Queensland Council for Civil Liberties

QUEENSLAND COUNCIL FOR CIVIL LIBERTIES

Health and Other Legislation Amendment Bill 2018

Submission to the

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

by the

Queensland Council for Civil Liberties

7 January 2019

Introduction

Thank you for the opportunity to make a submission to your inquiry.

In reviewing the 2016 legislation the Council notes that state and federal governments have received almost no complaints from the public for legalising medicinal cannabis. Instead they have received vigorous and repeated criticisms for claiming to make it legal and available, and then making it practically impossible to access.

It is pertinent to begin this submission with a quotation from the Introduction forefronting our submission to the Draft Bill of Public Health (Medicinal Cannabis) Act 2016 (highlights added):

****

Draft Public Health (Medicinal Cannabis) Bill 2016
Supplementary Submission
Introduction

At the outset, the Council commends the Palaszczuk Government for:

(a) being the second state government to proceed with legislation after Victoria; and
(b) not limiting the medical conditions and symptoms for which medicinal cannabis may be prescribed.

Key recommendation 1
QCCL applauds the Draft Bill's aspiration to legalise access to medicinal cannabis immediately, rather than waiting for an Australian industry to develop as per the Victorian model. However, the Council believes the Bill's reliance on the Commonwealth TGA/SAS

scheme for **supply of medicinal cannabis products**—via importation from overseas in the short to medium term—is so flawed that **this objective cannot be realised**, at least in any timely or practical way.

The Council's clear and oft-stated preference is for the government to legalise cannabis without any restrictions, and we note that the federal health minister, Ms Sussan Ley, has recently reaffirmed that decriminalisation of cannabis is up to the states.

****

The submission also urged the government to eliminate state duplication of the federal application process to import medicines, advocated legalising smoking and vaporising of cannabis for medicinal purposes, and argued for a 2-year review or sunset clause in the Draft Bill, which fortunately made it into the final legislation. The body of the submission criticised the extraordinary complexity of the legislation driven, apparently, by a paranoid bureaucratic philosophy.

A welcome development late this year has been the final abandonment of state duplication of the federal application process.

The above quotation is referenced to make an argument that the Council—partly through its more than 25 years of advocacy for cannabis legalisation, partly through its contacts with activists and consumers in the non-government cannabis space—may have a better understanding of the cannabis market, both medicinal and recreational, than employees in the state and federal Health bureaucracies and members of parliament, including particularly decision-makers.

QCCL's submission argued the government's failure to address supply by itself doomed the legislation from the beginning. This has proven to be the case for the mere handful of successful importations since then, perfectly illustrated by the fact that it took the first Queenslander 18 months of heroic form-filling and state and federal lobbying to finally import Canadian cannabis medicines products for her son.

In a recent column in the *Financial Times*, opinion writer Gideon Rachman lamented the fact that when he reviewed his predictions for 2018 his errors had all arisen from his conscious attempt to err on the side of optimism. Pessimism had clearly been a better predictor. QCCL took the pessimistic position in its April 2015 statement to the Senate committee taking submissions on the federal *Regulator of Medical Cannabis Bill*, stating in part: "We are hopeful that this private member's bill will advance the cause of commonsense and science, but you will forgive us if we are not holding our breath." That Bill got dumped, as expected.

Change petition

QCCL also took the pessimistic position in relation to the supply issue. But hope springs eternal. Apart from supply, QCCL saw little reason to question the intentions of the employees charged with implementing the Queensland 2016 legislation. However, according to the *Change* petition set up by MCAGQ and MCUAA and supported by over 6,000 signatories, this has not been the case. While their petition takes a much more optimistic view of the potential for imported supply than QCCL, it argues the way the legislation was implemented by Queensland Health revealed an agenda to deny cannabis medicines to most of the people who sought access:

- "There are issues with affordability and the federal cannabis system which need to be resolved by the Federal government however ALL patients in Australia have always been able to access Cannabis (dried cannabis bud), cannabis oils and cannabinoids under federal TGA and Customs laws even Schedule 9 cannabis (doctors need TGA approval): the SAS Category A pathway for life threatening conditions was also introduced in 1989 (TGA approval not required).

- 3 years ago in Dec 2015, the QLD Government removed the outright prohibition on cannabis under state health regulations by making simple amendments to the *Health Drugs and Poisons Regulations 1996* to "purportedly allow ALL patients access to cannabis regardless of their age or medical condition," as well as access to provide access through research trials and the manufacture of cannabis products.

