

To the honourable members of the committee,

This is why the Honourable senator Pauline Hanson is so lovable. Her ability to reinvent herself continuously and never fails to surprise us. A step forward but I fear in the wrong direction.

I did not find medical cannabis was in the slightest bit medicinal or beneficial for pain. It is also a terrible drug that personally I am unable to understand the demand for it. It also costs about \$500 just to try a single dose of CBD oil that is very steep and has a shelf life of about a month. This was the cost of the ultimate premium item and the clinic fee. This is in comparison to a prescription of \$6.80 for opioid medications that is a well respected part of the physicians toolbox. Unfortunately there are many senior physicians and consultants with stocks in marijuana and other pharmaceutical firms that inflate the misprescribing of medications to inflate the value of their conflicts of interests. Propose it to be a crime for a physician to be administered opiates for pain and see how they muddy the waters and come up with exceptionalism scenarios for its efficacy. Propose banning it being prescribed to residents of nursing homes for additional testimonials of its efficacy. It's so ridiculous right now that dentists will refer a patient with an infected wisdom tooth to wait 5 years for surgery and consider that a comprehensive pain management strategy. It would go a long way to reduce the temptations of physicians that bring disrepute to their profession by removing the physician from the process. It would also be beneficial to regulate to ensure that consultants must always state conflicts of interest when giving treatment advice to junior physicians records of such prescribing patterns are published, and must state when recommending against cheap affordable and effective pain relief that physicians are only ever prosecuted for prescribing opioids when they overprescribe to prostitutes as payment for services in kind. It would be a good idea to include a law review as a part of compulsory professional development.

I must caution against Senator Hanson's recommendation in the second reading, "medical professionals complete an appropriate medicinal cannabis course before they are able to start prescribing it." As the former member for Oxley they are aware of the concerns of the lumpenproletariat. The proliferation of General Practice premiumization specialism and specialism general practice clinics has undermined general practice and has only driven up costs and impaired the utility of the General Practitioner. General Practice is now distorted with each area of practice now a niche specialty with a specialty clinic of tenant GPs and month or more delays between each practice event. Even if the same practitioner prescribes marijuana to a regular patient, it is structured in such a way that the prescribing is separate from managing the patient as a GP. There should be a moratorium and rollback of subspecialization restrictions within General practice to guide General practitioners back to General Practice instead of granting them licenses to perform lucrative arbitrary tick and flick exercises. It's no secret that marijuana prescribing is a sham practice that can be performed by a bottle shop employee. I would challenge you to compare the practical application of months of continued learning and schmoozing up to certification boards with a weekend Responsible Service of Alcohol certificate.

I realize that there are many that wish to use it recreationally and that medical marijuana is just a simple matter of incorrect coding. It would be more appropriate to reschedule it such that it can be sold in bottle shops and bars as a semi-tolerated substance of abuse or even next to the cigarettes in grocers and gas stations. It's a complete waste of time and money to waste police time on operational recreational marijuana responses. Just like alcohol, there are people with substance abuse problems. The vice districts/safe night precincts would probably be opposed to requiring prescriptions for alcohol but it's important to recognize their equivalency and to maintain a consistent approach to the tolerated substances of abuse.

South Park has produced a number of documentaries on the subject but essentially the prevalence of marijuana has replaced tobacco to the extent that I can't have a wholesome tobacco cigarette in public without being repeatedly hassled for a smoke. The comedy of the situation is that if I give in to it, I get rebuked for its surprising lack of marijuana content. Strangers bumming a few puffs off the end of a ciggie was never like this before medical marijuana. Now cigarettes are expected to be marijuana joints.

Robert Heron