Submission to the Victorian Law Reform Commission

MEDICINAL CANNABIS REFERENCE

Number	53
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I just want to make a few comments in response to some of the concerns raised and provide some feedback in regards to illnesses with accepted applications.

In regards to the grow your own concerns;

1. Cannabis strains are getting more and more potent

Response: Between the 1960's to 1990's hashish was imported to Australia and became more prevalent leading up to the "Skunk" era of the 90's.
Hashish has a THC content of between 40% and 60% THC dependant on how much plant material was maintained during extraction.
"Skunk" although not the most potent strain where they can reach up to 30% THC, commercial crops with the highest potency are between 20% to 25% THC but generally 15% to 20% THC.
When Skunk arrived in the 90s it was a cheap alternative to hashish and could be grown locally mostly ending the importation of hash and hash oil to Australia.
Southern European and middle eastern countries predominantly only use hashish and most other European countries have a high usage of Hashish and not the less potent plant flowers.
As early as the 12th century smoking hashish was very popular throughout the middle east (40% to 60% THC)
To suggest that somehow strains becoming more potent is a problem for home growers is not based on any independent scientific or historical data.

2. Quality control of home growers;

2a. A home grower wanting to consume their plant material would use the same due diligence growing any other vegetable.
2b. A home grower wanting to consume their plant material would use the same due diligence in selecting ripe or removing insect or mould affected component of the plant.
2b. There is an infinite amount of published material on growing cannabis, its not something that the stalk delivered on to our doorstep and we need how to learn how to deal with this.
Cannabis is a 3.2 Billion dollar industry in Australia with 2.5 Million regular users and if there were health concerns from a home growers perspective, it

would be helpful if the VLRC could provide evidence to justify eliminating this option.

3. Theft of home grown plants;

This is a real concern because we don't want people put at risk because they have a high value crop or having their medicine stolen and putting their health at risk.

3a. Recognise and regulate hydroponic home growers where they can have a small regular supply rather than 1 big crop.

3b. Regulate home growing where plants have to be maintained below the fence line, or in a greenhouse not visible to neighbours or passers-by.

3c. Implement similar regulation in ACT and SA where it is not an offence to grow up to 6 plants. (Traffic offence or Police discretion). This will ensure that the price point is dropped as medicinal cannabis is current pegged at recreational cannabis prices.

It seems that the committee has not recognized the anti-inflammatory properties of cannabis one of its most beneficial properties.

The elderly is the fastest growing group of cannabis users in the US and this is mainly because of the anti-inflammatory properties for arthritic and cardiovascular conditions where there is a lot of evidence to support its use for these conditions. It would be a travesty if the elderly were somehow not considered or included in the use of medicinal cannabis to treat cognitive disease, only because of an unsubstantiated argument of the potential danger of long term side effects, it's the elderly we are talking about and reports that some elderly are resorting to synthetic cannabis for relief is a travesty in itself and if there is just one case after the new regulations of elderly using synthetic cannabis this will be a complete disaster by the Labour government and a complete failure by the VLRC in recognising the needs of the elderly.

Access and physician support

The reality is that it's going to take decades to change the culture of cannabis in Australia and the committee needs to concede that the variability's of health make it impossible to prescribe with a list something with so many applications. The fact that we are in the infancy of potential applications for medicinal cannabis, the determination of use can only be made on a case by case basis or the complete deregulation of medicinal cannabis. The only incentive for doctors to get involved and maintain their knowledge with current and ongoing developments will be through association of the dispensary or have a financial interest in a dispensary and if there is too much regulation they will be reluctant in getting involved.

Once you understands cannabinoid therapy, you understands that diet is a critical element to treatment with certain food elements working in conjunction with cannabinoid treatment for the body to heal itself. This adds another dimension to the demand of the prescribing doctor that make it an impossible task to expect current physicians to sacrifice the time for the potential demand and profit that cannabis will bring them.

Pharmacy cannabis: The relationship between cannabinoids and Terpinoids is a very important element and this is why whole plant extract make it impossible to create preparations for every condition because of the extensive terpinoid and cannabinoid profiles. When we can effectively isolate cannabinoids and terpinoids so we can make suitable preparations by recombining them on demand, we will then be able to provide the pharmacy with a process to create preparations. Until this time any attempt to dispense through the pharmacy is destined to create a flourishing black market where pharmacy fails to meet community needs.

My conclusion for the practicality and feasibility for medicinal cannabis to work in its infancy;
Mainstream doctors and pharmacy preparations are a decade or more away and until then its going to take a specialist dispensary doctors, to work with the patients specialist physicians to make this work.
The regulation can happen at the dispensary where both the dispensary and authorising physician are both auditable and accountable.
Growing license can be regulated through the association of a dispensary and a patient allocation. A quota of 12 plants per patient per annum or agreed quota can determine the demand and control of plant numbers and growing licences required.
The dispensary can import and sell the seeds to both commercial growers and grow your own.
Dispensaries can only operate as a non-profit and must provide a compassion programme, children, disabled and pensioners subsidised by government.
Grow your own and carer grow can have a quota of product to add another element to affordability.

If there is to be a tightly regulated special access scheme, it is imperative that we Implement the same regulation in ACT and SA where it is not an offence to grow up to 6 plants. (Traffic ticket offence or Police discretion). This will ensure that the people that feel left behind, abandoned and discriminated against by the new regulation's will feel some sort of reprieve from the vilification we have felt for years or even decades and it it will give the community a fighting chance, a chance for the right to live!

Kind Regards,
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