Submission No. 049
Received 11 July 2016

mcua

MEDICAL CANNABIS USERS ASSOCIATION OF AUSTRALIA

SUBMISSION TO THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AN FAMILY VIOLENCE PREVENTION COMMITTEE
JULY 2016

Draft Public Health (Medicinal Cannabis) Bill 2016

Thank you for the opportunity to comment on the Bill.

The MCUA of Australia Inc is the premier voice of patient advocacy for the people of Australia who currently use or who are wanting to use Cannabis as a therapeutic agent.

We have close to 11,000 AUSTRALIAN members who suffer chronic, baffling, rare, untreatable, terminal and painful conditions, who call on us for help to access cannabis information and medicine. These people are rejects from the health system that has failed them miserably and the doctors who have run out of options. They are looking for hope and an alternative to the prescription pad medicine. The greater number of our members have had astounding success using whole plant natural cannabis illegally and are prepared to defy the law to maintain their quality of life.

Our mandate is to make sure that organic natural plant-based medicine is readily available to all who need it at minimal cost to the user. We have a duty to protect our membership from shonky online "suppliers" and inferior or dodgy products. We take this seriously and as a group we work together to inform / educate new users.

There are many in society who only trust pharmaceutical products made by "reputable" drug peddlers. Their needs must be met too and the pie is big enough for all sides. But our main objective is to advocate for patients who want legal access to or to grow their own cannabis for medicine and nutritional needs.

The MCUA has within its all Australian membership, a network of extremely knowledgeable, compassionate suppliers who grow cannabis, make oils and provide medicine to patients- many do this free of charge. Some of them have been doing it for decades. They are swamped with requests for help. They are healers (not dealers) and should be treated by the law as such and their knowledge and experience utilised, not shunned, in this current transition period.

The MCUA does not endorse any company who claims to be a legitimate supplier – especially those who pop up on the internet with sales pitches too good to be true.(see Tilray Pg 16) We advise our members to stay away from these "snake oil" salesmen and not to waste their money. There is NO ACCESS to testing facilities, so they have no way of knowing if the product is what it claims to be. When patients grow and make their own products they know exactly what is in them.

There are many myths and inaccuracies within the briefing document and the Bill, and these will also be addressed in this submission. It will also make comments as to how the bill can be improved in the best interest of Queenslanders and all Australians.

Three documents are appended to this submission.

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OBJECTIVES OF TH BILL

*"A *key objective* of the Bill is to ***minimise the complexity*** and **regulatory burden** of the scheme on patients, medical practitioners and pharmacists..." The policy position of the Queensland Government is **to allow greater use of medicinal cannabis products** under certain circumstances and for specific patients. The Bill will achieve the policy objectives by establishing a regulatory framework to facilitate treatment with medicinal cannabis, **while preventing unauthorised use.***

COMMENT

The Bill's focus seems to be ***more*** on keeping cannabis AWAY from the people rather than getting RELIEF to those in need in a fast, efficient and cost effective way.

This bill creates a complicated unnecessary framework because the government is far too pre-occupied with the illicit issues and criminality surrounding cannabis than it is with the health benefits (and subsequent budgetary relief) cannabis can offer to the people of Queensland.

This proposed paper trail, dealing with 2 Govt. departments on 2 levels of Govt., makes it a laborious, bureaucratic night mare for ordinary Aussies who just want relief from suffering and hope for a cure and who can access the product illegally NOW.

Is it any wonder the black market thrives? This bill will ensure a bright economic outlook for its future.

The Bill seeks to punish "unauthorised use" and does not have any level of "authorisation" for the people who have been recommending/ growing / dispensing and healing people out here for decades in some cases.

The bill has no regard to the rights and liberties of patients who already use cannabis for medical purposes. The bill further inflames the situation by increasing penalties on those who provide for these people NOW. Please note that without the covert / illegal use of cannabis the mainstream would never have known the benefits.

Your BRIEFING DOC STATES: *"….online survey, and of these over 96 per cent were in favour of treatment with medicinal cannabis. Key health industry stakeholders* were also extensively consulted, including medical professionals and representatives from hospital and health services. The bill, and particularly the strict controls around prescribing, dispensing and possessing medicinal cannabis products, was strongly* ***supported by these* stakeholders…."***

The actual END stakeholders are the patients and 96% of them were not in favour of strict controls around these activities. They would much prefer to grow the species most relevant to their OWN condition and make the oil themselves or be able to take their plants to a registered manufacturer for extraction. The MCUA is the tip of the iceberg of users in this country – the ones who no longer fear the consequences of their coming out as much as they fear their illness.

"…t**here have been some very limited trials done in other areas (other than palliative care and epilepsy) but to date the evidence has not been convincing. It has been suggestive but not necessarily convincing, mainly because not many trials have been done….**"

THOUSANDS OF "TRIALS" have been done in secret over many decades - without medical supervision - AND the results are VERY convincing - the evidence is out here = people finding relief and cures to untreatable conditions and rejoicing (silently) in their discovery. NO ONE is in danger of death from plant based cannabis use. Right NOW, whole plant based extract trials between the doc n patient need to be encouraged, recorded and a central "trial file" set up somewhere so results can be sent and collated. The proposed paper trail of seeking permission

at every level, and patients having to import expensive products at the whim of a pen pusher, is an abuse of health rights under the Health Charter.

In a mature and responsible decision making process, that is in the best interest of the People you represent, there should be no such thing as "unauthorised use" because the "law" makers need to consider that the use of cannabis will **NEVER** be stopped – no matter what its intended use. You could save the tax payers a substantial amount of wasted resources, if you bit the bullet and legalised its use by adults and stopped the rhetoric about cannabis being harmful.

THE PROCESS

Cannabis products generally cannot lawfully be supplied without ***both*** TGA and Queensland Government approval. TGA approval process is long and slow.

COMMENT

In your briefing document you say "...*only one person has applied…."* *(it took her 4 yrs of lobbying to finally get approval)*

The QLD Govt. has ***drastically underestimated*** the number of people who will be applying. Maybe only one person has applied so far, but there are many others waiting in the wings for the outcome of this inquiry and the final decisions about the process.

Therefore this double permission seeking process will cause a huge backlog especially when one person is approving so many levels of authorisations under the bill VIZ:

The medical practitioner
The patient
The dispenser
The assistant dispenser
The patient's carer
the responsible person administering in an institution ....

The bill states that ONE person – the CHIEF EXECUTIVE of Queensland Health evaluates ALL these applications and decides if a patient is "suitable" to be treated with medicinal cannabis. The briefing says this duty can be delegated.

One huge point of concern for our members is that: The "chief executive" of Queensland Health Mr Michael Walsh the "approver" has ***NO medical background*** *and NO experience with Cannabis medicine. Viz:*

Over the past 17 years, Mr Walsh has held Deputy Director-General positions across economic and social portfolios in the Queensland Government, including Queensland Health, the Department of Education and Training, and the Department of Infrastructure and Planning. Within these roles he led the development of strategy, policy and governance initiatives …. Previously, he held executive management positions in the private sector, including roles as Principal Management Consultant at PricewaterhouseCoopers and Managing Director at PowerHouse Partners Pty Ltd, where he provided management consulting in areas of organisational strategy, change management and project governance BUT HE HAS HAD NOTHING TO DO WITH MEDICAL CANNABIS.
http://health.qld.gov.au/system-governance/health-system/key-people/director-general/default.asp

But he can call upon the "expert" panel

> *"…. the expert panel would need to look at whether* ***the condition …. was a reasonable condition for cannabis to be used.*** *The e****xpert panel would then make that decision*** *and make that recommendation to the chief executive..."*

Secondly, we, the end users of the product, have **serious concerns** about the make-up, qualifications and expertise of members of the "expert" panel – which may include, experts in science, pharmacy or medicine; justice and law; ethics, culture or sociology; agriculture – but **no one with any specific on-the-ground experience in the area of cannabis therapeutics.**

Why are people with **no prior experience**, charged with making the final decision about whether or not a person is "**suitable**" for / or will be permitted access **to a medical treatment**?

It could be likened to employing your accountant to fix your car on advice he takes from the vet and your hairdresser.

TIME FRAMES

The time frames within which the chief executive must decide an application are:
a. within 90 days after receiving the application (3 months)

b. if the chief executive has requested the applicant provide further information, within 90 days **after** the further information is received (+ 3 more months)

c. if the application is complex, within a reasonable time after the standard period, as decided by the chief executive. (+ god knows how much longer)

PLUS
whatever amount of time the TGA takes to approve/ reject an application. **In other words it could go on indefinitely.**

COMMENT

All of these applications for approval will take too much TIME. People with cancer don't have that luxury. People in pain should not be further frustrated by this hoop jumping circus that will drive many to stay with the black market.

In your briefing document it is stated that:

> *A GP or a specialist—any doctor—can prescribe medicinal cannabis for any patient for any condition. … .* **First, you have a doctor who needs to be looked at in terms of their knowledge and skills, *whether they have the right expertise to prescribe cannabis* ..."**

HOW LONG will this take?

Medical practitioners have trusted the propaganda peddled by Govt. departments like NCPIC; pharmaceutical companies and the AMA at the expense of the patients own research, knowledge and needs for a long long time.

HOW long will it take for enough doctors to be converted? How long will it take for them to become "experts with the skills and knowledge" necessary to meet patient needs in confidently **prescribing** cannabis? Cannabis is unlike all big pharmaceutical "medicines" they have been conditioned to, with dosage and bell curves and regular administration thrown out the window.

Cannabis is not a one-size-fits-all medicine. It is a food with medicinal and therapeutic value.

FROM BRIEFING DOCUMENT: *"….There have been minimal trials done around the world. The other problem is there are* ***so many different compounds in cannabis.*** *There are not just one or two. There are a couple we know a reasonable amount about, but there are a lot of other compounds so it is quite difficult to differentiate what is the effective path..."*

> *Cannabis can never be a pharmaceutical agent in the usual sense for medical prescription, as it contains a variety of components of variable potency and actions, depending on its origin, preparation and rout of administration. Consequently, cannabis has variable effects on individuals . It will not be possible to determine universal safe dosage of cannabis for individuals based on a clinical trial…*
> ***David G Pennington DM FRCP FRACP University of Melbourne***

To do clinical trials for every condition / illness / symptom that cannabis can help would take many decades and zillions of dollars.

