

Online submission to the Victorian Law Reform Commission

MEDICINAL CANNABIS REFERENCE

Number	22
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Question 1	<p>Which of the following considerations should determine whether there are exceptional circumstances for medicinal cannabis to be made available to a patient:</p> <ul style="list-style-type: none">(a) the circumstances of the patient(b) the state of clinical knowledge about the efficacy or potential efficacy of using cannabis in treating the patient's condition(c) both of the above?
Response	<p>(c.)</p> <p>If we are going to put aside the fact that Big Oil owns Big Pharma and most pharmaceuticals are derived from petroleum in some form or another (notes at end) - and if we are going sincerely be concerned with wellbeing and health then the main thing that should be relevant is "can a patient benefit from Cannabis?"</p> <p>If so, how long will the patient need cannabis to treat their condition? If the time frame is longer than 6 months then the patient should use strains that have 1:1 THC and CBD so as to avoid a size reduction of the hippocampus.</p> <p>For a) they need a condition that can benefit from Cannabis.</p> <p>For b) there could be existing information about people using cannabis to treat such a condition OR the symptoms which are associated with their condition.</p> <p>Big Alcohol, Big Oil, Big Pharma should not get in the way of science, health and well being for the sake of profits.</p>
Question 2	<p>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?</p>
Response	<p>Diabetes Type 1</p> <p>Autism - Aspergers</p> <p>If you want me to get academic sources for you I can. I am not listing them as the question doesn't ask for them.</p>

Question 3	<p>What special considerations, if any, justify access to medicinal cannabis for:</p> <p>(a) patients who are under 18 years of age</p> <p>(b) patients who lack capacity by reason of age or another disability (other than youth) to consent to using medicinal cannabis?</p>
Response	<p>The main thing is the dose. Age is irrelevant as Cannabis and cannabinoids are extremely beneficial to all mammals and even birds. An overdose is near impossible however responsible use is key. For example, it would not be wise to use Cannabis during school as it can affect the hippocampus which is responsible for learning. Also, THC is the main ingredient as CBD cannot reach it's full potential without THC however if a user has THC in large amounts, daily, for at least 6 months, this results in a slight reduction in the size of the Hippocampus. This can be prevented and reversed by inducing the production of Stem cells in the brain (neurogenesis) by consuming CBD. Therefore Under 18 users should only be allowed access to strains that contain a 1:1 amount of THC and CBD.</p> <p>As for information regarding exposure of THC to children - here are some sources for you to use if you are unaware that Cannabis is advantageous to children. They already researched Cannabis on the developing brain and even fetuses has superior development and brain function. After about the age of 8, the upbringing was a bigger factor than exposure to cannabis but pre-8 years of age the children exposed to cannabis had superior development and learning. Parents using Cannabis were able to perform well as parents due to the minimization of stress and improved health via Cannabis.</p> <p>Upbringing having a greater impact than Cannabis exposure: http://www.ncbi.nlm.nih.gov/pubmed/1957518</p> <p>Overview of research on Children and Cannabis: 2007 https://www.youtube.com/watch?v=K9WorIM0RhA</p> 2010 https://www.youtube.com/watch?v=RDV5HhmP4UI <p>Report published by US government that explains conclusions on Cannabis and children: http://www.cifas.us/sites/cifas.drupalgardens.com/files/MaternalChild_Dr_eher.pdf</p> <p>Prenatal Marijuana Exposure and Neonatal Outcomes in Jamaica: An Ethnographic Study</p> <p>“At 1 month, however, comparisons between exposed and nonexposed neonates revealed that the neonates of using mothers had significantly higher scores on the Autonomic and Reflex clusters of the NBAS”</p> http://druglibrary.org/schaffer/hemp/medical/can-babies.htm <p>What is the meaning of significant? [sufficiently great or important to be worthy of attention; noteworthy.]</p>

