



To: The Senate Standing Committee on Legal and Constitutional Affairs
Parliament of Australia

14th June 2018

Thank you for the opportunity to make a submission regarding the Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018 (hereafter ‘the Bill’).

My name is Gail Hester and I am the founding member of the Medical Cannabis Users Assoc. of Australia (MCUA). Created as a social media group in 2014 to give a voice to those who use or want to use Cannabis medicinally, we became a not for profit, incorporated association in 2015 and now represent 17,450 Australian patients nationwide who already use Cannabis for therapeutic reasons. I am a member of the executive committee of MCUA of Aust. Inc. and I am writing on behalf of members and myself in support of this Bill.

In 2016 the LNP Govt trumpeted that it had “Legalised Cannabis” for medicinal use following 2 years of intense patient lobbying and public demand through rallies, media polls, petitions, letters to MPs and Senators and submissions to inquiries such as this, at state and federal level.

What we got was not what we asked for. Instead we received a politically correct, convoluted, system bound in red tape by bureaucrats. Keys to access were thrust upon ill-informed poorly educated doctors to prescribe overpriced, unregistered, untriated products that are out of the financial reach of those who need it most.

In NSW Hansard Adam Searle MLC, states that over 100, 000 people are being forced to the black market to gain access to products that are improving their quality of life and reducing their suffering. There has never been one single death from this extensive, medically unsupervised use.

So far ONLY around 500 people nationwide have been “granted” prescriptions to access legal imported products of unknown strains, that may or may not be suitable to treat their conditions as well as the illegal products they are already using.

Current medical users live in fear. They Fear their illness, they fear pharmaceutical treatments and they fear speaking out about their cannabis use. Added to this, they fear being caught and prosecuted and they fear having to deal with the criminal element to obtain their needs. But their

biggest fear is supply running out. Sick people should not have to live in fear . This bill goes a long way to alleviate our suffering and has support from our members.

HARM MINIMISATION

Harm minimisation has been a principle of Australian governments' approach to drug use for several decades, beginning in the 1980s. It is categorised into three areas: harm reduction, supply reduction and demand reduction.

According to the AMA “Based on current use patterns, (2014) **alcohol abuse and tobacco pose much greater harms** to individual and public health in Australia **than cannabis**. Cannabis-related psychosis, suicide, road-traffic crashes and dependence were estimated to account for 0.2% of the total disease burden in Australia in 2003.[2] This compares to 7.8% of the total burden attributable to tobacco use and 2.3% attributable to alcohol use.

In 2004-05, the estimated social costs of cannabis use (including health, crime, road crash and labour costs) was \$3.1 billion.[3] In comparison, the health, crime, road-crash and labour costs of alcohol use in 2004-05 are estimated to be more than three times as much (\$9.4 billion).[4]

Prohibition and its associated harm reduction policies are never going to work with Cannabis. It hasn't reduced demand or supply in over 40 yrs despite medical use greatly increasing demand in recent years. More and more, cannabis is proving to be a safe alternative to the harm caused by alcohol and pharmaceutical drugs especially opioids and antidepressants.

The catch cry of “harm reduction” as a reason for prohibiting the use of cannabis is no longer defensible, believable, valid or legitimate. There is no harm to the absolute majority of people who try it or use it regularly. The level of acceptable evidence attesting to its benefits, from respected and credible institutions grows daily, while there is **no** science-based evidence that proves conclusively that cannabis IS harmful. There is no lethal dose; no toxicity; and no risk of death from using it.

What can be proven though, is that pharmaceutical drugs including pain medication and antidepressants can cause a great deal of harm to society.

As reported in the US last year by the The Citizens Commission on Human Rights : “ 65 high profile cases of mass shootings/murder have been committed by individuals under the influence of these drugs...(antidepressants) ..”

