

**Submission
No 96**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: Cannabis Law Reform Network Tasmania

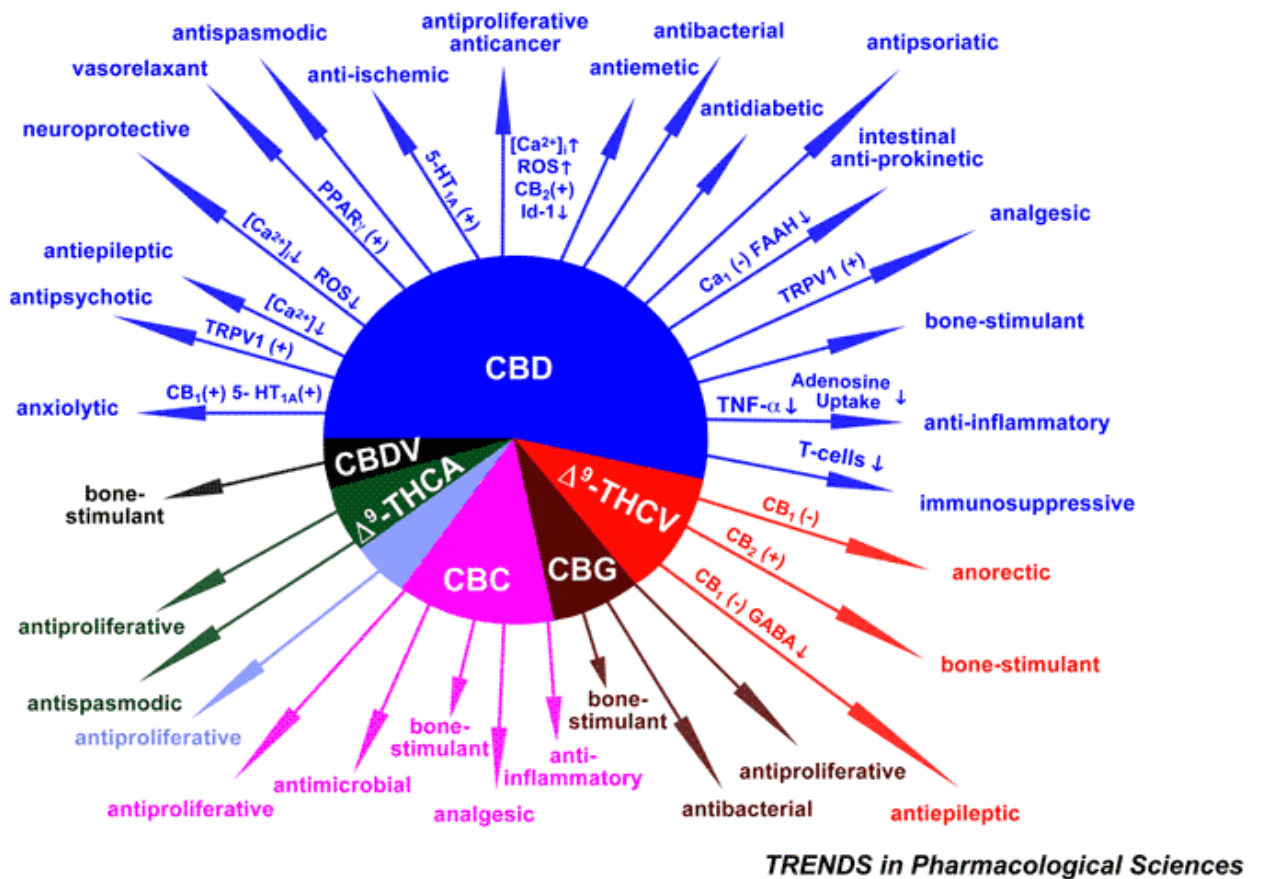
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Proposal for a broad scale Medical Cannabis trial via exemption from prosecution for Patients and Doctors. In short, an *amnesty*, so a lot more can be learnt about MC use in our society before any serious decisions regarding legal access or supply can be made.

Fig1.

