Introduction: Purpose of this Submission Guide

On the 1st of July this year, Health Minister, Michael Ferguson MP, rejected the proposal by private sector proponent Tasman Health Cannabinoids, to conduct secure trials of medicinal cannabis in collaboration with the University of Tasmania.

Many members of the public reacted with disbelief and frustration to the Minister’s decision.

The Legislative Council then established a Parliamentary Committee of Inquiry into the legalisation of medicinal cannabis and advertised on the 18th of July for public submissions. Submissions are due by close of business, Friday the 15th of August.

All Tasmanians have a right to present their views to a Parliamentary Inquiry comprising our elected representatives. A submission does not have to be technical, academic, long or detailed. It can be a single page letter outlining your position and why. (Further details regarding the Legislative Council Committee process are included below, see page 11).

The purpose of this Submission Guide is to provide relevant information and resources to assist members who have an interest in making a submission to the Inquiry.
The Case for Reform

Compassion

Locally, nationally and globally people are suffering, are sick or dying from a painful terminal illness, or some other serious medical condition for which conventional medicines provide limited or no relief.

Evidence is mounting that medicinal cannabis can and does alleviate symptoms associated with chemotherapy treatment, HIV/AIDS, seizures and neuromuscular disorders. This is why 23 U.S. States, Canada and other E.U. nations have legalised its use.

In Tasmania, and Australia, it is illegal for suffering or dying people to possess or use cannabis to alleviate pain or manage symptoms. Should they do so they risk criminal sanctions, or in the case of sick children, their family risks being arrested as occurred recently in Victoria.

In Tasmania, there have been media reports of young children suffering multiple seizures of up to 1000 per day, who have had symptoms substantially alleviated with the assistance of cannabis oil.

A recent Australian Institute of Health and Welfare survey reports 69 per cent of Australians support legalisation of medicinal cannabis, with 74 per cent supporting further clinical trials to investigate the use of cannabis to treat medical conditions.¹

“A civilised and compassionate country that supports evidence-based medicine and policy should acknowledge that medicinal cannabis is acceptably effective and safe, and probably also cost-effective, especially when the costs of resource use and improvement to the lives and functionality of patients and carers are considered.”²

Economic

Medicinal cannabis as a regulated agricultural crop could provide another job-creating industry, further diversifying our primary industry sector, and local regional economies.

Tasmania’s internationally respected poppy industry has established a reputation for its strong regulatory framework for security, safety and quality. With the natural and regulatory advantages we have over other states, Tasmania should move to be a national leader in medical research, and crop establishment to access emerging markets.

Should, as is predicted, New South Wales be the first state to legalise medicinal cannabis, doctors, pharmacists and patients will require a reliable source of medicinal grade cannabis. They could import from established authorised companies globally, or from a local regulated and authorised source, as Tasmania has the potential to be.


International Context

At least 20 countries permit the use of medicinal cannabis to relieve distressing symptoms across a range of serious medical conditions.

Medicinal cannabis is legal in: Canada, Israel, Czech Republic, Finland, Netherlands, France, Germany, Portugal, Spain and Sweden.

In the UK, a House of Lords 1999 inquiry recommended that cannabis be made available with a doctor's prescription. Despite that recommendation not yet being acted on, long-term clinical trials have been authorized and underway in the UK since 2003.

In 23 of the 50 states of the US (plus Washington DC) now allow medicinal cannabis use:


28 July 2014: US conservative Republican Scott Perry (Pennsylvania) announced he will introduce federal legislation to legalise cannabis oil that has been shown to reduce seizures in children with debilitating epilepsy.


Legislation to legalize medical cannabis in Florida, Ohio and Pennsylvania is pending.
National Context

Medicinal cannabis previously was allowed to be used in Australia but was then prohibited during the 1950s. However, momentum is growing nationally, with a range of patients, family carers, medical professionals, law enforcement officials, and researchers calling for a compassionate approach to medicinal cannabis. Some recent developments are summarised below:

New South Wales

➢ In November 2012, the NSW Legislative Council launched their parliamentary committee inquiry into the use of cannabis for medical purposes. In May 2013, this multi-party Committee (consisting of two MPs representing the National Party, two ALP MPs, one Liberal MP, one Shooters and Fishers Party MP, and one Greens MP) found:

“... that in general terms medical cannabis has potential as an effective treatment for some medical conditions with appropriate safeguards in place. Our reading of the evidence gathered during the inquiry – including rigorous scientific evidence – is that cannabis products are emerging as a promising area of medicine, most notably in respect of a number of painful conditions that do not respond to existing treatments. Given this evidence, a compassionate approach is appropriate here.”