<https://www.cchrnt.org/2017/10/10/another-mass-shooting-another-psychiatric-drug/>

This was also muted as a possible cause for the family massacre in West Australia last month. “.. 61-year-old Mr Miles... had been suffering depression and had “gone to doctors for help”... “It seems the antidepressants he had been prescribed were not working,” ... some antidepressant medication had “no warnings on the box” but came with the risk of “terrible side effects” including suicidal thoughts or thoughts of harming others. Australia’s Therapeutic Goods Administration (TGA) warned that patients are often not aware of the risk of suicidal thoughts and behaviours when they begin treatment with antidepressants, and it urged doctors to effectively communicate the risks, particularly with SSRIs.

<https://www.perthnow.com.au/news/south-west/margaret-river-massacre-depression-drug-clue-to-grandfathers-murder-of-family-ng-b88840726z>

Our laws are based on 80 year old propaganda. It seems our senior politicians are peddling the same story... “cannabis is a gateway drug that causes mental illness and is dangerous..”

In US states where they have enacted laws allowing medical and recreational use of cannabis, they have experienced a 25% drop in fatal opioid overdose and a significant decline in alcohol abuse. We are repeatedly hearing from our members that cannabis is being used as a GET AWAY drug – helping to get them off opioids, antidepressants alcohol and even tobacco. How does this equate to harm.

As can be seen in legal jurisdictions the sky has not fallen. Aside from the reduction in opioid use and binge drinking; there is evidence of a decrease in road fatalities and NO increase in diagnosis rates of psychosis and schizophrenia to coincide with the rise in potency and rates of use. The biggest harm being done right now is by alcohol and the advertising of such a dangerous drug in print, roadside billboards, at sporting events, on sports apparel and on TV, should be banned. Alcohol is now being hailed as the new GATEWAY drug. (see reference list)

The current policy of cannabis prohibition creates crime. Patients are being forced into “criminal” activity because Govt policy and demands on doctors are geared at prevent access.

Current situation denies patients of the basic human right to choose and use what they consider is best for their own health. Patients are being forced to rely on medical professionals who trust only research prepared by pharmaceutical companies aimed at getting products on shelves; and who are subjected to an approval process that deters them from prescribing cannabis by demanding they accept personal legal liability for patient welfare while on the treatment.

Any doctor who prescribes an unregistered cannabis medicine to a patient also assumes legal liability for that patient's welfare. A doctor running a clinical trial will be covered by the hospital's medical indemnity insurance; a doctor prescribing a cannabis medicine to a single patient will assume liability personally.
<https://www.medicinalcannabis.nsw.gov.au/patient-access/access>

Many patients have lost faith in the big pharma driven health system and are turning more to natural therapies with less toxic side effects. They are willing to accept responsibility for their own decisions and welfare.

With the greatest majority of people unable to obtain a script or afford the legal products comes added stress of trying to acquire a regular consistent supply and the possibility of being caught and prosecuted.

In a medical use context, legalisation is the only way that patients will get access to the cannabis they so desperately need now – rather than in 10 yrs or more, when Pharmaceutical products have been developed, trialled, approved and registered by the TGA, and doctors can confidently prescribe products that are subsidised by the PBS.

From a social perspective, Prohibition itself can be the GATEWAY to harder drugs, crime and/or suicide. It leads to convictions for use and possession of a plant, that ruin people's chances of employment and can lead to other petty crime. This coupled with low employment prospects and low rates of welfare payments, can lead to a sense of hopelessness and helplessness for our young people – many of whom use cannabis medicinally to relieve their depression and anxiety.

Cannabis stays in the system for a long time after use. Roadside saliva testing for presence of THC also criminalises social and medical users even tho impairment need not be present and there is no threat to the safety of others. Workers who face drug tests on the job often turn to more dangerous drugs as a recreational choice, that leave no trace in the system.