Pharmacological actions of non-psychotropic cannabinoids
(with the indication of the proposed mechanisms of action).



Dear committee members, it is with some degree of concern and bewilderment that I have decided to put together a proposal for you to consider in relation to a potential way forward for the medical cannabis issue in NSW.

Concerned because the last NSW enquiry 10 or more years ago made some positive recommendations which have not been acted upon so why should MC patients have any confidence that yet another enquiry will lead to any substantial positive outcomes at all?

Bewilderment, because a brief reading of the enquires stated goals, consideration, participants and background leads me to suspect this may be yet another limited attempt to pay lip service to patient rights. To pretend to consider the issue but come up with a defensive position that's seeks to maintain long outdated and ineffective cannabis laws, sustain the entrenched position of the Medical and Pharmaceutical industries and may not even be able to recommend Dr Kayes preferred tincture trial as such a trial doesn't really need a parliamentary enquiry as it would fit entirely under current TGA practices for herbal complimentary medicines and Federal Health Dept. approvals.

So is the enquiry going to openly consider the broader Medical Cannabis issues and be prepared to recommend a positive plan to move the issue forward on compassionate grounds ?

I hope so and I openly challenge the committee to consider my proposal and return a positive recommendation. I will trust that as elected members you will choose to put the basic human rights of citizens ahead of any political pressures not to 'stimulate' the recreational cannabis market or support a medical system that fails to give licensed practitioners basic training into the function of the human bodies endocannabinoid system and access to a safe and widely used herbal medicine with a long proven track record of helping patients manage a wide variety of conditions.

How does this proposal seek to meet the enquiries terms of reference ?

1. That General Purpose Standing Committee No. 4 inquire into and report on the use of cannabis for medical purposes, and in particular:

(a) the efficacy and safety of cannabis for medical purposes;

For MC use to be successful and have the most benefit and least side effects it needs to be the 'right' kind of cannabis, in the right dosage taken in the right way for both the patient and condition.

"One of the biggest medical uses of weed in the 19th century was for the treatment of menstrual problems and decrease of parturition ache. Queen Victoria was directed to use marijuana for this reason by her physician J.R.Reynolds and in the US it could be bought freely in shops. In the Lancet medical journal J.R.Reynolds published a paper saying that "when pure and administered carefully, it (marijuana) is one of the most valuable medicines we possess" "

How does this proposal intend to deal with establishing an understanding of Cannabis's effectiveness? A few potential steps..

1) The above diagram fig1. clearly shows the variety of therapeutic agents the plant contains and their uses. CBD is the principle medical agent, its non-psychoactive, many other cannabinoids have specific properties. The main reason its non toxic is a low transfer ratio in the CB1/CB2 receptors in the body. It comes in human friendly doses. Efficacy depends on the combination and dosage of specific cannabinoids in the plant both initially and over several weeks.

2) Research the pub-med database for cannabis efficacy...yields over 270 published science papers...

<http://www.ncbi.nlm.nih.gov/pubmed/?term=cannabis+efficacy>

' Vaporized cannabis, even at low doses, may present an effective option for patients with treatment-resistant neuropathic pain. PERSPECTIVE: The analgesia obtained from a low dose of delta-9-tetrahydrocannabinol (1.29%) in patients, most of whom were experiencing neuropathic pain despite conventional treatments, is a clinically significant outcome. In general, the effect sizes on cognitive testing were consistent with this minimal dose. As a result, one might not anticipate a significant impact on daily functioning. '

<http://www.ncbi.nlm.nih.gov/pubmed/23237736>

3) Undertake the proposed exemption trial and allow Doctors to collate efficacy reports from patients currently using MC. This would be direct patient information based on cannabis of unverifiable strengths either home grown or illicitly purchased. Approved cannabis medicines could be used as they become available.

4) Apply via the TGA for SAS access and/or clinical trials for any specific treatment such as Mullaways tincture or Sativex or vaporised herb or any other method of intake etc, this could be time dependant or costly and it could take years of development to get to the point where

Doctors can prescribe it. Direct herbal access under the Complimentary medicines category would be easier and faster but u often need a variety of strains and strengths to meet patient needs.