Question 4	<p>On which of the following should the law creating a medicinal cannabis scheme base a person's eligibility to use medicinal cannabis:</p> <p>(a) a list of medical conditions (b) a list of symptoms (c) a list of symptoms arising from certain medical conditions (d) evidence that all reasonable conventional treatments have been tried and failed?</p>
Response	<p>B) as sometimes the same condition can have different symptoms. I'll respond to each of a,b,c and d anyway.</p> <p>a) different symptoms can occur for different conditions due to age, lifestyle, environment and genetics.</p> <p>b) The wisest of the options as conditions are based on the symptoms. A condition with no symptoms is just a title / name.</p> <p>c) Unwise because we are limiting symptoms to conditions and this restricts people who would otherwise benefit from the plant.</p> <p>d) This is irrelevant as Cannabis should be the first choice for many conditions as it is safe and protects the body with cannabinoid antioxidants that have a half life of up to 59 hours. In comparison, other antioxidants have much lower half lives.</p> <p>Vit C = 30 mins. Vit K = 1.5~ 3 hours Reversatrol, PQQ both less than 6 hours.</p> <p>Cannabis treats conditions on a DNA level. There is no other medication that can regulate the modification of DNA via RNA viruses. This is why Cannabis halts the progress of HIV, ebola and other RNA conditions (Cannabidiol/CBD). Therefore in Auto-immune disease and RNA viruses it should be the first option. For autoimmune disease, treg cells are created in bone marrow and THC has been proven to significantly increase Treg cell count by regulating bone marrow. This results in conditions such as Diabetes type 1 being cured as the beta islets are finally protected by Treg cells.</p> <p>Link for sources: https://drive.google.com/file/d/0B2JV42q-Yz_abm95M2E4WUtFchC/view?usp=sharing</p>
Question 5	<p>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?</p>
Response	<p>If they are going to be given THC then they should have a 1:1 dose in oil or vapor form. The CBD prevents size reduction of the hippocampus if usage is going to exceed 6 months</p> <p>If someone was given THC against their will for longer than 6 months, they can potentially have a slight size reduction of the hippocampus. Also, the CBD will help prevent anxiety from the THC if they are given a potent dose. Other than that, there should be no problem as the cannabinoids will protect the body from oxidative stress</p>

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 <i>Therapeutic Drugs Act 1989</i> (Cth) or the <i>Narcotic Drugs Act 1967</i> (Cth)?
Response	<p>Honestly, Cannabis should just be treated like a vegetable. There are many legal plants that are harmful such as Brugmansia. Exposure to that usually results in death and self mutilation however it's perfectly legal. Cannabis cannot kill you. You would need to eat about 3kg of plant matter in 15 minutes to burst the stomach lining. If you overdose on THC you will only vomit and want to lay down. To answer the question, the plant cannot be abused easily and it takes at least 6 months of chronic abuse of THC to get slight cognitive impairment due to the slight reduction in the size of the hippocampus. This can be prevented and reversed by consuming CBD.</p> <p>Therefore if a shop wants to sell Cannabis, perhaps they can only sell 1:1 THC / CBD. If they want to sell mostly THC cannabinoids then some conditions such as customers must be over 18 should be a rule.</p>
Question 7	Are the regulatory objectives identified by the Commission appropriate? What changes, if any, would you make to them?
Response	<p>They should reflect this logic:</p> <p>Honestly, Cannabis should just be treated like a vegetable. There are many legal plants that are harmful such as Brugmansia. Exposure to that usually results in death and self mutilation however it's perfectly legal. Cannabis cannot kill you. You would need to eat about 3kg of plant matter in 15 minutes to burst the stomach lining. If you overdose on THC you will only vomit and want to lay down. To answer the question, the plant cannot be abused easily and it takes at least 6 months of chronic abuse of THC to get slight cognitive impairment due to the slight reduction in the size of the hippocampus. This can be prevented and reversed by consuming CBD.</p> <p>Therefore if a shop wants to sell Cannabis, perhaps they can only sell 1:1 THC / CBD. If they want to sell mostly THC cannabinoids then some conditions such as customers must be over 18 should be a rule.</p>
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	<p>Police shouldn't bother with Cannabis. It is not harmful. Even the Australia government says so if you do the research:</p> <p>Australian Government Research Says:</p> <p>“The weight of evidence suggests that the long-term use of cannabis does not result in any severe or grossly debilitating impairment of cognitive function. However, there is clinical and experimental evidence which suggests that long-term use of cannabis produces more subtle cognitive impairments in specific aspects of memory, attention and the organisation and integration of complex information.”</p> <p>http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubs-drug-cannab2-ch74.htm</p>

