

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

Name: Name suppressed

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Partially Confidential

Medical Cannabis Use

I would like to raise several opinions in relation to the medical use of cannabis. I believe that there is already ample evidence confirming the medical benefits of cannabis so my preference is to cover the following points;

1. How cannabis may be supplied:
2. Likely issues:
3. Comment on the actual use / mode of access for medicinal cannabis:

How medical cannabis may be supplied:

I believe that the simplest way for medical cannabis to be supplied would be via one of the following two avenues;

- Personal Growing: Allowing those that met the definition of requiring medical cannabis to grow a limited number of plants in a discrete manner. It would be reasonable to expect that plants are not grown in view of the public, and limitations be put on who has access to these plants (making sure young children do not have easy access). In effect treat this very much like any other medicine by keeping it out of reach of children. Such an approach would allow those that have the desire to be in control of the production of their own medicine the ability to do so.
- Purchase State provided medical cannabis: Depending on demand, the State could simply grant various individuals the ability to grow a limited amount of medical cannabis – under the proviso that it is then sold to the State and made available for resale direct to those requiring medical cannabis via chemists. The State could request that such cannabis is grown organically without the use of pesticides / other chemical agents. Testing could occur to guarantee that no chemical residue is found and the cannabis could be sold at a price to cover the cost of any testing / administration of such a scheme as well as sufficiently compensate growers. It may be possible for the State to pre qualify which varieties of cannabis is produced by making only specific strains / seeds available to growers as part of this scheme.

Given that there are various strains of cannabis, each with their own individual characteristics / medical outcomes for patients, simply suggesting that patients should only use a mass produced product like “Sativex” may not offer a beneficial outcome for patients.

Cost factors may mean that “Sativex’ is not feasible option, or a patient may find that a specific strain of cannabis better meets their care requirements. If “Sativex” is the only option offered, cost issues may mean that those requiring medical cannabis resort to purchasing illegally grown cannabis. This would see organized crime continuing to profit from this trade, as well losing any ability to control the quality / safety of the cannabis being used.

Likely Issues:

Making sure that children do not have access to medical cannabis is obviously a major issue that needs to be addressed. Also making sure that cannabis that is being used for medicinal purpose does not end up being used for recreational purposes is another major issue.

Possible solutions include registering medical users, and applying significant penalties for those found allowing access by children. As far as how to ensure that medical cannabis is used purely for medical use, one simple suggestion may just be to consider a level of decriminalizing of all cannabis use / cultivation for personal purposes. This may result in both less involvement (and profiting) by organized crime in the large scale production of cannabis, better use of police resources, and breaking the cycle of cannabis consumers having to deal with criminal elements and potentially being exposed to harder drugs.

Use / mode of access for medicinal cannabis:

The mode of access for delivering medical cannabis could be any one of the following ways, with the preferred choice left to the individual user;

Smoking: Any concerns regarding the perceived lung cancer risk may want to review recent studies querying the real risk of pure cannabis smoking compared to cigarette smoking. (Study by Dr Donald Tashkin from UCLA). Patients may also use vaporizing methods which may result in much less heat / smoke being produced.

Consumables: If smoking is not desirable, then patients may prefer using cannabis in cooking and consuming this way or by making tea from medical cannabis or via tinctures (where only a drop or two may be required).

My opinion is that each patient should be allowed to try several different ways of taking cannabis as a medicine and settle on the delivery mechanism that is most suitable / preferable to them.

Conclusion

I sincerely hope that the current inquiry will be a serious look at the medical benefits of cannabis, and give patients the ability to retain control in both sourcing and administering naturally produced cannabis as a medicine.

My concern is that the outcome of this inquiry may simply be that the patients who could benefit from medical cannabis are forced to purchase a pharmaceutically licensed and prepared solution such as "Sativex".

If this is the outcome of this inquiry, basically a pharmaceutically agreeable solution like "Sativex", then are we not just replacing what is currently an illegal product often sold for a profit by criminal organizations with what would then be a partially legal product also sold for a profit by private organizations!