- In Feb 2016 QLD Health introduced complex and unnecessary legislation, policies and bureaucratic procedures that duplicated TGA processes and gave bureaucrats unprecedented powers over doctors and pharmacists wishing to prescribe and dispense cannabis.

- For 3 years Q Health have blocked or unnecessarily delayed access to cannabis even for patients with terminally illnesses and children with severe epilepsy.

- In August this year, there had only been about 50 approvals in 3 years in QLD even when doctors had obtained the mandatory TGA approval; and some of these approvals have been for the same patient on multiple products or repeat prescriptions."

The balance of their critique is in Appendix A. It is worth observing that amongst all the people active in the medicinal cannabis arena, the activists and their colleagues behind this petition have a wealth of expertise and up to date information that decision-makers in government would be well advised to listen to. The Council would like to particularly acknowledge the following heroes of the Australian grassroots movement: Lanai Carter; Grace Sands; Deb Lynch; Jenny Hallam; Lucy Haslam; Andrew Katelaris, John Jiggens, Alex Wodak and the campaigners at the Nimbin Hemp Embassy. Not forgetting Steve Peek and all the other parents who campaigned bravely and publicly on behalf of their children, constantly risking arrest—and sometimes being arrested.

COST replaces SUPPLY

The Queensland government's first attempt at legalisation was stymied by the failure to address supply. Unless a radical solution is found, the new attempt will fail over a variation of the supply issue, cost. Because of the introduction of the portal, the single application process, some signs of a general relaxation in attitude and warehousing in Australia, it is easier now to access a supply of imported legal cannabis medicines. But there is every indication that the cost of these products will make them too expensive for the vast majority of patients who could benefit. A personal communication from a person very knowledgeable about this issue reckons the cost of medicines for one patient could reasonably lie between $30,000 and $60,000 per annum. Some desperate parents and patients will be willing to make the necessary sacrifices to buy these medicines, but most won't be able to.

California, the sixth US state to legalise recreational cannabis, has recently provided a salutary lesson in getting legalisation right. When the legal recreational product proved to be much more expensive than the illicit one, users simply opted for the latter: "The bottom line is that there's always been a robust illicit market in California — and it's still there," said Tom Adams of BDS Analytics, which tracks the cannabis market. "Regulators ignored that and thought they could go straight into an incredibly strict and high-tax environment."

It is utterly predictable that sky-high prices for legal medicinal cannabis medicines will drive people into the illicit market, if they weren't there already. Obviously people in the know have been accessing cannabis medicines from the illicit market for years, and continued to do so after Queensland and other states legalised medicines two years ago. This will happen despite the problems with illicit supply, chief amongst which is the risk of arrest and prosecution. Secondary problems are guaranteeing supply (because of the risk of arrest) and testing the potency and CBD/THC content which normally requires very expensive equipment (there is no compelling evidence that contamination is a serious issue, despite the propaganda from pharmaceutical companies).

Medicine costs are not the only issue. The Cannabis Access Clinics that have been touted about in Queensland and NSW reportedly charge an upfront fee of $300 with fees of $150 for follow up consultations. Their claim that cannabis medicines will soon be put on the PBS—with Epidiolex the most likely candidate—is not backed by any evidence and such a move is likely to meet a lot of resistance.

Medical model

In a personal communication to the writer a ministerial staffer commented that legalising medicinal cannabis was a very complex project. The council disagrees. And for parents the choice between an illicit cannabis medicine that will stop a child's intractable seizures and a legal medicine that won't is not complex, it's very simple.

The council's view is that the complexity—and to date the clear failure to deliver—arise from the fact that the current Queensland scheme and similar schemes across Australia are an attempt to squeeze medicinal cannabis into the dominant medical model. Although the changes under consideration presage a significant relaxation in barriers to access, the underlying agenda is to channel patients into commercial pharma products and repeated consultations with specialists and GPs, all the time overseen by suspicious Health bureaucrats and police ready to pounce if patients and/or their carers make mistakes in compliance.

The reason why cannabis is a very bad fit for the medical model is obvious. There is no other medicine that comes remotely near to its unique properties—a naturally occurring plant, easily adapted to medical uses, and extremely safe to boot. The traditional uses of other psychoactive plants such as cocaine, khat and pitchuri have not been medicinal but rather focussed on instrumental uses such as social lubrication—khat and pitchuri—and endurance (cocaine and pitchuri). Psychedelic mushrooms and other esoteric plants have been shown to have striking therapeutic uses, mainly in the realm of psychotherapy. Cannabis is on its own. (Ecstasy is not naturally occurring although very safe and very useful in psychotherapeutic settings.)

