**Online submission to the Victorian Law Reform Commission**

# MEDICINAL CANNABIS REFERENCE

| | |
|---|---|
| Number | 15 |
| Name | Trich<br>Cannabis Social Club Australia |
| Date | 27 March 2015 |

| | |
|---|---|
| Question 1 | Which of the following considerations should determine whether there are exceptional circumstances for medicinal cannabis to be made available to a patient:<br>(a) the circumstances of the patient<br>(b) the state of clinical knowledge about the efficacy or potential efficacy of using cannabis in treating the patient's condition<br>(c) both of the above? |
| Response | C |
| Question 2 | For what conditions is there sufficient knowledge of the therapeutic benefits, dangers, risks and side effects of cannabis to justify allowing sufferers to use it lawfully in Victoria? |
| Response | There are over 700 MEDICINAL USES OF CANNABIS SORTED BY DISEASE from A to Z |
| Question 3 | What special considerations, if any, justify access to medicinal cannabis for:<br>(a) patients who are under 18 years of age<br>(b) patients who lack capacity by reason of age or another disability (other than youth) to consent to using medicinal cannabis? |
| Response | CSCs and their premises must be closed to the public, with membership granted only upon invitation by an existing member who can vouch that the person seeking to join is already a cannabis user. Alternatively, prospective members can join if they have a doctor’s note confirming that they suffer from an illness which could be treated with cannabis. |
| Question 4 | On which of the following should the law creating a medicinal cannabis scheme base a person's eligibility to use medicinal cannabis:<br>(a) a list of medical conditions<br>(b) a list of symptoms<br>(c) a list of symptoms arising from certain medical conditions<br>(d) evidence that all reasonable conventional treatments have been tried and failed? |
| Response | A collection of clinical studies, papers and reference providing the ultimate resource for medical disorders helped by medical marijuana. |

| | |
|---|---|
| Question 5 | Should there be a way to allow for special cases where a person who is otherwise ineligible may use medicinal cannabis? If so, what should that be? |
| Response | Cannabis distributed by the clubs must be for more or less immediate consumption. Small quantities are often allowed to be taken away for off-site use, but the general aim is to promote planned, non-impulsive usage and to minimise the risk of a member's supply being re-sold on the illicit market or diverted to a non-member |
| Question 6 | If Victoria acted through a state agency, in what circumstances would it be legally entitled to establish a medicinal cannabis scheme which manufactured cannabis products without breaching the terms of the *Therapeutic Drugs Act 1989* (Cth) or the *Narcotic Drugs Act 1967* (Cth)? |
| Response | The majority of users would badly perceive the change from a criminal to a patient. The most reasonable solution concerning the tolerance of personal production would be cooperative farming. Associations with a non-lucrative goal could unite the users who cannot cultivate themselves and assure the production for them. This non-commercial system would create many jobs. It avoids the obstacle created by the International Conventions which prohibit trade, importation and exportation.<br>Without breaking it's international treaties or upsetting the Australian European balance on drugs, any country can decriminalise the private consumption of cannabis and tolerate the public possession of 10g (the private possession and the production of reasonable quantities for consumption, for example 500g of stock and culture of 5 plants per adult).<br>As with tobacco, consumption in public places accessible to minors or without non-smoking spaces must be prohibited. It would also be necessary to tolerate the sale of seeds and cuttings to facilitate self-production and by that minimize the share of the black market, especially from imports. Cannabis and it's derived products will also have to reinstate the legal table of drugs including a legal status for therapeutic cannabis. |
| Question 7 | Are the regulatory objectives identified by the Commission appropriate? What changes, if any, would you make to them? |
| Response | There is, however, a need to get the balance right: if a club system is too restrictive, then consumers will simply turn to the illegal trade, meaning one of the main aims of legalisation – to reduce the size of the criminal market – will not be met. It may therefore be necessary to relax the criteria for club membership; accepting adults who are not existing cannabis users would be an obvious starting point. But there is no perfect solution.<br>It is a matter of balancing priorities, seeing what works, and making responsible, informed choices based on an ongoing evaluation of the costs And benefits. In other words, it requires a rational, pragmatic approach – something that has not been a feature of drug policy-making under prohibition. |

