

I am writing to you to articulate my support of the “Regulator of Medicinal Cannabis Bill 2014 – C2014B0024” introduced by Greens NSW MP John Kaye relating to medical cannabis.

My father is a much respected emeritus professor of law and as such I have always been encouraged to question things. 30 odd years ago his thesis was on drug law reform and how we are causing more harm than we are saving.

Whilst I was taught to question the law I was also taught to respect it.

This becomes increasingly difficult to do when the experts are calling for changes that the government is ignoring.

Firstly I would like to point out that the bill proposed is not specifically decriminalizing cannabis, but allowing experts from across medical, legal, social law enforcement etc to be responsible for assessing the viability and access to medical cannabis, assuming it's made available.

You are not being asked if you personally support the availability but whether you respect the opinions of a panel of experts who dedicate at least part of their working career to dealing directly with the issues created by prohibition.

With all due respect to you and your colleagues, I do not believe you have the sufficient bandwidth to fully understand all the facets of this issue.

A fact which I think is echoed by the multiple committee's set up to investigate medical cannabis and drug law changes that state governments have set up to investigate the issue. Clearly the opinion of legal, medical etc experts is rightly respected and sought after.

This bill recognizes these experts and provides them with the appropriate powers to facilitate medical cannabis if it is deemed to be in the best interest of patient welfare.

I actually do not see how any politician could honestly vote against this bill, it would in effect be denying Australians the right to have a pragmatic scientific approach taken in addressing the issue.

Medical cannabis is not a new idea, in fact it was in the 1840's that it was first accepted for use in western medicine, from 1850-1942 it was in the US pharmacopeia.

The how and why it was made illegal is not important, what is important is recognizing the medicinal value that this plant has and ensuring that we allow the experts across multiple areas to advise of best course of action moving forward.

There is a lot of very good scientific evidence supporting medical cannabis, further to this there is the abundance of anecdotal evidence.

Granny Storm Crow is an activist from the US who has dedicated her life to compiling a list of relevant studies and information around medical cannabis. Please follow the link to her list which contains over 1700 pages of links. These are categorized by condition.

<http://grannystormcrowlist2014.webs.com/apps/forums/>

This is a lot of information, which is why it makes sense to delegate the decision making to experts with a prior working knowledge of at least some of the pros and cons of the current policy and also the emerging science.

Cannabis is a rather unusual drug, unlike standard pain meds patients do not build up a tolerance to the medical properties of cannabis. This means patients using it for pain relief can stay on same dose for decades. The only aspect of cannabis that the body does compensate against is actually the psychoactive properties. When non regular users get stoned they suffer heavily from the THC psychoactive properties. With continued exposure this effect is almost totally nullified.

This is really no different to the many pharmaceutical drugs that you get prescribed, there are some side effects. Compare the side effects for Cymbalta (duloxetine) and Lyrica (pregabalin) to those from cannabis use.

Conditions such as Fibromyalgia respond extremely well to cannabis, in medical states, with ~75-80% of patients saying it was effective. This compared to the 30-36% who say the same for the best current legal options such as Pregabalin (Lyrica).

I have exhausted all conventional options for treatment of my condition, I have even explored alternate options such as Low Dose Naltrexone and humira.

It is insulting and frustrating that an internationally recognized treatment is being held from me.

Cannabis also increases the pain relieving properties of opiates, allowing for lower doses to be used with same pain relief. By using lower doses of opiates we would reduce the risk of addiction and overdose.

Simply having medical cannabis available reduces opiate based O/D's by 25%, as shown here <http://archinte.jamanetwork.com/article.aspx?articleid=1898878>

Male suicide rates between 20-39 also fell in medical states by ~10% <http://www.medicaldaily.com/medical-marijuana-cuts-suicide-rates-10-years-following-legalization-268472>

We have proof that more tolerant drug laws don't lead to increased use; Portugal is a good modern example of how these changes actually decrease the harm done. Teen use in medical states has not gone up at all since medical cannabis was made available.

<http://www.jahonline.org/article/S1054-139X%2814%2900107-4/abstract>

This research shows a small decline in use rates.

<http://www.cato.org/publications/research-briefs-economic-policy/medical-marijuana-laws-teen-marijuana-use>

Historically when alcohol prohibition ended the % of the US population that drank went down (yes down), though the total amount consumed did go up. What this shows is that illegality actually increases the % of the population that uses a substance in the opposite way to that which it's intended.

The US government also holds a patent on cannabis as a neuro-protectant, hardly something they would do for a substance that offers no medical potential. <http://www.google.com.au/patents/US6630507>

The proposed bill does, from my understanding, allow for the potential of self grows or even changes to the regulatory requirements around availability.

This is actually a critical aspect to have built in, as whilst it is understandably not going to be the case initially, the potential costs incurred by patients by only being able to purchase will place it beyond most peoples reach.

The standard course of Rick Simpson Oil (phoenix Tears (cannabis oil)) is 62ml, to achieve this volume you need around 1 pound of flower. The cost of a pound of cannabis can range from 3500 up to 6000 dollars depending on location around the country.

Once this initial course is finished there is an ongoing maintenance dose that is recommended which would roughly require another pound used each year to provide the small daily maintenance dose.

These are rather significant costs for a patient to incur, however they pale in comparison to the costs incurred to our public health system for chemotherapy.

So either patients go broke, it gets subsidized on PBS down the track (shifting cost to government) or similar to in USA small personal grows are allowed for registered patients who have a secure location to grow in.

But long term there does need to be the consideration of the financial implications and how best to get affordable medicine to patients.

All up I think the bill is excellent and well written, I understand that it is written with the view of it being applied as law and as such is not overly specific on details but rather broader concepts (ie caregiving being highlighted as possible).