



mcua

MEDICAL CANNABIS USERS ASSOCIATION OF AUSTRALIA

PO BOX 1507 Beenleigh QLD 4207
Email: mcua.australia@gmail.com
<https://www.facebook.com/groups/mcuaa/>
mcuainc.org.au

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Health, Communities, Disability Services and Domestic
and Family Violence Prevention Committee,
Queensland Parliament

Dear Members of the Committee,

Thank you for the opportunity to make a submission regarding the Health and Other Legislation Amendment Bill 2018. Our Association's submission relates to the repeal of the Public Health (Medicinal Cannabis) Act 2016.

The MCUA of Australia is an incorporated association and represents the interests of 18,000 cannabis consumers. The general consensus among our Queensland members is that repealing this Bill is a very good thing as it is obstructive and has contributed to ongoing delays and frustrations experienced by patients trying to acquire LEGAL access to cannabis medicine.

A great many of our members use and have been using illicit cannabis on a regular basis (some for decades) to ease their suffering without permission, a prescription, or medical supervision. There has never been a recorded death directly related to cannabis use or overdose. A huge number of our members have used cannabis to wean themselves off more toxic but socially acceptable pharmaceutical drugs that were causing them harmful and severe long term side effects for conditions such as chronic pain and depression anxiety and PTSD and now have a better quality of life.

The Palaszczuk government is committed to ensuring that Queensland's health legislation is "serving the needs" of Queenslanders as medicines advance and circumstances change. The .. By repealing the Public Health (Medicinal Cannabis) Act 2016 and amending the Health Act 1937, the bill will ensure that medicinal cannabis is regulated in the same way as any other scheduled medicine.

In the view of those who use cannabis, the heavily regulated corporatized system is not "serving the needs" the majority of Queenslanders. It has proved to be costly and frustrating and has driven many to either stay with the black market supply or risk growing their own in defiance of the law as for them, the benefits far outweigh the risks and harms of being caught in doing so. It has come down to a choice of running the gauntlet of the law or going without.

Dr Bennets' claim that there is NO "medicinal" cannabis left on schedule 9 is incorrect.

Cannabis sits on 3 levels of the poison schedule. Illicit or street / home grown products remain on S9 and carry criminal penalties. This S9 cannabis (with no medicinal value) has been used by patients nationwide for the relief of suffering for many decades. It is NO different to the legal corporatized cannabis that sit on the S4 and S8 level. Despite all the bureaucratic labelling.. cannabis is cannabis is cannabis. People will continue to use it despite the threat of prosecution or the labels.

These S9 "crimes" are supposed to relate to the trafficking and supply of large quantities by criminal organisations looking to make profits. However 90% of cannabis arrests are patients, carers and other consumers which adversely impacts on health, family, employment, education and travel.

Medical cannabis users are being dragged before the courts on a regular basis because of this TGA scheduling decision.

Our own MCUA President is currently facing criminal charges for growing her own cannabis as she has been refused prescriptions time after time by doctors in Qld health and private practice. She was left no choice but to break the law to get access. She will be pleading NOT guilty based on medical necessity.

The parents of a young boy in Rockhampton recently faced the prospect of 25 yrs in jail for making NON psychoactive cannabis tinctures for their son with autism. They were facing long delays in getting him assessed, diagnosed and medicated and they held grave concerns that his behaviour would be dangerous for his baby sister who was being discharged from hospital after months of being treated for a category 4 brain bleed. They feared for her safety as their 4yr old son was prone to tantrums and hurting people and "throwing things". They did their research and believed they were doing the right thing by their family. The judge agreed that no harm had come to the child and both parents received fines with no conviction recorded.

Maggie O'Rance is another Queensland patient being unnecessarily prosecuted. She is a **retired nurse and aged pensioner** who has been battling multiple medical conditions for the past 15 years. She was arrested and charged after 8 police officers raided her home. Police seized 6 dead seedlings and 0.3 gram of plant material alleged to be cannabis. After two adjournments she was offered no conviction or a fine and good behaviour bond IF she entered a Guilty Plea. She is pleading Not Guilty and using medical necessity as a defence. She is representing herself and hopes that her health holds up until after the court case.

The courts are hearing more and more of these cases. Patients are told to plead guilty with mitigating circumstances. Legal aid will not fund a not guilty plea. The penalties being handed down in most cases are less than the costs of legal access.

Patients are no longer willing to lay down and plead guilty since a not guilty precedent was recently set in Sydney and the court system will be further clogged up with waiting times as more and more patients rebel against these unjust prosecutions that are certainly NOT in the public interest or in the interest of the public purse.

There are a number of prominent UNLICENSED oil producers across Australia who have been supplying products on a compassionate basis or at reasonable cost to the patients who

have also been charged and prosecuted for supply and trafficking cannabis with whom the judiciary have sympathised.

