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

Name: Name suppressed Date received:

31/01/2013

hhh h h h h

Ms Rachel Callinan The Director General Purpose Standing Committee No. 4 Parliament House Macquarie St Sydney NSW 2000

Thursday, 31 January 2013

**Dear Ms Callinan** 

Thank you for the opportunity for public submissions for the New South Wales Parliamentary "Inquiry into the use of Cannabis for Medical Purposes". It is tremendous that our democratic process allows for my experiences with the worlds' most extra-ordinary plant to be provided freely and honestly without fear or threat of legal action. It would be even more fantastic if *this* Parliamentary Inquiry provides positive recommendations that are quickly delivered into legislation by Parliament, unlike many other forgotten inquiries and reports delivered to various Governments throughout Australia regarding Cannabis (both Medical and recreational) during my voting time - including the Federal Government report "*Legislative Options for Cannabis in Australia*" (1994), "*The Medical Use of Cannabis: Recent Developments by Gareth Griffith and Marie Swain*" (NSW Parliamentary Library Briefing Paper No 11/99 in 1999) and, "*Medical Cannabis Programs: A Review of Selected Jurisdictions*" (NSW Parliamentary Library Briefing Paper No 10/04) from 2004.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 1 of 19

Although we nearly led the world in 1994, allowing Medical Cannabis in New South Wales now would finally bring it into line with the many growing list of United States and countries such as Canada, Israel, The Netherlands, Germany, Austria, Finland, Italy, Spain, Israel and Portugal with Medical Cannabis legislation. Positive legislation for Medical Cannabis removes any in-compassionate, hypocritical, demoralising, ill-informed personal-view and discriminating practices our laws have imposed on those with quite deliberating and (often) extremely painful medically-recognised long-term conditions, who are treated as criminals for none other than self-relief with a natural, unprocessed plant. Positive legislation will allow patients to consume Medical Cannabis via differing and perhaps safer methods than traditionally smoking, such a eating, vaporising, etc. Positive, well considered legislation for Medical Cannabis allows our Governments to regain control of Cannabis and promote growth of renewable, environmentally sound and financially able industries supporting human health through its own natural systems - which, without fair process, previous legislation has prevented and / or severely restricted research and development of. Positive Medical Cannabis laws allow for regulation of these industries and a high quality of product, providing the best and most compassionate experience for those with need.

Furthermore, allowing Medical Cannabis would free up valuable Police and other Judicial resources from prosecuting those with a genuine use for this ancient, natural, unprocessed plant. Besides diverting obviously well-needed resources towards dangerous and violent criminals that really are societal problems, potential revenue from Medical Cannabis would be available for health / educational programs, schools and hospitals, etc.

My submission may be considered long by some. I've attempted to make my extensive experience, research and knowledge of Cannabis as concise as practical.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 2 of 19

Thank you again for this awesome opportunity. As a hard-working, well-educated professional with a family and other commitments, I trust my confidentially where and as appropriate. However, I am willing to provide further information when, if and as needed.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 3 of 19

Contents - Responses to the Inquiry Terms of Reference:

- Appendix A - The efficacy and safety of cannabis for medical purposes

Page 5

- Appendix B - If and how Cannabis should be supplied for medical use

Page 9

- Appendix C - Legal implications and issues concerning the use of Cannabis for medical purposes

Page 12

- Appendix D - Any other related matters

Page 14

- Appendix E - Bibliography

Page 15

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 4 of 19

Appendix A - The efficacy and safety of cannabis for medical purposes

I have been consuming Cannabis, almost everyday, for the previous 23 years. Before the year 2000 my consumption was roughly 28 grams every 6-8 weeks. Since 2000 however, this consumption has been a fairly consistent 28 grams every 3-4 weeks, depending on personal need, quality of product and, in some cases supply.

As a side note - I also consume about 500ml of non-psychoactive Hemp seed oil and "hearts" every week, they're great lubricants for arthritis and a fantastic no-sugar energy source, with a perfect humanly diet balance of Omega fatty acids.

