

# OPEN LETTER TO ALL AUSTRALIAN POLITICIANS REGARDING 'NEW' VERSION OF MEDICINAL CANNABIS

Medical Marijuana?



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## OPEN LETTER TO ALL AUSTRALIAN POLITICIANS REGARDING 'NEW' VERSION OF MEDICINAL CANNABIS

Dear Senator,

In the coming weeks/months, you will no doubt be presented with a Bill to consider changing both law and process to permit a new version of 'medical marijuana'. On behalf of our Institute and a concerned public I would like you to carefully consider the following.

Firstly, I write with some concerns about the consultation conducted on behalf of Victorian State government by the VLRC in Melbourne on May 6th this year and the now subsequent recommendations that have emerged from this very small Melbourne meeting (Less than 60 people in attendance! - This issue was directly raised with Victorian Health Minister earlier this year).

Whilst we gleaned from radio interviews with VLRC representatives prior to the consultation that the public discussions on the potential introduction of a new form 'medical marijuana' (different to existing medicinal forms of cannabis derived pharmaceuticals already in the Australian market) were not for changing laws to suit a particular agenda. It was instead implied that the purpose was to look at potential redundancies that might hinder best practice. It was to be, for all intents and purposes an unbiased mechanism to: glean evidence, perspectives, opinions and ideas from the general public for consideration in the higher and more important discussion of wise, evidence based, best healthcare practice before making any move on the release of another version of therapeutic cannabis.

Conversely, our affiliate/colleagues experience of the very small Melbourne consultation did not reflect any of the above expectation. Rather those of our affiliates who attended observed the following:

1. A seemingly deliberately emotively charged atmosphere, in favour of getting cannabis legalised for medical purposes. The tone seemed to be set to that end from the outset.
2. The meeting was facilitated by representatives of the VLRC who appeared to have a bias toward the legalisation of 'medical marijuana' in manner that suited the self-medicating option, regardless of evidence based science.
3. When attempts were made to present evidence contrary to the seemingly predetermined agenda of these facilitators, they were either quickly shut down (if they dared to speak in the first place) or continually ignored; apparently, dissenting opinions were not welcome. Whilst at the same time, proponents for 'self-medication' use of cannabis were given complete and unfettered access to the floor, producing statements such as:

"Many, many people have been cured – from just about anything and everything."

"What would you rather have – infertility or 35 seizures a day?"

"Random workplace drug testing is wrong."

Not only are these statements (now on record) outrageous, they are also utterly

unsubstantiated by any legitimate clinical trial. This very small contingent of pro-cannabis lobbyists were permitted to simply spruik anecdotes with no evidence based presentation yet also had their evidenced-deprived opinions affirmed and validated by the facilitators.

4. The facilitators appeared to infer that the Government (of Victoria, at least) already has legislation in place with this current 'consultation' process simply in play to validate those changes and therefore it is in essence a forgone conclusion. There was also a strong indication that either the A.M.A. or T.G.A. recommendations or processes would be ignored and negated wherever possible by simple legal changes.

Senator, it is a concern that if this particular experience of ours was repeated in other consultations with the same consensus manufacturing agenda, then this consultative process is a travesty.

If a government negates not only good evidence based science, but also established protective, best practice medical processes to enable a legal rite of passage for self-medication, it is placing itself at an extremely high risk of litigation. Future law-suits are likely, from the 'victims' of self-medicating regimes who will cite the changes in law that were NOT based on proper clinical trial or TGA and AMA recommendations and protocols. When emotionally charged vitriol combines with vote chasing and misguided sympathies, it is the recipients of these untested substances that will be the final casualties – especially children! Compassion and wisdom dictate that all fair and democratic processes be engaged to maximise help and minimise harm, especially to children who will be the ones at greatest risk of an ill-advised self-medicating regime.