➢ 27 May 2014 – NSW Greens MP John Kaye launched his Drug Legislation Amendment (Use of Cannabis for Medical Purposes) Bill 2014 – which seeks to allow the use of cannabis for medical purposes in certain circumstances, and exempt terminally ill patients, their doctors and carers from prosecution for possession of 15 grams or less of cannabis intended for medicinal use.

➢ 29 May 2014 – NSW Nationals MP Kevin Anderson also announced his intention to introduce his Private Members Bill to allow for the use of cannabis by terminally ill patients. (At the time this document went to print, this Bill was yet to be released.)

➢ June 2014, a delegation consisting of NSW MPs visited Tasmania, interested in the proposal for a medicinal cannabis trial at UTAS as a potential safe and regulated source of medical-grade cannabis should NSW allow its use.

➢ 23 July 2014 - NSW Liberal Premier Mike Baird, Deputy Premier Andrew Stoner (a Nationals MP), and Labor’s Opposition Leader, John Robertson, all voiced provisional support to legalise the use of medicinal cannabis in NSW. The NSW Greens have long advocated for this reform.

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Australian Capital Territory

21 July 2014 - ACT Greens Member of the Legislative Assembly, Shane Rattenbury released for public comment his Drugs of Dependence (Cannabis use for Medical Purposes) Amendment Bill 2014, along with a Medical Cannabis Discussion Paper.

Tasmania

Tasmania is poised to lead the nation in this important area of medical research.

There are already proponents working with the University of Tasmania to undertake trials to grow and test medicinal cannabis.

They require the support of the State Government to proceed. To date, the Minister for Health, Michael Ferguson, has been firm in rejecting the application for a trial.

Hodgman Government Ministers, including the Treasurer and Attorney General, have indicated they will await the outcome of the Legislative Council inquiry. The door hasn’t been completely shut on medicinal cannabis in Tasmania.

A medical cannabis trial at UTAS could proceed concurrent with the current Legislative Council inquiry. The Legislative Council Committee Terms of Reference relate to broader questions about the efficacy and safety of medicinal cannabis and the potential establishment of a medicinal cannabis industry in Tasmania.

While this is a valuable big picture and long term inquiry, the Health Minister does not need to wait for the Committee to finish its important work. With a stroke of his pen, Minister Ferguson can approve a secure trial at UTAS to begin in the near future.

This could be a win-win for Tasmania. While the Legislative Council examines the scientific data and evidence available internationally to inform an appropriate regulatory framework, Tasmania could be undertaking the secure growing and testing trials.

Tasmania, with its internationally regarded poppy industry, is the ideal location for a scientific trial at UTAS. However, rather than being at the forefront of the nation’s medical research in this area, we risk losing the advantage of being an early mover.
Local Government

Tasmania’s local councils have identified opportunities for their regional economies:

☑ Huon Valley Council stated in a media release;

“The Council support and advocates for further investigation and consideration of the legalisation of the cultivation, production and supply of medicinal cannabis. This needs to be done as a matter of urgency to ensure that the economic potential is realised as soon as possible. The Huon Valley has suffered due to the decline of the Forestry industry, the loss of Tasmanian Mushrooms and the economic downturn generally. What we, and Tasmania, need are new industries to take us into the future.

Tasmania, and particularly the Huon Valley, has an opportunity to assist in developing a product that may relieve the suffering of many people and to take away the anxiety that is felt by those who currently rely on cannabis use for medicinal purposes who may face criminal charges in the current system.

The council strongly urges the State Government to reconsider its position in relation to the proposed drug trial and to openly explore the potential for a medicinal cannabis industry in Tasmania.”

☑ The Derwent Valley Council also voted (in mid-July) unanimously to give in-principle support for the growing of medicinal cannabis for agricultural, industrial and medicinal purposes.

☑ The Dorset Council voted in unanimous support of the growing and processing of industrial hemp, medicinal cannabis and other biopharmaceutical products.

☑ The Northern Midlands Council also gave unanimous support to a motion endorsing future trials of medicinal cannabis in Tasmania, acknowledging it as, “a potential high-value crop for the state.”

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6 Mercury, 22 July 2014; pg 4.
7 Examiner, 22 July 2014; pg 6.
8 Examiner, 22 July 2014; pg 7.
Public Opinion

A national ReachTel poll conducted in July this year returned strong majority support for legalising medicinal cannabis.

Do you support the legalisation of cannabis for medical purposes?

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<th>Greens</th>
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FREQUENTLY ASKED QUESTIONS

Q: What is meant by “medicinal cannabis”?

A: Cannabis is the colloquial term for the genus Cannabis plant (and which is derived from the Latin for hemp) of which there are a variety of species.

