

## Online submission to the Victorian Law Reform Commission

### MEDICINAL CANNABIS REFERENCE

<b>Number</b>	2
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<b>Question 1</b>	<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"><li>(a) the circumstances of the patient</li><li>(b) the state of clinical knowledge about the efficacy or potential efficacy of using cannabis in treating the patient's condition</li><li>(c) both of the above?</li></ul>
<b>Response</b>	<p>a) the circumstances of the patient.</p> <p>However, this should not be open and shut. It also needs to be available in circumstances where medical cannabis is known to help.</p> <p>Restricting the availability of medical cannabis to patients that NEED it for medical reasons is not acceptable.</p>
<b>Question 2</b>	<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>
<b>Response</b>	<p>Epilepsy, Dravet Syndrome, cancer, pain management. There is also knowledge of many more conditions that have been helped by medical cannabis.</p> <p>Why are we not making this open to any condition that has been helped in other countries?</p> <p>There have been no side-effects - ever - and there are no risks. We are being fed pharmaceutical medications that have far more risks and side-effects, and yet they are legally allowed.</p> <p>Chemotherapy, for instance, is given to thousands of patients daily. There are massive side-effects and risks, and yet, it is still administered.</p>
<b>Question 3</b>	<p>What special considerations, if any, justify access to medicinal cannabis for:</p> <ul style="list-style-type: none"><li>(a) patients who are under 18 years of age</li><li>(b) patients who lack capacity by reason of age or another disability (other than youth) to consent to using medicinal cannabis?</li></ul>
<b>Response</b>	<p>There is no need for special considerations. There are no problems associated with medical cannabis, and it should be available for all who need it regardless of age.</p>

<b>Question 4</b>	<p>On which of the following should the law creating a medicinal cannabis scheme base a person's eligibility to use medicinal cannabis:</p> <ul style="list-style-type: none"> <li>(a) a list of medical conditions</li> <li>(b) a list of symptoms</li> <li>(c) a list of symptoms arising from certain medical conditions</li> <li>(d) evidence that all reasonable conventional treatments have been tried and failed?</li> </ul>
<b>Response</b>	<p>All of the above.</p> <p>No one should ever be excluded from using medical cannabis if that is what they believe will help. "Conventional treatments" often cause other problems, or, in many cases, simply do not work.</p> <p>No one should be refused the right to try medical cannabis to see if it helps them. Why should anyone be forced to use pharmaceutical medications when they often cause massive side effects, or worse case scenario, death. In a lot of cases, they don't work effectively anyway.</p>
<b>Question 5</b>	<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>
<b>Response</b>	<p>I will again reiterate that no one should be excluded from using medical cannabis.</p> <p>Most people have tried all the 'conventional methods' which have generally failed them. For instance, children with Dravet Syndrome.</p> <p>Children with this condition are dying on a daily basis. They are force-fed 'conventional' pharmaceuticals, yet they still die. (It doesn't relate to adults because people with Dravet don't live long enough to become adults.)</p> <p>Many Dravet children are alive today simply because their parents are giving them medical cannabis. And those children are thriving. These are children who were previously terminal, with very short life-spans anticipated.</p>
<b>Question 6</b>	<p>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 (Cth)</i> or the <i>Narcotic Drugs Act 1967 (Cth)</i>?</p>
<b>Response</b>	<p>Since the majority of the THC is removed during the manufacturing process, this should no longer come under the act mentioned above.</p> <p>It needs to be pointed out that synthetic medical cannabis is NOT an option. The natural product is what is needed, and is widely known to work, whereas synthetic medical cannabis is very hit and miss.</p>
<b>Question 7</b>	<p>Are the regulatory objectives identified by the Commission appropriate? What changes, if any, would you make to them?</p>
<b>Response</b>	<p>I do not believe there should be restrictions on who has access to medical cannabis. If it is needed by a patient, then it should not be withheld.</p> <p>Patients have a right to make their own decisions, and this should not be controlled by politicians or doctors. If a patient believes medical cannabis can cure or alleviate a medical condition, then it's their right to see if it works for them.</p>

<b>Question 8</b>	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?
<b>Response</b>	There needs to be appropriate consideration for the holding of adequate supplies to ensure no interruption to continued and ongoing treatment. In other words, the patient and/or carer should be allowed to hold supplies to last into the near future.
<b>Question 9</b>	What mechanism should Victoria use to regulate the cultivation of medicinal cannabis?
<b>Response</b>	This should be done by authorised growers/suppliers. It should not be left to pharmaceutical companies who are interested only in profits, not people. Synthetic versions should NOT be produced to replace natural medical cannabis, as these have been proven not to work, and have been harmful in many cases
<b>Question 10</b>	What approach, or approaches, should Victoria take to regulating how medicinal cannabis is processed and distributed?
<b>Response</b>	A similar system to that used for the regulation of pharmaceuticals could be utilised. Prescriptions written by doctors, then taken to a pharmacy to be dispensed. Price should be kept low, and also come under the NHS scheme like other medications. The price needs to be regulated as well. Otherwise it will be out of the reach of the average family.
<b>Question 11</b>	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?
<b>Response</b>	Victorians should be issued with a certificate that permits them to carry personal supplies of medical cannabis interstate should the need occur. (Holiday, visiting family etc.) This needs to be a legal document that will be accepted by other states. Otherwise they could be prosecuted by the relevant state/s
<b>Question 12</b>	What responsibilities should be given to health practitioners in authorising a patient's use of medicinal cannabis?
<b>Response</b>	Health practitioners should be allowed to write prescriptions for medical cannabis. They should not be allowed to withhold supplies due to personal beliefs.

<b>Question 13</b>	Who should have the authority to assess whether a patient is an appropriate candidate to be treated with medicinal cannabis: (a) all registered medical practitioners (b) certain designated specialist medical practitioners (c) registered health practitioners who have prescribing entitlements (d) a subset of these?
<b>Response</b>	A & B: a) all registered medical practitioners b) certain designated specialist medical practitioners It should not be made difficult or impossible for patients to access medical cannabis, but it also needs to be monitored by practitioners who know what they're doing.
<b>Question 14</b>	What requirements, restrictions, guidance or other assistance should health practitioners be given in monitoring a patient's use of medicinal cannabis?
<b>Response</b>	Practitioners need to not be prejudiced against medical cannabis, and withhold it if/when it goes against their own beliefs. Otherwise patients will not be able to access it without having to change doctors.
<b>Question 15</b>	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?
<b>Response</b>	Requirements and/or restrictions should be the same as any other medications. If there's a carer involved, for instance, nothing changes.
<b>Question 16</b>	In what form(s) should medicinal cannabis be permitted to be supplied and used?
<b>Response</b>	Medical cannabis should come as liquid form - that way you are dealing with a product that is known to be the same with every bottle. There should be no deviations from the formula so that patients know they are getting the same product with each and every bottle. (This has been an issue in the past with some products.)
<b>Question 17</b>	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?
<b>Response</b>	An agency should be set up to do continued research, and also to ensure the product is properly regulated.