In NSW a medical cannabis supplier, BJ Futter who runs a clinic with over 6000 patients on their computer records (MANY of them Queenslanders) was arrested and charged in 2017. The clinic charges a \$50 consultation fee upon application. One employee of Qhealth that I know of, recommended this clinic to a QLD patient who was having trouble accessing legal products (email in ref list). **Average price of medicine from this clinic is \$100 for 50 mls.**

01/11/2018 Judge Roy Ellis handed down a sentence to Barry John “BJ” Futter in the Newcastle District Court on 24 October. Mr Futter pleaded guilty to one count of cultivating a large commercial quantity (215 cannabis plants) of a prohibited plant by enhanced indoor means and one count of drug supply. The plants were being grown to be distributed without charge to patients registered with the Church of Ubuntu. The charges could have landed Mr Futter in prison for up to 20 years. However, the judge imposed a conditional release order without recording a conviction and a 12 month good behaviour bond.

“It’s nice to know the cannabis truth is finally hitting home at the level of judiciary,” said Mr Futter. “And that when presented with facts and truths people with humanity and understanding about them come up with conclusions like this one.”

According to Futter, his case reveals that politicians are putting corporate interests before the welfare of patients, as it’s illegal for him to cultivate cannabis and produce medicine, while today in Australia, it’s legal for licensed companies to produce medicine using the same plant..”

<https://www.sydneycriminallawyers.com.au/blog/judge-recognises-that-medicinal-cannabis-producers-are-not-criminals/>

Another supplier Andrew Katelaris - a de-registered doctor - **set a precedent** based on a medical necessity defence in the District court in Sydney when he self represented and was found not guilty by a jury of his peers for trafficking and supply offences (and proceeds of crime). According to Katelaris, **“The doctors have adopted a spiteful attitude, which is completely unprofessional, let alone unethical. They have a spiteful attitude to cannabis. They don’t want it to work basically.”**

<https://www.sydneycriminallawyers.com.au/blog/not-guilty-on-all-charges-an-interview-with-medicinal-cannabis-crusader-dr-andrew-katelaris/>

Many patients want the choice to grow their own cannabis legally and make their own oils rather than beg doctors for scripts. This would remove the financial burden and threat and fear of prosecution.

Governments often claim that to legalise cannabis would be in breach of their obligations to the UN “treaty(s)”.

No signatory nation of the treaties is obligated to criminalise cannabis use or cultivation. Signatory nations have been obligated since day 1 to make available cannabis for medical use and for research. No signatory nation is obligated to criminalise personal use or personal cultivation of cannabis. Drug use is not mentioned among the 'penal provisions' in the Single Convention (Article 36), or in the 1971 Convention (Article 22), or in Article 3 (Offences and Sanctions) of the 1988 Convention. The **treaties only establish a system of strict legal control of the production and supply of all the controlled drugs for medical and scientific purposes**, as well as introducing sanctions aimed at combating the **illicit production and distribution of these** same substances for other purposes. Drug use was **deliberately omitted from the**

articles listing the drug-related acts that must be declared a criminal offence. With regard to the obligation to criminalise possession, it is important to point out that a distinction is made between possession for personal use and possession for trafficking. The Convention's emphasis on tackling trafficking may be understood to indicate that countries are not obliged by virtue of Article 36 of the 1961 Convention to declare simple possession a crime.

<https://www.tni.org/en/publication/the-un-drug-control-conventions?fbclid=IwAR1XRF-AcsRK6VdfxrBbrh1SzhrEvEG2xuP6j1V85vqJcsBofcyDFr6heho>

The bottom line is that while access to cannabis medications remains out of reach for many, because of the current S9 status, patients will continue to defy the law. Police resources and tax payer funds are being wasted day after day by the application of criminal laws against sick and dying people. Police say they have no choice but to arrest and charge when they receive reports. This situation needs to be addressed. The people of Qld deserve MUCH better value for their tax payer dollars.

*"... Health and Other Legislation Amendment Bill 2018 will make significant reforms to health legislation to protect and improve the health of Queenslanders. It will **remove barriers** for patients and doctors seeking access to medicinal cannabis treatment..."*

THE REMAINING BARRIERS

Even if the Public Health (Medicinal Cannabis) Act 2016 is repealed, access will still be difficult for MOST patients who are generally on low incomes and cannot afford the unsubsidised products – legal or illegal. The other main barrier is doctor reluctance.

BARRIERS TO TREATMENT

PRICE / AFFORDABILITY

High cost of setting up these corporate suppliers, means that high prices are being passed on to consumers. We are told these prices will come down as consumer demand rises. Demand will not rise while the main contingent of patients are on low income because of their ongoing medical conditions.

