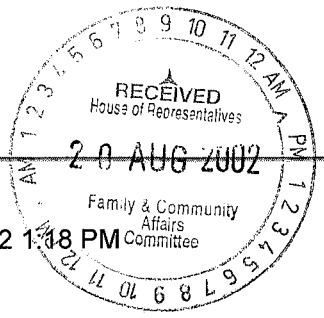

Irwin, Debbie (REPS)

From: Rod MacQueen
Sent: Tuesday, 20 August 2002 1:18 PM
To: fca.reps@aph.gov.au
Subject: Cannabis potency

The Secretary,
Standing Committee on Family and Community Affairs,
Parliament House
Canberra.

Dear Madam/Sir,

I understand that this Committee was recently given some opinions, for that is all they could have been, on the THC content ("potency") of cannabis in Australia today, by Prof John Saunders.

You may not be aware that this issue has been debated extensively in the journals, at conferences and over Email chat lines for the past couple of years, ever since we heard of cannabis that was "thirty times stronger than in the 60's" (which would make it 110% THC, with no cell walls, no circulatory system etc!).

There has been a great deal of heat and little light, but the most reputable papers, eg from Hall et al, suggest that this data is not routinely collected, and that what data is collected (more commonly in the US and NZ) suggest either no change, or a slight increase only, in THC content. Some line bred strains do have up to 8% THC, as opposed to the more common 3-4% THC content, and this cannabis is then generally more expensive, less widely available and used more frugally.

I have worked with drug users for over 20 years, initially in a general and now in a specialty practice. I have also worked in mental health for that time and continue to see people with both sets of problems. I presented a paper on this issue (comorbidity) at the National Comorbidity Workshop in Canberra in 2000. I see a number of problems associated with this preoccupation with the potency of cannabis.

Firstly, most people today are still scared of mental illness, and not comfortable discussing their symptoms. On the other hand, acquiring the identity of "a drug user" has some status, and offers the illusion that one has chosen to tolerate certain problems, such as panic attacks or depression, to keep that status. People also believe what they read and hear, including about the potency, and paranoia producing potential of cannabis; they may override their own judgement or insight. This results in people presenting late for treatment with mental health problems, including schizophrenia. Indeed, the health profession also seems to believe the stories, as I often see people who clearly have a significant mental health problem, but who have seen GPs, other doctors and counselors and been told only to stop smoking cannabis. The link between cannabis use and psychosis is as poorly documented as is the increased potency, and in any case these people need urgent help, not stories. Current guidelines suggest a better outcome in psychosis when it is detected and treated early.

Secondly, there are real problems associated with cannabis use, and Hall et al document these. One concern is the apparent lowering of the age of initiation into regular use, which has at least significant consequences for emotional maturation and social functioning. This has nothing to do with the potency of cannabis, but a lot to do with parental and social emotional maturity. Another issue is smoking itself, which is never safe. More potent cannabis could result in less smoking, and more people may choose ingestion instead, both likely to reduce diseases of the pharynx and airways.

Thirdly, we are in danger of reverting to biological determinism. When Zinberg, an eminent psychiatrist, wrote that the "effects" of a drug were as much to do with the mindset of the taker and his/her group, and the immediate and larger environmental setting at the time, his work was not popular. Drugs needed to be demonised, and this did not fit. He was, to an extent, echoing the work of McAndrew and Edgerton, two eminent anthropologists, who earlier, in "Drunken Comportment" had clearly shown that one drug, in this case alcohol, can have a whole spectrum of apparent effects, some quite opposite, if sufficient communities are studied. The key was social expectations and sanctions. Alcohol use was socially sanctioned "time out". My point is simply that cannabis use per

se is but one part of the puzzle that makes up any human "drug related" behaviour, and we may do well to directing our understanding at some of the other determinants, since we are not capable of stopping cannabis use, even if that were desirable.

The issue of potency is a red herring - our society tolerates, lives with, enjoys, alcoholic beverages of potency ranging from 1.9% to over 50%. The more potent forms contribute relatively less to alcohol related problems than does beer and cask wine, both low potency. We tolerate cars and motor bikes, both proven killers (as opposed to cannabis, for example), of varying potency but engage in the harm reduction approach of limiting engine capacity for new bike riders, though not cars. Potency is a red herring because we can do nothing about it, in any case. What we can do something about is the existing laws, based upon fear and misinformation, which ensure that the negative consequences of cannabis use itself are nothing compared to the consequences of misinformation, and the laws and their enforcement. This has been well documented since at least the time of President Jimmy Carter, who made this observation before failing to be reelected.

I recently admitted a 35 year old woman to our detox/rehab. She had a long history of abuse, anxiety, depression and cannabis use. Matters had worsened recently when a new abusive relationship and housing problems coinciding with the death of a supporting family member. Her anxiety had increased with poor sleep, poor appetite, panic attacks and increased cigarette and alcohol use. She was constantly tense. She felt the "new strong hydro" (hydroponic cannabis) was the cause of it all, and that detox would be the answer. Needless to say, after 4 weeks with no cannabis she has begun to realise that cannabis probably enabled her to stay more calm in an otherwise intolerable situation, and we are now addressing her multiple needs. But if she had been asked to speak to this Committee, strong hydroponic cannabis would have been the problem. And once through these issues, she may be sufficiently embarrassed over her self-diagnosed weakness to continue with that line - and many would believe her, since we seem to believe even "unreliable" drug users when they tell us what we wish to hear.

I urge this Committee to maintain a balanced, evidence based view on cannabis use and its consequences, and to ensure that our response to cannabis use does not do more harm than the drug itself.

Yours sincerely,

A R MacQueen

A R MacQueen FRACGP, FAChAM, MHS
Clinical Director, A&OD Services,
Mid West Area Health Services.
VMO, Lyndon Detox Unit.
02 6360 7827(W)
02 6360 7934 (W, Detox)
0429 775 760
02 6362 1158(H)