12 March 2015

Dear Ms Dunstone

Re: Inquiry into the Regulator of Medicinal Cannabis Bill 2014

Please find a brief submission to this Committee's Inquiry into medical cannabis. I give evidence in the following capacities:

As patient advocate, including NSW Compassion Club, Ethical Medicinal Cannabis Supply (EMCS), Medical Cannabis Information Service (MCIS).

As grower of the only known permitted high THC cannabis cultivation trial in Australia (2001\02 in NSW), with subsequent research published in Medical Uses of Cannabis - Information for Medical Practitioners, 2004. This research project also allowed me to become familiar with Australian TGA requirements, as well as International Drug Conventions with Articles relating to medical uses of cannabis and opium.

As author of the first medical cannabis users survey. Permission was given to the National Drug and Alcohol Research Center (NDARC) to conduct the survey at a National level.

As a submitter and witness to numerous Parliamentary Inquiries on medical and other cannabis related law reform issues.

As Secretary of the Australian HEMP Party.

As Founder and Director of Vitahemp Pty Ltd.
I am a licensed NSW hemp grower with a specific interest in hemp seed for human consumption.
Article 28 of the UN Single Convention on Drugs specifically excludes industrial hemp from these regulations, stating, "This Convention shall not apply to the cultivation of the cannabis plant exclusively for industrial purposes (fibre and seed) or horticultural purposes.
Note. Australia and New Zealand seem to be the only western countries to maintain a ban on the consumption of hemp seed food despite its international and domestic trade, and its superior nutritional profile.

As one of four NSW licensed hemp farmers to be asked by the Government seeking interest to be involved in a consortium to grow cannabis which may be used in NSW medical cannabis trials.

As Director of Medical Cannabis Ltd, unlisted public company.

For the past 15 years I have kept well informed of international moves on medical cannabis and have become familiar with Australian processes employed to allow medical cannabis use.
During this time I have communicated and met with various Members of Parliaments, senior Ministerial staff, many scientific researchers, medical practitioners who all seem to want to find ways to allow seriously ill people to access lawful cannabis for medical purposes.
I have also met and come to recognise several medical professional who seem to blur the lines between recreational use of cannabis and the actual need for a world wide shift in the way medical cannabis is recognised.

I would be available to provide personal evidence and other critical information to assist this Committee.

Yours sincerely
Andrew Kavasilas

Submission to Inquiry into the Regulator of Medicinal Cannabis Bill 2014.

Andrew Kavasilas

Contents.

1. Definitions.

This submission refers to cannabis as a general term.

The term 'raw cannabis' refers to flowering tops and leaves of cannabis indica cultivars used throughout history for its therapeutic and medical properties.
These cultivars are generally higher in tetrahydrocannabinol delta 9 (THC), as well as many other cannabinioids. The cannabis plant also produces terpines, volitiles and other agents which appear to modulate the effect of cannabinoids and may produce other therapeutic benefits.

Though many refer to C sativa or C ruderalis, (industrial hemp) these are predominately and have been exclusively cultivated for fibre and food.
Industrial hemp cultivars produce less THC and generally higher concentrations of other cannabinoids

The term cannabinoids refers generally to the agents produced by the plant within small wax coated globules (resin glands) at the end of tiny glass like stalks on the outside of the plant. These resin glands appears clustered in and around the flowering top of the female plants.
Cannabinoids aren't so much extracted from the plant, but rather harvested by means of drying and shaking. The resulting powder is compressed and achieves a darkness and consistency of thick to hard paste known as hash.
Raw cannabis agitated in critically chilled water causes resin glands to harden, break off their stalks and sink as they are heavier than water. This water is passed through micron fine filtration which leaves a slurry that is dried and pressed to attain a similar type hash.

Tincture refers to an alcohol based suspension of cannabinoids.
Raw cannabis can be left to steep in a spirit type alcohol which causes the resin glands to dissolve completely into solution. This is then strained through paper type filtration, cannabinoids pass through and remain in solution.
Tinctures can be produced in standardised and refined preparations that can deliver defined doses of cannabinoids.
Administration is by drops or atomised for oromucosal absorption.

The term synthetic refers to single molecule agents designed to mimic the effect of a single particular cannabinoid.

The terms Sativex and Nabiximol refer to a whole cannabis tincture developed by GW Pharmacueticals (GW). GW grow several cultivars and harvests cannabinoids via high pressure liquid carbon dioxide. Resin glands dissolve in a similar manner to the alcohol method, though a thick resinous solution is left when the liquid carbon dioxide dissipates. Various solutions are then blended to achieve a standard preparation.

