

**Submission
No 52**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: Botanic Medical Australia Pty Ltd

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Enquiry into the use of cannabis for medical purposes

Terms of reference

- (A) The efficacy and safety of cannabis for medical purposes;
- (B) if and how cannabis should be supplied for medical use;
- (C) legal implications and issues concerning the use of cannabis for medical purposes;
- (D) any other related matters.

Botanic Medical Australia Pty Ltd
PO Box 88 Annandale 2038 NSW

botanicmedical@gmail.com

Authors:

C.D. Blogg BEc, Gad Dip Couns, IMCAPA

M.Windsor BSc (Hons) Ph D

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Enquiry into the use of cannabis for medical purposes.

This submission is made on behalf of Botanic Medical Australia Pty Ltd by Mr C.D.Blogg in the capacity of Company Director.

Terms of Reference.

(A) The efficacy and safety of cannabis for medical purposes:

Efficacy: Between 1814 and 1900, European and American medical journals published more than 100 articles on the therapeutic use of the drug, known then as Cannabis indica (or Indian hemp) and now simply as cannabis. Today, studies published in peer reviewed journals demonstrate cannabis has medical value in treating patients with serious illness such as AIDS, glaucoma, cancer, multiple sclerosis, epilepsy, arthritis, and chronic pain¹.

(cancer) "... a cannabinoid-based therapeutic strategy for neural diseases devoid of undesired psychotropic side effects could find in CBD [cannabidiol] a valuable compound in cancer therapies along with the perspective of evaluating a synergistic effect with other cannabinoid molecules and/or with other chemotherapeutic agents as well as with radiotherapy."

Journal of Pharmacology and Experimental Therapeutics, 2004.
<http://jpet.aspetjournals.org/content/308/3/838.full.pdf>

(breast cancer) "... for a highly malignant human breast carcinoma cell line, we have shown here that cannabidiol and a cannabidiol-rich extract counteract cell growth both in vivo and in vitro as well as tumor metastasis in vivo." *Journal of Pharmacology and Experimental Therapeutics*, 2006. <http://jpet.aspetjournals.org/content/318/3/1375.full.pdf>

(diabetic retinopathy) "... CBD as an antioxidant to block oxidative stress and as an inhibitor of adenosine reuptake to enhance a self-defense mechanism against retinal inflammation represents a novel therapeutic approach to the treatment of ophthalmic complications associated with diabetes." *World Journal of Diabetes*, 2010.

<http://www.wjnet.com/1948-9358/pdf/v1/i1/12.pdf>

(gastrointestinal disorders) "Cannabis derivatives and other newly developed cannabinoids may represent promising tools for the treatment of different GI disorders because they can act at multiple sites, covering a wide spectrum of symptoms." *Journal of Molecular Medicine*, 2005. <http://www.springerlink.com/content/pj24p7323lp31105/fulltext.pdf>

(HIV) "This study provides evidence that short-term use of cannabinoids, either oral or smoked, does not substantially elevate viral load in individuals with HIV infection who are receiving stable antiretroviral regimens containing nelfinavir or indinavir." *Annals of Internal Medicine*, 2003. <http://www.annals.org/content/139/4/258.full.pdf+html>

(HIV and hepatitis C) "Short-term use of smoked cannabis did not affect viral load in 15 HIV-positive patients and also is associated with adherence to therapy and reduced viral loads in 16 patients with hepatitis C infections." American Medical Association, Council on Science and Public Health, 2009. http://americansforsafeaccess.org/downloads/AMA_Report.pdf

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(migraine headaches) “Cannabis’ unique ability to modulate various serotonergic receptor subtypes, inhibit glutamatergic- mediated toxicities, simultaneously provide antiinflammatory activity and provide acute symptomatic and chronic preventive relief make it unique among available treatments for this disorder.” *Journal of Cannabis Therapeutics*, 2000.

http://www.drugpolicy.org/docUploads/hemp_for_headache.pdf

(morning sickness) “In the context of pregnancy, cannabis was rated as extremely effective or effective by 92% of the respondents who had used it as a therapy for nausea and vomiting (morning sickness).” *Contemporary Therapies in Clinical Practice*, 2009.

http://safeaccess.ca/research/cannabis_ nausea2006.pdf

(multiple sclerosis) “Neuroinflammation, found in autoimmune diseases such as MS, has been shown to be reduced by cannabinoids through the regulation of cytokine levels in microglial cells. The therapeutic potential of cannabinoids in MS is therefore comprehensive ...” *BMC Neurology*, 2009.

<http://www.biomedcentral.com/content/pdf/1471-2377-9-59.pdf>

(neuroprotectant) “... cannabinoids are found to have particular application as neuroprotectants ... in limiting neurological damage following ischemic insults, such as stroke and trauma, or in the treatment of neurodegenerative diseases, such as Alzheimer's disease, Parkinson's disease and HIV dementia.” Hampson, et. al., U.S. Patent Office, 2003.

<http://mapinc.org/url/DOPxjxR>

(pain) “...this study provides further insight into the applicability of cannabinoid botanicals in the management of a broad range of refractory chronic pain conditions in adults, from myofascial pain and discogenic back pain to neuropathic pain and central pain syndromes.” *Journal of Opioid Management*, 2009.

http://students.washington.edu/sunila/JOM_5-5-05.pdf

(substance abuse treatment) “ ... cannabis use did not compromise substance abuse treatment amongst the medical marijuana using group ... medical marijuana users seemed to fare equal to or better than non-medical marijuana users in every important outcome category.” *Harm Reduction Journal*, 2010.

