To whom it may concern:

I believe as a registered health professional we indeed need to be recognizing the benefits of Cannabis as a medicine. There is mounting (clinical) evidence to support the use of this plant both overseas and here in Australia some (non-clinical). The studies that have occurred in the past number of years is substantial and we need to explore and recognise these. Any layperson can type endocannabinoid system into an internet search engine and find hundreds of articles available clinical and non-clinical, let alone if you type the word cannabis. This is where, as health professionals, we need to step in and make sure the correct information has and is being shared. How do we do this when a vast majority know little if anything about cannabis health?

The media has shown us ever increasing numbers of parents with young children who have gained seizure control and adults who have achieved successful alleviation of many different diseases and disease states and this alone is bringing cannabis as a medicine to an ever boiling head. We owe it to these people who are knowingly breaking the law but are torn between this fact and the fact they have proven relief and in a lot of cases symptoms and syndromes completely gone and no longer mentioned in medical notes.

How do we then turn to these people/patients who still have their child/mother/son etc today and say "you cannot do this" when they believe their family member is still with them and enjoying quality and quantity of life because, they say, due to cannabis. Do we not have a duty of care to every person? Should we not be making it easy for them to come forward so this can be explored and documented? Should people not be able to report what conditions it's being used for and how it's helping/reducing/alleviating/removing and do this free from persecution? I believe this is the only way we are going to find out what is actually happening out there in regards to cannabis health.

How can I as a health professional determine and advise what will interact and what is contraindicated in medications if a patient cannot freely advise me they are using cannabis? I have come across patients who decline pain medication to take home and when probed on what techniques they use, they will admit they use cannabis as a relief instead, but add "don't tell anyone or I will deny it". Cannabis is a commonly used alternative for relief of symptoms due to chemotherapy agents and many oncology staff here in Australia and overseas do not deny its use and worth.

I have met with people who have freely shared their stories, one young veteran suffering through Post-Traumatic Stress Syndrome after several tours of duty has turned his life around after spiralling into a self and Doctor led journey of prescribed medication and alcohol abuse. I say Doctor led as he and his wife were advised his excess alcohol use was "normal" for this type of situation with what he may or may not have experienced on deployment. Told that "it would be very normal to want to forget horrendous situations". If this young man did not take charge of his own health we could have seen a total different story played out in the media to the one he is now proud to tell.

I have also watched a child have hospitalization after hospitalization due to seizures, a child who has "died" many times in the back of ambulances on the way to emergency. A child whose own siblings have resuscitated him more times than is comprehendible for the average person. Then suddenly we stop seeing this child or very rarely and for unrelated matters. Why is this I ask? Cannabis medicine I'm told. Nil seizures for 12 months. Now right there, as a health representative I advise "stop doing this, it is illegal" This is wrong it can't be right, it is cannabis after all, an illegal drug.

This is what you do and we have to do this because law is law and as health representatives we uphold laws and follow procedures and policies and are bound by our own quality assurance and overseers. My code of conduct and ethics states that I am an advocate for my patients so I ask how exactly do I do this? Do we accept the idea that these people have researched and assessed their own health needs and acknowledge their success and widen our research and involve them the people? After all, accountability for your own health is what we aspire to.

I just want to reiterate that there is a required need to seriously and quickly investigate this, we already have cultivation licences going through for October 2016 and Australia can be part of the change for better health as cannabis, in my opinion, has shown it can well work alongside of pharmaceuticals and in some cases perhaps replace or enhance them. So let's not participate in propaganda - let's get informed! There are so many benefits to health and the community as a whole and this needs to be recognised and acted upon, as many good hardworking otherwise law abiding citizens who would like to use this plant medicine as an option cannot.

After my own research I have discovered vast discrepancies in how this issue is handled and dealt with both within the law and within the health system from state to state. How do we have states where children are able to utilize cannabis medicine and have it documented and on school file and medical notes and then others where children's education suffers because its education or better health as options but not both.

How is this possible? Isn't good health a federal issue not just a state and if one sees a definite gain in good health why does the other not.

As stated previously we are already developing licenses for cultivation of the plant itself based on overseas set samples of industry. So why is it that trials are being performed here and are not involving or taking into account all trials already undertaken elsewhere. The people I spoke of above as well as many others who are doing their "own trials" and coming forward everyday are the very people we need to utilize, not persecute, as they're already trialling with success.

The import industry and economic value projections are immense, we already export 50% of the worlds oxycontin supply, solely produced in Tasmania. Imagine a cannabis industry with many Australian farmers ready to approach this with gusto, with schools and roads and community projects benefiting from this as they are doing overseas. I have come to learn in my own research that there are many people who for numerous years have been, according to their own statements and evidence, successfully treating themselves and others with cannabis whole plant therapies. I believe people no matter who or what your status, deserve the right to informed healthcare and information, and that there is definitely a need for thorough investigations evaluations and implementations.

In closing I would like to say that this is a very emotive subject and one quite new for Australia. I believe we need to work together as a whole with the people, the health professionals, the government and the justice system to obtain a suitable outcome for all.

Thank you Deb Ranson