Some examples from the Australian media

..[Johnson family in WA](#), who were being forced to sell their home to pay for the cost of treating their severely disabled and epileptic eight-year-old son Archer. The high concentration of active ingredients required in Archer's cannabis oil medication meant the family were paying **\$40,000 a year for his treatment**.

NSW pensioner Warren Schell, 69, ... osteoarthritis and osteoporosis, and said he had noticed "incredible" results... **cost of about \$300 a month**, the treatment was difficult to afford on the old age pension but well worth it, he said.

While the price charged by suppliers was falling, the research found that the **mark-up charged by pharmacies**, who generally order in products from overseas countries such as Canada, could be **as high as 140 percent**.

No cannabis medications are subsidised by the Pharmaceutical Benefits Scheme (PBS), meaning **patients are required to cover all of the costs**. “The TGA has so far approved 1442 patient applications while black market is estimated to be as high as 100,000.

<https://www.9news.com.au/2018/10/25/15/47/medicinal-cannabis-price-in-australia-halves-but-still-costs-too-much-patients-say?fbclid=IwAR0oaNfuoFVqljzS4xrkskpDevjR3MfGYgiupt7lUVbTzjic9ULdJK-ub1Y>

“... while governments were taking steps in the right direction by easing access to medicinal cannabis for epileptic children, many families may keep turning to the black market because the products were much cheaper.

"The majority of families we spoke to were provided their [illegal] cannabis products on a compassionate basis, so either for free or by donation," Ms Suraev said. "For the remaining families, they paid around \$270 for a month's worth of product, which equates to around \$10 a day.

"When you compare it with the current legal schemes... for a child with epilepsy a legal product costs around \$1,100 per week and this equates to around \$160 a day.

"In a year that's about \$60,000 and that's a huge discrepancy and that is something that the average family simply could not afford.

<https://www.abc.net.au/news/2018-07-05/epilepsy-treatment-cannabis-chemical-thc/9944878>

Charitable group Realm of Caring, affiliated with one of the US's largest CBD companies, estimated the typical family using CBD to treat childhood epilepsy spent about \$US1,800 per year on the substance. A GW Pharmaceuticals spokeswoman said the company would not immediately announce a price for the drug, which it expected to launch later this year.

Wall Street analysts previously predicted it could cost \$US25,000 per year, with annual sales eventually reaching \$US1 billion.

<https://www.abc.net.au/news/2018-06-26/epilepsy-drug-made-from-marijuana-approved/9909378>

After gaining approval from the FDA, GW released the estimated price of its new drug at roughly \$32,500 a year.

<https://newfrontierdata.com/marijuana-insights/sticker-shock-gw-pharmaceuticals-epidiolex-really-expensive>

I understand that Queensland Health have an exclusive contract with GW Pharmaceuticals

One of our members said: “I finally got a script but it was going to cost me \$1500 a month I have MS and am on a disability pension absolutely ridiculous “

Another example 60 ml bottle of CanniMed® Oil 18:0 is equivalent to 10 g of herbal cannabis sells in Canada for around \$80 bottle marked-up here to \$350.

Others patients have been prescribed “flos” (flowers or buds as we know them) imported from Canadian producers. Prices range from \$23 to \$28 per gram. Similar product on the black market sells for \$10 grm. It cost over \$800 for the prescription due to dispensing requirements.

The cost of medicinal cannabis has halved over the past year, but Australian patients are still paying more than on the black market

An increase in suppliers is bringing down the price of cannabis medications, with Australian patients now spending on **average \$370 a month** for treatment, according to the market

analysis released today by Cannabis Access Clinics. But the amount paid can vary widely depending on the condition being treated. **Epilepsy** patients are being hit with the highest costs, at around **\$1000 per month**, while pain patients, who make up an estimated 60-70 percent of the market, are paying about \$350 a month.

“... the pricing of medicinal cannabis products is still a contentious issue. As long as medicinal cannabis products are not covered by the PBS, it will appear expensive when compared to medicines that are heavily subsidised by the government. Many patients suffering from chronic, complex conditions are accustomed to paying \$39.50 (or at concession rates, as low as \$6.40) per PBS prescription, and will struggle to justify out of pocket costs for medicinal cannabis in the hundreds of dollars per month...”

https://cannabisaccessclinics.com.au/storage/research_posts/CAC_MedicinalCannabisPricingAnalysis_Online.pdf

Home grown (by patient or carer) is about equal to the cost of growing a tomato plant.

HIGH COST OF CONSULTATION FEES

There is an expectation that doctors assume legal liability for the welfare of patients for whom they prescribe (see email in ref list). This could also be a barrier to access. Concerns about the rises in the cost of indemnity insurance may be an issue for doctors prescribing privately. Many are happy to refer patients to the purpose built clinics to make the application.

