

04 March 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 Delegates

I am writing with regard to the Medicinal Cannabis Bill 2014. I have many reasons, both professional and personal, for wanting to see positive changes to medicinal cannabis law in Australia.

I work in primary health care, often attending people in their homes who suffer from either chronic, debilitating illnesses or palliative conditions, sometimes both. I have seen many times the effects of these conditions on sufferers and their loved ones. I have personally watched my partner die 14 years ago from cancer in very challenging circumstances with often disabling symptoms. He was only 26 years old. We were lucky in one regard; he was able to source cannabis at that time, and while we knew it was illegal to do so, it had such a profoundly positive result that I would not hesitate to do the same again for loved ones in future.

At the time we had little medical evidence other than the obvious positive results we saw. His pain was reduced significantly, the severe nausea from intrahepatic chemotherapy was eased, and his appetite improved. This was after the multitude of legal / prescription medications he tried were not enough. Since that time I have done more research over the years to become better educated. It astounds me that cannabis is not used commonly for its medicinal values any more. I say any more, because it was used for centuries in numerous cultures; Europe, China, Egypt and Greece in particular used cannabis for its many medical benefits. These uses include but are not limited to: Antiemetic; laxative; diuretic; pain relief; anaesthetic; anticonvulsant; anti-inflammatory; analgesic. It was used as early as the 8<sup>th</sup> century, right into the 18<sup>th</sup>. In more recent times, Vietnam veterans to manage pain and spasms caused by injuries used cannabis; synthetic versions were used to treat nausea and other side effects associated with chemotherapy.

Canadians have been able to obtain medical cannabis legally since 2001. There have been changes to that legislation in the last 12 months, which now require a medical document specifying doses, however the drug is still available from licensed producers. While there are still concerns among doctors in Canada about prescribing cannabis, I think Australia could learn a lot from their actions so far.

Denmark approved a mouth spray made from cannabis extracts, which helps MS sufferers with muscle cramps. They also supplied \$145 million towards research, a component of which is dedicated to studying medicinal cannabis use. Sweden approved medicinal cannabis with prescription in 2012. With other countries leading the way and exploring cannabis as an option, there is no excuse for Australia to be so militant in their dismissal of it. It is common knowledge now to most that medicinal cannabis, grown and processed by regulated producers, has little to no hallucinatory or 'party' effects; it is unlikely people are going to start doctor shopping or faking chronic illness to obtain this drug. I would expect people who ask for cannabis as an option will have documented histories of long-term health issues, and will also have tried more conventional options prior to seeking this alternative treatment.

It goes without saying that stringent guidelines need to be included, and doctors need education and support; up-to-date, peer reviewed research, guidelines and education packages will be an integral part in the success of cannabis use in Australia. It is also critical that medicinal cannabis include THC as an ingredient; THC is the ingredient that has the potent effects already mentioned above. Regulation should be tough, however it should also be developed to set the drug up for success. Lack of education, negative spin touted by the ignorant minority and lack of resources and support for GPs is not acceptable in Australia in 2015.

As with all medications, there will be side effects, and it may not be right for all patients. How is that any different from medications already in use? GPs already prescribe addictive, potentially dangerous medications to patients, sometimes in great quantities, so I do not for one second accept that cannabis should be different or considered less safe than any of the 'legal' medications people happily swallow. Unfortunately there are still people who blindly accept advice and put pills in their mouth without thinking twice. There are myriad other drugs on the market legally consumed by people daily, that have more severe side effects and risk of adverse outcome than cannabis ever will. People are happy to take liver damaging medication such as paracetamol without thinking twice. In fact, even though paracetamol in large doses is extremely dangerous, even fatal, it is possible to walk into any supermarket in Australia and buy enormous quantities of it without so much as an extra glance. We have become blasé about many chemicals and happily ingest them; the difference to me with cannabis seems to be related to the prohibitive boundaries placed on it after the 1970s and the associated negative hype from uneducated, fearful, ignorant detractors.

The Medical Cannabis Movement in Australia (MCUA – Medical Cannabis Users Association) has doctors, producers and patients within its ranks who would be more than happy to consult and provide information where necessary. There are other organisations that would be happy to avail you of their wealth of research and knowledge if given a chance. There is no excuse for ignorance in this matter and I feel it has now come to a head.

Having watched a loved one die, knowing it would have been a more horrific death without cannabis, I would have no hesitation in supporting changes that would lead to the legalisation and acceptance of safe cannabis use in particular circumstances. Teamed with my 20 odd years working in the field of health care in various roles and watching the effects of poorly managed symptoms in my own patients, I would suggest it is incumbent on the Senate to act in the best interest of the Australian public to avoid being labelled negligent and uncaring by an increasingly aware and educated public.

I thank you for your time in reading my submission and would be happy to discuss it further if necessary. I have chosen not to include specific statistics and data in this submission, but would refer you to the links and information supplied in an earlier submission from Debbi Cliff, who has gone to significant effort to research and write her submission:

- <http://cannapply.mdom.mobi/>
- <http://www.cantechletter.com/2014/09/industry-insight-medical-marijuana/>
- <http://thearrowsoftruth.com/the-endocannabinoid-system-we-are-born-with-it/>
- <http://www.nature.com/tp/journal/v2/n3/full/tp201215a.html>
- This reference is of particular interest as it clearly explains in scientific terms the known benefits of THC: <http://steephilllab.com/resources/cannabinoid-and-terpenoid-reference-guide/>
- <https://drive.google.com/file/d/0B3DPJKkBZdbYdjh3ZDJXY1U4OWM/edit?pli=1>

Regards

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