

Medicinal Cannabis Submission Report: 26/05/2015

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Dear Mr Freckolton,

Thank you for providing us with your valuable time when discussing some of the inroads that are currently being deliberated in regards to the legalisation of Medicinal Cannabis in Victoria, for the therapeutic management/treatment of specific conditions plaguing the lives of many Australians. My friend, Mr Sam Shaltiel, who represents “Better Medical Cannabis” situated in Israel, and I, attended the Ballarat session on Monday 18th May 2015.

I found the recent paper, in addition to the follow up discussion, very informative. I feel confident regarding the possibility of Victorian law considering this topic seriously, as a potential additional pharmaceutical that may be utilised successfully in improving and maximising quality of life for those that exist in a constant state of suffering and despair.

Having worked in the medical industry for over 30 years, duty of care is considered to be an area never to be compromised. Every person has the integral right to the provision of the finest treatment possible to alleviate any form of suffering. Hence, the legalisation of medicinal cannabis should be supported to achieve this outcome.

The argument that medicinal cannabis can benefit people in ways that other methods cannot is a crucial element that we are duty bound to honour.

Ethical view:

In agreeing with the concept of a compassionate and empathetic culture, it is time for us to avoid and negate the subjective views based purely on stereotypical interpretations of street cannabis. The commonality between this form of cannabis and medical cannabis is not related to nor relevant to this argument. Nor should personal opinions on crude cannabis be considered a valid argument for not using medicinal cannabis.

As a result it could be suggested that the rudimentary forms of cannabis should not even be considered in this debate when establishing an educated informed decision as to the use of specifically designed medicinal cannabis products that have been created by professionals for specific purposes. Which are to alleviate symptoms of specific chronic and debilitating conditions.

Categorising street cannabis in the same vein as medical cannabis is inappropriate, given the massive differences between the two, and creates an illusion of danger in an area that should not be viewed in such a complex manner. This is a plant that can be potentially utilised effectively as yet another medication on the market. Stop with all the legal ramifications wrapped up in trying to avoid the actual reality of the benefits of enhanced medicinal cannabis.

Crude forms of unregulated cannabis consist of differing levels of THC and CBD that may differ in strength and effect every batch, so could definitely be considered harmful if used in an unfettered manner. However if particular strains have been developed as a pharmaceutical, with lower THC for instance and higher grade levels of CBD, it seems reasonable that when developed in a specific formula, the element of high risk may be avoided or prevented, thus the promise of a more effective product implemented.

This requires serious consideration, as the law may be enabling a gross injustice to continue towards our population, when basing negative viewpoints related to ongoing rigid laws and regulation towards a possibly useful plant, just because of the **stigma** related to the street version.

If we were as a society unaware of street cannabis, would this issue even be debatable???? Taking street cannabis off the table allows us to have a more objective view of a plant that can conceivably be effective in the treatment and management of a number of conditions in which people suffer daily. Not utilising it, when we have knowledge of its efficacy in many areas, could possibly be considered 'neglect'.

Classification:

With any medication, the benefits must prevail over the risks accompanying the product. It seems to me that classifying cannabis as a schedule 9 pharmaceutical, again, is not based on its ability to assist in treatment, but again due to the negative views that people hold in regards to street cannabis.

Schedule 9 drugs are classified highly dangerous drugs such as heroin or LSD and are not suitable for use in any medicinal purpose. By scheduling cannabis in this way, we are inaccurately and falsely labelling this plant in the same category as a life destroying product such as heroin.

It is detrimental to interpretations regarding the use of cannabis to classify it in such a way when, in truth, this plant cannot possibly be categorised as dangerous, or as life threatening, as a drug such as heroin.

Categorising medicinal cannabis as a schedule 9 drug also removes the flexibility of utilising it legally, as it classifies the use of cannabis as a criminal offence. Therefore the reclassification of medical cannabis must be immediately considered and rectified to provide a more accurate classification, removing the stigma and prohibition of use, associated with a schedule 9 drug.

The Standard for the Uniform Scheduling of Medicines and Poisons it is suggested should provide a more accurate and precise classification.

Those people who already seek out cannabis and utilise it for a range of conditions, currently pose a risk to themselves in relation to possible legal action, because of these restrictions. This seems an unfair and unjust position to place those who essentially need the drug to manage symptomology of a wide range of chronic or debilitating conditions.

When we consider drugs such as opiates, and other pharmaceuticals commonly utilised for conditions such as chronic/severe/acute pain, are classified as schedule 8 drugs, does it seem reasonable in any way that cannabis is thus classified as a schedule 9??

Does it not make us question how this classification was made, when there is no indication nor historical evidence to even suggest that cannabis has ever been a heinous drug that caused death, as is something that undeniably has occurred with the overuse and abuse of drugs such as opiates????