Cannabis Access Clinics fees are NET of Medicare rebates and cover our consultation costs and the administrative costs of applying for approval and monitoring patient progress. Clinic charges an out-of-pocket fee of **\$80 for screening** for our doctor to assess the suitability of the patient for medicinal cannabis. **If** the doctor decides to proceed with an application a follow up consultation arranged to initiate the application to the TGA. **The follow-up consultation will cost \$120.** An **admin fee of \$250** is payable after the follow-up consultation. If the application is approved then the patient will require a **post-approval consultation** to discuss their medication, prescription and dosage details. The post-approval consultation **will cost \$120.** **Monitoring consultations** will be an **out-of-pocket cost of \$80** respectively. We request a 50% deposit from you at the time of booking.

On average patients pay around \$350 per month, although costs depend on dosage so there is a range.

<https://cannabisaccessclinics.com.au/faq?fbclid=IwAR1UReTkCbHizPYXhOscfV--8OfKIk-1JIM9wHNzD1WgfgD1qTEMK4ix3yI>

Australia's first cannabis clinic is under fire with doctors unimpressed with the fact that it is set up solely to provide easier access to a single drug. **(yet many are now happily referring patients to these clinics)** Cannabis Access Clinics, which is backed by MMJ Phytotech (ASX:MMJ) to the tune of \$1 million for a nationwide expansion, charges \$300 for an initial consult. It has been treating people since April this year (2018). Follow-ups cost between \$80-120.

https://stockhead.com.au/health/mmj-backed-cannabis-access-clinics-under-fire-from-doctors/?fbclid=IwAR06xgZ6X63K_FeRcj0DtvRqtYMX1QA9bBdJpCRNC4gCVktC7nYR-oP85BY

Some comments from patients who have obtained scripts from their doctors

For me it is bulk billed by the Dr. That's a choice by the Dr. Otherwise it would be \$150 first visit majority I could claim back then \$75 per visit not per script. The first month is weekly visits so they can sort levels out then once that's done I get max repeats that is 3 on script. One to put in and 2 repeats. That's the max repeats you can get with sect 8 medication. That would work out 70 - 75 days around about I have to go back to the dr to get repeats.

I'm in vic. My process has been easy. Gp prescribes (it was her idea to try). Visit costs \$110 I get \$70 back from medicare so out of pocket \$30. Ive been back twice for advice on dosage (I instigated these visits). There was no application fee gp applied in her own time on my behalf. I use cannimed product it is \$360 for 60ml that has lasted me 4 months. Im changing product to try different ratio and new Australian company it will be \$178 for 50ml. my doc has to apply to change I had one apt to discuss same cost as above again she is doing paperwork in own time.

I'm on a disability pension that's enough said already. TGA approved as DNA results had specialists refer me straight away, however at \$125 for 25ml CBD oil = 4 days use & must see Dr every 2 weeks at \$80 with no Medicare, PBS or cover by private health, told rather un politely to go away when I tried to speak to local LNP member about reform or at least considering the costs to pensioners. My table has no food and my Christmas is the empty medical approved CBD oil bottles made into a Christmas tree yet again.

DOCTOR RELUCTANCE

*"...Once the act is repealed, **specialists will be able to prescribe** any medicinal cannabis product for any condition they consider would benefit..."*

But will these specialists go against the recommendations of their peak bodies? AMA RACGP and ANZCA etc advising against its use.

Professor Cohen is a specialist pain medicine physician in Sydney and Director of Professional Affairs for ANZCA's Faculty of Pain Medicine who says "There is no reason to be enthusiastic about cannabinoids in the treatment of non-cancer related chronic pain," Professor Cohen said. "On the basis of what we know about cannabis as a treatment it's not going to revolutionise the field of chronic pain management. The Faculty does not support the use of cannabinoids in chronic non-cancer pain until such time as a clear therapeutic role for them is identified in the scientific literature Prescribing medicinal cannabis for patients with chronic non-cancer pain is not going to revolutionise their treatment and should not be supported until there is substantial proof of its effectiveness, "

[http://www.anzca.edu.au/communications/media/media-releases-2017-\(1\)/%E2%80%98%E2%80%99false-hope%E2%80%99%E2%80%99-driving-claims-medicinal-cannabis-i](http://www.anzca.edu.au/communications/media/media-releases-2017-(1)/%E2%80%98%E2%80%99false-hope%E2%80%99%E2%80%99-driving-claims-medicinal-cannabis-i)

Dr Dilip Kapur, a specialist pain medicine physician in Adelaide says the political push for cannabis to be legalised for pain relief because "people are suffering now" is morally and socially irresponsible because it ignores medical findings that the drug is a poor pain reliever and can be harmful, "There is little evidence to support the use of marijuana for pain apart

from personal testimonials He warns that the social pressure to legalise medicinal marijuana is a Trojan horse that owes too much to “an activist lobby that wishes to have the same access to cannabis as is currently permitted for alcohol and tobacco. They want access to marijuana without being hassled by police...” <http://www.anzca.edu.au/documents/comms-mr-kapur-cannabis-pain-160916-v0-1.pdf>

According to our members prescriptions for Cannabis have been near impossible to acquire in Queensland. Repealing the Act may have little impact on Doctors reluctance to prescribe.