My Cannabis consumption is for complaints with my spine. I have always had tingling / throbbing in my legs / feet and after noticing this annoyance reduced following Cannabis use, I am regularly drawn to Cannabis, just as other animals seek *natural* relief for problems through grasses and plants. Following a motor-cycle accident in after being re-ended at a red-light, thrown 2.5 - 3 metres up in the air and landing flat on my back-pack containing :

I and life has never been the same since. Oh, and my Cannabis consumption increased to cope with the continuing pain and discomfort.

Many Doctors and Health-Care Professionals said the "injuries" of my back where morethan-likely birth-defects, so I continued life as per normal thinking there was nothing wrong, but with extreme pain in my lower back and lower-right side and obvious Cannabis consumption increase to compensate. Any prescription drugs offered for such discomfort often made other things worse (mood swings, cramps, etc), were simply ineffective or, had some pretty serious health warnings restricting "long-term" use. At this time, my life revolved around full-time work very heavy weight-lifting, my music, mountain-bike riding and mountain running, but all these were becoming increasingly physically difficult - my

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 5 of 19

body felt to be "stiffening up" and I was getting lots of major leg, back and neck cramps and not sleeping correctly. An angry scowl was growing across my brow.

Then it all came to a head in \_\_\_\_\_\_during an Alcohol binge session - Alcohol is safe, right?? Without knowledge of my true physical problems and without any Cannabis on an interstate journey, I had taken some pharmacy "pain-killers" before drinking heavily with some friends. As a large, strong and very-drunk body-builder without pain (pain-killers do work), I completed a full push-up with two smaller people on my back which, besides being incredibly foolish, stressed already very stressed body components and did more damage.

Medically diagnosed, these are my back "ailments", whether birth-defects or injuries:

- Grade 1 Spondylolisthesis L5/S1
- Bilateral pars interacticularis defects at L5
- Small annular tear in L5/S1 disc
- Left concave scoliosis in the cervicodorsal spine, centred on D4-D6
- Extensive bony haemangioma of L2 vertebral body (conus lying at L1)
- Significant facet arthropathy bilaterally at L3/4 and L4/5 with bony overgrowth and thickened flaval ligaments
- Fibromyalgia and severe muscle cramps
- Right floating ribs were floating for years, too

Regardless of origin, now unable to work full-time, uncomfortable and with continued pain, I would go as far as saying that *without* relief from Cannabis, the love and support of my dear Mother and finding a wonderful albeit expensive Chiropractor, I would have taken my life a long time ago. To be perfectly honest, with such continual pain and discomfort - NO Government support at ANY level, the hassles and extremely life-altering legal implications and stresses of reliably sourcing decent Cannabis on the black-market (which is, to any intelligent person, a ridiculously stupid situation) - such an "out" is, most unfortunately, always close in my mind. Quite sad, really.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 6 of 19

The method of consumption of Cannabis appears to affect how the body works with it. Smoking has a faster, initially more intense and easier to regulate dose. Vaporising is great (tried that in Holland) and perhaps healthier than smoking with similar dose effects. Eating provides a longer experience, but the dose is harder to *initially* know (but not difficult to work out with practice). Also, whether the substance is leaf, flower, oil or resin (commonly known as hash, naturally builds by rubbing resin of the plant onto itself) and it's growth-medium affect its intensity and effect on our bodies.

In addition, different strains of Cannabis seem to differentiate how effective the drug is and, therefore a "suitability of strain to personal condition" appears to exist. On the underground market I generally have no idea what strain I'm purchasing, so it's difficult to digress fully here. But I know from minor experience in Holland (and when I once risked even more to "grow my own" at home) that particular strains (for example, Hindu-Master Kush) provide greater relief for me than do others.

Also from *my* experience (other users will vary), when compared to prescription pain-killers Cannabis doesn't STOP my pain and discomfort - rather reducing it to tolerable levels, but it *is* still there. This allows me to continue along, allowing and adjusting for the current state of my body, without risk of greater damage by not realising when going too far is too far. The more Cannabis consumed, the greater reduction, to a point. Too much and I fall asleep, which is great on days of much discomfort!

As a health aware and conscientiousness Cannabis consumer, I regularly get check-ups for the things that humans should, including lung condition. At the most recent lung check, my Doctor told me that I was "showing off" with a lung capacity greater than the average for my age, weight, height, etc. I do not mix (consume or associate with toxins like)

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 7 of 19

Tobacco and, do not consume Alcohol. I also stretch, meditate and exercise whenever possible and, complete most short journeys with self-propelled transportation.