5)Undertake a detailed overseas study in say California, where they have had legal medical Cannabis dispensaries for 17 years to see first hand the efficacy of a multi-billion dollar MC business.

Note Cannabis is not easily shoehorned into the whole medical approval scenario, the plant has hundreds of molecules, most medicines have only one. The plant has a low addiction ratio and any serious negative reactions are very rare. The usual array of trial techniques may fall short in many ways and the kind of trials that would help the MC community would be more related to things like how different strains of the plant work for different conditions or how different herbal preparations such as tincture, oils, edibles, butter, herb vaporised, hash etc, work for different patients.*

(b) if and how cannabis should be supplied for medical use;

Simply put, if some reliable methods of both personal and professional supply are not engaged people will keep using and growing illegally. As more people have problems with toxic or ineffective prescription medications medical cannabis use grows. It's purely up to parliament whether you are involved or the people continue to go it alone. If the committee wants to end illegal MC use, it might be time for some policy changes.

A combination of availability options could be needed to meet demand.

As with other herbal medicines it is not necessary for a Dr to prescribe it, patients can source it themselves or via a qualified herbalist or natropath, only pharmecutically prepared and TGA approved medicines need be prescribed by a Dr so it's advisable that patients consult openly with their medical proffessionals at all times. In a legal cannabis world the medicine could be supplied via-

- Self growing/trading
- Compassion club/groups
- Localised dispensory
- Herbalist/Naturopath
- Existing Pharmacy/Prescription

Self growing is the backbone of the MC industry in California and a basic right of patients that helps ensure supply and quality. However quality controlled professional production is also needed. Professional production via existing Herbal/Natropathic supplier as a non prescription treatment option is probably a good place from which to supply herbal cannabis.

(c) legal implications and issues concerning the use of cannabis for medical purposes;

There are a wide variety of legal implications related to medical cannabis. This will remain so as long as the plant remains prohibited. This proposal outlines an exemption plan to alleviate legal issues for registered users for the duration of the trial and collate real research data on any related issues.

(d) any other related matters.

In the basic spirit of equity,How can the enquiry help patients? By addressing current patient needs...

What are the main problems facing Medical Cannabis users?

Prosecution – The possibility of prosecution, conviction and jail is a daily reality for regular

MC users/growers in Australia, this is neither healthy, fair or beneficial to anyone, especially people suffering pain or chronic illness.

Quality control – Pretty much ALL the current cannabis grown in Australia has zero quality control. There's no reliable idea of potency, cannabinoid levels, pesticide use or medical suitability, age, use by date, mould check etc. Purchasing on the black market is hit and miss and self growing is more legally risky.

It's close to impossible to make a quality judgement one way or the other with such a wide variability on its medical effectiveness. It is an example of the safety of MC that many thousands of people use it daily and serious problems are rare.

Access to relevant Dr's advice –

Doctors have little or no relevant training in using cannabinoid medicines. Attitude is often negative, as you might expect with an illegal medicine and patients reluctant to be honest.

The endocannabinoid system of CB1 receptors in the brain and CB2 receptors in the body is a natural regulator of many health functions and the cannabis plant mimics the bodies endogenous cannabinoids such as Anandamide, a natural euphoriant and pain reliever.

What's the best way for the enquiry to address these goals in the short to mid-term, in order to meet both the committees terms of reference and the needs of patients.

The plan

The proposed plan is for a short to mid term (3-4year) amnesty or *exemption* from prosecution for current medical cannabis users who register with their Doctors. They receive a letter stating this and the police get a list of patients from the Health Dept who are exempt so that can be checked if need be. This plan utilises the facility under the drugs misuse act that's allows legal exemption from prosecution for high strength THC for medical research.

What happens after 4 years? Parliament will have a lot more realistic information to work with regarding the realtime implications of integrating legal Medical Cannabis use into society.

Why?