Clinical trials may not have been carried out, but the anecdotal evidence abounds. Academics argue that these accounts from patients using "illegal" cannabis, are not trials. But isn't anecdotal evidence the thing that researchers rely on and what ultimately determines the outcomes of "clinical" trials. I.E. the patient takes the medicine and reports back to the researcher how it affects them when they are asked for feedback? Improvements or otherwise are noted as a result. When a patient becomes pain free or cancer free or symptom free and medical testing supports the opinion, how can this not be relied upon as evidence that herbal cannabis works. These kind of results, recorded in patients files could act as "trials" for all kinds of conditions and fast track the research if all results were collated in a central place.

Patients using cannabis learn to self titrate. When finding the level of pain relief necessary for a chronic sufferer, the dose may vary considerably from day to day and patient to patient and strain to strain. With no fear of death from overdose, patients can experiment to find the best levels and the most suitable strain for their condition.

Seed science is already well advanced. Seeds have been bred with a cannabinoid ratio to meet the needs of certain conditions better than others. It is not only varying Cannabinoid ratios, Terpenes & Flavonoids also play a very big part in sourcing a strain to suit each individual.

https://weedseedshop.com/en/blog/choosing-the-best-strain-for-your-personal-marijuana-needs/

The best way to achieve optimum treatment for the greater number of people is to allow home growing (in a secure environment if we must); and spend some money on the establishment of public testing facilities for those who want to make their own medicine. Others may benefit from co-operatives that grow and share raw cannabis for sale; and by providing funds for manufacturing facilities that can convert raw materials into oils / tinctures and other products for patients in a safe, hygienic and consistent manner that can be dispensed through clinics where people can get advice and product in one place would be much more beneficial and productive than spending millions of dollars on pharmaceutical imitations for a handful of conditions.

The briefing document reference
https://www.parliament.qld.gov.au/documents/committees/HCDSDFVPC/2016/PH-MedicinalCannibas-Bill2016/15-trns-15June2016.pdf

SUITABILITY OF PATIENT TO UNDERGO TREATMENT

> ***"...****In deciding whether a patient is a* ***"suitable person"*** *to undergo treatment with medicinal cannabis..the chief executive may have regard to the …. the patient's criminal history but only to the extent it is relevant to the application;…. fee for a criminal history check payable by the person of whom the check is being conducted*.

COMMENT
THIS should **not** even come into the equation when assessing a patient for **any medical treatment.**

Why are we not dealing with cannabis-based medicines in the same impartial manner as with other medicines ?

It is an abuse of the Charter of Health Rights and a violation of our human rights.

Universal Declaration of Human Rights adopted by the United Nations in 1948:

> *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (Article 25, Paragraph 1).*

And a breech of the Australian Charter of Healthcare Rights

> ***RESPECT*** *I have a right to be shown respect, dignity and consideration. The care provided shows respect to me and my culture, beliefs, values and personal characteristics.*
>
> ***PARTICIPATION*** *I have a right to be included in decisions and choices about my care. I may join in making decisions and choices about my care and about health service planning.*
>
> ***PRIVACY*** *I have a right to privacy and confidentiality of my personal information. My personal privacy is maintained and proper handling of my personal health and other information is assured.*

http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

CANNABIS IS HARMFUL (see also appendix A Toxicity of Cannabis)

Quotes from Bill:

> *Despite it being unlawful, it is clear some Queenslanders already use illicit cannabis products for medicinal purposes. This unregulated use of cannabis raises serious concerns due to the potential risks of patient* ***addiction***[1]*, medication intolerance*[3] *and the possibility of* ***abuse***[1]***, misuse***[1] *or* ***diversion***[3] ***…...***
>
> *"Cannabis remains a prohibited substance as it is a* ***dependence-forming***[1] *drug and there is* ***evidence that*** *over time it* ***causes harm***[2]***,*** *particularly in* ***young people***[2]***."***

COMMENT
The very same **harms** can be applied to numerous pharmaceutical drugs already approved by the TGA and in common use, rending this argument invalid.

1. DEPENDENCE FORMING / ABUSE / MISUSE / ADDICTION

Dependence forming means: tending **to cause or encourage addiction especially through physiological** dependence.

Addiction is when the person would rather actively engage in the substance, than interact with life and their sole purpose is to get their next fix. Abuse is NOT addiction.

The difference between overuse / abuse and addiction is that you can stop abusing the substance at any time. Cannabis does not cause any kind of serious physiological withdrawal.

When people abuse a substance there is generally a reason. A person may be sad, angry, lonely, overwhelmed frustrated OR in pain and is engaging in this abuse to "get away" from the pain or trauma that is going on in their lives.

They are using the substance because the substance makes them feel "better". Isn't this why people take anti-depressants? And prescription pain killers?

Being a user, abuser or addict of a substance isn't technically a crime. Decriminalization of possession and cultivation for medical users should be seriously considered in order to get cannabis therapy to those who need it now.

Problematic use leading to dependence among teens is also proving to a fallacy.

Study: Rates Of Problematic Cannabis Use Falling Among Teens

> *Fewer adolescents are consuming cannabis; among those who do, fewer are engaging in problematic use of the plant, according to newly published data in the* ***Journal of the American Academy of Child & Adolescent Psychiatry.*** *Investigators at Washington* ***University School of Medicine in St. Louis*** *evaluated government survey data on adolescents' self-reported drug use during the years 2002 to 2013. Over 216,000 adolescents ages 12 to 17 participated in the federally commissioned surveys. Researchers reported that the percentage of respondents who said that they had used cannabis over the past year fell by ten percent during the study period. The number of adolescents reporting problems related to marijuana, such as engaging in habitual use of the plant, declined by 24 percent from 2002 to 2013. The study's lead author acknowledged that the declines in marijuana use and abuse were "substantial." The study's findings are consistent with previous evaluations reporting* ***decreased marijuana use and abuse by young people over the past decade and a half*** *— a period of time during which numerous states have liberalised their marijuana policies. (Publication History* ***Published Online: April 06, 2016)***

http://www.jaacap.com/article/S0890-8567%2816%2930101-0/abstract

2. HARMFUL TO YOUNG PEOPLE

The greatest **HARM** from cannabis comes from being caught with it. **Young people** end up with criminal records for victimless "crime" that inflicts hefty fines that can bring economic suffering to them and or their families; and loss of license which may result in loss of job and prevention of overseas travel.

FROM THE BRIEFING DOCUMENT

> ***(****I) am concerned about the long-term effects, especially if we are treating three-, four- and five-year-olds.* ***What is the long-term effect going to look like? (see appendix C)***

> *Dr Young: It is definitely a concern. Doing anything with children is always a concern. Here we are not that concerned because the product we are planning to use, Epidiolex, does not contain any THC. That is the component that really causes that long-term risk of potentially developing psychosis…"*

Mental Health concerns regarding cannabis tend to come from a self-fueling group of discredited scientists funded by the pharmaceutical, prison, tobacco, and alcohol industries, pushing non-peer-reviewed papers while relying upon reports issued by others in their own group to further support their own grossly misleading research and clearly biased agendas

> *While many still debate the potential for marijuana to cause schizophrenia, researchers at H**arvard Medical School say there has "yet to be conclusive evidence that cannabis use may cause psychosis."***

http://www.leafscience.com/2013/12/08/marijuana-cause-schizophrenia-harvard-study-finds/

A controlled family study of cannabis users with and without psychosis.

> *The results of the current study suggest that having an increased familial morbid risk for schizophrenia may be the underlying basis for schizophrenia in cannabis users and **not** cannabis use by itself.*

http://www.ncbi.nlm.nih.gov/pubmed/24309013

Psychosis Schizophrenia affects approximately one percent of the population. That percentage has held steady since the disease was identified, while the percentage of people who have smoked cannabis has varied from about 5% to around 40% of the general population.

Despite a massive increase in the number of Australians consuming the drug since the 1960s, Wayne Hall of the University of Queensland found no increase in the number of cases of schizophrenia in Australia. Mitch Earleywine of the University of Southern California similarly found the same with regard to the US population and Oxford's Leslie Iversen found the same regard to the population in the UK. According to Dr. Alan Brown, a professor of psychiatry and epidemiology at Columbia University, "If anything, the studies seem to show a possible decline in schizophrenia from the '40s and the '50s".

The long term side effects of anti epileptic drugs, ADHD drugs and anti depressants have a great many documented, long term physical and mental side effects. Despite the building evidence and an ever increasing number of kids being prescribed anti depressants, and anti-epileptics- no one stands up and shouts their concern for these kids.

Everyday more and more drugs are approved based on data from drug manufactures "trials". Many of these drugs have serious side effects and increasingly they have been blamed for deaths from overdose – accidental or intended - in young people. These include a number of commonly used psychiatric drugs.