Many Gps and Specialists have been refusing to prescribe for a number of other reasons as exposed in a survey we undertook in 2016. These reasons still apply from the feed back we get from our membership. (see pie charts IN REF LIST from MCUA survey 2016)

“...It will remain illegal for the Queensland public to grow cannabis for medicinal purposes....”

This is one of the biggest hurdles that needs to be overcome to make sure ALL barriers are removed and access is FAIR for everyone who needs it.

Cannabis has been “legalised” for the benefits of corporations and with no real consideration for the patients who are the end users and biggest stakeholders.

Combining fees and cost of products puts this therapy out of the reach of too many who could benefit. Especially when it can be grown for the cost of a tomato plant and extracted by a year 7 science student. It can be purchased through illegal suppliers for a fraction of the cost and consultations fees range from \$0 to \$50.

The premise is that cannabis is dangerous and thus the excessive and expensive security measures that producers are required by law to meet. Cannabis is not dangerous.

Findings of Fact, conclusions of law and decision of (U.S.) Chief Administrative law judge

Francis I. Young, Dated: sep 6 1988 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. <https://weedpress.wordpress.com/science/studies/ld50-of-cannabis/>

The ruling, “[In the Matter of Marijuana Rescheduling](#),” determined: “Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care.”

<https://blog.norml.org/2013/09/05/25-years-ago-deas-own-administrative-law-judge-ruled-cannabis-should-be-reclassified-under-federal-law/>

Cannabis should not even be on the POISON Schedules let alone so heavily regulated that it sits on 3 levels. It is not a narcotic. It does not affect the breathing centre of the brain and cannot induce death by overdose. Experience of thousands of long term users shows it is not addictive and can be given up at any time by the vast majority of users, without serious

physical withdrawals and only very short term psychological and emotional withdrawals such as irritably sleeplessness and lack of appetite.

It is no where near as dangerous as withdrawing from many of the pharma medicines being prescribed by experts for chronic pain and psychiatric disorders.

CHRONIC PAIN

Twenty percent of Australians suffer with chronic pain. There are long waiting lists to see pain specialists and attend pain clinics. We have people in our association who have had their quality of life ripped out of them because of side effects of pain killing drugs. These drugs have horrific ongoing side effects that damage many organs in the body and require other prescriptions drugs to combat symptoms. All of this adds burden to the health system and budget. The Australian opioid crisis has been of growing concern and access to codeine containing medicines is no longer available without a prescription. A similar policy was enacted in the US.

A recent report in the British Medical Journal has shown that when the US Drug Enforcement Administration made it harder for people to get hold of hydrocodone, many people did not break their addictions. Instead, they turned to illegal suppliers. Almost as soon as the tightened rules came into force, there was an approximate doubling of the prescription opioids being traded over the dark net in the US.
<https://www.abc.net.au/news/2018-06-24/tighter-control-over-opioids-could-backfire,-experts-say/9903776>

From 2013 to 2016, the number of deaths involving these substances grew 84.2 percent each year, according an analysis of CDC data. Part of the reason for the surge in deaths is many users do not know exactly what drugs they are buying and using, and in some cases, they are inadvertently ingesting lethal amounts of synthetic opioids, which include fentanyl and carfentanil, an animal tranquilizer that has killed scores of people. The substances often are cut into heroin or pressed into counterfeit pills that users believe are painkillers or other drugs. The synthetic drugs also are proving to be resistant to overdose-reversing substances such as Narcan.
https://www.washingtonpost.com/news/post-nation/wp/2018/04/10/study-despite-decline-in-prescriptions-opioid-deaths-skyrocketing-due-to-heroin-and-synthetic-drugs/?utm_term=.b6f45f7ddd45

The rise of counterfeit pills is in part a consequence of well-intentioned actions taken to prevent overdose deaths; as [states enact strict prescription limits](#) and closely monitor doctors, fewer authentic painkillers are available. While some opioid abusers turn directly to heroin or fentanyl, the cartels and drug dealers are filling the void, and meeting demand, with pills they have manufactured to look like the originals. "They think these are prescription pills, they're safe, But they're really pressed pills that are made in China, and we have no idea what's in them."

https://www.washingtonpost.com/national/counterfeit-opioid-pills-are-tricking-users--sometimes-with-lethal-results/2017/11/19/d34edb14-be4b-11e7-8444-a0d4f04b89eb_story.html?utm_term=.2f03c830c829

