

**INQUIRY INTO ROAD TRANSPORT AMENDMENT
(MEDICINAL CANNABIS-EXEMPTIONS FROM
OFFENCES) BILL 2021**

Organisation: United in Compassion Ltd

Date Received: 8 April 2022

United in Compassion Ltd
10 Glen Eden Court
Flaxton, Queensland 4560

08th April 2022

Dear Sir/Madam,

RE: Submission to Inquiry into the Road Transport Amendment (Medicinal Cannabis -Exemptions from Offences) Bill 2021

I am writing to you as Co-Founding Director of United in Compassion Ltd (UIC), a registered Charity focused on supporting access to medicinal cannabis for all Australian patients who could benefit from it. Whilst I currently reside in Queensland, I would be happy to provide any assistance to see success of this Bill.

Background of United in Compassion Ltd.

UIC was formed in 2014 by myself, Lucy Haslam a former registered nurse from NSW and my son Daniel Haslam, a 24-year-old stage 4 bowel cancer sufferer. UIC has a Board of 6 and a Scientific Advisory Board including Scientific Researchers and Health Care Professionals.

Together with my husband, Lou Haslam (a former NSW Police officer with 35 years' service and much of that spent in the NSW Drug Squad and heading the Drug Unit for the Northwest of NSW), my son and I began to lobby the NSW Government and then Premier Mike Baird in 2014, to change the law to enable access to medicinal cannabis for patients like Dan who had debilitating symptoms which were unrelieved by conventional medications and therapies.

At that time, Dan was four years into a five-year battle with terminal cancer. His quality of life was very poor. He was suffering with unrelentless nausea and vomiting, anorexia, pain, insomnia, and depression. As parents, we were staunchly opposed to recreational cannabis use, and we had little comprehension of the therapeutic value or use; however, we were so distressed in witnessing his suffering that despite our negative views of cannabis, we encouraged Dan to try it.

From the moment Dan tried cannabis we could not ignore the benefits it immediately gave him and in his final year of life, he enjoyed a quality of life that he had lost due to the progression of his disease and the treatments he required. I embarked on a mission to research why cannabis had proved to be such effective medicine for Dan? It seemed wrong to have to criminalise ourselves in order to relieve Dan's suffering. This was just 12 months after the 2013 NSW Senate inquiry into Medicinal Cannabis, which had unanimously recommended that cannabis be reintroduced for patients like Daniel. Despite this strong support, the then NSW Health Minister Jillian Skinner had completely dismissed the findings of the inquiry, opting instead to do nothing and to leave cannabis as an illicit substance which remained listed on the poisons register.

Fortunately, Premier Mike Baird met with Dan, recognised that things needed to change to demonstrate genuine compassion for the sick and he became a strong advocate for change in NSW.

From NSW, I moved the focus of lobbying to Canberra and following my address in the Parliament, a Cross Party Committee headed up by Richard Di Natale the then head of the Greens, was formalised

and, The 2014 Regulator of Medicinal Cannabis Bill was developed. The Committee had representatives including every major party and many independent MPs. It was a demonstration of co-operation and compassion that was rarely seen in Canberra. By late 2015 it was at the point whereby a groundswell of public support urged the Bill on, and it looked like being successful in its passage through the levels of Parliament.

On the 24th of February 2016, (the first anniversary of Dan's death) the Federal Government took things in an entirely different direction and instead changed the law by amending the Narcotic Drugs Act. Nevertheless, the law was changed, and medicinal cannabis became legal in Australia.

In the years since there has been much criticism of the access pathway and much debate about the many barriers to patient access. This resulted in a Senate Inquiry into the Barriers to Patient Access to Medicinal Cannabis in 2020. This Inquiry highlighted the current driving laws as one of the major barriers being experienced by patients across Australia.

In relation to the specific Terms of Reference to this inquiry, my contribution comes from the position of patient advocacy. Without a doubt one of the largest (of many) access issues for legally approved Medicinal Cannabis patients are the current laws whereby the mere presence of one cannabinoid in the saliva, blood or urine of patients who drive, can have grave social and economic implications for patients.

This review is very welcome and well overdue as currently, in all states and territories in Australia, it is an offence to drive while having detectable levels of Delta-9-Tetrahydrocannabinol (THC) in the body. This situation is a gross display of discrimination towards some of the most disadvantaged members of our wider community. It forces patients to make a choice between relief of severe and often very disabling symptoms or the right to drive, in order to access their basic needs and services including access to work, health care and requirements of daily living.

Lacking a scientific basis, Australian driving laws do not revolve around impairment but rather the mere presence of THC. In some states, a randomised drug test that depicts the trace of THC in the saliva, blood or urine is enough to result in an automatic loss of licence and criminal charges whether the driver is impaired or not. Last year, research by the Lambert Initiative at Sydney University found THC concentrations in blood and saliva are poor indicators of cannabis-induced impairment, further raising questions about current drug-testing methods. [Scientists put the stopwatch on cannabis intoxication - The University of Sydney](#)

To quote Professor Iain McGregor Academic Director of the Lambert Initiative, Professor McGregor, said: "THC can be detected in the body weeks after cannabis consumption while it is clear that impairment lasts for a much shorter period of time. Our legal frameworks probably need to catch up with that and, as with alcohol, focus on the interval when users are more of a risk to themselves and others. Prosecution solely on the basis of the presence of THC in blood or saliva is manifestly unjust."

"Laws should be about safety on the roads, not arbitrary punishment. Given that cannabis is legal in an increasing number of jurisdictions, we need an evidence-based approach to drug-driving laws," Professor McGregor said.

This unjust approach is not applied to any other legally prescribed medications such as Morphine. The onus in the case of Morphine is to not drive if impaired. This same basic standard could and should be applied to Medicinal Cannabis patients. Other prescription medicines, such as opioids and benzodiazepines, can cause significant impairment for drivers, but that these are not tested in current drug driving tests which is neither just nor logical. Many Australian patients have lost their access to employment and the many freedoms/ rights enjoyed by having a licence. This impacts most heavily on those who live in rural and remote communities where a licence is essential to life. It should not be a choice whether a patient relieves debilitating symptoms or retains their driver licence.

In closing, UIC believes that it is discriminatory and unscientific to retain the current laws around the mere presence of THC being an indicator of impairment to drive. Efficacious use of medicinal cannabis could be argued to result in safer drivers for those patients who achieve symptom relief of conditions such as pain, spasm, and tremor through its use.

Current research both in Australia and overseas should be guiding policy reform as a matter of urgency.

Yours sincerely,

Lucy Haslam

Co- Founder Director

United in Compassion Ltd

I agree to this submission being made publicly available