

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

Organisation: Anspec Pty Ltd

Date Received: 26 April 2022

Dear Members,

I wish to support the proposed amendment for the following reasons:

1. THC is now a drug listed on the ARTG in Sativex™ and should be removed from the definition of “prescribed illicit drugs” within the meaning of “the ACT”
 - a. Morphine is not mentioned in the definition of “prescribed illicit drugs”
 - b. Opium is not mentioned in the definition of “prescribed illicit drugs”
 - c. Many other illicit drugs are absent from the definition of “prescribed illicit drugs”
2. THC should receive at least the same treatment as morphine in section 111 of “the Act” being a safer substance than morphine *“Opioids are widely prescribed for chronic pain, but due to concerns related to harms, recommendations have been made to reduce reliance on higher doses [1]. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. JAMA. 2016;315:1624–45.*
3. The exemption for Morphine being extended to THC does not detract from the greater offences included in subsequent sections of “the Act”
4. The exemption for Morphine being extended to THC does not detract from offences related to impairment.
 - a. Impairment can also be caused by many of the ARTG drugs that are often now successfully replaced by doctors and patients with prescribing of Medicinal Cannabis according to anecdotal feedback from patients and doctors.
 - b. In many cases “poly-pharma” (the use of multiple pharmaceuticals by a given patient) is reduced by the prescribing of Medicinal Cannabis according to anecdotal feedback from patients and doctors possibly/probably reducing impairment.
5. The success of Medicinal Cannabis in Australia, as predicted by the Minister for Health in 2016, is such that now 2,000 doctors are regularly prescribing Medicinal Cannabis to hundreds of thousands of patients per year usually in replacement for another medication/s.
 - a. Because of restrictions on driving while taking the medicine but not impaired (as exemplified by proper use of morphine) thousands more patients are afraid to take a medicine that both the patient and the treating doctor believe will be beneficial to the patient.
 - b. From an industry perspective a large number of prescriptions are for CBD isolate, the least efficacious form of Medicinal Cannabis to try to avoid all THC but still hoping for the benefits.
6. Medicinal Cannabis acts on the body’s own endocannabinoid system unlike many synthetic pharmaceuticals which are regularly prescribed, which may cause significant impairment but are not specifically mentioned in the way that THC is singled out eg: SSRIs, SNRIs, pregabalin.
7. The concern raised by the “digest” about “reversal of onus of proof” must surely have been dealt with in the wording for the defence of using Morphine properly under medical direction. Therefore, it is sensible to match the wording for THC to the wording for Morphine to avoid said concern.

8. https://www.bitre.gov.au/sites/default/files/documents/international_comparisons_2019.pdf measures that road fatalities per 100,000 of population in Australia and Canada in 2019 show similar rates of road safety at 4.68 vs 4.69 while Canada had legalised and significantly liberalised access to, Medicinal Cannabis and Australia was only at the beginnings of the industry.
- a. This however could be compared to Germany at only 3.62 where legalisation of Medicinal Cannabis was extensive by 2019 and was paid for by most Health Insurers.
 - b. Driving under the influence of drugs is considered an offence according to German law. Drivers are considered under the influence if drugs are found in their blood, irrespective of the amount or concentration. This regulation refers to a selected list of drugs. **Drugs used as medication and administered as intended are exempt.**

As a person whom had charge as Director of Integrated Care at a major Sydney trauma centre including the Emergency Department, Mental Health, Homeless Health, Palliative Care, Geriatric Care, the Chronic Pain Clinic, Endocrinology and Drug and Alcohol Addiction Medicine, and whom had NO experience of Cannabis until asked by a Palliative Care consultant to sign-of permission to research Medicinal Cannabis I believe I am well placed to pass comment.

Having subsequently moved roles to a specialised Pharmaceutical Wholesaler dealing in medications for 30 years and supporting the pharmaceutical supply at that time to the entire ADF, I was invited to assist the growth of access to Medicinal Cannabis for doctors and their patients which I did advisedly and soberly.

It is my belief that to single out THC as a “prescribed illicit drug” within the meaning of the act is outdated since THC became a registered drug on the ARTG. Therefore, to discriminate against THC versus every other possibly impairing drug becomes unsustainable. That doctors in their wisdom, after decades of training choose to prescribe other medicinal cannabis products instead of ARTG pharmaceuticals suggests that those doctors believe the drug is of more benefit to their patients. For the law to act against the judgement of the doctor in an unbalanced way forcing patients to accept lesser health because of an outdated regulation is open to serious question.

To possibly rely on a lack of research to perpetuate the status quo would fly in the face of a very large body of research already accepted by many nations with which Australia has mutual agreements on pharmaceutical regulation. The European Parliament has already officially stated that sufficient evidence exists to allow European Doctors access to medicinal cannabis for their patients.

It must be recognised that any apparent gap in the body of research should be correlated against the inappropriate demonisation of THC as a (then) popular medicine produced by many large pharmaceutical companies, for US political and racial reasons (matter of public record) and absence of THC from “grandfathering arrangements” as the FDA was formed while grandfathering

opiates and even paracetamol allowing one of the now most medically demonised pharmaceutical cocktails to pass straight through.