<http://www.harmreductionjournal.com/content/pdf/1477-7517-7-3.pdf>

Safety: The safety of the drug has been attested to by numerous studies and reports, including the LaGuardia Report of 1944, this Shafer Commission report of 1972, and 1997 study conducted by the British House of Lords, the Institute of Medicine report of 1999, research sponsored by Health Canada, and numerous studies conducted in the Netherlands, which cannabis has been quasi-legal since 1976 and is currently available from pharmacies by prescriptionⁱⁱ.

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(B) If and how cannabis should be supplied for medical use:

In addressing if cannabis should be supplied for medical use, Botanic Medical Australia is declaring its intention to apply for a licence/government approval, for manufacture and distribution of medical grade cannabis products according to all and any rules, regulations and laws stipulated by State and Federal legislation in this matter. All products researched, manufactured and distributed by botanic medical Australia will be compliant with appropriate regulatory codes, including Australian Standards and the Therapeutic Goods Act.

Medical cannabis has been gaining ground as a valid therapy, offering relief to sufferers of diseases such as cancer, post-traumatic stress disorder, amyotrophic lateral sclerosis (ALS) and more. The substance is known to soothe severe pain, increase the appetite, and ease insomnia were other common medications failⁱⁱⁱ.

How cannabis should be supplied for medical use;

In countries where medical cannabis is available for distribution, methods of supply are varied. From patients who are qualified by their doctors as being eligible for medical cannabis are then licensed to grow a certain number of plants for themselves. Some models take this further and allow the patient to trade with other patients. In other versions supply is separated into production and distribution through dispensaries, both licensed by the State. Qualified patients are thus able to obtain medical cannabis through these dispensaries^{iv}.

Botanic Medical Australia is hereby proposing to develop a model with the government that allows the production and supply medicinal grade cannabis of known dosage in either an ingestible or spray/vapour^v form. We are also in negotiations with doctors involved in pain management to help research the effectiveness of these products in clinical applications.

We also see research into methods of cultivation as part of our model, as there is little to no scientific knowledge of the standardised cultivation of medical cannabis. An important objective of this research would be to find control mechanisms in the plant, which have an impact on the qualitative presence of components and the mutual variation therein. The results of this research would be to develop future "customised" plants to provide for various medicinal uses. Our research would also be looking for plants with a different distribution of components namely the non-psychoactive CBD (Cannabidiol) named as anti-inflammatory and painkilling in certain circumstances.

Botanic Medical Australia envisions a working model of supply similar to what has been developed in other countries, including USA , which use self-regulation and their own code of ethics. We recommend the following documents to the committee: *The American Herbal Products Association recommendations (attached)*^{vi} and *the Coalition for Cannabis Standards and Ethics (see CSE) proposed guidelines for producers*^{vii} and *processors*^{viii} .

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(C) Legal implications and issues concerning the use of cannabis for medical purposes:

Botanic Medical Australia believes that cannabis law reform is both necessary and in the public interest.

In 1961 Australia signed the international [Single Convention on Narcotic Drugs](#). This convention supports an obligation to make cannabis available as a medicine. Most current state and federal cannabis control Acts in Australia are in contradiction to this^{ix}.

The use and cultivation of cannabis is illegal in Australia without authorisation, justification or excuse under law. [Medical necessity](#) is also a legitimate defence for some people in Australia e.g. Clinical trials of cannabis for medicinal purposes have been suggested; however, no jurisdiction has indicated it will conduct trials in the near future. Public opinion supports a change in legislation permitting the use of marijuana for medical purposes. Two-thirds (68.6%) of respondents in the 2007 National Drugs Strategy Household Surveys (NDSHS) supported "a change in legislation permitting the use of marijuana for medical purposes" and almost three-quarters (73.6%) supported "a clinical trial for people to use marijuana to treat medical conditions"^x.

(D) Any other related matters.

Developments and research into cannabis have been delayed because of prohibition. Botanic Medical Australia believes that these prohibition laws are now archaic and in need of major review. Thus we welcome the Committee's inquiry into the use of cannabis for medical purposes. By historical example we recount that at one time dissection of corpses was forbidden under law and denounced as witchcraft. Modern anatomy only became possible because of enlightened law reform. Botanic Medical Australia believes that law reform is also required to make medical cannabis available to a needy public suffering from epidemics of non-communicable diseases, and genetic disorders.

In the United States at present there are approximately 15 States that have legalised or are in the process of legalising cannabis for medical use in that country. Most recently, the states of Colorado and Washington have legalised cannabis for recreational use. These developments are still in contravention of federal laws so further reform is needed.

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References

ⁱ Chronic Pain and Medical Cannabis: [WWW.AmericansForSafeAccess.org](http://www.AmericansForSafeAccess.org).

http://americansforsafeaccess.org/downloads/pain_brochure.pdf

ⁱⁱ Ibid.

ⁱⁱⁱ <http://scienceblog.com/59316/its-true-medical-cannabis-provides-dramatic-relief-for-sufferers-of-chronic-ailments/>

^{iv} http://en.wikipedia.org/wiki/Legality_of_cannabis_by_country

^v <http://www.vapormed.com/volcano-medic-vaporizer/en/use-application.php>

^{vi} http://www.ahpa.org/Portals/0/pdfs/13_0120_RecommendationforRegulators_Distribution_Final-Rev1.pdf

^{vii} <http://www.ccsewa.org/producers/>

^{viii} <http://www.ccsewa.org/wp-content/uploads/2012/12/CCSE-Processor-Standards.pdf>

^{ix} http://en.wikipedia.org/wiki/Cannabis_in_Australia

^x Ibid.

End submission.