

Submission
No 88

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Name: Name suppressed

Date received: 15/02/2013

Partially Confidential

I am extremely impressed that the Australian government has taken an interest in utilizing and regulating medical cannabis as a pain management treatment. Cannabis is widely known around the world as both a medicine and a recreational drug, with both positive and negative connotations. This submission is not going to go into all the intricacies of proving how and why cannabis is good for everything that it prevents, treats, and cures. All of that information is easily accessible across the world, everywhere from renowned university studies to the backyard remedies that have all stated the fact that cannabis is an effective medicine. I applaud Australia for choosing to do a medical trial, but I do not believe that a trial is going to prove anything that is not already found to be true in other countries where this has been studied for years.

Instead, what I have to offer is a personal account of working in the medical cannabis industry for years in ~~in~~ the United States, where it has been regulated by the state and mildly tolerated on a federal level. The inherent problem is that in the U.S.A., cannabis or its wider used slang name, marijuana, is illegal on a federal level because of its listing as a Schedule One drug in the Controlled Substances Act of 1974. This erroneous classification of cannabis placed it among most of the most addictive and illicit substances the drug world has to offer, like heroin, crack cocaine, and methamphetamine. Being on the Schedule One, explicitly stated that Cannabis has absolutely no inherent medical value, and was therefore not allowed to be prescribed by any practicing physician. This was huge mistake, as now the majority of Americans now agree that cannabis is an effective medicine, and numerous states, nearly 15 of them, have voted to legalize cannabis as a medicine since California first blazed the trail in 1996 by passing proposition 215. Even more incredibly, in the last election, the states of Washington and Colorado have legalized it for recreational use.

The U.S. federal government, in its ignorant and arrogant attempt at staying on top of an already out of control drug war, has been raiding state mandated and legitimate businesses charged with the distribution of cannabis to the patients that are qualified to use it for a plethora of medical reasons. In all seriousness, I can tell you first hand that I have seen people have assets and funds seized, been imprisoned needlessly, and in worst case scenarios, patients have died due to the governments actions to try to stop a medicine that can be grown in your own backyard.

It may sound like I am exaggerating, but I am not. I am speaking to you because I truly believe in the power of this plant to help so many people, and it has been demonized for far too long. I will ask that my name be withheld from any publication of this submission, as I would not like my views of such a controversial plant to be held against me, especially due to its current illegality. That being said, I would like to share with you my story with Medical Cannabis.

Humboldt County, an area of California that is known around the world as the Emerald Triangle. It is one of the longest providing and highest producing parts of the U.S. for commercial (albeit illegal) cannabis. Proposition 215 was only 7 years old, but the Emerald Triangle had been pumping out the highest grade commercial cannabis since the 1970's when thousands of disillusioned people left the cities to "get back to the land." One of the best ways to support themselves and their off the grid lifestyle was to grow cannabis illegally, which all if its proceeds was received in cash and subsequently circulated in the community. The traditional industries of the area were logging and fishing, both of which had nearly collapsed. Cannabis was the economical driving force of the entire area, so much so that the rural schools accepted knowingly that all the donations they received to keep afloat came directly from the sale of an illegal drug. And everyone was happy about it, even those that didn't ever touch it, as the drug money came to them through the purchase of their goods and services.

When medical cannabis came into the picture, it allowed the state to receive a new tax flow that was unprecedented. I became part of the statistics, as I had gone to my primary care practitioner complaining of migraines and all I got from him was multiple prescriptions of pharmaceutical pills that either didn't work for my migraines, or made me even sicker with diarrhea or nausea. Finally, I told him enough is enough and that I had self treated myself with cannabis and that it worked. My physician was not allowed to prescribe cannabis to me. In fact, that was the real problem with the Schedule one status of cannabis and the proposition 215 legislation. Cannabis was federally illegal to prescribe, yet in California it could

be RECOMMENDED by your doctor in order to qualify as a patient under the law. Therefore, my physician said, good luck with that, as his hands were tied; He said would lose his license if he were to prescribe it to me, and his practice would fire him if he even recommended it to me.

