

Frances McDonald

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2/23/2015

Committee Section

Senate Legal and Constitutional

Affairs Committee,

P.O Box 6100

Parliament House,

Canberra, ACT,2600.

To whom it may concern,

I wish to lodge a submission in support of the Regulator of Medical Cannabis Bill 2014.

Please find the enclosed a submission I put forth to the TGA. I wish to use this submission for my submission to the Regulator of Medical Cannabis Bill 2014.

Regards

Frances McDonald.

Frances McDonald, Brisbane, Queensland

To

The Therapeutic Goods Association,

P.O Box 100,

Woden, A.C.T

2606

12th November, 2014

REF: Notice inviting public submissions under Subsection 42ZCZK of the Therapeutic Goods Regulations 1990 Regulations.

The main objective: TO RE-SCHEDULE CANNABINOIDS (e.g. Marijuana, Cannabis and Hemp) FROM SCHEDULE 8 TO A SCHEDULE 4 DRUG.

To whom it may concern

This letter is written in support of the re-scheduling of Cannabinoids from a schedule 8 to schedule 4 drugs.

The purpose of this letter is to provide factual evidence into why cannabis is a safer drug alternative to that of legal pharmaceutical drugs which are used as neurological drugs for the purpose of anti psychotics, anti depressants and anti inflammatory medication.

Referring to;

Section 52 E Secretary to take certain matters into account in exercising powers,

- (1)**
In exercising a power under subsection 52D (2) the Secretary must take the following matters into account (where relevant).

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(a) The risks and benefits of the use of a substance;

The benefit of cannabis for medicinal purposes is the fact that cannabis does not cross the “Blood Brain Barrier” like opiates and alcohol do. This means that, when the body is heavily intoxicated by opiates and alcohol, The subject forgets to breathe or is unable to breathe.

The proof in opiates being capable of depriving the body of oxygen is demonstrated in post operative surgery. Patient’s saturation levels and respirations are monitored regularly when they are receiving morphine for pain management. Patients are encouraged to breathe deeply and are given oxygen to ensure adequate oxygen intake.

Morphine acts on the central nervous system. Even in small amounts, morphine depresses the respiratory system. Morphine rarely provides pain relief, but in most cases reduces the level of suffering. Repeated use leads to physical dependence. (Harris, Nagy, Vardaxis, 2006, pg.1127).

Synthetic Opiates such as Oxycontin, Methadone, Pethadine, Endone are legal and are prescribed for pain, but are only meant to be for short term pain relief. This is due to the fact that they lead to physical dependence. (Tiziani, A, 2006, pg.571).

Another benefit of medicinal cannabis is the fact that it is the only in-patentable substance that binds on synaptic nerve endings within the brain and central nervous system. When Cannabis binds on synaptic nerve endings, it does release several neurotransmitters, one of which has been discovered to be dopamine and the other has been re-named called anandamide.

Dopamine is a neurotransmitter necessary for the brain and central nervous system as it assists with movement. Dendrites and Neuro –transmitters send messages to other dendrites and synaptic nerves within the central nervous system to enable body parts to move.

Alcohol and some anti psychotic drugs deplete dopamine within the brain and central nervous system and thus has potential to cause Parkinson’s disease. Parkinson’s disease can also result from metallic poisoning from neurological drugs (Phenothiazine derivatives). (Harris, P, Nagy, S, Vardaxis, N, 2006, pg.1339).

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This substance is used in anti psychotic medication chlorpromazine and prochlorperazine. These phenothiazine derivatives are withheld from patients with severe CNS depression or epilepsy. (Harris,P,Nagy,S, Vardaxis,N,2006,pg.1339).

Pharmacologist Raphael Mechoulam has discovered in his experiments with rats, that over a period of time, cannabis does restore damaged myelin sheath, (the cause of multiple sclerosis) which covers nerves within the central nervous system. Medical cannabis has been recommended for those suffering from Parkinson's disease and Multiple sclerosis.

Professor Raphael Mechoulam has mentioned in his documentary on Fox television, Drugs inc. Marijuana, that there may be some minor risks with marijuana consumption in some young people 15 years and under. These risks may relate to a lack of co-ordination.

But , according to (Bryant,Knights, Salerno,2003,pg.380) .“With regular doses at low levels, no tolerance develops to the effects of cannabis; on the contrary, there appears to be a type of “reverse tolerance” in which users become more familiar with the administration techniques and effects and less anxious about the use of an illicit substance.”

“There is no marked dependence, and withdrawal causes only mild “rebound” effects such as anxiety, sleep disturbances and muscle weakness and tremor, which may persist for weeks”. (Bryant,Knights, Salerno,2003,pg.380).

There may be cravings for medical cannabis which may be experienced intermittently for months after withdrawal. Withdrawal from medical cannabis should not be replaced with other pharmaceutical drugs but with non-pharmaceutical medications and an exercise program. (Bryant, Knights, Salerno, 2003, pg.380).

There may also factual evidence that some strains of marijuana are stronger than others. Depending on how the plant is grown and what chemicals may be illegally used in order for the plant to grow quicker for the black market, remembering that hemp, cannabis and marijuana are the fastest growing bio masses on this planet.

Fertilizers and other chemicals used to cultivate the plant would have some bearing into the plant producing a stronger THC content than others. In the 1930s, hemp, marijuana and cannabis were not hydroponically grown under synthetic lighting. Chemicals and fertilizers have since changed in potency.

