

**Subject:** Medicinal cannabis  
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Submission for :-

Regulator of Medicinal Cannabis Bill 2014

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Dear Sir/Madame,

Thank you for giving me the opportunity to contribute to this important inquiry. I am one of a very few clinically trained medical professionals in Australia with experience in growing, extracting and administering cannabis medicines. Cultivars (cultivated varieties) of cannabis that are dominant in the non-psychoactive cannabinoid, cannabidiol (CBD), have demonstrated dramatic effects in a subgroup of children with intractable epilepsy in overseas studies. Intractable epilepsy is, by definition, epilepsy that has not been controlled despite maximal combination therapy, leading to cumulative brain damage and early death of the afflicted child. Given the severity of their predicament and the impotence of the medical profession to assist, I prepared standardised extracts of a CBD dominant cannabis in medium chain triglyceride oil at a concentration of 5mg/ml and received volunteers requesting their child be included in this pilot study. Twenty children were administered this treatment, half the group being diagnosed with Dravet syndrome and the remainder having congenital, post infectious and post hypoxic aetiologies for their seizures.

Approximately eighty percent of the recipients received benefit and all wished to continue with the medicine. No significant side effects were reported. In about half of the recipients, the benefit was nothing less than transformational. Not only was seizure activity reduced to a minimum or abolished, but the child's capacity for learning and skill acquisition, as well as social interaction was

increased, in some instances dramatically. Repeated approaches have been made to the NSW state government to reclassify CBD dominant cannabis as a medical herb, subject only to purity and potency control, without any reply or even acknowledgement being received. One can only hope that those considering this bill exercise their social conscience to a higher degree and take urgent action to enact this reclassification at a federal level. Not only does CBD have no psychotropic effect but it also negates the psychotropic effect of THC. Therefore, diversion is not an issue and cannot be used as an excuse to delay taking this necessary step. Besides its anti-convulsant effect CBD has been shown to be a potent intra-neuronal antioxidant, capable of minimising the neurological deficit following cerebro-vascular accidents. It also displays significant anxiolytic effect and in what must be one of the greatest ironies in medical science, CBD was found to be as effective as risperidone in treating schizophrenia, but without the side effects. Finally, CBD is a substance totally lacking in toxicity with no significant toxic effects ever reported.

The international prohibition of cannabis was initiated in the United States in 1937 by a cabal of wealthy industrialists, corrupt police and media magnates. This history has been presented on ABC TV, in the documentary “Billion Dollar Crop” [https://www.youtube.com/watch?v=PDeyNLUwf\\_U](https://www.youtube.com/watch?v=PDeyNLUwf_U). The propaganda that initiated the prohibition and the hysteria that remains, needs to be expunged in the light of a resurgence of cannabis research and industrialisation. Industrial hemp, defined as any cultivar of cannabis producing less than 0.5-1.0% THC, has been grown legally in NSW and other states since 2008 with no problems or issues arising. It would be a simple matter to create another exempted category for medical hemp, defined as any cultivar with a CBD to THC ratio greater than unity. This should be done as a matter of urgency and not be delayed by the usual ponderous processes of parliament.

The issue of THC dominant cannabis needs to be faced squarely. It should not be seen as a matter of slightly relaxing controls that were thoughtfully put in place to protect the public. Rather, it should be seen as a long overdue return to sanity and a rapid winding back of failed prohibitionist policies. The discovery of the endocannabinoid system, the body's largest homeostatic mechanism has now placed the medical use of cannabis across a wide variety of human ills on a solid scientific basis. Australia will not be treading a novel path with drug law reform, as many countries have already abandoned the prohibition. Ironically, in the U.S., the birthplace of the prohibition, medical cannabis is now legally available to half the population and recreational cannabis is legal in several states. In Colorado, after one year of legal recreational cannabis there has been a significant reduction in suicides, domestic violence and fatal road accidents. Australia pays lip service to the policy of harm minimisation while forcing medical users of cannabis to deal with the black market. The issue of supply is constantly raised as an impediment to progress. In my opinion the best way forward is a three tiered system of supply for THC dominant cannabis. The first tier would be home growing. A reasonable quota would be twenty immature

plants and up to ten mature female plants. This is not as radical a step as the conservative view would have one believe. It has been repeatedly demonstrated that drug law reform does not lead to an explosion in use and subsequent problems. Indeed, the data from Portugal and elsewhere indicate a slight reduction in consumption, as the black market pyramid marketing system collapses, so the total amount grown and consumed in the country would not change. What would change is there would be a large redistribution of funds away from black market criminals and a measurable reduction in criminality and human suffering. Home growing should be included in the supply options as it would exert a significant downward pressure on price and a reduction in criminality.

Of course, many medical cannabis users are incapable or unwilling to grow their own medicine. They may also lack the knowledge to select the best cultivars for the particular condition being treated or be knowledgeable of dosing strategies. These can be supplied by a proxy growing system, where licensed growers, both companies and individuals cultivate and extract quantities of cannabis medicine sufficient to supply their registered patients. The effective dose of cannabis can vary tremendously between individuals and at different stages of a disease so it is important to apply generous allowances commensurate with patient needs. These proxy growers need comply with purity standards as applies to other medical herbs. Apart from the initial certification of a cannabis responsive condition medical doctors would not be involved in this process.

The third tier of supply could be pharmaceutical supply. U.K. based company GW Pharmaceuticals has produced a whole cannabis extract referred to as sativex, currently available for certain indications as a special access product. This has not been found to be superior to herbal cannabis and is in very short supply and expensive, but is the product allopathic doctors may choose to prescribe. It is not reasonable or in the patient's best interests to restrict the prescription of cannabis products solely to medical practitioners, whose professional bodies have been in the vanguard of the anti-cannabis propaganda for many years.

It may be salutatory to reflect on the behaviour of the federal government when it comes to the issue of hemp seed as a human food. Hemp seed is one of the most nutritionally dense and balanced food available. It is legal for consumption in all countries except Australia and New Zealand. Canada has developed an industry worth hundreds of millions of dollars. In 2002 Food Standards Australia and New Zealand (FSANZ) application A360 was rejected by the Forum on Food Regulation (FOFR), despite FSANZ supporting the application. Last month, despite FSANZ supporting the application again and recommending change, the FOFR rejected application A1039, without providing substantiated reasons. One must hope that a higher level of integrity and intelligence will be brought to bear on the issue of medical and recreational cannabis during this inquiry.

I would be pleased to supply any additional information on request or to appear before the committee to be questioned on these views.

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