Despite the glaring disparity of the law for prescribing vs. recommending, a whole new industry popped up of doctors that became the middle men of the medicine. These doctors were made up mostly those that were retired or were disillusioned with the medical industry and they set up practices solely to recommend medical cannabis to qualified patients. These practitioners were called "pot docs" and they charged upwards of \$150 dollars a year to recommend medical cannabis, signing off on a piece of paper stating that under the auspices of proposition 215, this patient has my recommendation that cannabis will help their condition. It was an easy job, as the patient would have to prove through their already existing medical records that they had a pre-existing condition and then release these documents to the pot doc. Once the medical records were at the pot doc's office, you came in for an appointment and after about 15 minutes, the doc had your \$150 and you had your piece of paper allowing you to grow, possess, and buy medical cannabis. It was a mutually beneficial relationship that was repeated on a yearly basis to keep each patients' recommendations valid.

My doctor was a retired emergency room doctor that had a small office. It was not until I had my records released and after a long two week waiting period did I finally get into see him. This was 2003 remind you, so not as many doctors were doing this service and there was a great demand, especially for a highly knowledgable doctor like mine. Your doctor was not only the one to give you access to the medicine, but he was also your lifeline if you ever got in trouble with the law. It was your doctor that you would have testifying on the stand in court on your behalf so you wanted him to be a strong advocate of cannabis for your condition. This is the reason why so many primary care physicians would not recommend cannabis as medicine, they just didn't want to end up in court in case any of their patients got in trouble with the law, as many in the early years did.

Once I had my recommendation, I could go to any medical dispensary in the state or I could simply grow my own, as many patients preferred to do. Because Humboldt County had such a historical affinity for the plant, it allowed cultivation of up to 99 plants in a 10x10 square foot area, the amount of space that is still allowed today. This is a very high number of plants as well as a size able area for indoor cultivation. Outdoor on the other hand is harder to manage because of the sheer size of the plants that grow in the sunshine. Most outdoor plots didn't grow the 99 plants in a 10x10 area, but more like four giant plants, each capable of producing five or more pounds each. However, because of the way prop. 215 was written, it allowed each county jurisdiction to control the legal size and possession limitations, and other counties weren't as liberal and their limits were much more strict.

Because of the wide aberrations in each county policy for growth and possession, coupled with the failure to address the legal transport of cannabis in prop 215, Senate bill Ab 420 was passed in 2003. This bill came from the state senate floor and what it did was set state standard minimums for growing and possession. It instituted a state-run Patient ID card programme, set the minimum amount that each patient could have on them at any particular time, while it also set the minimum amount of plants a patient could personally cultivate. This was important because there were the rogue counties that were placing severe persecution on patients who were just following state law and gave them protection from their county taking away their rights entirely. It was happening in places like San Bernadino county and SB 420 made the authorities comply with the state minimum requirements.

In my area, even though there was such an abundance of growers of the cannabis, there were only about three dispensaries. This is because everyone always knew somebody in the trade and it was easy to get whatever quantities you needed if you did not choose to grow it for yourself. I got a job in production at one of the dispensaries. I was employed to be a "trimmer" of the recently harvested plant, who uses clippers to take the flowers off the stem, trim off the leaf material and shape it into the finished buds that would be the medicine that gets distributed. Because we were a bonafide top quality medical facility that placed an emphasis on patient health and quality of product, we were all required to wear hair nets and gloves while working. This was important as a lot of our patients had compromised immune systems because of cancer or HIV, and could only have the highest grade

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cannabis that was free of any and all contaminants. Once processed, our dispensary had each product lab tested to ensure that it didn't have any fungal growth or mold contamination, as well as it measured the amounts of THC (the psychoactive component) and CBDs (the medicinal compounds) present. Having the unique profile of each of our strains was a great way to help our patients find the correct treatment for their ailment.

This is important to understand as we look at cannabis as a medical treatment. The basics are that there are two types of cannabis, one is indica and the other sativa. A Strain is the unique genetic type of either indica, sativa, or a hybrid of both. Most strains are hybridized and contain both indica and sativa traits, one being more dominant than the other. When looking at treating a person specifically for pain management, you would use the indica dominant strains, like any of the Kush variety because they are the ones that work the best. Sativas are more of a cerebral and "upper" high, so it is not seen as suitable for pain management. Because indicas have such a short growing time, they are also the strains that dominate the illegal profit driven market since more harvests can be attained than with the Sativas.