> *"... a study that was published (Feb 2016) in the British Medical Journal by researchers at the Nordic Cochrane Center in Copenhagen... showed that **pharmaceutical companies were not disclosing all information regarding the results of their drug trials.** Researchers looked at documents from 70 different double-blind, placebo-controlled trials of selective serotonin re-uptake inhibitors (SSRI) and serotonin and norepinephrine re-uptake inhibitors (SNRI) and found that the full extent of serious harm in clinical study reports went unreported.*

http://www.collective-evolution.com/2016/02/12/bombshell-study-published-outlining-some-very-frightening-facts-about-anti-depressant-drugs-pharmaceutical-companies/

Anti-depressants are being given to children at younger ages …

> *New research (British Medical Journal 2015) has found the anti-depressant drug paroxetine, which is **prescribed to millions of children**, has recorded higher rates of psychiatric adverse events, suicide and self-harm*

http://www.smh.com.au/national/health/british-medical-journal-study-into-paroxetine-aropax-reveals-suicide-risk-20150916-gjo0fj.html

> *Health experts are concerned about the large increase in prescriptions, as few of the drugs have been trialled on children and can have serious side effect **….** A new study out of **Australia** shows alarming increases in the drugging of children and adolescents from 2009 to 2012:… The number of children in Australia aged between 10 and 14 given antidepressants jumped by 35.5 percent—from 2009-2012—134 drug regulatory agency warnings cite antidepressant drugs causing side effects, including suicidal ideation, aggression, hostility, mania, psychosis, heart problems, and even death and homicidal ideation*

http://www.abc.net.au/news/2014-06-19/anti-depressant-prescriptions-for-kids-on-the-rise-study-says/5534530

> *A new study out of Australia shows alarming increases in the drugging of children and adolescents from 2009 to 2012:*
> *•The number of children in Australia aged between 10 and 14 given antidepressants jumped by 35.5 percent—from 2009-2012—134 drug regulatory agency warnings cite antidepressant drugs causing side effects, including suicidal ideation, aggression, hostility, mania, psychosis, heart problems, and even death and homicidal ideation).*
> *•Anti-psychotic drugs rose by almost 50 percent in the same age group during those 4 years—72 warnings on antipsychotic drugs cite effects, such as mania, psychosis, seizures, strokes, diabetes and sudden death.*
> *•Prescriptions for ADHD drugs rose by 26.1 percent— 44 warnings have been issued on ADHD drugs/stimulants causing side affects such as hallucinations, violence, hostility, heart problems, suicidal ideation and behaviour, addiction, and death.*
> *•Legislation in Victoria, Australia also allows psychiatrists to use electroshock on children under the age of 13.*
> *Emily Karanges from the University's School of Psychology says antidepressants and anti-psychotic medications can have serious side effects.*
> *"These are very strong drugs and children and adolescents tend to be more susceptible to side effects from these drugs runs," Dr Karanges said*

https://www.cchrint.org/2014/06/27/australia-kids-on-psychiatric-drugs-skyrockets-legislation-also-allows-psychiatrists-to-electroshock-them/

> *Toddlers as young as 18-months-old are being treated like experimental rats, drugged up with some of the most brain-damaging, life-altering psychotic pills. ...**These are the kinds of pills that cause wild delusions, aggressive impulses, erratic behaviour, or in some cases, cause violent and suicidal thoughts.** … Why do parents, doctors, psychologists and neurologists continue to disregard these appalling side effects?*
>
> *Take the example of 5-month-old Andrew Rios, a newborn who began having seizures (which is a common side effect of vaccines by the way). When Andrew turned 18 months, a neurologist put the toddler on an epilepsy drug called felbamate, which immediately evoked violent behaviour*

> *in the young child. ..As the young boy's life was being ripped apart by the medical system, a neurologist intervened again to prescribe Risperdal, an experimental drug used on adults diagnosed with bipolar disorder and schizophrenia.*

http://checkoutthehealthyworld.com/drugging-toddlers-becoming-big-business-big-pharma-million-kids-5-brain-damaging-psych-meds

HOWEVER … ***no links between chronic cannabis use as a teenager and a later development of serious illness were found.***

> *What (researchers) found instead was "a little surprising," according to Jordan Bechtold, PhD, the lead researcher and a psychology research fellow at the* ***University of Pittsburgh Medical Center.*** *Their study, which observed 408 males from the late 1980s to 2009, found* ***no links between chronic marijuana use as a teenager and a later development of cancer, depression, psychotic symptoms, asthma, anxiety or respiratory problems. ...*** *There were* ***no differences in any of the mental or physical health outcomes*** *that we measured regardless of the amount or frequency of marijuana used during adolescence," said Bechtold in a release..." (May 2015)*

http://www.apa.org/pubs/journals/releases/adb-adb0000103.pdf

Abstract Modest cannabis use in teenagers may have less cognitive impact than… previously suggested.

> *We investigated associations between adolescent cannabis use and IQ and educational attainment in a sample of 2235 teenagers from the Avon Longitudinal Study of Parents and Children. …. These findings suggest that adolescent cannabis use is not associated with IQ or educational performance once adjustment is made for potential confounds, in particular adolescent cigarette use.* ***Modest cannabis use in teenagers may have less cognitive impact than epidemiological surveys of older cohorts have previously suggested.***

http://www.ncbi.nlm.nih.gov/pubmed/26739345

THERE HAS NEVER BEEN A RECORDED DEATH FROM CANNABIS USE

HARM TO YOUNG PEOPLE FROM PRESCRIBED PSYCHIATRIC DRUGS

> *Phoebe Morwood-Oldham's son Timothy John died eight days after he was issued the common nicotine addiction treatment Champix from his doctor. … Champix has been an approved- aid to quit smoking in Australia for eight years but legal magazine Inside Counsel reported that the company behind the drug in America had settled about 80 per cent of 2700 legal claims worth about $273 million. "****The TGA continually reviews the adverse events and we believe that Champix PMI and CMI contains the appropriate information to assist in its safe and effective use,****" a spokesperson said.*
> ***2015 QUEENSLAND***

http://www.goldcoastbulletin.com.au/news/gold-coast/bond-uni-student-and-mother-lobbying-for-investigation-into-drug-and-links-with-other-deaths/news-story/f7dd50baa06249dabefdaaee91e0794a#.Vf-8rh8qRm4.facebook

PRESCRIPTION DRUG ADDICTION IN AUSTRALIA IS OUT OF CONTROL

> *While the media has been focused on Australia's meth addiction, prescription drug addiction continues to fly under the radar.... Australia is currently in the same situation as America in regards to unprecedented harms being caused by the abuse of prescription medications. Australia's rate of prescription drug addiction was reported as **second highest in the world** last year, only after the United States, and afflicts 3-4% of the population. medical professionals are worried that prescription drug addiction is out of the public's radar, while at the same time asserting the problem is even greater in magnitude than the ice epidemic. … In Victoria, **prescription drugs were involved in 82% of overdose deaths** in 2014. Benzodiazepines such as Xanax, Serepax, and Valium were most commonly involved in toxic deaths and opioids came in a close second.*

http://www.thecabinsydney.com.au/could-heroin-rise-above-meth-as-australias-biggest-problem-drug/

> *Prescription drug abuse is growing at an alarming rate and is a "national emergency", the Australian Medical Association (AMA) says. … ScriptWise spokesman and AMA WA council of general practice chair Dr Steve Wilson said the violence and crime that flowed from methamphetamine addiction may be dominating the national agenda but prescription drug abuse is killing more people.*

http://www.abc.net.au/news/2015-08-26/ama-wa-describes-prescription-drug-abuse-as-national-emergency/6727574

INCOMPETENCE OF PRESCRIBING by Medical Profession

It is indeed becoming harder and harder for patients to **trust** our Medical Professionals and our Health "System" in many instances. The AMA in Qld has as one of its sponsors a Wine Company…. Many have become puppets of the pharmaceutical industry. These are some of the reasons that Australians are turning more an more to alternative and farm-a-cological medicine – and seeking advice and treatment from experienced but "untrained" providers.

> *The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful."*
> *Arnold Seymour Relman (1923-2014), Harvard Professor of Medicine and Former Editor-in-Chief of the New England Medical Journal*

http://www.collective-evolution.com/2016/02/12/bombshell-study-published-outlining-some-very-frightening-facts-about-anti-depressant-drugs-pharmaceutical-companies/

> *Studies from several countries show that 80-95% of doctors regularly see drug company representatives despite evidence that their information is overly positive and prescribing habits are less appropriate as a result.*

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1126053/#ref15

A SYDNEY GP's decision *to unlawfully prescribe potentially deadly doses of opiates has been described by a disciplinary tribunal as "contemptible, outrageous and unethical".*

> *Dr Ghee Hong Michael Tan, of Mona Vale, surrendered his registration last year but has now been banned from reapplying for three years after the NSW Civil and Administrative Tribunal found him guilty of professional misconduct....In one case, the* ***GP prescribed an average daily dose of 1126mg of oxycodone to a patient with*** *osteoarthritic pain of the knee, hip and back* ***who was enrolled in a methadone program.***

*http://www.pharmacynews.com.au/news/latest-news/gp-s-prescribing-contemptible-and-outrageous?mid=698771fd14&utm_source=Cirrus+Media+Newsletters&utm_campaign=289f5979f1-Pharmacy+Newsletter+-+20160622165637&utm_medium=email&*HYPERLINK "http://www.pharmacynews.com.au/news/latest-news/gp-s-prescribing-contemptible-and-outrageous?mid=698771fd14&utm_source=Cirrus+Media+Newsletters&utm_campaign=289f5979f1-Pharmacy+Newsletter+-+20160622165637&utm_medium=email&utm_term=0_fe913f1856-289f5979f1-60664673"*utm_term=0_fe913f1856-289f5979f1-60664673*

> *The doctor who* administered incorrect doses of a chemotherapy drug *to 70 cancer patients at a Sydney hospital will be investigated by the national medical watchdog. St Vincent's Hospital confirmed on Friday that, effective immediately, medical oncologist Dr John Grygiel was placed on leave and would no longer treat patients at the hospital*

http://www.smh.com.au/national/health/dr-john-grygiel-stood-down-after-giving-70-cancer-patients-incorrect-chemo-dosage-at-st-vincents-hospital-20160219-gmyz45.html

Bipolar sufferer reveals how medication prescribed by her doctor left her blind

> *and with 70 per cent of her skin peeling off 'as if she'd been in a fire' ...Becki Conway of Florida was diagnosed with bipolar disorder and was prescribed drug combination of Lamictal and Depakote in 2009 ...****Both drugs are used to treat seizures and bipolar disorder and one carries warning which highlights potential danger of combining the two...***

http://www.dailymail.co.uk/news/article-3445123/Woman-left-legally-blind-suffering-reaction-prescribed-drug-pairing.html

The **REAL HARM** for Medical Cannabis users comes from unscrupulous greedy black market profiteers and the methods they employ in the growing and manufacturing process. This would be avoided by allowing people to grow their own and/ or to have a safe regulated authorised supply of many different varieties such as in a co operative / dispensary type arrangement.

3. Diversion / leakage into illicit market

All cannabis is therapeutic. People use it because it makes them “feel better” than they did before they used it. It lifts the mood, increases appetite, aids sleep, and relaxes the body. No harm is done to the community from personal use of cannabis. People who use cannabis are not violent or anti social in their behaviour. People who have cannabis in their system are not a threat to the safety of other road users.

Chronic long term “recreational” users’ lack of motivation can be attributed in many cases to being unemployed and unemployable due to life circumstances such as poor education and lack of suitable jobs – especially for those who have chronic conditions and injuries. Many suffer depression, anxiety, criticism, and angst because of their societal induced situations.