Australia has been warned that [moves to restrict access to addictive opioid painkillers](#) could drive pain sufferers to illegal markets or even stronger substances, if people are not able to access affordable, effective options to manage their pain. Government made to regulations in

February that tightened access to the painkillers by making all codeine products available only with a doctor's prescription. Criminologist Dr James Martin from Swinburne University said the data his team gathered from the dark web showed people did not simply switch from buying the drug legally to buying it on the black market. **"What we saw is people opting for more potent and more dangerous types of prescription opioid, so initially a rise in oxycodone, and more troublingly a very significant increase in the use of fentanyl, which is a very powerful synthetic opioid,"** he said. "If you cut off people's legal supply of prescription opioids then they are starting to shift towards more potent opioids, such as oxycodone and fentanyl, and increasing rather than decreasing the amount of harms associated with those drugs.."

<https://www.abc.net.au/news/2018-06-24/tighter-control-over-opioids-could-backfire,-experts-say/9903776>

We have many many people in our association who have kicked the opioid and Benzodiazepines habits by replacing them with cannabis.

We need to also learn from the US experience and see the way cannabis is being used as an exit drug – saving many lives.

Medical Cannabis Use Is Associated With Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients With Chronic Pain

Cannabis use was associated with 64% lower opioid use in patients with chronic pain; a better quality of life in patients with chronic pain and was associated with fewer medication side effects and medications used.

<https://www.sciencedirect.com/science/article/pii/S1526590016005678>

TV celebrity Montel Williams spoke to [Yahoo Lifestyle](#) about his cannabis use.

He told Yahoo that after he was diagnosed with [multiple sclerosis](#) in 1999, he struggled with opioid addiction for treating his pain and found the solution in cannabis. Williams said he “took a journey down [opioid lane](#) for a year and a half, just trying to shut the pain down to the point that I was walking around in a pseudo-suicidal state.” He attempted suicide twice, after which he reached a breaking point and decided to change his condition from becoming a “death sentence” into a situation he would be able to “thrive at”.

“The journey that I took with cannabis – it changed my life,” Williams says, referring to how cannabis was able to change his life for the better.

<https://cannabis.net/blog/medical/cannabis-helped-get-me-off-opioids-says-montel-williams>

The Exit Drug | Full Documentary <https://www.youtube.com/watch?v=w29GOehXMkg>

PSYCHIATRIC DISORDERS

Many of our MCUA members also treat psychiatric disorders like depression anxiety and PTSD very successfully with S9 cannabis. Often, Depression goes hand in glove with chronic pain and cannabis can treat both conditions simultaneous which, if legal to grow, would reduce the spending burden on the PBS. But for many sufferers and increasingly our young people, antidepressants and anti psychotics are chosen as front line treatments rather than cannabis. This is due to the mental health card being played by prohibitionist elements at all levels of government, who maintain that cannabis for mental health conditions is taboo.

S9 cannabis is FAR less dangerous than the side effects of psychiatric prescription drugs that can bring on suicidal thoughts and actions particularly in our young people. I personally have heard of 2 young people in my small circle who have committed suicide as a result of mental illness and prescription medications. A worrying trend among our youth is pill swapping parties - swapping their own prescription drugs and any they might find in the medicine chest in their own homes. This is a reality that is happening across the country.

Spike in number of Australian children put on antipsychotic drugs December 2018

Doctors are putting more than 1000 additional Australian children per year on sedating antipsychotic drugs that can cause obesity, diabetes, brain impairments and movement disorders, “very concerning” federal government figures show.

Australia’s peak healthcare safety body has revealed it is investigating “inappropriate” prescribing to children of the controversial medications, warning they “can cause long-term harm, even at low doses”.

Federal health department data provided to news.com.au show the number of children aged 17 or under prescribed antipsychotics increased by 24 per cent between 2013-14 and 2017-18, far outstripping the age group’s 5 per cent population growth.

The prescribing hike means an estimated 24,700 Australian children were given the drugs in 2017-18, according to analysis of the data and numbers from the Australian Commission on Safety and Quality in Health Care by news.com.au.

Experts are concerned the high-risk drugs, traditionally reserved for severe psychosis, are being used to manage common childhood behavioural problems, particularly “disruptive behaviour” presentations they say should be addressed with non-medication therapies or less-risky pills. Stress, insomnia, anxiety, depression, attention deficit-hyperactivity disorder and mild to moderate autism are also among the unapproved or inappropriate uses, senior clinicians and studies suggest.