2. Common uses of cannabis and cannabinoids for medical purpose.

I refer to the Committee to the research article,
Harm Reduction Journal 2005,
Survey of Australians using cannabis for medical purposes
Wendy Swift, Peter Gates and Paul Dillon

Corresponding author: Wendy Swift

Author Affiliations
National Drug and Alcohol Research Center, University of New South Wales, Sydney, NSW, 2052 Australia.

http://www.harmreductionjournal.com/content/2/1/18

The survey concluded: Australian medical cannabis users are risking legal ramifications, but consistent with users elsewhere, claim moderate to substantial benefits from its use in the management of their medical condition. In addition to strong public support, medical cannabis users show strong interest in clinical cannabis research, including the investigation of alternative delivery methods.

From my observation, it has become obvious that most people who would benefit by the use of cannabis medical purposes have never used cannabis, will never need to smoke cannabis and will not need to receive sufficiently high dosage that may bring on a psychoactive effect.

3. Increased use, endorsement and promotion of cannabis for medical purposes.

While recognised research into the medical applications of cannabis appears limited, anecdotal evidence abounds.
Medical cannabis use in Australia and around the world has experienced a resurgence in the past decade.
In Australia, numerous high profile users, patients, parents, celebrities, radio commentators as well as a large number of state and Federal Politicians have endorsed and championed the need for law reform in relation to the medical use of cannabis.

Various groups, dispensaries, companies and other organisations now feature high on social media.

With mainstream current affair programs and news reports surrounding the positive benefits by so many who have chosen to use cannabis, the public are looking for a clear and quick response that will address the inefficiency of most all our regulatory bodies to allow cannabis use for medical purposes.

I dare say that each time this Committee reports will see another increase in medical cannabis use.

4. International Drug Conventions and measures employed by different countries and State jurisdictions to allow medical uses of cannabis.

The United Nations Single Convention on Drugs places the same restrictions on cannabis cultivation that it does on opium cultivation. Article 23 and Article 28 require each Party to establish a government agency to control cultivation. Cultivators must deliver their total crop to the agency, which must purchase and take physical possession of them within four months after the end of harvest. The agency then has the exclusive right of "importing, exporting, wholesale trading and maintaining stocks other than those held by manufacturers."

It is understood that Australian production of opium does not follow these protocol and over the last few decades Government control of this agency has diminished, leaving producers to self report and regulate.

Australia has not established a Medical Cannabis Board but in the United States the National Institute on Drug Abuse (NIDA) fulfills this function. NIDA administers a contract with the University of Mississippi to grow cannabis every other year; that supply comprises the only licit source of cannabis for medical and research purposes in the United States and from what can be established, the entire world.

NIDA is well known to supply cannabis to research bodies around the world who seek to find harm caused by cannabis use. To date, NIDA has not supplied cannabis for bonafide medical cannabis research.

Citizens Initiated Referendums in over 20 American States has seen legislation introduced to safeguard patients who require the use of cannabis for medical purposes and who have approval from a medical practitioner.
It must be noted that in each of these State Referendums, State Governments ran NO campaigns and received additional Federal funding to run negative and vote no narratives.

In 2000, after a series of court cases, the Canadian Government was directed by its High Court to allow the use of cannabis for medical purposes. The judgment was ruled on a point of medical necessity. Prairie Plant Systems was awarded a five-year contract to grow cannabis in the Flin Flon mine for Health Canada. This endeavor seemed to have failed and eventually the Canadian Government was forced to issue over 38 000 permits to patients who met requirements to self sourcing.
Recent developments in Canada has resulted in all self sourcing licenses to be withdraw. A new supply regime has been commenced with appox 14 Licensed Producers (LP) approved to supply thousands of Canadian patients.
The Canadian Government seemed to have also resisted for as long as it could to withhold medical cannabis and still appears to not have wholeheartedly adopted a medical cannabis regime which incorporates research and medical investigation.

Having dealt with an Institute in Israel to purchase refined cannabinoid standards to conduct my research in NSW, it was established that medical cannabis research conducted in Israel under License from Sigma Pharmaceuticals. It is not known how Sigma came to be in a position to offer licensing agreements, or for that matter how a country of company can gain access to a lawful source of cannabis for scientific or medical research.

5. Providing cannabis and cannabinoid products for medical use.

Supply of cannabis for medical use is an immensely complex issue for Governments around the world. The Regulator Bills seeks to place cannabis outside the TGA framework rather like initiatives in American States, Canada and to an extent Israel.
In doing so, the Regulator Bill will attempt were possible to mimic requirements for opium cultivation under the Drug Convention.
I believe such a regime would require considerable work and complex negotiations with relevant government departments and would be far too detailed and perhaps lacking to attempt to explain in such a submission.

In summary, I offer the above information and would make myself available to give evidence or enter into further discussion with those involved in the formation of an Australian Regulator for Medical Cannabis.