



Submission to: Legal and Constitutional Affairs Legislation Committee
Submission regarding: Regulator of Medicinal Cannabis Bill 2014
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Senator R Di Natale, Senator I Macdonald, Senator D Leyonhjelm, and Senator A Urquhart are to be congratulated for bringing forth this proposal to deal with the issues surrounding Medical Cannabis in Australia. It is a welcome proposal and hopefully will create an environment that offers clear legal guidelines to all stakeholders, fair and equitable outcomes for patients and helps to build a flexible framework that can adapt to the dynamic and somewhat unseen and as yet unknown nature of this emerging sector.

There is a lot of information that can be used by the Regulator once it is legislated into existence. That information is incidental to this initial request for public comment – however, the depth, variety and credibility of all information available, from action taken in other jurisdictions such as Colorado, Israel, Holland or Portugal, to scientific studies highlighting the specific therapeutic actions on various conditions, needs to be considered as the regulator set about its work in the future.

At this point in the public discussion and continuing passage of this proposed Bill, I make the following general comments:

Pursuant to Part 3 – the Regulator – It is proposed that the Regulator be comprised of a Chair and five others, inclusive of one person in the patients advocate role. I suggest that the role be expanded, and that the Regulator have at least two patient representatives, drawn from the Cannabis user Community, in consultation with the community.

I also suggest that the regulator have a guiding role in helping each state to frame their adoption of the legislation, and that even if a particular state or territory did not participate, a minimum access standard be applied at a Federal level.

For example, if patients live in a state that does not develop a growing, processing or supply regime in that state, that patients, and others entitled to do so, be free of prosecution if they legally acquire, and properly convey, Medical Cannabis from another state or territory, and use it in a manner prescribed by that source state, or a Federal framework.

This minimum guaranteed standard will also cover interstate travel and migration between states, without the patient having to forsake the benefits of Medical Cannabis. Whether this takes the form of a register, a patient ID card or any other such instrument would be up to the Regulator to decide.

I also suggest, again pre-emptively, that the Register be bound with developing as broad and accessible system as possible, inclusive of all who can benefit from the therapeutic properties of Cannabis, not a scheme limited only to terminally-ill patients. In conjunction with this broad remit, low access and associated cost, along with an easy-to-use, fair, timely and independent arbitration/appeals process also be made a priority and enshrined in legislation – many patients are not in a strong physical, emotional, mental or financial position to endure drawn-out bureaucratic procedures or costly legal challenges.

Again, I commend the Senators for taking a pro-active role in dealing with this matter, and look forward to the successful passage of this bill into legislation in a prompt fashion. I am available to supply further information, clarification or advocacy as required. I look forward to working with the Regulator in the future on developing a patient-focused system of the highest standards that meets the reasonable requirements of all stakeholders.