Suggested Inquiry outcomes 8/3/20

This is a series of recommendations the MCUA recommends as potential moves forward to help solve many of the issue's around the MC access situation in AU. We would like to see them included in the recommendations from this inquiry.

1 full toxicology test on cannabis, on the plant, imported products, Hemp and meta analysis.

Why? To determine if the scheduling and restrictions are warranted, appropriate and potential harms correctly assessed..

2 full review of the 'streamlined' private cannabis clinic system.

Why? The MCUA survey suggests extensive unhappiness from patients with the Private Cannabis Clinics due to added cost, seperate record keeping, aliance with specific suppliers, price gouging, inexperience etc

3 review of use by date for carrier oils in herbal preparation.

Why? MCUA has received numerous reports of patients vommitting after receiving oils. Some of these reports have included dubious use by date advice. The dumping of old stock from Canada on the AU market and the costs to companies of unsold products needs looking into.

4 ongoing patient survey with regards to accurate numbers of patients,conditions, scripts and results.

Why? There isn't one. The MCUA survey revealed several details that indicate serious problems with the access pathways of various kinds and getting accurate figures and patient response data is impossible.

5 full exemption from prosecution for genuine patient's who self supply

Why? Should genuinely sick people have their medicine siezed and be charged, gi to court or be jailed? Obviously parliament thinks they should. There are several current and recent court cases involving patients and suppliers where the court and police have acknowledged medical use and we hope the senate can see that it would be more beneficial to have people registered, known and growing/using under guidelines. Patients have grow rights in the US and Canada it helps eliminate BM activity and illegal activity in AU will only grow unless personal supply is legal.

6 consider action of fully synthetic Canna for Tga approvals.

Why? 98% of medications in the ARTG are synthetic or heavily processed single molecules. Cannabis is a multi molecule plant and much better suited to herbal medicine categorisation under complimentary medicines. It needs to be natural. Allowing pharma companies to produce lower cost cannabinoid combo's for scheduling that suits TGA requirements and Drs needs might free up the plant to be used by people as they need it

7 recognition of Patients right of choice.

Why? Despite the best interests of parliament to divert the population away from Cannabis use its very popular and growing in use. If the government fails to supply people simply have the choice to do it themselves. Cannabis use is a community based activity and the stronger the cannabis community the better the healing results.

8 examination of other delivery
classification system such as Complimentary Medicines.. maybe some economic modelling on the delivery systems might help

Why? Please read this and tell us why its not suitable for Cannabis ?

https://www.tga.gov.au/complementary-medicines

Forcing the AU industry into the most costly and restrictive methods of production rather than the simplest and most straightforward is a crime in itself and we gave seen no feasibility study or any research looking at utilising the TGA in different ways under defined Q and A guidelines.

9 Is rating specific products at s8 or S4 possible whilst having the plant or specific cannabinoids available in other products outside this rating?

Why? The US market has numerous edible products such as ice-cream, chocolate, Lollipops, cake, vape pens, balm and much else is available over the counter to Green Card holders. Fresh juice is beneficial to many and using canna in home cooking is common.

This is happening illegally here and Drs are simply never going to prescribe high CBD blueberry muffins cancer are they?

People need legal options.

10 establishment of compounding pharmacy

Why? Rather than defined or restricted products, cannabis medicine can be produced herbally on demand from raw materials by a qualified herbalist or pharmacist. This is done for each patient As needed. So raw herb, drops, balms, capsules etc are made based on patients need not a pre configured standardized product.

11 removal of the ODC and inclusion of a Bureau of Cannabis licencing or similar under the Health Dept or TGA..including under their budgets..broadening of licence to include herbal products and self supply

Why? The concept of an 'Office of Drug Control' for a plant based drug that has an increasing illegal production of over $5 billion black market sales is just a joke. That they should be having budget issues or cannot 'control' herbal or self supply us silly. The name is very draconian and needs an upgrade and more realistic approach.

12 report on usability of imported meds.

Why? Organic materials have a fairly short decay time be the main carrier oil used MCT has too. Its prone to changes in temperature, once opened its exposed to air and MCT has noted side effects.
The whole issue of decay, storage, types of course, returns etc has no current monitoring.

13 a friendly MC helpline for people to call regarding information about accessing or problems with MC.

Why? The MCUA receives dozens of contacts every week from patients regarding all aspects of MC from advice to problem solving, vommiting to how to make cookies, effectiveness to anger and frustration. Personally I am I over it's way too difficult but you can either fund us to run a patients help service or run it via the TGA.

14 Have ALL MC access in AU available from the patients GP as a low cost access point and Central keeping of patients records.

Why? The local GP is the normal access point for all patients medical treatment.
Bulk billing is available as is any refferal.Extra clinics mean extra records, extra costs and extra travel for patients. Extra paperwork for GPs.
Streamlining cannabis access and monitoring via GPs.

15 set up a serious monitoring project to provide accurate statistics and patients assessments of the current MC system.

Why? This doesn't seem to exist.
There's no real survey, study, feedback, analysis or anything else of an official nature available especially negative side effects and interactions with other Meds.
This should be collated from a central point as part of the overall governance.

There's probably more. We have this makes sense but please call 0499616402 with any questions.

Regards
MCUA research committee.