BILL ADDRESSES THE NEEDS OF PATIENTS

The passing of this Bill would address three of the biggest problems that currently exist for medical users (1) access (2) ongoing supply and (3) affordability. It has a host of other benefits including:

1. it reduces stress for patients on many levels;
2. it goes a long way toward correcting the violation of our basic human right to “choose” when it comes to health care needs ;
3. it would put an end to criminalising good people for both medical and social use of a plant
4. it would improve community relations with police. Current policy creates ill feeling toward, and loss of respect for, police.
5. it reduces harm and improves public safety as people don’t have to deal with black market and medicines could be to be tested for content and purity;
6. it has huge economic benefits by converting the proceeds of crime to legitimate business income and from the creation of jobs to increased tax dollars
7. current health policy in most States calls for PREVENTION of ill health that will keep people OUT of hospital. Cannabis could help make that a reality. Research and studies have shown that Cannabis in its raw non psychoactive state can prevent and treat illness. The only way to achieve these benefits is with fresh cannabis which is not currently available anywhere. This has the potential to create and new agricultural industry.

THE ECONOMY COULD BE THE BIGGEST WINNER

The economic ramifications of legalising cannabis need be explored. Its not just possible tax from sale of the products, it is the employment created and the flow on effects to communities, especially in rural areas.

There would be a need growers, breeders, testers and bud tenders etc. Employment can also be created in the manufacture of edible products. The market is huge in legal jurisdictions, selling everything from confectionery to beer. It eliminates the need to smoke cannabis and is the preferred method of many medical users.

When you consider the possible tax income - it has a lot to offer both federal and state coffers. Tax on social use, but not on medical use, could range from GST to a state based cannabis tax and license fees.

IN CONCLUSION

Full and unfettered access to legal, affordable cannabis products, via dispensary and/or home growing, is what the majority of users want and need.

Patients want their doctors to work with them to supervise their treatment, but many doctors are reluctant to prescribe. Current policy is unfair practice for patients and doctors.

Now, as cannabis law reform comes closer, would be a good time to implement a **moratorium** on arrests for personal use and home cultivation and begin a trial of adult use. The States could then implement strategies that would give Police clear guidelines. Leave personal users alone and concentrate on the organised crime and gangs who use weapons and continue to feed the black market.

The facts remain, the genie is out of the bottle. The Government has admitted that cannabis is safe by allowing its use for medicinal purposes - so much so, they are allowing children with severe epilepsy to have access. There is more and more anecdotal evidence everyday and doctors are telling patients “what ever it is you are doing, keep on doing it” rather than jump through bureaucratic hoops. And no one is dying as a direct result of cannabis use.

MCUA supports this Bill as it will enable easier, more affordable patient access to a regular supply of cannabis as food and medicine; and it will give all Australian the choice to use cannabis as a safer social alternative.

Reference list

Binge Drinking Drops In States With Recreational Marijuana APR 5, 2018

<https://www.forbes.com/sites/mikeadams/2018/04/05/binge-drinking-rates-drop-in-states-with-recreational-marijuana-laws/#5620d2692226>

Where marijuana is legal, opioid use drops April 4, 2018

<https://australiascience.tv/where-marijuana-is-legal-opioid-use-drops/>

Crash Fatality Rates After Recreational Marijuana Legalisation in Washington and Colorado
American Journal of Public Health (AJPH) August 2017

<https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.303848>

Since marijuana legalisation, highway fatalities in Colorado are at near-historic lows

August 5, 2014 https://www.washingtonpost.com/news/the-watch/wp/2014/08/05/since-marijuana-legalization-highway-fatalities-in-colorado-are-at-near-historic-lows/?utm_term=.4149988b846b

After states legalised medical marijuana, traffic deaths fell Dec 2016

<https://www.reuters.com/article/us-health-marijuana-traffic-death-idUSKBN14H1LQ>

Harvard: Marijuana Doesn't Cause Schizophrenia “While cannabis may have an effect on the age of onset of schizophrenia it is unlikely to be the cause of illness,” said the researchers, who were led by Ashley C. Professor from Harvard Medical School.