Throughout my time with Cannabis, I have found no noticeable on-going negative effects, no mental issues - other than what I would consider to be "normal mental issues" associated with daily living with a seriously painful, frustratingly annoying and often physically restrictive condition PLUS stresses from having to seek / hold / transport my drugs illegally. My overall health appears to remain strong though, without general sickness (i.e. colds, etc) or indication of any health problems. My skin looks youthful and healthy, I eat very well and maintain about 10% body-fat, my eyes are clear, etc, etc.

I have had no problems with learning, co-ordination, progressing through life, finding and maintaining employment and / or running small business(es). Over the previous years - just like many other Cannabis users - I have received really good grades at 4 years of Tertiary Study; learnt to play 5 different musical instruments to performance level (including "Honors" for technical examinations on drumming) and written many personal musical masterpieces (i.e. mostly un-published); speak 7 computer languages fluently; positively influenced thousands of individuals toward their specific music, sport and academic goals; ridden push-bikes and driven all types of gear-changing motor-vehicles hundreds of thousands of kilometres all over the world (on both sides of the road) throughout places like Australia, South-East Asia, Los Angeles, Los Vegas, Amsterdam, Belgium, France and Germany without incident and, completed both Provisional and Open motor-cycle riding tests - all after using Cannabis.

From my experiences and research, Cannabis is a natural, unprocessed and effective substance for which various low-level systems in our animal bodies are designed.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 8 of 19

# Appendix B - If and how cannabis should be supplied for medical use If (cannabis should be supplied for medical use)?

Simply, yes - Cannabis should be supplied for medical use. There are far more dangerous substances currently available without any regulation or much consideration of long-term problems in public policy. Excessive sugar, salt, fat (etc) are all quite dangerous for long-term human health, as all have low-toxicity limits for our bodies, yet these have absolutely no rules. Tobacco has no medical benefit what-so-ever, was traditionally used as a pesticide and has been directly linked to many preventable diseases and yet is still legally available with almost no regulation to any choosing adult. Alcohol - a concentrated form of sugar, that in various forms is used for fuel and cleaning products, causes mega-damage to our society, is linked directly to causing many cancers, obesity, violence and other traumas - yet this too is legally available with very little education or regulation. As long as the tax comes in, right.

Cannabis offers almost non-existent toxicity to our bodies, is a natural substance for which our animal bodies are designed and, for some conditions, works much better and with negligible long-term side-effects when compared to other (modern) medication.

As an educated and intelligent person, it is incomprehensible that almost **ALL** "problems" associated with Cannabis are legal problems generated by our Governments through prohibition and this situation has been allowed to continue for generations. Despite many reports, many expert recommendations and public calls for change, nothing has happened. It's even a crime to discuss Cannabis for Medical purposes...

Please, it's time for change. Lead.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 9 of 19

#### How cannabis should be supplied for medical use?

#### Government:

A body would be established as per the Dutch "Office of Medicinal Cannabis", who oversee regulation and regulation compliance. Plus, many existing successful Medical Cannabis models from other jurisdictions have been active for decades. Wise Leaders draw from the best of each and learn from their detractors. As it's a natural plant and not rocket science, a good time frame would be 4 to 6 weeks for development of policy and, a maximum of 3 months for its legal implementation.

There should be no legal distinguishing between Medical Cannabis products as it takes many forms. Leaves, Flowers, Resin, Oil - all have their place and distinguishing will cause problems. Also, implements associated with production and consumption of the various forms will need legal support.

Quality control standards need to be implemented to ensure Patients receive the highest quality product available.

#### Producers:

Through a licensing system. Difficult to get, easy-ish to lose license that allows producers the equipment and facilities to establish new markets for Medical Cannabis. Personal growers would also be allowed, but limited to a reasonable plant quantity allowing for the various stages of production and, user requirements. From my experience growing anything requires some commitment and for quality Cannabis this is quite true. As such, most Medical Cannabis users would probably purchase quantified product from a registered manufacturer / supplier. Regulations should encourage use of renewable energy and agricultural processes. Advertising would be restricted to points-of-sale.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 10 of 19

#### Stores / Outlets:

Similar to the Californian Medical Cannabis "dispensary" system, where those with an endorsed medical certificate are granted entry to purchase generous amounts of Medical Cannabis and/or its derivatives for their own personal consumption. Dispensaries may also have a room or area where consumption is allowed. Dispensary locations should be as per other regulated drug outlets: away from schools, but not located so as to create a "seedy" or dangerous environment for consumers. Advertising would be as per existing prescription medication - restricted to points-of-sale, individual business specific web site presence and specified targeted media (i.e. medical journals, etc).