[https://www.news.com.au/lifestyle/health/health-problems/spike-in-number-of-australian-children-put-on-antipsychotic-drugs/news-story/4a4e4f373d3a98bdd5e8cfc66669e028?](https://www.news.com.au/lifestyle/health/health-problems/spike-in-number-of-australian-children-put-on-antipsychotic-drugs/news-story/4a4e4f373d3a98bdd5e8cfc66669e028?fbclid=IwAR19rgpVrobTcctnX_gRlwwJpSKvVtw0082JxE1YbRxOBMUuL-VfNFHEhWs#.8b9u6)

[fbclid=IwAR19rgpVrobTcctnX_gRlwwJpSKvVtw0082JxE1YbRxOBMUuL-VfNFHEhWs#.8b9u6](https://www.news.com.au/lifestyle/health/health-problems/spike-in-number-of-australian-children-put-on-antipsychotic-drugs/news-story/4a4e4f373d3a98bdd5e8cfc66669e028?fbclid=IwAR19rgpVrobTcctnX_gRlwwJpSKvVtw0082JxE1YbRxOBMUuL-VfNFHEhWs#.8b9u6)

IN CONCLUSION

Cannabis is a proven and successful treatment for many ailments and has been used safely here and overseas by people with many conditions - from chronic pain and autism to some psychiatric disorders and stiff person syndrome. It needs to be available and affordable to ALL patients.

While it is true that the Health and Other Legislation Amendment Bill 2018 will significantly streamline the framework for regulating medicinal cannabis in Queensland, the Australian government will maintain strict controls on the use of unapproved therapeutic goods through the Commonwealth licensing and approvals system.

While this is the case, Queensland patients will continue to suffer AND many will break the law. But the Qld govt could take measures right now to remove barriers for personal use by implementing the amendments suggested in our parliamentary petition tabled in November last year which suggests:

We requested amendments to:

- Drugs Misuse Regulations 1987, Schedules 2 and 3: criminal provisions around cannabis plants, cannabis and cannabinoids not to apply to consumers.
- Health (Drugs and Poisons) Regulation 1996, 270A: remove restrictions on the cultivation/production, possession and supply of cannabis plants,cannabis, cannabinoids; and make new regulations to allow consumers to cultivate 6 plants in flower at any one time and possess cannabis, upon the person accepting all risks and responsibilities for usage and storage of their cannabis; and licences for microbusinesses and non-profit-organisations to produce affordable cannabis for supply within Queensland.
Establishment, outside Queensland Health, an independent body inclusive of all stakeholders, responsible for overseeing all aspects of regulating cannabis and hemp.

Thank you again for the opportunity to speak on behalf of the Medical Cannabis Users Association of Australia Inc.

Yours sincerely
Gail Hester
Founding Member
Member of the Executive Committee MCUA inc.

REFERENCES LIST

EMAIL QHEALTH recommending Ubuntu

On 26 Sep 2017 2:20 pm, "xxxxxx" <xxxxxx@health.qld.gov.au> wrote:

Hi xxxxx

That is what you would have to do if you wish to be assessed so pain relief can be ordered appropriately but you have stated that you do not want to have opiates so that is your choice.

Try contacting church of Ubuntu there is a website address and phone number and they supply Cannabis oil.

I believe that at this point in time we can not be helpful to you so this will be my last email to you unless your needs change and you contact us.

Hope you find some benefit in contacting the UBUNTU community church

Regards xxxxxx

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Cannabis use is associated with a substantial reduction in premature deaths in the United States. Date: 2017-08-11 Publisher: Indiana University South Bend

Abstract:

Adverse effects of moderate Cannabis use on physical health are subtle and rarely fatal, while Cannabis use is associated with decreased rates of obesity, diabetes mellitus, mortality from traumatic brain injury, use of alcohol and prescription drugs, driving fatalities, and opioid overdose deaths. These data suggest that Cannabis use may decrease premature deaths. To date, no studies have attempted to estimate impacts of Cannabis use on premature death that include both adverse and beneficial effects on physical health. Marijuana use is estimated to reduce premature deaths from diabetes mellitus, cancer, and traumatic brain injury by 989 to 2,511 deaths for each 1% of the population using Cannabis. The analysis predicts an estimated 23,500 to 47,500 deaths prevented annually if medical marijuana were legal nationwide. A number of other potential causes of reduced mortality due to Cannabis use were revealed, but were excluded from the analysis because quantitative data were lacking. These estimates thus substantially underestimate the actual impact of Cannabis use on premature death. Overall, prohibition is estimated to lead to similar numbers of premature deaths as drunk driving, homicide, or fatal opioid overdose. **Cannabis use prevents thousands of premature deaths each year, and Cannabis prohibition is revealed as a major cause of premature death in the U.S.**

https://scholarworks.iu.edu/dspace/handle/2022/21632?fbclid=IwAR2V9yC8qgr-rZVn_hLR1OI6DYXUJLPSpcvpLMN7ysmJZ8-L6As2vc6Ligk

LEGAL LIABILITY OF DOCTORS

http://media.wix.com/ugd/124ee7_a15b37e94f1f45cb967e4e809ca5797a.pdf

Application to the Chief Executive for approval
Health Act 1937
Health (Drugs and Poisons) Regulation 1996

Section 8 Declaration

Please read the following statements and sign the declaration below. All applicants need to sign the declaration.

