cannabis can cause deterioration in a person already prone to psychosis(22), cannabis also appears to have a role in treating schizophrenia (23, 24).



Use of cannabis should be discouraged in adolescents, as there is compelling evidence that heavy regular use interferes with brain development (25-29), as does alcohol, and may lead to a higher risk of depression in later life (30-33).





A collaboration between The University of Sydney, University of Western Sydney, University of Wollongong and Southern Cross University supported by the Australian Government Department of Health and Ageing and the Northern NSW Local Health District

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PO Box 3074, Lismore NSW 2480 Phone: +61 2 6620 7570 Fax: +61 2 6620 7270 Email: ucrhreception@ucrh.edu.au You will, of course, be aware that medical cannabis (called Marijuana there) programs have been operating in several U.S. states for some time now, with success (34-36). One study which examined effects of such state programs, both positive and negative, found that "Legalization of medical marijuana is associated with increased use of marijuana among adults, but not among minors. In addition, legalization is associated with a nearly 9 percent decrease in traffic fatalities, most likely to due to its impact on alcohol consumption." (37 p. 19).

U.S. States permitting medical cannabis have experienced a 9% decrease in suicide rates (38) and an increase in overall (non-medical) (39) but not adolescent (40) cannabis use in the general population.

In consideration of the benefits thus far identified, there would appear to be an ethical imperative (41) to approve medical cannabis use.

While you have invited submissions on "any other related issue", I will refrain from discussing the larger issue of drug law reform as regards cannabis, except to point out that there is a strong and healthy policy debate that is providing ever more light on the broader issues (42-46).

I would be pleased to provide any additional information that might be to the Committee's benefit.

Sincerely,

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