#### Consumers:

Regulated through medical certificates via Medical Professional recommendation. Smoking consumption anywhere other smoking products are allowed, otherwise, registered Medical Cannabis should have no discrimination imposed them - just as other legal drug takers have very little or no restrictions imposed.

As for quantities, it is difficult as pre-ascertain the requirements of individual users however, Patients should be allowed to hold at least 56 grams of dried Cannabis leaf, 28 grams of dried Cannabis flower and at least 10 grams of resin.

Perhaps associated Medical Cannabis fees may also include regular user health monitoring as part of the program.

Honestly this would be a bit much: Alcohol, Tobacco, fat, sugar and salt consumers are not required to have compulsory health assessments and they are able to consume far more dangerous substances - all directly linked to serious-illnesses - solely via self regulation.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 11 of 19

# Appendix C - Legal implications and issues concerning

## the use of cannabis for medical purposes

I foresee the biggest concern for Legal implications and issues for Medical Cannabis to be "drug driving" and employment. Many un-learned stand up against Cannabis, without any direct personal experience of the drug, its use and / or affect / effects. They incorrectly compare Cannabis effects with their experiences of Alcohol, which being of two differing chemistries share no directly comparable outcomes. Agreed, many Emergency Service Personal see some horrific scenes on our roads and may present differing views to mine however many factorial combinations exist to present any given situation and, I dare say that Alcohol, tiredness, speed, inattention and other ingredients play far greater roles in road trauma than Cannabis *alone*, especially when Cannabis is used responsibly.

Although more research probably needs to be conducted into Cannabis and driving, there are many factors requiring consideration before discriminating against Medical Cannabis users in control of personal motor vehicles. Many existing reports across the globe point to Cannabis users accommodating for any "impairment" whilst engaged in motor control tasks such as driving by reducing risk, unlike after Alcohol (and other drug) consumption where greater risks are usually observed, as my personal experiences confirm.

These views are reflected in statistics from the United States, indicating that traffic fatalities fell by nearly 9 percent after legalisation of Medical Cannabis. The researchers noted that this data may not show that driving under the influence of Cannabis is safer, but they also noted (in separate research reviews) that Drug-Driving Laws do not appear to reduce traffic fatalities.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 12 of 19

And, I really do need to add that whilst driving at the speed limit paying attention as I have and always do, I appear to be the safest driver around, averting much carnage otherwise caused by other drivers driving badly. *Everyone* I know feels safe in my car when I drive, as I take care and, believe it or not, am very aware of the great responsibility bestowed upon the motorist. Especially since many of my life-long problems were initiated by another driver's complete lack of attention or respect for other road users.

For registered Medical Cannabis users, perhaps after further training, testing / observation by a registered driving trainer a *free* licence endorsement would be attained, allowing use of *personal* motor vehicles without fear of prosecution for drug driving.

There are some areas where Medical Cannabis users may be considered by some as unsuitable for employment. After all of my experience, I honestly cannot see where that would be or why employment should be restricted or based upon anything other than individual knowledge, skills and effort. If the task(s) required cannot be performed and / or completed effectively, then that *individual* is not suitable for that type of employment. Otherwise, it is work-place discrimination against those following nature and safely medicating for often deliberating conditions.

As it should be in law, consumption of any substance does not negate personal responsibility of action.

Also, Medical Cannabis legislation does not affect signatories to any existing international drug treaties.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 13 of 19

### Appendix D - Any other related matters

One dangerous thing our "Leaders" overlook with current Cannabis laws, is without quality regulation *all* Cannabis users are being exposed to product that may have traces of fungus (mould) from incorrect drying, storage and transport. Health hazards associated with potentially breathing spores should be obvious and, any Leader truly caring about roughly 30 per cent of the general populations' health would very quickly adjust any Cannabis laws for this fact alone. Regardless of your disposition toward Tobacco, mouldy cigarettes are unacceptable and would not be allowed for sale / consumption.