Cannabis is safer than alcohol and prescription drugs in such cases, and is only available on the black market which causes further stress because of the low income high price cycle.

The black market cannabis raises serious concerns **for medical users** as the majority of them access the illicit market to purchase raw material. Cost is also a serious concern for patients who are unable to work or on low income due to illness.
Prescription drugs cause more harm than cannabis to the community. Oxycontin is one example of over prescribing and sells on the street for $10 /tab. When mixed with the other legal party drug (alcohol) can result in death. You can mix cannabis and booze and all you get is a “green out” that makes you vomit and sleep…. But you do wake up!

PRESCRIPTION DRUGS DEATHS (USA)

> *Nick and Jack Savage of Granger* ***accidentally overdosed on a lethal combination of alcohol and Oxycodone.*** *Becky Savage.. found her 18-year-old son, Jack unresponsive. Nick also died in his sleep.....The pills being taken and sold in our schools are very real said Commander Dave Wells, Drug Investigations Unit, St. Joseph County Prosecutor’s Officer*

http://www.wndu.com/content/news/Savage-family-promotes-alcohol-and-drug-awareness-education-with-expert-panel-384029201.html?platform=hootsuite

DEFINITION OF CANNABIS

> ***‘medicinal cannabis****’ – a cannabis product* ***not a product already registered*** *on the ARTG*
>
> *7 A* ***cannabis product can be organic or synthetic viz***
>
> *(a) that is or was any part of a plant of the genus Cannabis,whether living or dead;*
>
> *(b) otherwise derived, wholly or in part, from any part of a plant of the genus Cannabis, whether living or dead; or*
>
> *(c) that has, or is intended by the manufacturer of the product to have, a pharmacological effect that is* ***substantially similar*** *to the pharmacological effect of a product mentioned in paragraph (a) or (b).*

COMMENT

Our definition of “medicinal cannabis” is cannabis grown in the sunshine and used as a preventative food source and a curative medicine. Organically grown cannabis will always be the superior product and for our members- the only choice. For others, the pharmaceutical imitations with their measured doses and lockable caps are preferable.

The market for cannabis is infinite. The pie is big enough for both profit seekers and those who prefer to grow the plant and make the products themselves.

Concern is also being expressed that we will be forced into using only synthetic or single molecule pharmaceutical products that will take decades of testing and will be the only legal alternatives.

Much discussion has taken place within our group regarding patients concerns about the pharmaceutical single cannabinoid medicines that are being chosen and imported for the epilepsy trials in NSW and Vic at a cost of millions of dollars.

The success rate from Epidiolex, the single molecule drug chosen for the NSW trials is :"For three out of ten there is significant benefit; for one out of ten its miraculous." (Mike Baird NSW premier 8/7/2016)

While big pharma and big dollars jostle for positions in the market place, we have epileptic children in our group currently using illegal cannabis tinctures and oils made from purpose-grown Cannabis here in Australia. Our oil makers, using whole plant full extraction - that embraces and utilities the entourage effect where all components work in synergy - are achieving closer to 90% success rates with many children being able to ditch dangerous anti epileptic prescription drugs and begin to lead a normal life. The children who's parents have "come out" admitting to illicit use are the tip of the iceberg and many say they would not give up something that works, to go on a trial with a single molecule medicine for fear it will set their child's recovery back.

NO synthetic man-made single molecule will do the job as well as the whole plant is doing already. You cannot improve on Nature.

*A groundbreaking study from Israel has documented the **superior therapeutic properties of whole plant CBD-rich cannabis extract** as compared to synthetic, single-molecule cannabidiol (CBD).*

> *Published in the journal Pharmacology & Pharmacy (**Feb. 2015**), the article directly challenges the notion that "crude" botanical preparations are inherently low grade and less effective than pure, single-molecule compounds…...These studies showed that administration of pure, single-molecule CBD resulted in a bell-shaped dose-response curve, meaning that when the amount of CBD exceeded a certain point its therapeutic impact declined dramatically. "Healing was only observed when CBD was given within a very limited dose range, whereas no beneficial effect was achieved at either lower or higher doses," the authors observed. This characteristic of **single-molecule CBD** — manifested as a bell-shaped dose response — **imposes serious obstacles that limit its usefulness in a clinical context.***
>
> *The pure CBD tests confirmed the findings of earlier preclinical research. Once again, singe-molecule CBD (has) a narrow therapeutic window ….. (plant) extract provided a clear correlation between the anti-inflammatory and anti-nociceptive responses and the dose, with increasing responses upon increasing doses, which makes this plant medicine ideal for clinical uses. …. The **greater efficiency of the whole plant extract** might be explained by additive or **synergistic interactions between CBD and dozens of minor phytocannabinoids and hundreds of non-cannabinoid plant compounds.** "It is likely that other components in the extract synergize with CBD to achieve the desired anti-inflammatory action that may contribute to overcoming the bell-shaped dose-response of purified CBD," the Israeli team surmised.*

https://www.projectcbd.org/article/synthetic-vs-whole-plant-cbd

Comments from one of our parents of a child with Darvet Syndrome

> ".. Many of Australia's epileptic children are already getting success on locally grown full plant and would consider this trial (Victoria with synthetic CBD only) a waste of money and time and that the research that is already underway depicts a better indication of success than Dr Ingrid Scheffer's trial will. The

children in this trial only get a single cannabinoid that is continually lifted to the point many get sicker. There is a science behind this plant but we need the full plant to conduct it. My daughter has Dravet syndrome. I have successfully managed to get her off most of the pharmaceuticals which has required full plant. When we wean the benzos out of these kids we need thc and cbn along with the goodness in the full plant which aids with digestive issues, sleep neuro genesis, behaviour etc...The thc component is vital!!! "
https://www.jci.org/articles/view/25509

OTHER SYNTHETIC PHARMACEUTICAL CANNABIS PRODUCTS

There are currently 2 cannabinoids available by prescription in the United States: dronabinol (***Marinol***) and N**abilone** (Cesamet). Both are FDA-approved for the management of **nausea and vomiting associated with cancer chemotherapy** in patients who have not responded to conventional antiemetic treatments.1**Dronabinol** is also approved for the treatment of anorexia associated with AIDS. … Although no cannabinoids are currently FDA-approved as analgesics, .. a recent study on use of nabilone in patients with fibromyalgia found a significant reduction in pain compared with placebo. Patients receiving nabilone reported significantly more adverse effects, including drowsiness, but none of these were considered serious. Nabilone is also being studied in the United States for its efficacy in neuropathic pain associated with cancer chemotherapy.

https://www.dea.gov/divisions/sea/in_focus/marinol-cessmet.pdf

Marinol is More Psychoactive Than Natural Cannabis

Patients prescribed Marinol frequently report that its psychoactive effects are far greater than those of natural cannabis. Marinol's adverse effects include: feeling "high," drowsiness, dizziness, confusion, anxiety, changes in mood, muddled thinking, perceptual difficulties, coordination impairment, irritability, and depression.32 Marinol lacks the compound cannabidiol, which possesses anxiolytic activity and likely modifies and/or diminishes much of THC's psychoactivity in natural cannabis. 39 *… Marinol is More Expensive Than Natural Cannabis* ***Synthetic THC is a costly and difficult compound to manufacture***.56 *(approximately $200 to $800 per month,*57 *depending on the dosage) Natural cannabis, even at its inflated black market value, often remains far less costly for patients than oral synthetic THC.*60

Despite Marinol's legality, many patient populations continue to risk arrest and criminal prosecution to use natural cannabis medically, and most report experiencing greater therapeutic relief from it. *By prohibiting the possession and use of natural cannabis and its cannabinoids, patients are unnecessarily burdened to use a synthetic substitute that lacks much of the therapeutic efficacy of natural cannabis and its cannabinoids…* http://www.theweedblog.com/why-marinol-is-not-as-good-as-real-marijuana/

CANNABIS TRIALS IN NSW *(**nausea and vomiting from chemotherapy.**)*

The NSW govt announced trials in **FEBRUARY** this year. Mike Baird NSW Premier said that about 330 patients suffering nausea and vomiting from chemotherapy are expected to take part in the clinical trial which will use a **cannabis-derived tablet manufactured by Canadian pharmaceutical company, Tilray.** (the word "tablet" seems to legitimize its

use).

If the govt has accepted the safety and efficacy of this Tilray product - made from plant based cannabinoids and can choose to use it in trials, there should be no reason for keeping Aussie grown natural cannabis out of our grasp. We have the expertise and the know-how to produce cannabis products of this caliber in Australia and Govt financial backing of this industry needs to happen.

In February this year minister for medical research in NSW Pru Goward said i**t would take too long to wait for an Australian manufacturer for this trial. "**To wait for an Australian company to get up to scratch would delay what we're doing," she said. "We committed to doing this within 12 months and that's what we're doing because there is so much suffering." http://www.abc.net.au/news/2016-02-26/medicinal-cannabis-trial-launch-for-chemo-patients/7202058

Here we are in July and this trial has still not begun due to the TGA and state playing pass the buck games!

On 12th JUNE this year Pru Goward, Minister for Medical Research said **the trials could not start until she had approval from the Therapeutic Goods Administration**, which should happen in the next week or so. "Our trials have to be scientifically designed and it takes time," she said.
http://www.abc.net.au/news/2016-06-12/nsw-minister-criticised-over-delays-in-medical-cannabis-trials/7502716

The trial is part of the NSW Government's **$21 million commitment of tax payers money** to support medicinal cannabis reforms. *http://sydney.edu.au/news-opinion/news/2016/02/26/university-partners-in-medical-cannabis-trial-for-chemotherapy-p.html*

PERHAPS TILRAY SAW THE MINISTER COMING WITH OUR $3 MILLION ..
These trials have still not begun.