<https://psychcentral.com/news/2013/12/10/harvard-marijuana-doesnt-cause-schizophrenia/63148.html>

“..Since the 1960s, cannabis potency and rates of use have risen in many Western countries with high-potency strains now dominating the market... If cannabis were a cause of psychosis, we would expect that, as this increased, rates of schizophrenia would increase alongside it. **But this has not happened.** .. Although this topic was debated by two eminent British psychiatrists, David Nutt and Robin Murray.. and by others ... it remains contested whether a cause-and-effect relationship between smoking cannabis and schizophrenia truly exists...”

<https://www.independent.co.uk/life-style/health-and-families/cannabis-use-schizophrenia-no-evidence-weed-marijuana-smoking-study-psychotic-problems-a8273956.html>

Cannabis Use and Health – 2014 (AMA position statement) May 2014

<https://ama.com.au/position-statement/cannabis-use-and-health-2014>

New Study Confirms The Real Gateway Drug Is Alcohol, Not Weed AUG 25, 2017

Researchers at the University of Florida studied drug use data from 14,577 American high school seniors from 120 schools. Newly released information is proving cannabis isn't the issue, but a much more accessible, legal substance might hold real cause for concern.

Despite the latest theory, researchers found that alcohol proved to be the true gateway drug, with 72.2% of those polled admitting to using alcohol at least once, while 45% reported using tobacco and 43.3% reported cannabis use.

Those high school seniors who used alcohol were “13 times more likely to use cigarettes, 16 times more likely to use marijuana and other narcotics, and 13 times more likely to use cocaine”. Barry says the research proved the gateway theory true, but not for cannabis **Therefore, it seems prudent for school and public health officials to focus prevention efforts, policies, and monies, on addressing adolescent alcohol use**

<https://herb.co/marijuana/news/gateway-drug-alcohol-not-weed>

Sydney girl, 15, dies with lethal blood alcohol level after researching drinks *Australian Associated Press*; Tue 12 Jun 2018

A teenage girl has died in a Sydney hospital with a **lethal amount of alcohol in her system**Energy drinks were also found police said.. Geoff Munro from the Alcohol and Drug Foundation says many people, especially teenagers, don't realise how lethal alcohol can be.

He says Australia needs to change its drinking habits and **claims the alcohol industry has too much freedom promoting drinks to young people.**

<https://www.theguardian.com/australia-news/2018/jun/12/sydney-girl-15-dies-with-lethal-blood-alcohol-level-after-researching-drinks>

LETHAL DOSE OF CANNABIS

The estimated LD-50 (lethal threshold) for marijuana, established in 1988 by the DEA's appropriate fact-finder, is 1:20,000 or 1:40,000.

Quote: “*At present it is estimated that marijuana's LD-50 is around 1:20,000 or 1:40,000. In layman terms this means that in order to induce death a marijuana smoker would have to consume 20,000 to 40,000 times as much marijuana as is contained in one marijuana cigarette. NIDA-supplied marijuana cigarettes weigh approximately .9 grams. A smoker would theoretically have to consume nearly 1,500 pounds of marijuana within about fifteen minutes to induce a lethal response.*

Note: In Judge Young's report cannabis is referred to as marijuana

UNITED STATES DEPARTMENT OF JUSTICE
Drug Enforcement Administration

<https://weedpress.wordpress.com/science/studies/ld50-of-cannabis/>

MCUA SURVEY RESULTS FROM 2016

<i>Depression/Anxiety</i>	2,023	<i>Chronic Pain (Injury)</i>	1,421	<i>Chronic Pain (Disease)</i>	1,149	<i>PTSD</i>	776
<i>Cancer/Leukaemia</i>	458	<i>Epilepsy</i>	297	<i>Side effects of Chemo</i>	249	<i>Glaucoma</i>	189
<i>Multiple Sclerosis</i>	185	<i>HIV/Aids</i>	97				

MCUA 2016 MEDCAN SURVEY

What conditions do you have now that you treat (or want to treat) with medicinal Cannabis?

Nominated Conditions