Using the knowledge of each strain and its lab tested medicinal profiles, cultivated our own strains and had much success in treating our patients needs on an individual basis. Our facility was state of the art and custom-built with cultivation, processing, and distribution in mind. Safety is also a huge issue, so we set the standard in preventative measures including CCTV systems, separate safes for the medicine and cash, individual locking bays to separate production from distribution areas, as well as bulletproof glass in our front of house and waiting room. We also offered services such as an on-site nurse, patient library, and most importantly, we offered free medicine to those that needed it the most, subsidized by the rest of our patients. It was a wonderful, happy, and healthy place that I was proud to work for.

As a trimmer, I got paid with a payroll check, and on it you could see that we even contributed the standard federal taxes even though what were doing was illegal in their eyes. They still took their share. It wasn't an easy experience to open that new facility as the illegality of the federal government created many blockades that took I over two years to procure all the necessary permits to operate totally within the letter of state and local law. Luckily, we had a long term lease with a landlord that helped us turn an old decrepit warehouse into a state of the art medical cannabis facility.

Due to my knowledge of the plant and compassion for our patients, I was promoted to the sales end of the business. In California, Medical cannabis dispensaries are only allowed to be in the form of a non-profit business and all of its employees are members of the collective. I was given the responsibility to sell our excess cannabis wholesale to the dispensaries in Los Angeles area who had more patients than available product.

This is where the main problem with proposition 215 was highlighted-- the transportation of the product was not at all defined anywhere in the bill. I was risking arrest by carrying large quantities of cannabis 12 hours south of our location. Even though we had all of our patient recommendations for our collective on file in the vehicle, there were no standard protections or guidelines provided as to how to transport the medicine without chance of arrest. This disparity in the law gave all the power of arrest to the officer on the scene and then later to the judge and district attorney in that jurisdiction. Since I was crossing through numerous counties on the trip, it would always be left to chance as to when and where a pullover can and would eventually happen and whether it would be in a jurisdiction that would be favorable or strict on the possession allowances.

Once the product was safely in the L.A. Vicinity, as the wholesale salesperson, I was not only charged with selling of the cannabis, as well as with the security and safety of such a high priced product. We always travelled in pairs and would have to take the security of our position very seriously. With prices upwards of \$4000 a pound, we often carried over \$40,000 or more in either product or cash. There were many dispensaries that had been robbed at gunpoint even as they had taken the necessary precautions such as a silent alarm, bullet proof glass and CCTV cameras.

Another reason why dispensaries are an easy target is that not only do they have a high amount of valuable product on site at all times, but they also have large quantities of cash as well. Most patients at this time were still to wary about charging their medical cannabis purchases through electronic means, and rightfully so. Even dispensaries were faced with the wrath of the federal government through their influence in the banking industry. Dispensaries were forced to accept mostly cash for their operations since they had been victims of frozen bank accounts and cancelled checks. It still is very difficult to obtain and then keep a bank account that has anything remotely to do with cannabis or its subsequent industries.

There was also another problem with the ambiguity of proposition 215 and the right to become a member of a dispensary/collective. The law did not state whether each patient was limited to only one dispensary to have their recommendation attached to, essentially giving each organization the patient joins the right to become their "primary caregiver." What ended up happening is that most patients would become members of as many dispensaries as they could, giving them the opportunity to shop around for the best medicine and prices. However, once a patient signs up at each dispensary, they are essentially giving that collective the right to use their recommendation to grow medicine in their name and this increases the amount of product available. There was no way to regulate throughout the industry to make sure that this right was not being abused. More times than not, patients were not only growing their own, but often times selling their recommendations to other growers so that they could grow more cannabis than they would be able to do legally. It was coined "double dipping" and many grows that would be considered illegal operations became legitimate, but only on the face of it since they ended up with far more product than the law would normally allow.

The story of _____ comes to a tragic end, however, when we received a letter ending our lease from our once supportive landlord. The Obama administration had found the easiest way than ever before to shut down many dispensaries in the state. They threatened the land lord of any dispensary by claiming that they were harboring illegal activities under the Federal Controlled Substances Act and could claim asset forfeiture against them and take that property. That worked in our case to shut us down, as well as to hundreds of other dispensaries around the state. It was already difficult to find a location for a dispensary as Prop. 215 had outlined the specific qualifications for a proper site, such as being at least 1000 feet away from any school or library, but then finding a landlord willing to lease to a dispensary was the other major hurdle.