> *"….. In June (2016), Tilray, like many of its competitors, was haemorrhaging money. It was forced to lay off a substantial part of its workforce, approximately 60 employees.." and the CEO had disappeared. After 25 years, he left big pharma establishment to become the first CEO of Tilray, … NOW ...16 months later, Engel appears to have left the firm …. he is no longer listed with the management team on the* company's website*"*
> *https://www.newcannabisventures.com/tilray-ceo-greg-engel-appears-to-have-quietly-exited/*

Meanwhile our illegal users are enjoying the relief brought to them courtesy of aussie grown, black market cannabis and our expert oil makers **at no cost to the tax payer . Maybe Pru should have bought "Australian made".**

One alternative could be a Compassionate Access Scheme

It is already noted that many Queenslanders are using illicit cannabis for medical purposes. This is because the relief they get is outstanding and they are willing to risk prosecution for increased quality of life they get from using it now. These patients must be able to continue their treatment while in hospital. NO other treatment is restricted in this manner.

Not many doctors have any skill or knowledge and right "expertise" to prescribe cannabis. Most have been brainwashed as to its "harms" and have no experience with it.

This is where we need to call upon our community experts.

These issues could be addressed by Compassionate Access Scheme whereby another level of “authorisation” could be added to the bill to accommodate such wide-spread use and those who provide herbal medicine to sufferers.. People who use cannabis are not criminals and they don’t belong in the legal / justice/ court systems.

A COMPASSIONATE ACCESS SCHEME OUTLINE

The patient discusses their treatment with GP.

Records are made in the patients notes that they have requested to use Cannabis in their treatment plan. Patient is registered on a central register possibly in the health department and a treatment “authority” card could be issued.

Providers could be registered and the details of their experience and speciality recorded in a register of authorised "community" providers and they are exempted from prosecution. (these providers could possibly come by recommendation of the MCUA executive committee who will have screened them and made recommendation that they be included on the register)

The patient may have a provider in mind. They then give the doctor details of the provider’s name and the details of type, dose and administration route recommended by the provider. OR the doctors can refer patients to providers through the “authorised providers register”.

A treatment plan is worked out between provider and patient and shared with the doctor. A register of “cannabis friendly” doctors would be helpful to patients and avoid wasting time of doctors who have moral/ethical / personal objections to the use of cannabis.

The doctor, who may have personal objections to the use of cannabis, could be exempted from all responsibility re the outcomes of treatment – possibly using a consent form that relieves the doctor of any "blame" in the event of any (highly unlikely) adverse reactions.

If the patient needs raw fresh cannabis and/or is confident at growing and making oils etc. for themselves they should be issued with a permit to grow and manufacture for their own use. Growing outdoors would be done in a secure cage to prevent access to the general public.

The patients condition / and results of any tests are recorded in treatment plan and the GP monitors the progress.

This could be considered a "trial" that may be relevant to other patients who suffer similar conditions and a central register of patients undergoing these "trials" is started for each condition treated.

The patient “card” to say they are under medical supervision can be produced when/if patients are saliva tested in road side random drug tests.

These saliva tests are designed to increase road safety but they do not record any level of impairment – they simply record the presence of THC. Like any medication that people take regularly, a tolerance is built and driving is unaffected – as it is with opiate based medications which are not currently being tested or recorded. In the case of prescription medications people are advised on packaging that diving or using heavy equipment is best avoided and this is left up to their own judgement - so it should be with cannabis medicine.

DIETARY CANNABIS FOR HEALTH AND WELL BEING

> *Juicing cannabis usually involves blending or pressing fresh plant material instead of buds that have been dried or aged. Juicing better allows the body to interact with cannabinoids through the entire digestive system complementing absorption of many critical vitamins, minerals and enzymes within the plant...juicing provides a way of obtaining many of the benefits of cannabis without getting high. ...getting the highest possible dose of cannabinoids is possibly the most important reason of juicing rather than smoking cannabis."*

http://wakeup-world.com/2014/08/18/5-reasons-to-juice-rather-than-smoke-cannabis/
This can only be achieved with personal grow rights or by harvesting and packaging fresh herb from growers and having it for sale in fruit and veg outlets.

> *The documented medical use of cannabis goes back two thousand years, but the Schedule I ban has seriously hampered medical research. Despite that obstacle, cannabis has now been shown to have significant therapeutic value for a wide range of medical conditions, including cancer, Alzheimer's disease, multiple sclerosis, epilepsy, glaucoma, lung disease, anxiety, muscle spasms, hepatitis C, inflammatory bowel disease, and arthritis pain.*
>
> *New research has also revealed the mechanism for these wide-ranging effects. It seems the active pharmacological components of the plant mimic chemicals produced naturally by the body called endocannabinoids. These chemicals are responsible for keeping critical biological functions in balance, including sleep, appetite, the immune system, and pain. When stress throws those functions off,* ***the endocannabinoids move in to restore balance****.*
>
> *Inflammation is a common trigger of the disease process in a broad range of degenerative ailments. Stress triggers inflammation, and cannabis relieves both inflammation and stress. THC, the primary psychoactive component of the plant, has been found to have twenty times the anti-inflammatory power of aspirin and twice that of hydrocortisone.*
>
> *CBD, the most-studied non-psychoactive component, also comes with an impressive list of therapeutic uses, including against cancer and* ***as a super-antibiotic****. CBD has been shown to kill "superbugs" that are resistant to currently available drugs. This is a major medical breakthrough, since for some serious diseases antibiotics have reached the end of their usefulness.*

https://www.transcend.org/tms/2016/06/the-war-on-weed-is-winding-down-but-will-monsanto-be-the-winner/

HOME GROWING OPTION

Home growing as an option, will severely cripple the illegal marketplace because people would rather buy their cannabis in a legal shop, or grow it themselves. This in turn would drastically reduce the street value of the plant and in most cases would put many dealers out of business.

People prefer the idea of going into a legal establishment and walking around, finding the right strain and making a purchase without having to enter into some shady back alley or have awkward conversations with a dealer.

Those who grow at home do not want to make a profit off it, but rather supply their own needs.

Premium cannabis can be quite expensive and if you're suffering from a condition that requires you to consume a lot of cannabis, then buying it might not be the best option. For people creating Full extract cannabis oils you need a lot more than just one ounce. (current street price for one ounce varies from $250 to $400)

This is where growing cannabis becomes the ideal solution and why cannabis home growing should definitely be included in this Bill.

CONCLUSION

Criminality issues are too big a focus in this complex arrangement of paper shuffling that will cause a backlog to the applications and hold up access for too many people who are in need of real cannabis medicine now. These arrangements make the black market look like a walk in the park.

It is past time that the state and territory governments started to really listening to us .. the electorate. WE are the experts with the experience and knowledge and we will continue to defy the unjust and unreasonable laws that are based on a bed of lies and propaganda propagated last century by a group of wealthy people with vested interests elsewhere.

Cannabis does not require the level of red tape outlined in this Bill. It is non-toxic and has a proven track record with mountains of anecdotal evidence as to its safety and efficacy as a medicine. Evidence that cannot be denied and much of which is backed up in patients medical records. There are NO recorded deaths relating to illegal treatment with cannabis.

A dual system of supply could be introduced that would icorporate and satisfy all users' needs and preferences i.e. phamaceutical products and natural oranicially grown products.

Rather than legislation that suppresses the rights of a person to use cannabis or a doctor to prescribe cannabis treatment, Queensland should be leading the way with a compassionate, just and fair solution in the best interest of the greater number of Queenslanders.

Again, thank you for the opportunity to speak on behalf of 11,000 Australians

Yours Sincerely

Ms Gail Hester

President MCUA of Australia Inc.

[redacted]

Submission No. 049
Received 11 July 2016

MEDICAL CANNABIS USERS ASSOCIATION OF AUSTRALIA

SUBMISSION TO THE HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AN FAMILY VIOLENCE PREVENTION COMMITTEE
JULY 2016

Draft Public Health (Medicinal Cannabis) Bill 2016

The MCUA Submission brief summary of main points of discussion

1 The objectives of the bill

2 The Process

3. The Time frames

4 Suitability of patient to undertake treatment

5 The Harms of Cannabis; dependency and diversion

6 The prescription drug addiction epidemic in Australia

7. Definition of Cannabis

8. Organic V Synthetic

9 An outline of a possible Compassionate Access Scheme for current users and providers

10 Dietary cannabis for health and well being

11 Home Growing Option

12 Conclusion

APPENDIX A Comments contributed by members

APPENDIX B Toxicity of Cannabis

APPENDIX C Safety for Use: Documented Safety of Long Term Cannabis Use

THE FOLLOWING ARE COMMENTS MADE BY MCUA MEMBERS FOR INCLUSION IN OUR SUBMISSION

[redacted] **The principle of proportionality of perceived harms dictates that there should be no stricter a regime of control on cannabis than there is on grapes. In their raw form neither is psychoactive. If you ferment or distill grapes they become psychoactive. If you 'cook' cannabis it becomes psychoactive. Therefore given the 'harms' caused in society the regime to control cannabis can be no more restrictive than that applying to grapes.**
I can grow as many grapes as I need with no licence, I can make those grapes into wine I still do not need a licence. I can share that wine with friend and family still with no need of licence. But as has been shown recently with a home brewer. I must be sure I know what I am doing or I could be jailed if I make a batch that causes harm.
Only if I want to sell my products commercially do I need a licence. I must then also prove my products meet food safety standards ie not tainted and Label product for % actives.
From there market forces will control who the commercial sellers are and those who produce crap that does not provide what is claimed will simply go out of business.
Cost of a liquor licence is based on amount of product produced same could easily apply to cannabis
It is one of the many myths around the war on drugs that the reason that the government will not repeal prohibition is that they cannot make money out of it if everyone can grow at home. This is pure bunkum. Everyone is currently free to grow there own tomatoes even though tomato leaves are deadly poison. Most people do not grow their own tomatoes and I do not see commercial tomato growers going broke because of back yard growers. Same goes for all food plants. Cannabis is no different. If tomorrow they repealed prohibition and allowed home grow most people who would use cannabis will NOT grow their own and would rely on commercial supply to provide their needs, the government would get it's tax cut of the vast majority of cannabis used. Based on a 10% GST alone would raise hundreds of millions of dollars annually. Myth busted

[redacted] Still way out of reach. Unless you fit the bill and get the OK, your still doing a illegal activity. Tis a start but far from what the community wants … Chief Executive has the decision.. Still sux.. Any doctor should have the right to prescribe, or give consent to self medicate. Even recognised naturapaths should be able to prescribe.. Seems the chief is going to be busy