For the medical model to succeed, it would have to be so well designed that no user and/or carer would have any excuse—cost, appropriateness, effectiveness, availability, access to

knowledgeable doctors—for not using legal cannabis medicine. Health department employees would have to withdraw from their (usually unhelpful) oversight, and doctors would have to be allowed to doctor. The Council remains skeptical that this can be achieved.

Regulator model

The Regulator of Medical Cannabis Bill is the only legislation in Australia that recognises that cannabis medicines represent a paradigm change, both in regards to the revolutionary change from 'reefer madness' to medicine, and the unique properties of cannabis that make it a bad fit for the medical model. The bipartisan Senate Committee reviewing the Bill unanimously supported the concept of an independent federal Regulator that would sit alongside the current bodies regulating pharmaceutical medicines.

The Regulator concept modelled a true transformation in the management of cannabis medicines, a genuine response to the challenge that cannabis represents. As noted, the Council's pessimistic take on the Bill proved to be all too true and the then federal government refused to support the Bill, opting instead for minimal legislation and flicking the rest of the problem to the States, thereby ensuring the current confusion between different jurisdictions.

Some practical suggestions

Recognising that the transformation represented by the Regulator Bill has probably been lost, and thinking about what happens in the interregnum between now and the full legalisation of all uses of cannabis, there are some practical fixes that can usefully be incorporated in this new phase of legalising medicinal cannabis. Some are seemingly minor but can make a big difference. Some of these may already have been implemented or are in train to be implemented: it is difficult to work this out from the websites. This is not a complete list.

- **NSW Medicinal Cannabis Compassionate Use Scheme**. This scheme was established in December 2014 as the Terminal Illness Cannabis Scheme. The scheme "provides guidelines for NSW Police officers about using their discretion not to charge adults with a terminal illness for possession of cannabis not lawfully prescribed if they are registered with the Scheme, as well as up to three registered carers." It is important to distinguish this from the Compassionate Access Schemes in Queensland, NSW and Victoria where children with refractory epilepsy are being trialled on Epidiolex. The NSW 'Compassionate Use' scheme specifically targeted at people with terminal illnesses, it "does not supply cannabis or cannabis products or endorse the use of cannabis products not lawfully prescribed." In May 2016 the NSW government asked Professor Mary O'Kane to review the scheme with a view to closing it down or extending it other medical conditions. Professor O'Kane's report in April 2017 recommended continuation of the scheme for terminal illness patients only—with easier access—because she accepted that legal routes to medicinal cannabis were not delivering and were not likely to do so for some indefinite time, stating: "at the moment there are a number of steps that can be complex and time consuming, such as the absence of product in Australia and the need to import."

- Should this option be taken up in Queensland, as the Council firmly believes it should, it is important not to box doctors in. A medical opinion that the patient is

suffering from a terminal illness should be a sufficient and complete defence against police arrest and prosecution, without requiring the doctor or specialist to provide an additional opinion that cannabis is an appropriate treatment. Most Australian doctors have little or no expertise in the practice of prescribing medicinal cannabis. Sponsored training in the multiple applications of medicinal cannabis has been offered to doctors and specialists in a number of different states but reportedly only reached a limited number of practitioners. It is evident anecdotally and from correspondence in the October 2015 issue of 'Australian Doctor' that there is widespread ignorance of and even hostility towards medicinal cannabis in the medical profession.

- **Public place possession rule**. NSW does not specify an additional possession limit above that approved under its Compassionate Use Scheme. (Other jurisdictions do).

- **Restore 3-monthly scripts**. The monthly requirement can make getting scripts a nightmare, partly because so few doctors are prepared to take on medicinal cannabis patients, partly because it can be hard to get long appointments. To date a big discouragement factor for doctors has been the amount of paperwork required. According to an excellent article on drug law reform by Dr Karen Hitchcock in the October 2018 issue of *The Monthly*, the paperwork for one session took her 4 hours.

- **Medicines list**. The Office of Drug Control (ODC) publishes a regularly updated list of importers and manufacturers of medicinal cannabis products on its website. It does not publish a list of the available medicines from these companies, which would be very helpful for doctors and patients. Apparently it used to publish product details but took this information down.