After having run the gauntlet of finding a proper site, then navigating the permit process for two years, and then having our bank accounts frozen, this letter from our landlord asking us to break our lease was the final blow. What we were doing was a service to humanity, and when we closed, all of our patients suffered. I personally saw the patients that were dependent on our free medicine, seriously decline in health and then die in front of our eyes. Other patients with not as immediately life threatening diseases went back on pharmaceuticals and are not having the same results as medical cannabis. Many of them are back on harder drug painkillers like morphine and OxyContin and they are now reduced to pill popping addicts.

I am very passionate about safe access to cannabis for those who need it most. There are many risks out there when patients are forced to get their medicine off the streets. As a patient myself, I can tell you that the cannabis in Sydney would be life threatening to someone with a compromised immune system. The "hydro" on the market is not organically grown in any way, and definitely not flushed of the nasty chemicals used to bulk it up for pure profit prior to harvest. From the trimmed buds that I have seen, I can tell this is being done by individuals who really know nothing about the medically sterile environment required for seriously ill patients. As a parliament member, you have the opportunity to ensure safe and quality access to cannabis through innovative and intelligent distribution. In the end, it is a mutually beneficial relationship for both the patients and the government-- patients get the quality medicine that they deserve and the government can receive taxes for the vital services it provides to its citizens.

From my experience in the industry in California, this is just a partial list of my Recommendations for instituting a Medical Cannabis programme in Australia:

Prescription not Recommendation: you must provide protections for primary care physicians to prescribe medical cannabis to those who have the conditions that you clearly define in the legislation.

If no clear definition of conditions warranting prescriptions is made, then you must regulate the doctors to be qualified in prescribing AND administering medical cannabis. Any regular physician should not be expected to know the proper administration methods and rates for each patient. There needs to be a field of specialists in medical cannabis that physicians can refer patients in order to create adequate and effective treatments based on their individual requirements. These specialists would be charged with staying up to date with all the new research and developments going on in the field around the world in order to most effectively utilize the medicine for each patient. This specialist must also be able to determine the patients needs in order to regulate the amount each individuals possession and growing limits.

Growing Standards:

There must be established nationwide minimum amounts for growing the medical cannabis, whether it is in a large scale medical facility or in a patients own backyard. Make the limits easy to understand with an emphasis on safety and quality.

Indoor facilities must be wired by an accredited electrician and inspected by fire officials in the cases of large scale commercial facilities. There is always the risk of fire which not only endangers the lives of the people involved but possibly the surrounding neighbors.

Adequate Ventilation must be provided. The air needs to move freely to lessen mold/mildew contamination and filtered with activated charcoal or other alternatives to lessen the smell resulting from growing cannabis from the surrounding areas.

Energy use must be kept at a minimum while also ensuring that the cannabis is growing to its full potential. LED lighting technology is getting better and better each year, easily using half as much energy as the traditional High powered Sodium or metal halide bulbs.

Outdoor Growing must be allowed on both a large and small scale basis, provided that the patient or commercial facilities have taken proper security measures to ensure a safe harvest. Theft is and always has been an issue in any outdoor grow.

Cannabis grown naturally in pure sunlight is the healthiest of all methods. The plant thrives outdoors and does not take as much close attention as growing inside a controlled environment. This is also the most economically viable and environmentally friendly option, especially for large scale operations and should be encouraged at all times over indoor cultivation.

Quality Control

For a Commercial market, Medicinal Standards must be established. Those patients with a compromised immune system have to obtain the most top quality of all cannabis harvests, free from contaminants and easy to acquire. This is where indoor cultivation is best, as it allows a sterile environment to control all aspects of the crop, to ensure that it is what would be considered pharmaceutical grade. Learning from California's medical market, it would be most beneficial to create a grading standard for cannabis. An entire new industry of Lab Analysis has resulted from the need to have medicine free from contaminants, as well as to know each strains' individual medicinal profile in order to best treat each patient. I recommend that you welcome new businesses to provide this service, as everyone benefits from the test results. Patients can learn why their particular medicine works, and commercial facilities can ensure proper quality control of their product.

