

17/02/2015

Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO BOX 6100
Parliament House
Canberra ACT 2600

RE: The Moderator of Medicinal Cannabis Bill 2014

Dear Committee Delegates,

I suffer from Ehlers – Danlos Syndrome, types 3 (Hypermobility) and 4 (Vascular).

EDS is a degenerative connective tissue disorder caused by a defective collagen gene and there is no treatment or cure. As 80% of the human body is made up of connective tissue the symptoms of the disease are many and varied, they include but are not limited to:

Chronic unrelenting moderate to severe spinal , Joint and generalized pain 24/7, Dysautonomia, Degenerating spine and spinal discs, Degenerating cartilage, ligaments and tendons, Paroxysmal Atrial Tachycardia, P.O.T.S, Subluxations of joints, Easy bruising, Spontaneous rupture of small blood vessels in hands and feet, Irritable Bowel Syndrome, Gastritis, Hypermobility, Soft stretchy, easily torn skin, TMJ problems, Takotsubo Cardiomyopathy , Aortic Aneurism, Chronic Severe Depression, Anxiety, Migraines, Reynard's Syndrome, Asthma and more.

I have allergies to Lactose, MSG, amines, yeast, wheat, **most pharmaceuticals**; especially Neurotonins, Aspartame, Anaesthetic Gases, Codeine, alcohol and finding more allergies daily.

After many years attending The Gold Coast Pain Clinic at Pindara and having almost weekly spinal injections that made things worse, in March 2012 I had unsuccessful Spinal Reconstructive Surgery that resulted in an EXTREME prescription Opiate Addiction (I almost died 3 times from self administered Pethidine near overdoses), many doctors tried to wean me off the narcotics over the years without success as I'd go into withdrawals because of the established Chronic pain Pathways.

One day someone suggested I try Cannabis to wean myself off the narcotics, as I have worked in Para-medical areas for over 35 years, I know the procedure. It took me 3 days to come off the major narcotics...Pethidine, Fentanyl, Oxycontin, Jurnista, Proladone and another couple of months to be off all narcotics completely. I still consider myself a narcotic addict and for that reason will not use narcotics anymore; I have also recently developed such a bad allergy to narcotics that I have ended up being hospitalized for painful gastric side effects just by taking over the counter Panadine. My only pain and other symptom relief is now coming from Medical Cannabis infused coconut oil, as there is nothing else safe for me to use for the unrelenting pain made by Pharmaceutical companies.

With my 30 years of diverse medical background behind me, I started studying Cannabis Medicine as it had then become my pain relief of choice. I'm now quite knowledgeable, I speak to doctors, Politicians and new patients about Cannabis Medicine; this is why I'm writing to you.

The current Medicinal Cannabis bill is too limited. The bill proposes that we treat the Cannabis industry exactly the same as the Opium Poppy industry, which has done nothing to remove Heroin from the black market, and with the recent Cannabis seizures, you will see a large spike in the numbers of ICE abusers, I watched this phenomenon in Kuranda and became friends with the OIC at Kuranda Police Station while working in the area, he told me the ICE epidemic was huge & got worse every time there were cannabis seizures.

The Moderator of Medicinal Cannabis Bill is based on the models of Canada/Israel/Holland as opposed to the American Dispensary system, herein lays the problem:

- There are companies set up in Canada whose sole purpose is to apply for Medical Cannabis on behalf of patients.... WHY?: <http://cannapply.mdom.mobi/>
- There are already cases tying up the court system in Canada over the strict policy and patients inability to obtain medicine
- The industry has had issues in Canada: <http://www.cantechletter.com/2014/09/industry-insight-medical-marijuana/>
- Most Medical Users need a minimum 14 grams of dried Cannabis per week to vaporize or make edible products, excluding oil (RSO, BHO)
- At least 28 grams of dried Cannabis is required to make up to 3 grams of oil (RSO, BHO) This is less than a weeks' supply for Cancer and Chronic pain patients
- We are born with and Endocannabinoid system that regulates our Nervous system: <http://thearrowsoftruth.com/the-endocannabinoid-system-we-are-born-with-it/>
- Many Cannabinoids in the plant can be used to replace those with Endocannabinoid deficiencies or where Anandamide degrades too quickly as with Schizophrenia: <http://www.nature.com/tp/journal/v2/n3/full/tp201215a.html>
- **Pre made Cannabis products will NOT suit all patients as you will see below:**

Over the past few months I have been lucky enough to have compassionate people send me Cannabis Oil to treat my symptoms, what I have observed is that some oil batches work, some don't help much at all. This **IS NOT** a quality control issue, but rather a **DISEASE/STRAIN of CANNABIS** issue, ie; **different strains of cannabis are effective for different diseases**, even down to the Sativa/Indica/Hybrid strains.