As has been continually noted in many reports from across various Australian Governments and throughout the world, prohibiting Cannabis is a very costly exercise and like other "wars", is not really very successful. By regaining control of Cannabis through Medical channels, our Authorities would reduce various stresses over their judicial systems and free up valuable resources for other, more important tasks. Also, any revenue raised would be available for better research and education programs, providing accurate information allowing for potential harms to be addressed and reduced.

There are many plants far more "dangerous" than Cannabis. For example, recently I discovered the Australian native "Gympie-Gympie" plant whilst bush-walking. After months of very painful "acid-like burns" resulting in deep scaring across my chest, left arm/underarm and back, I question why our Governments haven't spent the same amount of money and energy on "Gympie-Gympie Eradication Programs" as they have on attempting Cannabis eradication. Now that would be serving and protecting!

Also, there will probably be many unlearned / unexperienced wanting to debate various Cannabis strengths. Seriously, let the consumer decide what suits - it's their body.

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 14 of 19

Appendix E - Bibliography (this list is by no means exhaustive).

Barila, G. (2010) "SA Magistrate calls for medical marijuana to be legalised in SA", Adelaide Now, April 09, 2010

BBC News I Health (2004) 'Cannabis may help combat cancer' - 'http://news.bbc.co.uk/2/ hi/health/3655586.stm', Published 08:00GMT, 15-09-2004. Last accessed 11-08-2011

BBC News | Science/Technology (1998) "Cannabis 'safer than alcohol and tobacco" -'http://news.bbc.co.uk/2/hi/science/ nature/58013.stm', Published 15:28GMT, 19-02-1998. Last accessed 11-08-2011

California Department of Public Health - 'California Medical Cannabis Program' - (<u>http://</u> www.cdph.ca.gov/programs/mmp/pages/default.aspx). Last accessed 30-01-2013

Collins, D.J., Lapsley, H.M., (2008) - 'The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05', Online ISBN: 1-74186-437-2, Commonwealth of Australia, 2008

Gervirtz, C., (2009) 'Cannabinoids: An emerging role in pain management?' - Nursing. 39(6):59-60, June 2009 - '<u>http://journals.lww.com/nursing/Citation/2009/06000/</u> <u>Cannabinoids An emerging role in pain management\_28.aspx</u>'. Last accessed 30-01-2013

Griffith, G., Swain, M., (1999) 'The Medical Use of Cannabis: Recent Developments', Briefing Paper No. 11/99, NSW Parliamentary Library Research Service

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 15 of 19

Hall W., Room R., Bondy S. (1995) 'A Comparative Appraisal of the Health and Psychological Consequences of Alcohol, Cannabis, Nicotine and Opiate Use' - '<u>http://</u>www.druglibrary.org/schaffer/hemp/general/who-probable.htm'. Last accessed 11-08-2011

Haynes A., (2010) 'The animal world has its junkies too', Citation - The Pharmaceutical Journal 2010;285:373

Health Canada - 'Medical Use of Marihuana' - '<u>http://www.hr-sc-.gc.ca/dhp-mps/</u> marihuana/index-eng.php'. Last accessed 11-08-2011

Hollister, L.E., (1992) 'Marijuana and Immunity', Journal of Psychoactive Drugs, p159-163, Vol.24 April-June 1992. Available online at '<u>http://www.lycaeum.org/drugwar/marijim.html</u>'. Last accessed 30-01-2012

Jiggens J., (2005) 'The Cost of Drug Prohibition in Australia' QUT, Brisbane. Available online at 'http://eprints.QUT.edu.au/3442/1/3442.pdf'. Last accessed 11-08-2011

Johns, R., (2004) 'Medical Cannabis Programs: A Review of Selected Jurisdictions', Briefing Paper No. 10/04, NSW Parliamentary Library Research Service

Legislative Assembly of Queensland Social Development Committee (2010) 'Inquiry into addressing cannabis-related harm in Queensland' Queensland Government, Brisbane