A Medical Grading system would also allow easy subsidization of medicine to those that need it most. Grade A cannabis, which would be the purest contaminate free medicine would ONLY be available to those patients with compromised immune systems. This could easily be done at the time they are issued their prescription by the physician, or at any time after if their condition worsens and only grade A cannabis is needed.

However, growing cannabis indoors is much more expensive than outdoors and can be cost prohibitive especially to someone who is already sick. In order to offset the high costs to the patients who need it most, the Grade B cannabis would carry a slightly higher price. Grade B cannabis would go to the majority of those seeking its medicinal value without a life threatening illness, such as patients with migraines, insomnia, anorexia, chronic pain, chrons disease, anxiety and so on. These are just a few examples of the many illnesses that medical cannabis can treat. I know that Parliament is only examining it as a pain management tool, but I really think you would be missing the boat on helping the widest population of patients if you don't look at all of its medical uses. Plus, by widening the range of patients who would utilize it, not only is more tax money made by the government and more economical opportunity made available by the starting of a new industry, but you are more easily offsetting the costs of the patients that need it the most. It is a win-win for everyone.

Production Standards:

Any medical cannabis that is not being used solely for personal use must be produced by pharmacy standards. Proper Hygiene of all workers involved in the production process must be stressed. Contamination of the facility must be avoided at all costs. Growing, Drying, and processing rooms must be kept clean and sterile at all times. Hairnets and gloves should be worn when harvesting and trimming the final product.

"Curing" of the medicine is also important. More often than not in the illegal cannabis trade, once the plant has been cut down, dried for a few days and trimmed, the final product is sold right away. This is not ideal if it is to be used medicinally. Curing the weed, which is letting it dry further for a few weeks, allows the medicinal compounds to ripen and become more potent. It tastes and smells better and can be cured for up to one year, although that is far from ideal from a commercial standpoint. It should be understood however, by those distributing the medicine, that even one week of a proper cure can magnify the benefits of the medicine ten fold.

A log sheet of each growth round of medicine, starting from clone or seed and following it through to its final harvest and production stages should note any and all fertilizer, pesticide, or other treatments the plants receive. A material data sheet of any and all chemical or inorganic products used in the production of the medicine should be on file for any patient to see when requested. This is important because pesticides must be used at times when an infestation occurs and transparency between the grower and patient must be upheld at all times. The grower of the medicine is essentially the primary caregiver of the patient and should have the health of the patient and quality of the medicine in mind at all times. There are no shortcuts. The key is to prevent the industry from becoming profit driven, as the reason for its existence relies solely on the need to treat ill people.

Delivery Methods

There are also many methods in which to use cannabis. All methods should be readily available through medical dispensaries, and outside sources for these products hold be encouraged. Many new businesses will result if legislation allows for patients to start their own businesses to make these products. Create legislation that encourages innovation while also ensuring patient safety and product quality. Again, a win-win.

The most well known method is by simple smoke inhalation. It is easy and has been used for centuries. This is not however the best method, as it still creates tars and can be harsh on the lungs.

Vaporizers heat up to a very high temperature as to only vaporize the medicinal compounds of the cannabis, and leaves the carbon based plant material behind. This is a much better method and easy for even the elderly to do. The Cancer Ward at the University of San Francisco is famous for having Volcano Vaporizers available for patents to use onsite.

Concentrates are another type of delivery method. This is the process of concentrating the medicinal compounds of cannabis into a hash or oil form. By doing so, there is no flower material left in the thick

substance created by either cold water extraction or gas extraction methods. While cold water extraction is safe and easy to do, the gas extraction process is highly technical and can be dangerous. There should be strict regulations placed on any gas based extraction, but do not let its possible dangers deter its effectiveness and suitability for many patients. Production of gas extractions should only be done by commercial dispensaries with trained staff to operate the proper equipment.

Edibles are a huge industry in California. Cannabis laced cookies, cakes, candies, or pretty much anything you can think of that you can put in your mouth can be made into medicine. This method works best for those who can't smoke or need to eat more, such as those with a wasting syndrome.