Question 9	What mechanism should Victoria use to regulate the cultivation of medicinal cannabis?
Response	It should be grown like a vegetable and treated as a vegetable. If someone can give me an honest reason as to why this isn't true - please let me know. I'm legally a genius with an IQ of 155 and know more about Cannabis than most people.
Question 10	What approach, or approaches, should Victoria take to regulating how medicinal cannabis is processed and distributed?
Response	Make sure there is no systemic or toxic pesticides in the process. It should be sold anywhere that wants to sell it. It's no different to a vegetable. If you take a few table spoons of garlic, you will feel much worse than if you had a few leaves of cannabis.
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	<p>Cannabis should not be treated as a drug any more than Caffeine as Caffeine is more harmful. If they can address that then I'm ok with their choice.</p> <p>The difference between phyto-cannabinoids and endogenous cannabinoids: "The only difference is that the endocannabinoids that we produce are in such small quantities and they are also rapidly degraded so that therefore we are not high all the time or we don't have that feeling of euphoria all the time"</p> <p>- Dr. Prakash Nagarkatti</p> <p>Professor of Pathology and Microbiology, University of South Carolina Professor Henningfield, Jack E., Ph.D. http://www.hopkinsmedicine.org/psychiatry/expert_team/faculty/H/Henningfield.html Worked from 1980-1996 in Government Service: National Institute on Drug Abuse, NIH, Pharmacologist, Chief, Clinical Pharmacology Research Branch</p> <p>Professor Henningfield produced this report for the Government: http://www.drugwarfacts.org/comparecht.gif</p> <p>Comparing dangers of popular drugs: Caffeine scores a total of 8. Marijuana (Cannabis) scoring 8.</p>
Question 12	What responsibilities should be given to health practitioners in authorising a patient's use of medicinal cannabis?
Response	<p>Easy.</p> <p>1 - Does the patient have a symptom that can be treated by cannabis?</p> <p>2 - Is the patient going to use the cannabis longer than 6 months? If so - make sure it's a 1:1 THC/CBD strain</p>

Question 13	<p>Who should have the authority to assess whether a patient is an appropriate candidate to be treated with medicinal cannabis:</p> <p>(a) all registered medical practitioners (b) certain designated specialist medical practitioners (c) registered health practitioners who have prescribing entitlements (d) a subset of these?</p>
Response	<p>a)</p> <p>As cannabis is no more harmful than Caffeine - according to one of the leading authorities on the harm of drugs - the only thing that needs to be addressed is the length of time that Cannabis will be used - if longer than 6 months - 1:1 THC/CBD should be used.</p> <p>Professor of Pathology and Microbiology, University of South Carolina Professor Henningfield, Jack E., Ph.D. http://www.hopkinsmedicine.org/psychiatry/expert_team/faculty/H/Henningfield.html Worked from 1980-1996 in Government Service: National Institute on Drug Abuse, NIH, Pharmacologist, Chief, Clinical Pharmacology Research Branch</p> <p>Professor Henningfield produced this report for the Government: http://www.drugwarfacts.org/comparecht.gif Comparing dangers of popular drugs: Caffeine scores a total of 8. Marijuana (Cannabis) scoring 8.</p>
Question 14	<p>What requirements, restrictions, guidance or other assistance should health practitioners be given in monitoring a patient's use of medicinal cannabis?</p>
Response	<p>Perhaps check blood pressure. Make sure they don't use a Sativa strain before bedtime as they will wake up after 90 minutes wanting food and being full of energy. No driving within 8 hours of using the drug as all symptoms are gone by 8 hours.</p> <p>As cannabis is no more harmful than Caffeine - according to one of the leading authorities on the harm of drugs - the only thing that needs to be addressed is the length of time that Cannabis will be used - if longer than 6 months - 1:1 THC/CBD should be used.</p> <p>Professor of Pathology and Microbiology, University of South Carolina Professor Henningfield, Jack E., Ph.D. http://www.hopkinsmedicine.org/psychiatry/expert_team/faculty/H/Henningfield.html Worked from 1980-1996 in Government Service: National Institute on Drug Abuse, NIH, Pharmacologist, Chief, Clinical Pharmacology Research Branch</p> <p>Professor Henningfield produced this report for the Government: http://www.drugwarfacts.org/comparecht.gif Comparing dangers of popular drugs: Caffeine scores a total of 8. Marijuana (Cannabis) scoring 8.</p>

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	Use a CBD/THC 1:1 ratio strain or a strain where there is more CBD than THC. This will prevent many of the psychotropic effects that the patient might not want. Also it prevents THC from reducing the size of the hippocampus which could be interpreted as a negative affect they did not want if they took a mostly THC strain.
Question 16	In what form(s) should medicinal cannabis be permitted to be supplied and used?
Response	Any form so long as people can use it without harming themselves as a result of that form. For example: Oil is safe, raw plant material is safe, dried plant material is safe. Edibles is a bit of a concern because people cannot see the dose in the food. Therefore edibles should require that they are made somewhere responsible.
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	LOL. Well, first thing is to treat Cannabis as what it is. Acknowledge the world's best scientists and stop trying to reinvent the wheel for the sake of selfishness and greed. As strains offer different mixtures of cannabinoids, perhaps have Registered breeders for certain strains just as there are breeders of dogs and cats. Have an online record where patients can record their positive and negative experiences with certain strains for specific symptoms, symptoms of conditions or conditions. I would just give the public room and stand back a bit. Monitor that mostly THC strains are not abused for longer than 6 months.