- **Medicines cost**. Costs of medicines are apparently not available to doctors and patients from government websites, so patients are only informed when they present at pharmacies to pick up their product. As these products may cost hundreds if not thousands of dollars this is an extremely unsatisfactory situation.

- **Restricted traveller's exemptions**. Currently patients returning from overseas can bring back 3 months of imported cannabis medicines, provided they have the necessary paperwork. But this exemption is for patients only. Obviously there will be cases where the patient is too ill to travel overseas. The exemption should be extended to the approved carer.

- **Prescription restrictions**. The Tasmanian CAS does not identify any particular conditions which may or may not benefit from medical cannabis products. Queensland should follow this example.

- **Tasmanian Cost Scheme**. According to the relevant Tasmanian department of health website: "Patients prescribed an unregistered cannabinoid product under the CAS will be able to have it dispensed by a Tasmanian Health Service hospital pharmacy. This means the most they will pay is the **applicable PBS patient co-payment** each time the product is dispensed as a result of funding provided by the Tasmanian Government." The website does not specify what the "applicable PBS patient co-payment: is, but presumably it is much more affordable than medicines purchased in every other jurisdiction. Something the Queensland should consider.

- **Unequal treatment**. There are credible accounts that medicinal cannabis patients in Queensland are being subjected to extraordinary levels of negative discrimination. Instead of being treated with the same care and attention that any other patient with a medical condition routinely receives, the process of application and prescription has been surrounded by a **bureaucratic nightmare** of paperwork and oversight that is enormously discouraging for patients, general practitioners and specialists. There is some anecdotal evidence that GPs were turning away patients for this reason. Hopefully the new streamlined regime will resolve this problem.

- **Medicinal cannabis patient privacy**. There are credible reports of at least two incidents of privacy breaches. The TGA protects confidentiality by only requiring **patient initials** not their name. It is recommended this practice should also be followed by Queensland.

- **Prescription by interstate specialists**. There have been rumours that Queensland Health has insisted that prescriptions can only be written by doctors and specialists resident in Queensland. This nonsense should stop.

- **Special Access Scheme**. The TGA Category A scheme should be extended to patients whose medical conditions are not life-threatening.

- **Glassware**. Cannabis medicines are often packaged in opaque bottles with opaque syringes. The glassware should be completely transparent to ensure users can judge usage and dose.

- **Canadian model**. Before Canada moved to full cannabis legalisation this year, it had a medicinal cannabis model that offers useful lessons. The Canadian suite of measures—licensed dispensaries, grow-your-own permissions, nominate your licensed producer—were a long way from full legalisation but combined government control with widespread access to an affordable range of quality medicines and expertise—without involvement by big pharma.

John Ransley
8 January 2019

Note on personal qualifications

1. QCCL representative on drug law reform. Two submissions to Queensland parliamentary enquiries on cannabis—1993 and 2010—a submission to the Senate committee inquiry on medicinal cannabis—2014—and two submissions concerning the current Queensland medicinal cannabis legislation—March and April 2016. Plus appearances before parliamentary committees.
2. When my partner was dying from cancer smoked cannabis was the only medicine that effectively treated her chemotherapy and radiotherapy-related nausea.

APPENDIX A
From Medical Cannabis Advisory Group QLD and MCUA Australia Inc.'s petition, "Queensland: STOP Cannabis Arrests and Prosecutions Now", on 26 Nov. 2018 (Extract)
https://www.change.org/p/queensland-attorney-general-yvette-d-ath-police-minister-mark-ryan-and-dpp-michael-byrne-qc-please-stop-cannabis-arrests-and-prosecutions-now/u/23732916

* There are issues with affordability and the federal cannabis system which need to be resolved by the Federal government however ALL patients in Australia have always been able to access Cannabis (dried cannabis bud), cannabis oils and cannabinoids under federal TGA and Customs laws even Schedule 9 cannabis (doctors need TGA approval): the SAS Category A pathway for life threatening conditions was also introduced in 1989 (TGA approval not required).

* 3 years ago in Dec 2015, the QLD Government removed the outright prohibition on cannabis under state health regulations by making simple amendments to the Health Drugs and Poisons Regulations 1996 to "purportedly allow ALL patients access to cannabis regardless of their age or medical condition," as well as access to provide access through research trials and the manufacture of cannabis products.

* In Feb 2016 QLD Health introduced complex and unnecessary legislation, policies and bureaucratic procedures that duplicated TGA processes and gave bureaucrats unprecedented powers over doctors and pharmacists wishing to prescribe and dispense cannabis.