[redacted] The sole purpose of this miracle plant is to cure,heal and save and as a training minister its my duty to God and my fellow man to see this plant come forth to its rightful place, I have already cured myself (of liver cancer and hep c) & many others I have been jailed and worst of all I have seen countless Numbers of beautiful people die some who became close and dear friends of me and my family because they are denied access and their carers are dragged through the legal system all to the detriment of our community and the patients. No I will never bow to this corruption and I will Defy until cannabis is free ...During my cancer treatment the doctors knew I was using canna oil and smoking cannabis for pain relief and nausea, they also know that canna oil helped repair my liver from 70% damaged to 8% in 2 years now I am 4th year in total remission with no cancer at all, I am in the best health I've ever been thanks to cannabis

[redacted] it was called. God gave it to Moses saying here go forth and cure the world with this plant I give you. Was mixed with olive oil, cinnamon and myrrh all anti-inflammatory … Still used as the number one healing in many Far & Middle East countries the leaf emblem on many ancient tombs and palaces. Works very well. These countries cannot afford big pharma ..... a blessing in disguise !! ..The name weed is unfair however it grows strong, tall and needs less water (I guess weed like). Grows wild along the road side in many places. A weed means a plant out of place.....not Cannabis it is not, it grows tall and quick and strong as its desperately needed by man kind again

[redacted] I wish it wasn't so hard for me to obtain the medicine of my choice. I've only just found out a week ago (14/6/16) I've got pancreatic cancer and would like to try medical cannabis oil but it's just so hard at the moment. If we grow we run the risk of been busted an face heavy fines/jail time. Either one is not good considering what I have an to get it through someone else you have to put a lot of faith in that it's done right. It would be so much easier if we could just grow it ourself. It's our life we should have the right to seek what ever medical treatment treatment we want not what you's want ...cancer is not going to wait for you to "authorise me" so i am not waiting either .. time is of the essence :/ and patients like myself need to be protected from prosecution = we are not criminals we just want a chance at life

[redacted] Never in my life have I felt so disgusted with Government...Fighting for access to a plant, that cannot possibly kill you, for my seriously ill only child, because conventional medicine has nothing to help her, has left me utterly disconnected from government...Rather than directing my energy towards her care and support, I am compelled to fight government for access to medicine...This situation is sickening...As an adult, I can 'legally' kill myself with alcohol, tobacco and pharmaceuticals, but I am forbidden from giving my daughter medicinal cannabis...This troubles me more than you can possibly imagine...You rely on doctors in relation to this issue, doctors who don't even know that we have an endocannabinoid system, can you explain that...You offer up shallow options in the form of pharma cannabis that nobody wants, and deny so many sick people true help and relief...You are so lost...Your sole purpose is to protect us, not deny us that which cannot harm us...You are not listening, you think you know better, but you are deeply wrong...You disgust me..

[redacted] currently am in fentanyl patches for pain. I change them every 48 hours yet begin to go throuhh horrible withdrawals at about 36 hours. I have endone for breakthrough pain. I hate the side effects. I hate being addicted to this stuff. Even with it I am in pain. I cant afford cannabis and I know it works better for my pain and nausea I get from the endone. It is all that helps with the horrible withdrawals. Financially I cant afford the oil that will help me. Ive tried to get off these addictive drugs and the withdrawals made me want to die. Ive had an overdose on the fentanyl when the doctors upped my dose and that scares me as the doctors want to double my dose again to try and counteract this pain and withdrawals. I suffer from chronic pain lupus fibromaylgia ADHD and PTSD. My doctors and specialists agree that for me and my weird reactions to most drugs that cannabis would be the best for me and will prescribe it for me when they are allowed to. Until then I cant afford the black market so am stuck with these addictive drugs that are destroying my mind and body

[redacted] Been addicted to Morphine and endone. Went cold turkey with both. It's been proven that morphine only works on 10% of cases. It did nothing for my pain. I have osteoporosis, osteoarthritis, degenerative hip disease (NO cartilidge in either hip) right ankle that is crushing and collapsing in on itself. I live with pain level 8-8.5 on a daily basis. And I have a high pain threshold. The ONLY thing that helps relieve the pain enough do I can sleep is my nightly joint/s. I challenge any politician to live with pain levels like my own and see how they cope on these stupid opiates. They couldn't do it. My pain level 6 is like most people's pain level 10. My doctors/specialists/psychs know I smoke it. In fact I've had respiratory specialists recommend I smoke it

[redacted] I keep using it to help with my pain and the depression that comes with 24/7 chronic pain. There are times i want to [redacted] because of the pain (I never would) but i smoke some Cannabis and my spasms lessen and my pain decreases a bit and my muscles relax, and i don't get so down. i can continue with my counselling studies. This is stuff i could not do on the opiates i was on before.....

[redacted] When you rely on a car for work and transportation you cant use cannabis "against the law " so one is left with the alternative pharmaceutical drugs so what can one do? - use cannabis and hope you dont get drug tested while driving or lose your job because of illegal drug use. Just a slippery slope to the dole queue and lose of license.

[redacted] Try Fentanyl, worse...currently weaning off it, 100 times stronger than morphine and 40-50% stronger than pharmaceutical heroin.. Still no relief, tinctures, edibles and vaping helps more than anything. I can eat,smoke, vape to oblivion and then rest, sleep and relax during a severe flare up.(sciatica)..thank nature for cannabis .. chronic pain 30 years..cannabis has been my main medicine for the whole period..I've learnt to make tinctures, how to decarb for cooking..vaping and numerous other ways of ingesting cannabis.

[redacted] I am a migraine sufferer and I can eat dozens of over the counter and prescription based painkillers when I have one, and they won't even touch the sides. I tried vaping a few months ago, and I couldn't believe how well it worked. (Research has shown that migraine is caused by an endo-cannabinoid deficiency)

[redacted] There is no such thing as cannabis addiction as cannabis does not change the body's physiology (like heroin or alcohol) addiction is a physical condition NOT a psychological one, (hence sex exercise & video games are not addictions) if you suddenly cease using you will have physical reactions (cramps headache nausea convulsions etc...)

[redacted] These laws (prohibiting access to cannabis) have always been based entirely on lies. Not one claim of Governments or prohibitionist is true, the plant is safer than water and essential for total health of all beings that have a spine, from conception to the grave. Government should only have control in commercial supply, other than that it gets treated just like any other food plant, people can grow it or purchase it over the counter.

[redacted] Simply put our (Aussie) government officials need to listen & talk to these people (compassionate providers out here now) about their experiences, knowledge & findings. Along with the people they are helping with the product. Credibility needs to be gained but also compassion about real solutions for the benefit of the growers and their customers. It needs to stay real for & by the people who believed and really care about improving the quality of life of others. This shouldn't be about money, it should be about making a real difference & doing it right for all who are already risking their freedom to help others against these unlawful human rights violations. The government needs people to be healthier and to also have jobs/taxable income. Keeping this industry in the hands of people/growers etc meets both of these goals. At the end of the day like any other plant or food it should be made free again for all, otherwise our government is no better than Monsanto!

[redacted] Of course!! So as the pages of history has it... The criminals that kept this plant alive, in their closets, at the risk of their own liberties will now be legally robbed. **If it weren't for the 'criminals' this remedy/cure would be still hidden from the masses.** Luckily, our compassionate governments and corporations are here to help everyone... Whilst taking all the thanks, keeping the Robin Hoods classified as criminal scum

RE SYNTHETIC Cannabis

[redacted] I've tried **Marinol (aka THC) for my ADHD but didn't work nearly as well as cannabis itself.**.. without the CBD etc in concert it was actually a bit too much stimulation. Nabilone I'm wary of because it's not a copy of a natural cannabinoid but if it really does mimic THC in effect then I'm willing to trial it if I ever get access. Dronabinol is a direct copy of THC though anf definitely on my list of things to get access to... I suspect it will be like Marinol though so I would probably supplement it with some legal CBD oil to take the edge of. Then I could focus on my life again instead of my basic human right to appropriate medicine. I'd rather have a few dab pens of of legal oils from different strains for different situations but if I could get THC and CBD legally in bottles from the pharmacy I could at least make it work.

re different strains for different purposes article posted on mcua group page:

[redacted] I have never really thought about this before! Like how different cannabis strains are more helpful to me with my mental illnesses. I do use cannabis recreationally and am not at all trying to claim medical use just to get stoned here. It's just recreational use is how I found out cannabis eases my anxieties, quiets things inside my head and so on. I benefit from all types of cannabis, I realised after reading this that I have always noticed when using cannabis that different types of buds had different amounts of benefit to my mental health but because as it stands now I don't have much of a clue what strains of cannabis I'm even using, because it's illegal there is zero regulation and so it's hard to know just what strain you get sold. If cannabis was legal there would obviously be regulations and labelling, possibly even price may depend on the strain. What I'm excited about and what I love is the knowledge that I one day will be able to work out the best strain of cannabis for my mental health/medical use as well as another different strain based on my recreational needs. Just a little thing like what I read in this post has given me a "lightbulb moment" and I just had to share because figuring that out is a groovy way to start my day. Thanks for the handy hint!!

and this

[redacted] I would have said that I was a "recreational user" also, BUT, now that I understand how cannabinoids work, I can see that I was drawn to cannabis because it made me feel "better". I also suffer depression. All use is medicinal

[redacted] I don't believe any politician they don't understand self efficiency or going forwards with everybody's best interest in mind. I don't believe in false advertising either. I've tried All their [redacted] and it's side effects,effect me in not so nice ways. I refuse to use their [redacted] and have the been told that I'm breaking the law,however the law is fully aware that it works for me and advises me to use it when I have to front court.I just don't have a couple of bongs before court and Just Go off my head being in the pain that my cannabis intake takes the edge off my Anger. I am generally a nice person. I was a Taxi driver once. My record Criminally is 26 times my excuse for the 26 convictions has been the same as I started with. It relieves my chronic hip and knee pains I suffer from a Car accident whilst at work.Funny I never got any flash workers compensation even through I was driving the public around for over 100 hrs per week.
[redacted] I take cannaoil for my terminal brain cancer, [redacted] the gov regarding cannabis laws, do what you have to

[redacted] but the reality is is that for quality assurance and quality control, the government will need to see standards in place and that is where analytical phytochemistry is needed and GMP standards. This is not something just employed by big pharma, but is a TGA requirement of all herbal medicine supplements in Australia. Herbal medicines are tested just as strictly as pharmaceutical medications in Australia, so it stands to reason that this will continue for cannabis…particularly when it comes to reproducibility of results for patients who need it. Furthermore, we must test for purity by assessing solvent residues, heavy metals, aflatoxins, microbial or fungal contamination, pesticide residues etc. We simply must have consistency and safety. [redacted] **M.HerbMed (USyd) BHSc (Nat)(UNE) ND DBM DRM Dip Nutrition MNHAA MATMS Pharmacognosist / Lecturer**

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HOW SAFE IS CANNABIS? (compiled and contributed by MCUA member)

Cannabis is not a Drug: Accurate Language Cannabis is a herb benign in effects and results to humans: in all of the long history of cannabis use, of which the written record dates back approximately 5,000 years, cannabis has never been cause to a single fatality.