Medicinal cannabis refers to cannabis when it is used to treat or relieve a medical symptom, ailment or condition rather than for recreational purposes, and recognizes it has the properties of a medicine.

Cannabis contains more than 460 compounds, at least 85 of these have been identified as cannabinoids – chemical compounds that interact with cannabinoid receptors in the brain.

Cannabinoids are substances (either natural or synthetic) derived from cannabis extracts which produce the range of pharmacological effects beneficial for treatment of some medical conditions.

The most psychoactive cannabinoid found in the cannabis plant is tetrahydrocannabinol (or delta-9-tetrahydrocannabinol, commonly known as THC). Cannabidiol (CBD), is a major non-psychoactive component that
attenuates the cognitive effects of THC and may have useful effects of its own.\(^9\)

Other cannabinoids, cannabinol (CBN), cannabicyclol (CBL), cannabichromene (CBC) and cannabigerol (CBG); they have less psychotropic effects than THC, but may play a role in the overall effect of cannabis. The most studied are THC, CBD and CBN.

**Q:** What medical conditions can benefit from the use of medicinal cannabis?

**A:** Medicinal cannabis is generally used as a ‘second line drug’, utilised when other first line drugs, or conventional medicines, no longer work, or produce unacceptable and unbearable side effects, for people suffering severe and distressing symptoms.

Medical conditions which have shown to benefit from medicinal cannabis include severe weight loss and wasting from cancer or AIDS, persistent vomiting and nausea after cancer chemotherapy, severe chronic non-cancer pain (ie nerve damage), and multiple sclerosis stiffness.

**Q:** Will legalising medicinal cannabis lead to greater non-medical use?

**A:** There is no evidence to support this concern.

Data demonstrates that in US states which allow medicinal cannabis their rates of recreational use of cannabis is no different to, or greater than, other states which prohibit medicinal cannabis usage.\(^10\)

Research indicates that currently the unauthorised use of cannabis as a medicine is widespread nationally, indicating significant demand, “but this use is neither supervised nor regulated.”\(^11\)

Like any medication, its medicinal use will be safest and most effective when prescribed and administered under medical supervision.

**Q:** Aren’t there already cannabinoid medicines legally available for patients who need them?

**A:** Technically some drugs exist, however they are not readily available. While current availability has been asserted by some who oppose medicinal cannabis trials in Tasmania, the drug Nabiximois (Sativex) is only approved for one condition, stiffness due to multiple sclerosis, and only to be used for a short period. It currently is not available and even if it should be, at the estimated cost of $800 per month it will be unaffordable for many.\(^12\) Nor is Sativex available on the Pharmaceutical Benefits Scheme.

Oral forms of cannabis used to be available in Australia, including Dronabinol and Nabilone, however they are no longer available due to expense and they were

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\(^12\) Dr Alex Wodak, Examiner Opinion Piece “Medicinal cannabis not a politician’s decision”, 18 July 2014; pg 29
found not to be very reliable having been developed over 30 years ago. Medical advances have made these forms obsolete hence they have been removed from the market.13

Many medical practitioners and experts advocating the potential for medicinal cannabis stress the need for it to be affordable for the patient target groups.

Q: How is medicinal cannabis taken by a patient?

A: Administration of medicinal cannabis would depend on the patient’s specific medical conditions, symptoms and responses. Therefore dosage and mode of medication would need to be identified and assessed in consultation with the patient’s doctor.

It is not expected that one form will be appropriate for all patients (ie an oral capsule may not be appropriate for a patient suffering from chemotherapy reactions including nausea and vomiting).

Currently, inhalation of material vaporised by an electrically heated vaporiser is considered most effective. These devices make inhalation of cannabis vapour convenient and inexpensive.

Internationally, medicinal cannabis is also available as tinctures, oils, oral sprays and oral capsules.

Those concerned about any potential overlap with recreational use of cannabis will be reassured by the fact that smoking is not the recommended, nor believed to be effective, way to administer medicinal cannabis.

Q: Isn’t there a risk of patients becoming addicted to cannabis? How can we prevent it being used recreationally instead of medically?

A: While it cannot be ruled out that patients could become dependent on medical cannabis, conventional medicine currently also runs that risk. Legalising medical cannabis so its administration does have the oversight of doctors and other medical practitioners, would help in managing appropriate usage.

In this regard, its regulation should be consistent with other currently allowed medicinal drugs. For example, morphine, cocaine, amphetamine and ketamine are all recognised and permitted to be used medically, but are all prohibited from being used recreationally.

Q: Won’t a local medicinal cannabis industry threaten our valuable poppy (Opiate alkaloids) industry?

A: No. Despite this being initially inferred by the State Liberal Government as an excuse for their refusal to authorise the proposed medicinal cannabis trials, they were swiftly contradicted by local poppy growers who publicly stated they didn’t see there would be a problem.