*For 3 years Q Health have blocked or unnecessarily delayed access to cannabis even for patients with terminally illnesses and children with severe epilepsy

* In August this year, there had only been about 50 approvals in 3 years in QLD even when doctors had obtained the mandatory TGA approval; and some of these approvals have been for the same patient on multiple products or repeat prescriptions

* In Nov 2018, the QLD Labor government introduced a Bill to repeal the whole of the *Public Health Medicinal Cannabis Act 2016* (140 pages) and its regulations. The Health Committee is currently conducting an inquiry into the repeal of the Bill and asking for submissions from the public

* The QLD Government also recently made interim changes to the PHMC Regulations - ALL specialist medical practitioners (including specialist general practitioners) can NOW prescribe cannabis without Q Health approval BUT this is still restricted to patients with the following conditions: childhood epilepsy, terminally ill, MS, chemo induced nausea and recently non-cancer pain was also added. While it's an improvement, doctors still need Q Health approval to prescribe cannabis for all other conditions including adult epilepsy, cancer, Chrons, autism, PTSD.

*Early next year, after the PHMCA is repealed, Cannabis will be regulated under the Health (Drugs and Poisons) Regulations and will give QLD doctors back their right to prescribe cannabis like any other Schedule 4 or 8 medicine without needing approval from Queensland Health

***** Pharmacists will no longer need to apply to Q Health for approval to dispense cannabis

Q HEALTH'S CORPORATE RESEARCH AGREEMENTS

For over 3 years Q Health have protected their agreements with GW and Zynerba while blocking and delaying access to cannabis from other suppliers!!

GW PHARMACEUTICALS (UK) - Epidiolex (CBD isolate)

* In April 2015 the QLD Government announced it would join the NSW trials using Epidiolex (98% CBD) for children with refractory epilepsy. However there were no Epidiolex trials in Australia - GW refused to supply the Epidiolex for trials in Australia as they were approved by the FDA to conduct trials in the US.

*In Feb 2016 the Chief Health Officer and Greg Perry flew to the UK and struck a 3 year agreement: Q Health to set up a cannabinoid research centre at the Lady Cilento in return for GW to supply Epidiolex free of charge for 30 children ONLY until TGA registration. Q Health announced this as a compassionate access. The first supply of Epidiolex to a child in QLD was not until March 2017.

ZYNERBA (US) and Zynerba Aust Pty Ltd (Synthetic CBD and THC)

* Mid 2015 QIMR Berghofer (QLD government owned research institute) was approved by the TGA and Q Health to conduct trials at Q Pharm using a synthetic CBD supplied by Zynerba US. In 2016 QIMR Berghofer were given approval to conduct trials using Zynerba's synthetic THC. Trials using Zynerba's synthetic CBD and THC have also been conducted at other trial sites in QLD (Sunshine Coast University Hospital) and other in other states such as NSW, VIC.

***** Q Pharm is a private company started by UQ researchers. Over the years QIMR have bought out all shares in this company. One of the original owners and the former General manager of Q Pharm left Q Pharm to sit as a director on the board of Zynerba US and in 2017 registered Zynerba Aust Pty Ltd with ASIC. Jeanette Young, the Chief Health Officer of QLD is a board member on the commercialisation arm of QIMR and a former director of Q Pharm.

APPENDIX B
Queensland: STOP Cannabis Arrests and Prosecutions Now
Medical Cannabis Advisory Group QLD and MCUA Australia Inc. started this petition to Attorney General and Minister for Justice Yvette D'ath MP and 4 others. (Extract)
https://www.change.org/p/queensland-attorney-general-yvette-d-ath-police-minister-mark-ryan-and-dpp-michael-byrne-qc-please-stop-cannabis-arrests-and-prosecutions-now

Queensland consistently leads the nation with the highest number of cannabis arrests in the country (30.7%). The Illicit Data Report for 2016-17 reported there were 23,836 cannabis arrests in Queensland. Over 90% of all cannabis arrests are consumers—patients, carers and other cannabis consumers, NOT the drug—traffickers who were the objective target of the Drugs Misuse Act 1986.

Currently there are thousands of sick and dying patients and carers being dragged through the criminal justice system simply for growing or possessing cannabis for themselves or a loved one to use to relieve pain and suffering and to have a quality of life. You can read details of some of their cases below.