Although people are revealed by post-mortem (autopsy) examination to have cannabis in their system at the time of death, their deaths were induced by causes not associated with cannabis. Medical records and study of worldwide pertinent writings over the millennia show that at no time has any person died from having smoked or taken any amount of cannabis, ever.*

Cannabis is NON-TOXIC: one hundred per cent of the scores of studies by research and university medical facilities show toxicity does not exist in cannabis. (U.C.L.A., Harvard, Temple, etc) Cannabis at any dose or quantity is incapable of inducing fatality in humans and animals. Details of its Safety, e.g. the Therapeutic Ration (none), **Lethal Dose Rating (zero;** there is no lethal dose), "Nearly all medicines have toxic, potentially lethal effects. But Cannabis is not such a substance.

There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality."[1] "Drugs used in medicine are routinely given what is called an LD-50. The LD-50 rating indicates at what dosage fifty per cent of test animals receiving a drug will die as a result of drug induced toxicity. A number of researchers have attempted to determine cannabis's LD-50 rating in test animals without success. Simply stated, researchers have been unable to give animals enough cannabis to induce death." **Cannabis can have no LD-50 rating as, in any quantity; it is incapable of inducing death in humans and animals, including mice. That cannabis is NON-Toxic is established Empirical Fact.**

Judge Young goes on to point our categorically that Cannabis is incapable of inducing lethal response. Veracity requires that cannabis be universally, unequivocally acknowledged to be what it is: NON-TOXIC.[1] "Another common way to determine drug safety is called the therapeutic ratio. This ratio defines the difference between a therapeutically effective dose and a dose which is capable of inducing adverse effects.

A commonly used over-the-counter product like aspirin has a therapeutic ration of around 1:20. Two aspirins are the recommended dose for adult patients. Twenty times this dose, forty aspirins, may cause a lethal reaction in some patients, and will almost certainly cause gross injury to the digestive system, including extensive internal bleeding." [1] "The therapeutic ratio for prescribed drugs is commonly around 1:10 or lower.

Valium, a commonly used prescriptive drug, may cause very serious biological damage if patients use ten times the recommended (therapeutic) dose."[1] "There are, of course, prescription drugs which have much lower therapeutic ratios.

Many of the drugs used to treat patients with cancer, glaucoma and MS are highly toxic. The therapeutic ratio of some of the drugs used in anti-neoplastic therapies, for example, are regarded as extremely toxic poisons with therapeutic ratios that may fall below 1:1.5. These drugs also have very low LD-50 ratios and can result in toxic, even lethal reactions, while being properly employed."[1] "By contrast, cannabis' therapeutic ratio, like its LD-50, is impossible to quantify because it is too high."[1] **"In strict medical terms cannabis is far safer than many foods we commonly consume.**" For example, eating ten raw potatoes can result in a toxic response.

By comparison, it is physically impossible to eat enough cannabis to induce death. Cannabis, in its natural form, is one of the safest therapeutically active substances known to man.'[1] Cannabis does not, and cannot, do harm to consumers. A harmless substance cannot correctly, truthful or legally, be included in Prohibition legislation controls based on criteria of harm,

danger, abuse, or misuse, etc. Where cannabis is concerned, the U.K. Misuse of Drugs Act, the U.S Controlled Substances Act, the Australian Narcotic Drugs Act 1967 and all legislation and treaties of control or regulation, are misconstrued and inapplicable.

All the clinical Empirical Studies (for example, the U.S-Jamaican, U.S-Costa Rican, LaGuardia, etc.) confirm cannabis contains no addictive properties in any part of the plant or in its smoke: cannabis does not induce psychological or physical dependence.

The medico-scientific aspect shows cannabis is not only wrongly defined as a "drug" in any meaningful (semantic) definition of the word, but also, by empirical reality, cannabis is wrongly proscribed (prohibited) as a "drug" (or other substance). Although dictionaries vary slightly in their definitions of "drug,"[2] virtually all refer to, and rely for definition on, a drug's habit-forming, addictive properties. Webster's New World Dictionary, for example, defines 'drug' as: "a narcotic, hallucinogen, especially one that is habit forming."

To recapitulate: T**he medico-scientific empirical research confirms cannabis contains no narcotic, no hallucinogenic and no habit-forming properties, neither in the plant itself not in its smoke.** Evident from the most fundamental and widely inferred meaning, by definition based on empirical fact, cannabis is not a drug. Most unlike, and in contrast to tobacco, alcohol, tea, coffee, the caffeinecolas, and all legal or illegal 'recreational' substances, **cannabis is both non-habit-forming and non-toxic. Cannabis is uniquely safe.**

The word "safe" in the context of cannabis use, by definition, means: "free of danger, risk or injury." Referring to cannabis as a "drug" is misleading, and untruthful. In the context of evidence, where accuracy and veracity are paramount, to do so is both inept and unacceptable.

The invalidity of linking cannabis with "drugs" is further demonstrated by the U.S. government's Bureau of Mortality Statistics: refer above*, shows that cannabis by any meaningful definition is not a drug. Cannabis cannot correctly be categorised or referred to as a drug of any type.

The biochemistry of cannabis is as follows: molecules of cannabis temporarily attach to compatible receptors on cells such as those situated on the outer surface of the brain, the meninges, this gently bringing about a feeling of well-being. When the cell's receptors are replete, increasing the amount (dose) of cannabis does not and cannot lead to progressive intensification of the mild sensation of well-being experienced.

Regular users generally smoke decreasing quantities until finding their own level of sufficiency and no 'tolerance syndrome' occurs. Tolerance syndrome is the term used to denote the body's physical acclimatisation to the ingestion of a drug resulting in larger quantities being required to experience the same subjectively desired effect.

Users of the drug alcohol call this learning to "hold your liquor." Drug addicts reach tolerance levels to the degree of craving doses simply to maintain an ability to function.] Tolerance is a fundamental characteristic of a drug. Cannabis not being a drug does not possess this characteristic. **Although it is sometimes asserted that skills, or using heavy machinery and driving a car would be adversely affected by cannabis use, this is the unscientific voice of prejudice speaking.**

This damaging fiction about cannabis is widely promulgated, premeditated misrepresentation, for official tests and **studies have demonstrated that, with cannabis use, no deterioration of manual dexterity or mental adroitness occurs. The opposite is established: with the use of cannabis heightened awareness is reported an increase in skills is observed.** Clinically tested, cannabis is shown not to induce functional impairments. Rather the reverse is confirmed: improvements in the ability to concentrate and perform are demonstrated by recorded results.

The tests of skills in simulated driving performance of the U.S. Official Cancer Studies demonstrate that any quantity of cannabis, even huge amounts consumed by test subjects, is unable to cause the slightest impairment of brain function. Crancer finds: "Simulated driving scores for subjects

experiencing a normal social cannabis ‘high’ and the same subjects under control conditions are not significantly different. However, there are significantly more errors for alcohol intoxicated than for control subjects.” Moreover, increased quantity does not have deleterious results. to quote Crancer again, both regular and novice smokers smoking three times effective dose: “showed either no change or negligible improvement in their scores.” Thus, ‘acute’ effects (i.e. current or short-term use) show no maltreatment, no abuse of the cannabis consumer.

It cannot be discerned by looking at, talking to or testing the abilities of a person that they have taken cannabis. Cannabis has no effect on brain mechanisms controlling consciousness, speech, co-ordination, etc.: a person functions normally.

See official empirical research: ‘The effects of Marijuana on Human Beings,’ by Professor A.T. Weil, M.D., Arizona College of Medicine and Professor N.E. Zinberg, M.D., Harvard. Weil and Zinberg relate how, on occasion, some research subjects enjoying effects, thinking themselves “too stoned” to perform adequately, would ask to be excused the tests, which were nevertheless insisted upon. Then, on testing, subjects were surprised and pleased to find themselves able to perform as well as, or better than without cannabis.

This finding proved to be replicable. 1. Excerpts (Transcript) Judge Young’s Ruling of the 6th of September, 1988. 2. **The word ‘drug’ derives from Old Dutch droog meaning dried herbs, as used in food, for healing and in the dyeing of textiles**; viz: The Wealth of Nations, 1776, Adam Smit; Book One, Chapter One. There was no connotation of addiction. That meaning was transformed in the Twentieth Century, by the specious pseudo-philosophy of money-motivated Prohibitions.

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Safety for Use: Documented Safety of Long Term Cannabis Use

Studies have shown the long-term use of cannabis to be safe. In contrast to many other medicinal drugs, the long-term use of cannabis does not harm stomach, liver, kidneys and heart.

The Missoula Chronic Clinical Cannabis Use Study examined the effects of long-term and legal medical marijuana use. Russo et al. (2002) demonstrated that regular use of cannabis for more than ten years does not cause major harm to patients:

"The Missoula Chronic Clinical Cannabis Use Study was proposed to investigate the therapeutic benefits and adverse effects of prolonged use of "medical marijuana" in a cohort of seriously ill patients. Use of cannabis was approved through the Compassionate Investigational New Drug Program (IND) of the Food and Drug Administration (FDA). Cannabis is obtained from the National Institute on Drug Abuse (NIDA), and is utilized under the supervision of a study physician. The aim of this study is to examine the overall health status of 4 of the 7 surviving patients in the program. This project provides the first opportunity to scrutinize the long-term effects of cannabis on patients who have used a known dosage of a standardized, heat-sterilized quality-controlled supply of low-grade marijuana for 11 to 27 years. (...)