| | |
|---|---|
| Question 8 | Would the creation of a defence to prosecution for authorised patients and carers in possession of small amounts of dried cannabis or cannabis products be an adequate way of providing for people to be treated with medicinal cannabis in exceptional circumstances? |
| Response | Cannabis distributed by the clubs must be for more or less immediate consumption. Small quantities are often allowed to be taken away for off-site use, but the general aim is to promote planned, non-impulsive usage and to minimise the risk of a member's supply being re-sold on the illicit market or diverted to a non-member |
| Question 9 | What mechanism should Victoria use to regulate the cultivation of medicinal cannabis? |
| Response | Cannabis Social Clubs<br>Activities based on a similar model have been started in other countries. It all depends on legislation and political practice. CSCs can be formed in different ways. In countries or regions that are more progressive, private user circles could also offer a consumption space to their members. This in exchange for the seperation from the street drug market and a high level of prevention and help for users with problems. The system of a non profit association would guarantee that the owner or the employees do not push consumption. The limited quantities per person would help as well. |
| Question 10 | What approach, or approaches, should Victoria take to regulating how medicinal cannabis is processed and distributed? |
| Response | Limits on the quantity of cannabis consumed must be enforced. Daily personal allowances of, on average, three grams per person are set in order to reduce the likelihood of cannabis being diverted for sale on the illicit market. Additionally, the quantity of cannabis to be cultivated is calculated based on the number of expected members and predicted levels of consumption. |
| Question 11 | How should the Victorian medicinal cannabis scheme interact with the national arrangements for the control of therapeutic products under therapeutic goods legislation and narcotic drugs legislation? |
| Response | This general system should not be merged with the therapeutic distribution of cannabis. One cannot put millions of reasonable users into the medical system. This would be ridiculous. And anyway, pharmacists are not enthusiastic about the idea of dealing with this crowd on a daily basis and laboratories prefer to work with expensive, pseudo-synthetic patented versions instead of with plants.<br>, CSCs offer a simpler (and more cautious) alternative to comprehensive retail cannabis markets that would breach treaty commitments or require treaty reform. CSCs could be a transitional model that helps to establish healthy social norms around cannabis consumption, in advance of more far-reaching legalisation measures in the future. Equally, CSCs could be the sole legal form of cannabis supply, or operate in parallel with regulated retail cannabis markets once they have been established. This last approach is being employed in Uruguay. |

| | |
|---|---|
| Question 12 | What responsibilities should be given to health practitioners in authorising a patient's use of medicinal cannabis? |
| Response | This system would create on all the territory of Europe tens of thousands of not qualified employments in production, conditioning, security and distribution. Ethnic minorities do often know this market and its products better. Without criteria of discrimination, they would be excellent employees. Clubs could open in zones left without spaces for the social life by the hygienist policy, like in suburbs for instance. The benefits of such an associative system would be sufficient to feed a medical policy of education including objective prevention and the reduction of risks related to the use of all drugs. This system would include detection and socio-medical assistance for abusive users and their families. There would undoubtedly remain enough funds to finance local sociocultural animations. |
| Question 13 | Who should have the authority to assess whether a patient is an appropriate candidate to be treated with medicinal cannabis:<br>(a) all registered medical practitioners<br>(b) certain designated specialist medical practitioners<br>(c) registered health practitioners who have prescribing entitlements<br>(d) a subset of these? |
| Response | Associations will be able to farm directly for their members or buy from approved producers. The permission for producing hemp rich in THC will first be granted to strictly biological farms. A commission of scientists, representatives of the administration, producers and users will have to establish medical standards and manufacturing processes adapted to human consumption. In order not to be subjected under the conventions prohibiting international trade, each country would be in charge of producing its own material. |
| Question 14 | What requirements, restrictions, guidance or other assistance should health practitioners be given in monitoring a patient's use of medicinal cannabis? |
| Response | There are many advantages for Cannabis Social Clubs. First, this model allows production for self-consumption and the distributioin without commerce or importation and exportation of cannabis. It is therefore not against the international conventions. This market will get more transparent with the possibility of self-coverage with Cannabis given to the adults. Better methods for public health and environment will be used for cannabis cultivation. The black market, with its problems which include the rise of THC content, stretching products, high prices, violence, selling to minors, the misery of open drug scenes will diminish. The authorities could establish a reasonable frame and control for CSCs during the entire process from cultivation to consumption. CSCs could create jobs and officially buy considerable amounts of goods and services which are taxed. This system could quickly bring an alternative for black market consumers. |

| | |
|---|---|
| Question 15 | What additional restrictions or requirements, if any, should apply to patients who are vulnerable by reason of age or lack of capacity, so as to provide adequate protection for their welfare? |
| Response | The only alternative is self-production, but very few countries allow the cultivation of plants. Self-production is punished in the majority of aussie legislations as a felony, but is often treated as a misdemeanour in reality. Due to the risk of criminal prosecution along with other practical obstacles, only 20 to 25 percent of the demand is covered this way. The international conventions do not require countries to prosecute self production and self consumption. Governments can introduce legalised self-production and consumption without having to fear international sanctions. But even if tolerated, the model of self-cultivation is not sufficent for the huge demand and doesn't offer any guidelines for clean production, the protection of minors, black workers and the black market. |
| Question 16 | In what form(s) should medicinal cannabis be permitted to be supplied and used? |
| Response | all forms as every patient is different you need to work out what best suits the patient |
| Question 17 | In what ways could Victoria's medicinal cannabis scheme keep pace with, and contribute to, clinical research into the therapeutic uses of cannabis and other changes in scientific knowledge, medical practices and technology? |
| Response | The CSC model – as well as other alternatives such as state-run outlets and home cultivation – meets this aim. In particular, the relatively closed membership system and culture of immediate use of CSCs helps to limit availability and reduce the potential for new (and typically young) users to be initiated into cannabis use. |