The flawed corporate cannabis system in place in Australia is not about the health and welfare of the patients. Hundreds of thousands of Queenslanders, including children with serious medical conditions have been left behind without access to a lawful and affordable supply of cannabis. Products are unaffordable and under the convoluted federal/state application process less than 50 applications have been approved by Queensland Health, and some of these relate to multiple products for the same patient or are repeat prescriptions.

Queensland Scheduling of Cannabis as a Dangerous Drug

Queensland also has some of the most draconian drug laws in the country with penalties ranging from a maximum of 15-25 years in prison. Cannabis is also scheduled as a dangerous drug in the Drugs Misuse Regulation 1987 (QLD).

A person arrested for growing or possessing cannabis is charged under the Drugs Misuse Act with unlawfully producing a "dangerous drug" or unlawfully possessing a "dangerous drug." Parents are being charged with the more serious charge of "aggravated supply of a dangerous drug to a minor" which has a maximum penalty of 25 years in prison, and as is the case with most cannabis arrests, people are also charged with multiple offences i.e possession of a thing used in connection with the commission of a crime (i.e. lights, fans) and unlawfully possessing a thing used to administer a dangerous drug (water pipe/vaporisers). The "dangerous drug" charges are recorded on a persons criminal history regardless of a receiving a no conviction recorded and can have long term consequences for employment and travel opportunities.

Availability of Defences to Cannabis Charges

Despite the existence of a number of defences, people on low incomes and welfare are forced to plead guilty and end up with dangerous drug charges on their criminal history record because Legal Aid will not fund Not Guilty pleas and most people can't afford tens of thousands of dollars for a private lawyer.

Section 4 of the Drugs Misuse Act defines unlawfully as: “unlawfully means without authorisation, justification or excuse by law." This definition clearly shows a person can lawfully produce or possess cannabis in any one of three ways. Justification and excuse are common law defences and Queensland's Criminal Code also provides for statutory defences such as justification and excuse - compulsion, extraordinary emergencies and other defences.

DPP Public Interest Criteria: Cannabis Prosecutions Not in the Public Interest

Our petition is also directed to the Director of Public Prosecutions, Michael Byrne QC. The Director of Public Prosecutions (DPP) policy guidelines state that if a prosecution is not in the public interest then it should not be pursued, scarce resources should only be used to pursue cases worthy of prosecution and NOT wasted pursuing inappropriate cases. Police and DPP prosecutors must consider any lines of defences open and whether discretionary factors dictate that the matter should not proceed in the public interest.

TABLED PARLIAMENTARY PETITION

Our Parliamentary online petition and paper petition signed by over 5,200 Queensland residents, and sponsored by **Michael Berkman (**Greens MP for Maiwar) has also been tabled in Queensland Parliament on 14 November. This petition has been referred to the Health Minister, Steven Miles for a response by 14 December. The QLD Government has made some changes to the state's medicinal cannabis laws but these changes don't help people who can't afford these products and certainly do not help those currently at risk of arrest or those being prosecuted in the courts now.

* **On 13 Nov 2018 the Health Minister Steven Miles introduced a Health Bill to repeal the Public Health (Medicinal Cannabis) Act 2016**. The Bill proposes to remove all red tape at a state level and has been referred to the health committee for public submissions and an inquiry starting on 5 December (read more here).

* **On 14 Nov 2018 the Health Committee tabled a report approving changes to the Public Health (Medicinal Cannabis) Regulations 2017.** ALL specialist medical practitioners can now prescribe cannabis without needing state approval and non-cancer pain was added to the conditions, however specialists still need approval from Queensland Health to prescribe cannabis for all other conditions including cancer pain and adult epilepsy, and GPs still need approval for all patients and all conditions.

OUR CHANGE.ORG PETITION LETTER TO DECISION MAKERS

BY signing our petition the attached petition letter will be emailed to the Attorney General, Yvette D'Ath and all of the Decision Makers above.

We request the Queensland Government STOP cannabis arrests.

We also want Police Prosecutions and the DPP to END court prosecutions of parents JAMIE BLAKE and his partner Stephanie, patients DEB LYNCH and MAGGIE O'RANCE and ALL other patients and carers currently being prosecuted in Queensland courts on cannabis charges, and emergency regulations introduced for the following:

- Possession of cannabis and permits to grow 6 cannabis plants in flower

- Lab testing of our own cannabis and cannabis oils and tinctures
- State licences for not for profits and micro-businesses to supply affordable cannabis

Thank you for your support

Medical Cannabis Advisory Group QLD Inc.

MCUA Australia Inc.