Results demonstrate clinical effectiveness in these patients in treating glaucoma, chronic musculoskeletal pain, spasm and nausea, and spasticity of multiple sclerosis. All 4 patients are stable with respect to their chronic conditions, and are taking many fewer standard pharmaceuticals than previously. (...)
Mild changes in pulmonary function were observed in 2 patients, while no functionally significant attributable sequelae were noted in any other physiological system examined in the study, which included: MRI scans of the brain, pulmonary function tests, chest X-ray, neuropsychological tests, hormone and immunological assays, electroencephalography, P300 testing, history, and neurological clinical examination. (...)
These **results would support the provision of clinical cannabis to a greater number of patients in need.** We believe that cannabis can be a safe and effective medicine with various suggested improvements in the existing Compassionate IND program" (Russo et al. 2002).

The Missoula Chronic Clinical Cannabis Use Study resulted in several important conclusions and recommendations:

1. "Cannabis smoking, even of a crude, low-grade product, provides effective symptomatic relief of pain, muscle spasms, and intraocular pressure elevations in selected patients failing other modes of treatment."
2. "These clinical cannabis patients are able to reduce or eliminate other prescription medicines and their accompanying side effects."
3. "Clinical cannabis provides an improved quality of life in these patients."
4. "The side effect profile of NIDA cannabis in chronic usage suggests some mild pulmonary risk."
5. "No malignant deterioration has been observed.
6. "No consistent or attributable neuropsychological or neurological deterioration has been observed."
7. "No endocrine, hematological or immunological sequelae have been observed."
8. "Improvements in a clinical cannabis program would include a ready and consistent supply of sterilized, potent, organically grown unfertilized female flowering top material, thoroughly cleaned of extraneous inert fibrous matter."
9. "It is the authors' opinion that the Compassionate IND should be reopened and extended to other patients in need of clinical cannabis."
10. "Failing that, local, state and federal laws might be amended to provide regulated and monitored clinical cannabis to suitable candidates" (Russo et al. 2002).

Research on prenatal marijuana exposure found that cognitive functions of children at school age may be impaired. However, these effects seem to be mild and were considerable less compared to alcohol and

tobacco. A report from a longitudinal study of the effects of prenatal alcohol and marijuana exposure investigated whether these drugs affect neuropsychological development at 10 years of age (Richardson et al. 2002). 593 children completed a neuropsychological battery. Prenatal alcohol use was found to have a significant negative impact on learning and memory skills. Prenatal marijuana exposure also had a minor effect on learning and memory. Another study assessed cognitive performance in new-borns of 354 mothers at age 6.5, 12, and 13 months (Jacobson et al. 2002). Alcohol use during pregnancy was associated with poorer cognitive performance. The use of cocaine and tobacco was associated with a smaller size at birth. No effects were detected in relation to cannabis use. Low density of cannabinoid receptors in the fetal brain may explain the low prenatal toxicity of cannabis (Biegon and Kerman 2001). Researchers found that low numbers of cannabinoid receptors could be observed as early as the 14th week of gestation. Receptor density increased slowly but did not reach adult levels by the end of the 24th week. The distribution pattern in the fetal brains was markedly different from the adult pattern. Authors conclude:

"The relatively low and regionally selective appearance of cannabinoid receptors in the fetal human brain may explain the relatively mild and selective nature of postnatal neurobehavioral deficits observed in infants exposed to cannabinoids in utero" (Biegon and Kerman 2001).

The long-term consequences on cognitive function are also a major topic of discussion with regard to adult cannabis use. The first longitudinal study examining the development of cogntive functioning conducted in the U.S. did not find any influence of cannabis use (Lyketsos et al. 1999). This was confirmed by a later Canadian study (Fried et al. 2002)

According to the large-scale study by Lyketsos et al. (1999), the age-related decline of cognitive functioning "...does not appear to be associated with cannabis use." Constantine Lyketsos and colleagues of John Hopkins Hospital in Baltimore conducted a follow-up study of 1,318 people, divided into heavy users, light users, and nonusers of cannabis. All participants had completed a special test, the Mini Mental State Examination (MMSE), in 1981, 1982, and 1993-1996. The individual score differences between 1982 and 1993-1996 were calculated for each study participant. Within these 12 years, the mean score decline for all groups was 1.2 points. The Mini Mental State Examination (MMSE) is a brief and widely used standardized method for assessing cognitive mental status. It assesses orientation, attention, immediate and short-term recall, language, and the ability to follow simple verbal and written commands. The maximum achievable score is 30. Researchers found a decline in all age groups. There was "no significant differences in cognitive decline between heavy users, light users, and nonusers of cannabis." There were also no differences attributable to sex in these subgroups.

Former studies have been hampered by the fact that they are based on retrospective studies with single measurements. In a commentary by Martha Clare Morris and colleagues of the Rush Institute for Healthy Aging in Chicago, the difficulties encountered with the use of single measurements of cognition and the importance of measuring changes are stressed (Morris et al. 1999).

In the second longitudinal study ever conducted, Canadian researchers did not find any long-term effect of heavy cannabis use on overall intelligence (Fried et al. 2002). They compared the intelligence quotient (IQ) of 15 current heavy users of cannabis, 9 current light users, 9 former regular users and 37 non-users in a group of 70 young people. Participants had been followed since birth and now were 17-20 years of age. Current marijuana use was significantly correlated in a dose-related fashion with a decline in IQ when compared to the IQ measured at age 9-12. In current heavy users, the IQ showed a decrease of 4.1 points, compared to gains in IQ points for light current users (5.8), former users (3.5) and non-users (2.6). The authors concluded that current cannabis use "had a negative effect on global IQ score only in subjects who smoked 5 or more joints per week" and that "marijuana does not have a long-term negative impact on global intelligence."

U.S. research at Harvard Medical School showed that cognitive impairment after regular heavy use is reversible (Pope et al. 2001). Three groups of individuals aged 30 to 55 years were compared with regard to their cognitive abilities: (1) 63 current heavy users who had smoked cannabis at least 5000 times in their lives and who were smoking daily at study entry; (2) 45 former heavy users who had also smoked at least 5000 times but fewer than 12 times in the last 3 months; and (3) 72 control subjects who had smoked no

more than 50 times in their lives. Results showed that some cognitive deficits appear detectable at least 7 days after discontinuation of heavy cannabis use. By day 28, however, there were virtually no significant differences among the groups on any of the test results. Authors concluded

"Some cognitive deficits appear detectable at least 7 days after heavy cannabis use but appear reversible and related to recent cannabis exposure rather than irreversible and related to cumulative lifetime use" (Pope et al. 2001).

However, the discussion on whether regular cannabis use causes a decline in cognitive function continues, as can be seen from a discussion in the Journal of the American Medical Association in March and May 2002 (Solowij et al. 2002, Nyquist 2002, Watson 2002, Gunderson et al. 2002, Pope 2002).

Govermental and expert committees in several industrialized countries have also concluded that the side effects of cannabis are relatively benign, supporting its safety even for prolonged use. The I**nstitute of Medicine Report** of 1999 states:

"Marijuana is not a completely benign substance. It is a powerful drug with a variety of effects. However, except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications. (…)

The Canadian Senate's Special Committee on Illegal Drugs has studied the effects of cannabis use for 14 months. The committee states in a premilinary report issued in May 2002 that scientific evidence suggests that marijuana "may have some negative effects on the health of individuals," but that these effects would be "relatively benign" and that marijuana is no gateway drug to the use of hard drugs. Only approximately 10 percent of the users would become chronic users and 5 to 10 percent would become addicted. The preliminary report is available at the web site of the parliament athttp://www.parl.gc.ca/illegal-drugs.asp.

A select committee of Britain's House of Lords recommended that cannabis should be rescheduled from a schedule 1 to a schedule 2 drug under the Misuse of Drugs Regulations Act of 1985, since it was not a dangerous drug and in order to facilitate medical research with cannabis (House of Lords 1998). The committee accused the **Medicines Control Agency of not dealing with cannabis-based medicines in the same impartial manner as with other medicines** (Hause of Lords 2001). In the second report released on 22 March 2001, the select committee on science and technology also called for an end to the prosecution of therapeutic cannabis users who possess or grow cannabis for their own use.

After eight months of deliberation, a health select committee of the parliament of New Zealand tabled its report on research into the mental health effects of cannabis on December 17, 1998, finding that the drug has probably been unduly criticised (New Zealand Herald from 18 December 1998). "Based on the evidence we have heard in the course of this inquiry," the committee concluded, "the negative mental health impact of cannabis appears to have been overstated, particularly in relation to occasional adult users of the drug." "Evidence received in the course of this inquiry has raised serious doubts about commonly held beliefs about cannabis," wrote the committee. "Evidence received during the inquiry supports the view that there can be subtle cognitive impairment in cannabis users," the report says. In this respect, the committee drew to a large extent on the work of Prof. Wayne Hall of the Australian National Drug and Alcohol Research Centre, who was commissioned to report on scientific research in this area. He found that long-term use of cannabis may cause subtle impairment in the higher cognitive functions of memory, attention and the organisation and integration of complex information. The committee said the evidence also suggested that cannabis did not cause behavioral difficulties, but rather that cannabis was frequently used by youths who misbehaved; neither was it a cause of suicide.

On 22 November 2001, the French National Health and Medical Research Institute (Inserm, Institut National de la Santé et de la Recherche Médicale) presented a 58-page literature review with the title "Cannabis - which effects on behaviour and health?" (Inserm 2001). The report was ordered by a governmental working group on the fight against drugs and drug addiction. Main topics of the report are factors that influence use, acute and chronic effects, and groups of special interest (pregnant women, individuals with mental disorders). It did not deal with the medical use of cannabis. The report stated that about 10 percent of those

who ever used cannabis have a risk to become dependent, compared to 30 percent with tobacco, and that cannabis effects on the nervous system are functional and reversible, and do not cause long-term damage.

In response to these findings on the long-term safety of cannabis use, many countries are now relaxing their cannabis laws or are discussing legal access to medical cannabis, among them several European countries, Australia, New Zealand, and Canada.

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