You already have a ready made medical trial happening now involving thousands of people with a variety of conditions, for many decades. Defacto medical use among recreational users is quite high. All the information you need to understand how many patients currently use MC, and how it works is happening right now. It's a perfect opportunity to gather realistic patient information on efficacy, side effects, supply and quality issues, to monitor their health more openly and honestly, for Dr's to be able to freely discuss the issue in a open and honest manner. Many Dr s know of their patient MC usage but ifs rarely documented in detail or taken seriously as a 'real' medicine. The area where patients may be using MC to replace more toxic prescription medication needs careful monitoring and a solid treatment plan encompassing several therapies, pharmaceutical,herbal, physical, behavioural and creative is often helpful in getting the best out of MC use for chronic illness.

This broad scale exemption plan seeks to capture the real-time depth of the situation, in medical terms, controlled by Dr's under standard patient confidentiality, and seeks to get a handle on an unnessecarily controversial issue that protects patients rights, Dr's responsibilities and allows understanding and confidence to grow to the point where Parliment may have enough factual information to make more fully informed decisions on the future of MC use in NSW.

The basic idea is that you don't really know the answers to many questions about MC use in society, it would be more advantageous to patients Dr's and policy makers to open up the current situation, learn more, communicate widely and make important decisions about access

to MC in a much more informed manner.

How?

Patients register with the GP. The overall management is with the HEALTH DEPT and/or associated organisations, to both collate and manage the current situation. There's no need to allow Dr's to prescribe or supply, cannabis as yet, though any kind of test or individual trial may be applied during the course of the exemption trial and participants drawn from the overall registry of MC patients. Particular focus could be applied to issues such as smoking, which is unlikely to be widely supported by Dr's, patients could be tested for lung function etc. and advised of vapouriser or ingested use.

What?

A basic outline of what is proposed would look like...

- Patients register as MC users with their GP
- Dr's confirm diagnosed conditions/MC usage
- Basic health monitoring of patients, any side effects
- Trial of any combinations of therapies, treatment plan
- Collation of overall datasets.
- Familiarity training of Dr's in Cannabinoid medicines.

What are the patients exempt from? Prosecution for growing, possessing or using cannabis medically. Doctors are exempt from prosecution for discussing and documenting MC use.

Such an exemption trial would not be too costly, could be undertaken under current legal and administration systems, would protect patients rights, allow Dr's to be more involved and generally open up the situation so that realistic health based decisions can be made in terms of any future policy on legal access.

Unfortunately what has happened in previous years is that when the issue gets some positive political support in Australia, those supporters are 'lobbied' from a federal level and little more is heard. This is what happened in the ACT in 2004, SA in 2007 and the few other opportunities to take a positive slant on a plant that has been unfairly restricted and its users persecuted for too long.