The lesser known and infrequently used, but one of the most effective (my favorite delivery method), is by topical application. The medicinal compounds in cannabis are easily transferred into any oil based carrier. The skin is the largest organ on the body and effectively absorbs the cannabis through its pores straight into the places where it needs it most. Chronic pain, arthritis, and many other ailments can best be treated topically, or also in conjunction with any of the other methods listed above. Again, just like edibles, topical applications can be produced by patients and create another cottage industry benefitting all involved.

And just so we can be clear, there is no way to overdose from cannabis, no matter how much you consume. This is why it is such a safe pain management treatment, no matter the delivery method. The reason for this is that it is not a narcotic. It does not affect the brain stem, which is responsible for regulating the body's vital functions. Cannabis activates the frontal lobe and the Cannabinoid receptor system, working with our bodies to bring it back to a state of "homeostasis," meaning in balance. For more information on the Cannabinoid system, please see www.projectCBD.com, a wonderful resource and educational tool produced by my friend. ^{an eye opening book called} Smoke Signals that I recommend all of you read in order to further understand how cannabis really works and why it has been suppressed for so long around the world.

Lab testing

As I mentioned before, Lab testing is an essential tool and asset to the medical cannabis industry. Using the latest technology, each medicine sample can be tested for the active compounds of THC and CBDs or any contaminants such as pesticides, molds or mildews that would be present in the finished product. Such as any facility that distributes medical cannabis, steps should be taken to ensure safety and security of the facility. Since testing facilities are not dispensaries (unless each dispensary chooses to do their own testing in-house), these facilities should be as anonymous as possible to minimize the threat of theft or harassment.

Distribution Standards

Commercial medical cannabis facilities should be allowed only in locations that are suitable for such activities. Minimum distances from schools, libraries, or other problematic places should be decided and clearly stated. Safety and accessibility should always be considered. Front of house staff should be trained and knowledgeable of the product. Signage of the facility and packaging of all products should be discreet as to not cause any undue attention to the activities of the place to any unknowing bystander. Smoking or administering the medicine anywhere around the facility is not to be allowed at any time, unless there is a designated and regulated place to do so inside. For example, some dispensaries in the LA area allowed a vaporizer bar inside the facility to test the products onsite due to the non-smoke generating process. They always had a well ventilated and properly lit area with knowledgeable personnel to help facilitate the vaporization process.

A Nationwide ID card system would be an efficient way to protect patients from any undue harassment from law enforcement. However, it must remain strictly confidential so that employers cannot discriminate against medical cannabis users, as has happened in most states allowing it in the U.S. There is also the issue of both medical coverage and workers compensation insurance. What can be covered by Medicare

or personal health coverage? Will workers compensation claims discriminate against medical cannabis patients if they have to take a drug test? All of these questions must be considered.

Many dispensaries were not just a point of sale for medicine, but natural healing centers that treated their patients with the utmost care and compassion. Harborside Health Center in the Bay Area of California has long held the respect of the industry for offering for FREE a plethora of healing services like acupuncture and massage for all registered patients. If you would like to see the future of what medical cannabis could look like in Australia if done right, please visit their website at www.harborsidehealthcenter.com.

someday I hope to visit a comparable facility someday here. One of the founders, Steve DeAngelo would love to offer his advice to you if you so desire. Compassion should be the driving force of any medical cannabis legislation in Australia, and I highly urge you to seek Mr. deAngelo's counsel on how best to do that.

Summation:

I respect and honor Parliament's attempt at understanding and potentially legislating the use of Medical Cannabis in the future. I only heard of this inquiry a day before the submission date, so this paper does not come close to all the advice and information I would like to contribute to the inquiry. Instead, I concentrated on my own personal experience with the medical cannabis industry in California because I know there is a lot to learn from where we went right, and where we went very wrong. I do not wish to see Australia repeat any mistakes that have been made, but would rather help co-create a forward thinking and compassionate Medical Cannabis programme that you, as its policy makers, can be proud of.

As I stated before, I would like to stay anonymous,

However, I cannot pass up this opportunity to see Medical Cannabis examined in the light that it so greatly deserves. I have seen it save people's lives, and once you understand how easily and effectively it treats a multitude of conditions and illnesses, you will not be able to allow the injustice surrounding cannabis to continue any longer. Thank you for your kind attention to this matter and I look forward to the day when Medical Cannabis is made available to all who need it in this great country.