Just as with existing pharmaceuticals, where doctors have to choose one of many drugs available for any given illness or disease (Heart disease, Diabetes, etc) and then tailor that drug to the patient (amount to prescribe), the very same holds true with Cannabis Medicine. If a doctor prescribes a heart pill for you, he has many to choose from such as; 5 – 10 types of Beta Blocker's or Calcium Channel Receptor Inhibitors or an Anti Arrhythmic, and the list goes on, the doctor chooses what he thinks will best suit your symptoms and then titrates the dosage till the problem is under control.

There are more than 60 Cannabinoids and over 200 terpenes (smells/colour) in Cannabis and every one of these are therapeutically 'active compounds'. Each strain of Cannabis has vastly different proportions of Cannabinoids & Terpenoids which is why we need to be **"strain specific"** when discussing Cannabis as a Medicine, the very reason we must have 'Whole Plant Medicine' and not extracts or pre-made oils, we need Cannabis Medicine Specialists who can tailor Cannabis medicine to their patients the same way other medications are tailored to patient needs.

The chemical compounds in Cannabis change with how the plant is processed and administered, potential therapeutic benefits vary depending on how the plant is administered: raw, heated or aged. Cannabis Medicine can be administered as an alcohol, glycerine or oil based tincture, Cannabis Oil (RSO & BHO – the cancer curing oils), in edible products made from Cannabutter or oil, Tea, Salve, Creams and lotions, the Cannabis tincture or Oil can be made into suppositories and the dried plant material or resin extract vaporized.

This is the reasoning behind the American system of Medical Cannabis, patients give their medical history and what symptoms they are having difficulty with, the dispensary staff then consult a Cannabinoid Chart (See example last page) to see which strain they have that would suit the patients needs best, they choose a couple for the patient to smell, because the patient is most often drawn to the strain by the terpenes in the cannabis that are 'feel good' smells, such as Limonene also found in citrus..

<http://steephilllab.com/resources/cannabinoid-and-terpenoid-reference-guide/>

We **CAN NOT** have non-THC medicines as THC is the component of Cannabis that causes apoptosis (death) of cancer cells, it is an Analgesic, Anti-Bacterial, Anti-Inflammatory, Anti-Spasmodic, an appetite stimulant, a Bronchodilator and is Neuroprotective.

I urge you to look at the following link, it is **'Understanding Medical Cannabis'** from Steep Hill Halent Laboratories in the USA, they are preeminent in the field of Medical Cannabis.

<https://drive.google.com/file/d/0B3DPJkKbZdbYdjh3ZDJXY1U4OWM/edit?pli=1>

It is imperative that you draw upon the knowledge and experience of patients and producers of Cannabis Medicine in Australia and overseas, who are currently using and producing the product, albeit illegally in Australia. **We** know what works and what doesn't, right now: **WE ARE YOUR HUMAN TRIALS and have been for years.** There have also been trials ad infinitum in the US and Canada for your experts to draw upon, so there is no excuse for not understanding the hidden pitfalls in the currently tabled bill.

Please DO NOT make the mistake of producing or importing a Cannabis Medication made from one strain of Cannabis and expect doctors with no knowledge or experience to prescribe it to patients who have had never had it before in any form, as this is setting the whole thing up for failure, there **will be** bad reactions as with any new medication, but because of the propaganda of prohibition this would just confirm the detractors beliefs that Cannabis is dangerous. **New Medicinal Cannabis users NEED the support and knowledge of those already providing and using the medicine, as the effects can be unsettling for a first time user, having a support network already in place of long term users, would mitigate this issue.**

Please look at the American Dispensary Model and see if there is a happy medium to be found between their model and what the Moderator of Medicinal Cannabis Bill 2014 is proposing.

There is a massive Medical Cannabis Movement in Australia (MCUA – Medical Cannabis Users Association with over 5000 members just to name one). We have many knowledgeable Doctors, patients and producers of Medical Cannabis, we are the people you need to consult and listen to so that we can have successful, effective and safe Cannabis Medicine in Australia.

I hope you will reconsider making changes to the Moderator of Medicinal Cannabis Bill before it is argued, as it currently greatly limits the patients and their accessibility to the strain/type/method of administration and amount of Cannabis Medicine that works best for the patient and their specific illness.

Kind regards

Debbi Cliff RMA, M.A.I.E.S.