In fact, the expertise our primary producers already have in growing narcotic crops under an established strict regulatory framework means Tasmania is ideally positioned to incorporate another medicinal crop such as cannabis.

13 L.E. Mather & Dr A.D. Wodak; Some frequently asked Q’s and A’s about medicinal cannabis; 18 June 2014.
The Tasmanian Farmers and Graziers Association (TFGA) has also publicly stated that while their immediate priority is the establishment of an industrial hemp industry, if there is an opportunity for a medicinal cannabis industry to be established, “missing this chance would be yet another own goal for Tasmania.”

**Q: Who will benefit from legalisation of medicinal cannabis?**

**A:** There are two aspects to this debate in Tasmania:

A) Legalising the use as a medical treatment on compassionate and scientific grounds

B) Establishing a local industry capable of supplying medicinal-grade cannabis, and operating within a safe, rigorous regulatory framework.

Patients locally and nationally suffering from severe medical conditions for which conventional treatments do not work, would benefit from the legalisation of medicinal cannabis.

Legalisation would liberate parents, carers and the sick from the threat of criminal sanctions. It would clarify the legal status for patients, their carers and doctors, as well as for the police service.

It will also benefit our researchers, farmers, and processors should a medicinal cannabis crop industry be established locally. It has the potential to be a sustainable job-creating industry for regional economies.

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WHAT YOU CAN DO: THE LEGISLATIVE COUNCIL INQUIRY INTO MEDICINAL CANNABIS

The Tasmanian Legislative Council is currently calling for public submissions to the Parliamentary Committee Inquiry into Legalised Medicinal Cannabis. These submissions are due by close of business Friday the 15th of August 2014.

Committee Terms of Reference

That Government Administration Committee A inquire into and report on the use of natural botanical medicinal cannabis flower and extracted cannabinoids for medical purposes, in particular:

1. The efficacy and safety of natural botanical medicinal cannabis flower and extracted cannabinoids for medical purposes;

2. If, and how, natural botanical medicinal cannabis flower and extracted cannabinoids could and/or should be supplied for medical use;

3. The legal implications and barriers to the medicinal use of natural botanical medicinal cannabis flower and extracted cannabinoids in Tasmania;

4. The legal implications and barriers to the growing and commercialisation of cannabis flower and extracted cannabinoids in Tasmania to ensure:
   (a) a scientific-based approach;
   (b) quality control;
   (c) consistency;
   (d) reliability; and
   (e) ongoing research and development of cannabis-based medicines.

If you believe medicinal cannabis has a place in a compassionate Tasmania, as well as provide for a sustainable job-creating local industry, please consider putting pen to paper and;

✍ Call for the Committee to consider an interim recommendation that the proposed Medicinal Cannabis trial proceed, while the Committee continues to investigate the matters contained in its Terms of Reference; and

✍ Detail to the Legislative Council Committee why you endorse the legalising of medicinal cannabis.

The Secretary
Legislative Council Inquiry into Medicinal Cannabis
Parliament House
HOBART TAS 7000

lmc@parliament.tas.gov.au

Write to the Minister

To reinforce the point, why not write to the Health Minister, Michael Ferguson, and Premier, Will Hodgman, urging them to put compassion and common sense before prejudice and politics.

Postal address: c/- Parliament House, HOBART, TAS 7000

✍ Michael.Ferguson@parliament.tas.gov.au
✍ Will.Hodgman@parliament.tas.gov.au

RESOURCES

Read here local Tasmanians’ stories:

Mum Vows to Fight for Cannabis Trial
Mum to Fight for Medicinal Cannabis
Medicinal Cannabis Use Plea

Useful reference material:


ACT Greens, Medical Cannabis Discussion Paper, Shane Rattenbury MLA; http://www.scribd.com/doc/234549555/Medical-Cannabis


Centre for Medicinal Cannabis Research: http://www.cmcr.ucsd.edu/

L.E. Mather, E. R. Rauwendaal, V.L. Moxham-Hall, Dr. A.D. Wodak, MJA 199 (11); “(Re)introducing medicinal cannabis”, 16 December 2013; pg 760.

L.E. Mather & Dr A.D. Wodak; Some frequently asked Q’s and A’s about medicinal cannabis; 18 June 2014.


http://en.wikipedia.org/wiki/Medical_cannabis
FOR MORE INFORMATION

Cassy O’Connor MP
Greens’ Health spokesperson

Denison Electorate Office
7 Franklin Wharf, Hobart.
Phone: (03) 6212 2228 or 6212 2260
Fax: (03) 6212 2279

E: cassy.oconnor@parliament.tas.gov.au
T: @CassyOConnorMP