McDonald, D., Moore, R., Norberry, J., Wardlaw, G., Ballenden, N., Australian Institute of Criminology (1994) "National Drug Strategy: Legislative options for cannabis in Australia", Australian Government Publishing Service, Canberra

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 16 of 19

Mark Anderson, D., Rees, D.I., (2011) 'Medical Marijuana Laws, Traffic Fatalities, and Alcohol Consumption', Discussion Paper No. 6112, IZA (Institute for the Study of Labor), Bonn

Mark Anderson, D., Rees, D.I., (2012) 'Per Se Drugged Driving Laws and Traffic Fatalities', Discussion Paper No. 7048, IZA (Institute for the Study of Labor), Bonn

Marsden, J. (2009) 'Cannabis: The Evil Weed' - Video Documentary, BBC Productions, Viewed on SBS, 06-10-09 8:30pm 'Medical Cannabis' - Wikipedia - '<u>http://</u> www.wikipedia.org/wiki/Medical cannabis'. Last accessed 11-08-2011

Melamede, R., (2005) 'Cannabis and tobacco smoke are not equally carcinogenic', Biology Department, University of Colorado (2004), Available online at '<u>http://</u> www.harmreductionjournal.com/content/2/1/21'. Last accessed 30-01-2013.

Munson A.E., Harris L.S., Friedman M.A., Dewey W.L., Carchman R.A. (1975) -'Anticancer activity of cannabinoids' and 'Antineoplastic activity of cannabinoids' Journal of National Cancer Institute, Virginia (Vol. 55, No. 3, September 1975, pp.597-602)

(The) Netherlands Cannabis Bureau - 'http://www.cannabisbureau.nl/en/'. Last accessed 11-08-2011

Office of Queensland Parliamentary Counsel (2010) 'Drugs Misuse Act 1986' Queensland Government, Brisbane

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 17 of 19

Office of Queensland Parliamentary Counsel (2010) 'Health Act 1937: Health (Drugs and Poisons) Regulation 1996' Queensland Government, Brisbane

'Report on Cannabis and the Law in Queensland' (1994) Criminal Justice Commission, Brisbane.

Robinson, R., (1996) 'The Great Book of Hemp', Park Street Press, Vermont.

Russo, E.B, (2004) 'Clinical Endocannabinoid Deficiency (CECD): Can this Concept Explain Therapeutic Benefits of Cannabis in Migraine, Fibromyalgia, Irritable Bowel Syndrome and other Treatment-Resistant Conditions?'. Neuroendocrinology Letters Nos. 1/2, February - April Volume 25, 2004.

Seymour B. (2009) - 'Hope for Dope' - Current Affairs Report, Today Tonight, Viewed on Channel 7, 21-12-2009

Sexton B.F., Tunbridge R.J., Brook-Carter N., Jackson P.G., Wright K., Stark M.M., Englehart K., (2000) 'The influence of cannabis on driving', Road Safety Division, Department of the Environment, UK.

National Toxicology Program, Technical Report Series, No. 446, (1972) 'Toxicology and Carcinogenesis Studies of 1-Trans-Delta-9-TetraHydroCannabinol in F344/N Rats and B6C3F-1 Mice', U.S. Department of Health and Human Services. Available online at '<u>http://ntp.niehs.nih.gov/ntp/htdocs/LT rpts/tr446.pdf</u>'. Last . Last accessed 30-01-2013

Responses for the 2012-2013 NSW Inquiry into the Use of Cannabis for Medical Purposes - Page 18 of 19

Ware M.A., Tongtong W., Shapiro S., Robinson A., Ducruet T., Huynh T., Gamsa A., Bennett G.J., Collet J. (2010) 'Smoked cannabis for chronic neuropathic pain: a randomized controlled trial'. Canadian Medical Association Journal 10.1503/cmaj.091414 Available online at '<u>http://www.cmaj.ca/182/14/E694.full.pdf+html?</u> <u>sid=de809a2-5d08-4cd6-8aa9-</u>fff4a811af95'

World Health Organisation, Division of Mental Health and Prevention of Substance Abuse (1997) 'Cannabis: a health perspective and research agenda', WHO online at '<u>http://whqlibdoc.who.int/hq/1997/WHO\_MSA\_PSA\_97.4.pdf'</u>. Last accessed 11-08-2011