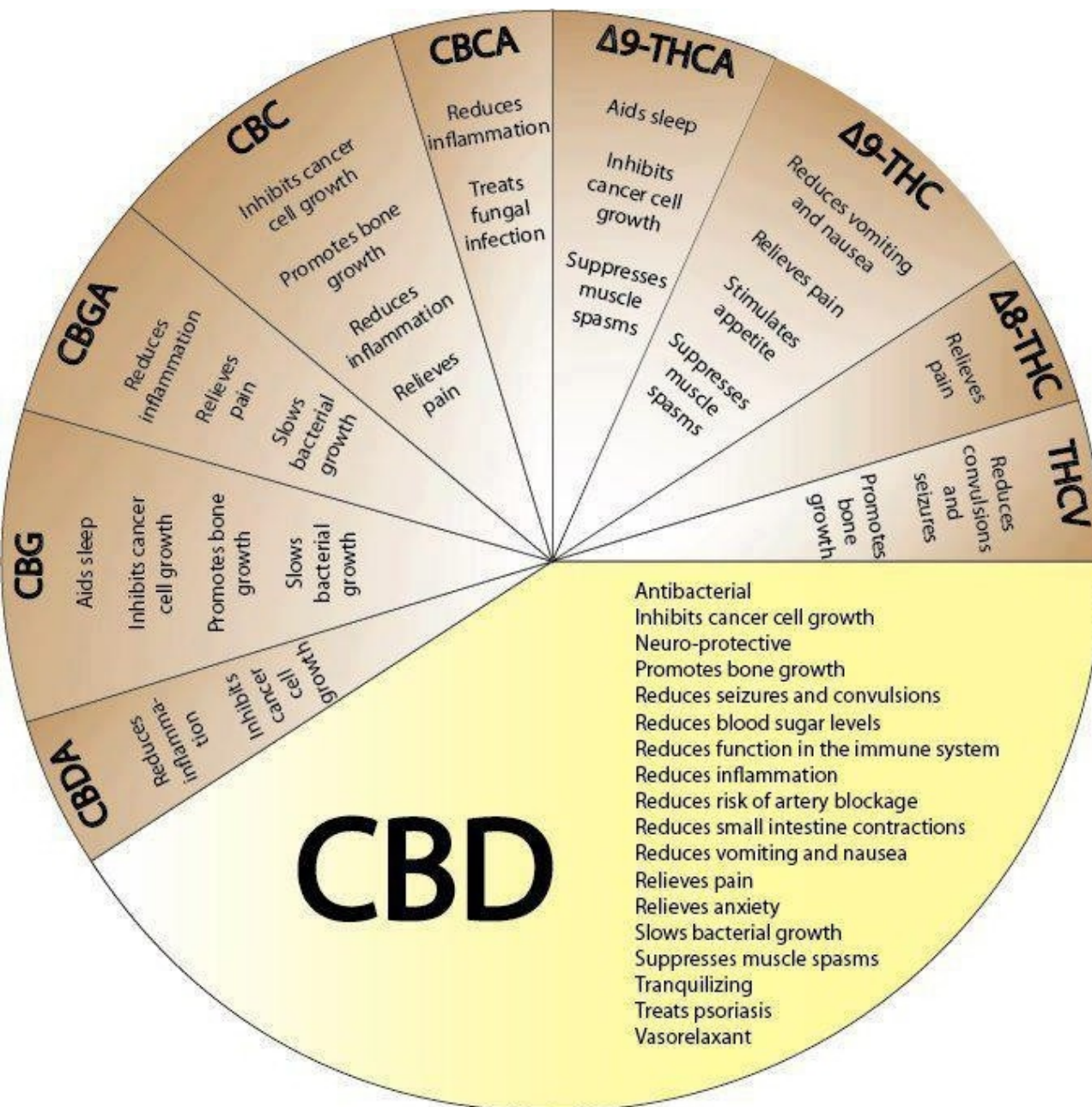
In summing up I hope this committee can take the lead from MC developments overseas and genuine patient need for less toxic medicine and make a positive recommendation regarding this plan that provides a positive way forward for the health of us all.

Be bold, it will help a lot of people.

Regards
JOHN REEVES

Appendix 1. Educational Material

I hope the committee can spend some time viewing and examining these materials to better inform the issue....there is much to learn about the real MC situation that can waylay people's fears and prove that a viable medical cannabis industry is both a healthy and economically viable option.



reference links...

Clearing the smoke, the science of medical Cannabis..viewing this will help understand the medical benefits of MC

<http://www.youtube.com/watch?v=8aTbnO9I-TU>

National Geographic Doco on the business of MC

<http://www.youtube.com/watch?v=I0GfbcDoS0w>

video what is CBD..the largest purely medicinal component of the plant....

<https://www.youtube.com/watch?v=31SrjgPbhU>

<http://projectcbd.com/>

http://dangerousminds.net/comments/smoke_signals_the_social_history_of_marijuana

<http://www.ncbi.nlm.nih.gov/pubmed/15159679>

<http://cannabis-med.org/index.php?tpl=faq&red=faqlist&id=274&lng=en>

General MC

http://en.wikipedia.org/wiki/Medical_cannabis

Californias Proposition 215

[http://en.wikipedia.org/wiki/California_Proposition_215_\(1996\)](http://en.wikipedia.org/wiki/California_Proposition_215_(1996))