Senator, for purposes of clarification about the possible national legalisation of 'another' route/process/protocol for medicines are you able to confirm or deny that:

1. The representations by the facilitators at the Melbourne consultation are in fact reflective of the pre-ordained intent of the public consultation documented above in not only Victoria, but other States and Territories?
2. If not, will a review of the practice/method/behaviours be made into this particular process and subsequently the clearly questionable recommendations that have emerged from such narrow, non-evidence based and seemingly biased processes?
3. A fair and proper representation of all views on this matter be gleaned from these meetings/consultations and interpreted and represented fairly without prejudice?
4. A.M.A. and T.G.A. processes and protocols for best practice on medicines will be upheld and engaged, or simply ignored and by-passed?

Finally, Senator, it is of grave concern that a pattern seems to be emerging from this 'populist' process, that best practice, evidence based protocols may simply be ignored and by passed. If this is indeed the plan and the use of VLRC type agencies is the vehicle to do so, then the following must be raised.

The Dalgarno Institute ask:

- Do you want your government and your ministerial role to be linked with a poorly considered and non-evidenced based process that enables a self-medicating policy - particularly for the ones the State has greatest responsibility to protect – the children?
- Will your government and ministerial role be the ones who in so ignoring proper clinical processes facilitate a quasi-health regime that will precipitate immediate and long term unwanted side effects that can then be later subject to litigation and class-actions?
- If an unqualified and unproven self-medicating mechanism is sanctioned and approved by government, and the inevitable damage (particularly to children) emerges, will the taxpayers of Australia have to fund the damages of an ill-conceived and non-TGA/AMA approved medical practice? Or will there be iron-clad caveats in place that ensure those who chose to use their own version of ‘medicine’ be the only ones liable for the outcomes of it, and not place further healthcare and monetary burden on the vast majority of tax-payers who have sought to follow best evidence-based and prescriptive practices?
- If proper clinical trials and T.G.A and A.M.A. processes and protocols are negated or circumvented and a ‘new’ or ‘alternative’ process for registering, manufacturing, prescribing and dispensing marijuana as medicine be put in place, then how will you/your government address the following important questions.
  - Who will be ‘growing’ and preparing this ‘medicine’?
  - Who will monitor content and quality of ‘medicine’?
  - Who will determine dosage rates and quantities?
  - What mechanisms will be in place to ensure quality control is followed?
  - What mechanisms will be in place to ensure, movement, dispensing and use of this ‘medicine’ is done without risk to non-patients?
  - Who will be able to prescribe this ‘medicine’ - Doctors, pharmacists, naturopaths, nurses, and counsellors? Who will monitor this process and ensure total safety?
  - What community safe-guards will be in place to ensure this new ‘medicine’ will not be misused?
  - Will the ‘medicine’ come in edible or smoked form and what safeguards will be in play around such a ‘medicine delivery’ system?
  - Will there be advertising and public promotion of this new form of ‘medicine’? Will that be strictly monitored to ensure no misinformation will mislead the public?
  - Which government department will oversee this process and how many more new protocols, processes, staff and finance will be required to set up this new vehicle for ‘medicine’ identification and management?

- Who will be paying for this new and added cost?

We at Dalgarno Institute and its growing coalition remain very concerned for the overwhelming majority of Australians who are being kept in the dark about this new and illegitimate push to change evidence based processes and the laws that ensure those processes are protected. We are looking to you, in your role, to ensure that there is a genuine and robust pursuit of best medical and health practice outcomes for all Australians, particularly the most vulnerable – the young, very sick and disadvantaged - and that any mechanism that seeks to undermine that platform not be permitted to emerge under any circumstance. Science and best health practice, NOT lawyers should determine pharmaceutical best practice.

I have also attached just a very small sample of the volumes of evidence-based data currently in the scientific space that raise clear warnings about a 'new' and untested version of cannabis as medicine. Please avail yourself of them and consult the people who do know better, compassion and good government demands it.

We look forward to receiving your response.

Sincerely Yours,

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<https://dalgarnoinstitute.org.au/index.php/advocacy/dalgarno-aod-policy/86-open-letter-to-all-australian-politicians-regarding-new-version-of-medicinal-cannabis>