I consent to the making of enquiries and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application.

I have read, understand and agree to comply with the relevant provisions of Health (Drugs and Poisons) Regulation 1996. (Legislation available online at www.legislation.qld.gov.au).

In making this application I agree to the following:

- I will comply with all the relevant conditions set out in the approval granted by the Therapeutic Goods Administration
- **I accept responsibility for any adverse consequences of the therapy**
- I have obtained fully informed consent of the patient or their legal decision makers.
- Details of any suspected adverse drugs reaction are to be immediately reported to the Chief Executive.
- The Chief Executive is to be immediately notified of discontinuation of therapy under terms of your approval
- Details of the patients response to treatment are to be submitted to the Chief Executive on completion of treatment
- On completion of treatment or cancellation of approval all remaining supplies of the product will be destroyed.
- I accept responsibility for any defects in the drug supplied related to its manufacture, distribution or directions for usage, including dosage.

Signature	Date	Print full name
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Privacy Statement: The Department of Health provides this form under the Health Act 1937 so that you may apply for an approval. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

IN NSW

Why are some doctors reluctant to prescribe a cannabis medicine?

Despite widespread anecdotal claims that cannabis is a natural, benign product, a cannabis medicine, like any experimental medicine, offers potential risks in the way it interacts with other medicines as well as uncertainty in what side effects it may cause. For a doctor, anecdotes do not equal evidence.

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>

To: [REDACTED]

Hello Gail,

Sorry about late reply. Unfortunately, I believe this is the case. Medical indemnity doesn't cover that. That possibly stops doctors from prescribing. I am going to check this with my insurance and let you know.

Kind regards
[REDACTED]

-----Original Message-----
From: Gail Hester [REDACTED]
Sent: 05 March 2018 10:13
To: [REDACTED]
Subject: MediHuanna Education Support Form

From: Gail Hester [REDACTED]

Message Body
Hello Dr [REDACTED]

It is Gail from the MCUA of Australia . i recently found out that doctors have to accept personal legal liability if they prescribe cannabis therapeutics under the SAS (the single prescriber pathway).

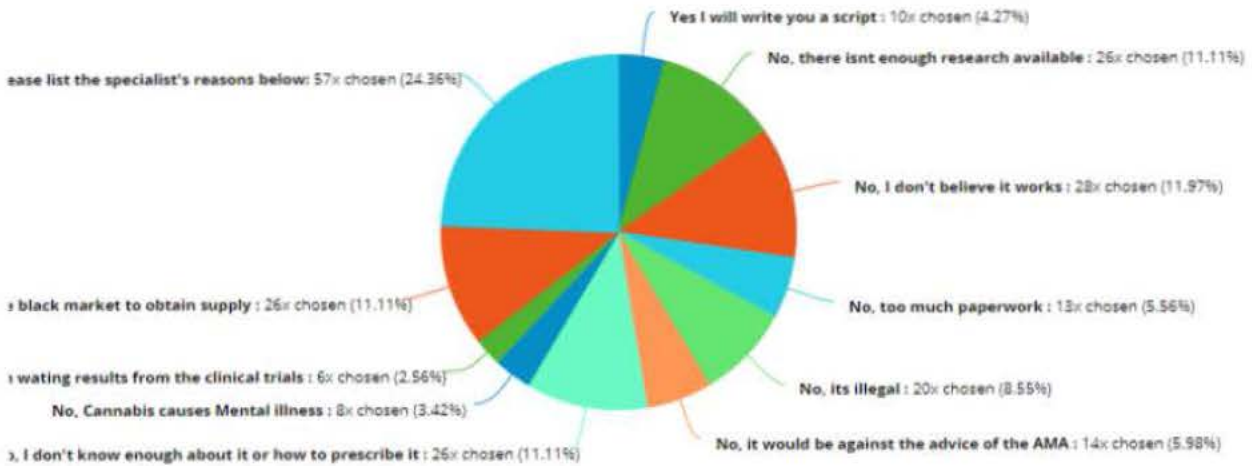
I found that this is the case in Qld (on the approval form) and NSW (on the NSW Health website) it isnt clear to me on the TGA website if this is the case for ALL "off label" drugs ..or is it just cannabis specific?

Do you know?

Responses to MCUA survey of patients 2016

(8) What was your SPECIALIST's MAIN response?

Number of responses: 234



(6) What was your GPs response?

Number of responses: 297