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The route in which Medical marijuana is to be administered should also be taken into consideration. Medicine which is administered through inhalation is going to act a lot faster than those digested through the digestive system. Inhalation of medical cannabis acts in minutes and binds on several sites such as the smooth muscle and other receptor sites within the brain and lungs.

A similar example of this can be seen through the use of bronchia dilators used by asthmatics which are one of the conditions medical cannabis is used for. (Bryant, Knights, Salerno, 2003, pg.380). Antibiotic ventilators used for swine flu are also used in a dilator machine.

There is also the fact that due to cannabis being illegal in Australia since the 1930s-50s; there has been no past or recent placebo trial tests conducted here in Australia. There has not been any legal opportunity for consumers to try any other types of cannabis in order to see what works best and what doesn't work in order to treat a multitude of illnesses.

(b) The purposes for which a substance is to be used and the extent of use of a substance.

The purpose of the use of medical marijuana would be suitable for many neurological disorders and other medical conditions such as post operative pain relief, chronic physical pain relief, manic depression and possibly other mental health illnesses.

The extent of the use of the substance would be the same as any other regulated pharmaceutical medication depending on the individual and their need for the drug.

(c) The toxicity of the substance.

The toxicity of medical marijuana is nothing compared to that of legal prescription drugs such as Lithium and Olanzapine. (Tiziani, A, 2006.pg.342). Olanzapine has serious side effects such as worsening of Parkinson's as it may antagonize direct and indirect dopamine agonists. (Tiziani, A, 2006, pg. 344).

Lithium has potential to cause more brain damage through toxicity to someone who may already have an acquired brain injury.

Benzodiazepine drugs otherwise referred to as "Mother's little helper" have far more severe withdrawal symptoms to that of medical cannabis and also cause more psychotic withdrawal symptoms and dysfunctional behaviors and outbursts from those with acquired head injury suffering from bipolar disorder.

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Withdrawal symptoms from benzodiazepam drugs should not be mistaken for behaviors of an individual with behavior disorders. (Bryant, Knight, Salerno, 2003, pg. 271)

The toxicity of medical cannabis is far less than radio-active drugs used to treat various forms of cancer.

(d) The dosage, formulation, labeling, packaging and presentation of a substance.

Pharmaceutical companies should be allowed to make medical marijuana oil for children suffering from neurological disorders. Doctors should be allowed to give prescriptions for such medication. The cost should be affordable the same as any other pharmaceutical drug. Adults who have chronic physical/psychological illnesses should be able to obtain a doctors certificate and should be given the opportunity to purchase a permit at a reasonable cost in order to grow 2 or 3 plants for medicinal purposes. Or purchase medical marijuana or cannabis in raw material, at an affordable cost. There should be dispensaries like tobacconists, chemists designed to sell medical marijuana and marijuana products such as edibles.

(e) The potential for abuse of a substance

There would be the same potential for the abuse of medical marijuana as there is for any other legal substance. However, medical cannabis has been used in other countries for the withdrawals of opiates, alcohol and possibly other prescription drugs which have been more lethal. (Bryant, Knights, Salerno, 2003, pg.380).

Alcohol has contributed to a multitude of deaths either through abuse or accident. Alcohol causes alcoholic's dementia, liver disease, type 2 diabetes, pancreatitis, and blindness just to name a few. Alcohol contributes to domestic violence.

Marijuana is not toxic. It doesn't cross the "Blood Brain Barrier." It doesn't destroy liver and kidneys through elimination like alcohol and anti inflammatory prescription drugs.

Marijuana does not cause violent tendencies like alcohol and some anti depressants and anti psychotics do.

Medical marijuana has been proven not to be a dangerous drug. Substance abuse depends on the individual and the severity of pain or psychological

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needs the individual is suffering from at that particular moment of the individual's life.

(f) Any other matters that the Secretary considers necessary to protect public health.

Due to prohibition of medical cannabis, it is obvious that the current state of affairs with these social and pharmaceutical legal drugs is in desperate need an overhaul. For close on 90 years of prohibition, millions of people have lost their lives due to anti psychotics, anti depressants, anti inflammatory, alcohol, tobacco and opiates either through overdose, abuse over time, and accident.

(2) In exercising a power under subsection 52D The Secretary must comply with any guidelines of;

(a) The Australian Health Ministers' Advisory Council; and

(b) The subcommittee of the Council known as the National Co-ordinating Committee on Therapeutic Goods (or any replacement subcommittee);

Notified to the Secretary for the purposes of this section.

(3) In exercising a power under subsection 52D(2) the Secretary must have regard to any recommendations or advice of the Advisory Committee on Medicines Scheduling or the Advisory Committee on Chemicals Scheduling.

(4) In exercising a power under subsection 52D(2) the Secretary may seek advice from either or both of the following;

(a) Any committee that the Secretary considers appropriate (whether or not the committee is established under this Act or the regulations);

(b) Any person.

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In conclusion to this application, I would like to mention that the war on drugs is not working. The Government and Health Ministers should be looking towards the “Drug Law Reform and the Ten Point Plan for Effective Drug Laws”.

Government Leaders, Health Ministers should focus on these laws.
The first one being the most prominent and that is;

- 1) Treat drug use as a health and social issue, not a law enforcement problem. (Curry,S, Cameron,D,2000,pg.572).

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Bibliography

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