Risk management/regulatory compliance:

Side effects are evident in majority of mainstream drugs in the current market. There are often people who exhibit allergic reactions, intolerance, and/or have the predisposition of addictive backgrounds. This is a given, seeing as no person is ever aware of how they will respond to a medication until it is prescribed and administered.

This is managed and reviewed ongoing during the commencement of any medication considered a risk to the person taking it. This has long been a regulated method of administering medications,

understanding hazard management and avoiding any circumstance that may pose risk of abuse or misuse, such as when morphine is prescribed.

Therefore, it seems quite simple to suggest that when using medicinal cannabis, the same restraints and regulatory compliance methods should be considered a standard measure throughout the process, if the drug is prescribed.

This includes dosage levels prescribed, type of administration (inhalation, tincture, ingestion, etc), and the condition requiring the treatment, and so on. A checklist could be developed to alleviate concerns related to medicinal cannabis, but also to gather valid information supporting the implementation of a robust, structured, methodical procedure that collects ongoing administration of medicinal cannabis, supported by evidence based documentation.

The process of medication management and regulation, when enforced, is especially relevant given the risks of medicinal cannabis are undoubtedly and potentially less than many of the schedule 8 drugs utilised frequently for many conditions. It reinforces that existing processes already in place for other medications considered high risk, can be utilised in conjunction with medicinal cannabis. It could then be suggested the argument of safety and risk is ultimately void.

Is it fear of the unknown stopping Victoria Government from legalising a natural medication, exhibiting less risks than many of the prescribed drugs handed out daily, or is it fear that some of the public may judge political decisions of this nature as a negative because of their own rigid views??

This topic really should not be something that creates such a division in society due to political correctness, because the bottom line is, we ought to be analysing the product *only* in relation to its efficacy in specific conditions, and basing it on the necessity of promoting a civilised and humane philosophy of care for our society.

Recognising and accepting the potential benefits, understanding the product is almost certainly safer than many already on the market, and refining the life and functionality of our community should be paramount.

There is suggestion that those who suffer psychological ailments should not be prescribed medicinal cannabis, that psychotic episodes, depression and other conditions may be triggered. However these conditions primarily have been linked to abuse of crude cannabis intake, so comparisons should not be drawn in this case. The higher levels of THC in street cannabis can likely be linked to psychological disorders. Awareness however is essential. Again, by reviewing the history of every patient and making a choice based on solid information, all practitioners assessing their patients should be skilled in identifying high risk categories, as they do when prescribing other medications that also affect people psychologically or emotionally. This should not be considered an obstacle if handled the same way as other schedule 8 drugs.

There seems to be enough scientific evidence based research to support the use of medicinal cannabis already, with the product already being utilised effectively in numerous countries inclusive of Israel, Canada, some states within the USA and the Netherlands. Australians cannot ignore this progression and by disregarding this evidence, we postpone the ability to assist numerous individuals in the present, and therefore prolong their suffering if we do not act accordingly.

It seems an obvious conclusion that if there are any signs of side effects, the drug is immediately withdrawn and an alternative implemented.

The frequent side effects of drugs such as morphine however are quite detrimental to living risk free and safely, as they do often predominantly affect mood, conscious thought, judgement, can create hallucinations and delusions, and affect mobility thus people become fall risks, etc. It is unlikely that even huge doses of medicinal cannabis would even precipitate side effects of this nature, thus may be a safer option.

It could be proposed that any person using regulated administration of medicinal cannabis are less likely to overdo on medical cannabis than many other forms of medication that would otherwise be prescribed. Therefore maintenance of healthy living may be attained.

Furthermore, withdrawal symptoms may be considerably less than with heavier compounds such as opiates, may restrict the probability of accidental death, and therefore could be also considered a more beneficial and safer alternative.

Education of the prescriber, standardised methods, patient information will all be discussed as crucial elements later in this submission as separate entities.

Exceptional criteria:

Exceptional criteria is considered the benchmark of assessing those who may be candidates for the use of medicinal cannabis. This is not an abnormal process when dispensing any medication, thus is an acceptable method of ascertaining those who may require it in treatment and symptom management. It seems obvious that it would not be acceptable to hand out medicinal cannabis to known drug addicts, or people who have a predisposition for drug abuse. Again this is the case for most schedule 8 drugs already. Flexibility is required however when assessing those that meet the specific criteria.

If preferred pharmaceuticals and all methods of treatment have remained unsuccessful in treating a person regarding their specific conditions, it seems again, neglectful not to utilise a drug that may alleviate the issue and ensure comfort and relief. Well-being of the population should ultimately dominate all decisions.

When considering exceptional circumstances, this requires professionals to adjust their understanding related to the complex nature of every condition, the age of the patient, the need that requires treatment, other drugs the person may be prescribed, and the likelihood of medicinal cannabis efficacy in each specific circumstance. Every person is to be assessed as an individual, given no two people will be affected in exactly the same way as another. A register of users could easily be maintained to enable a secure and transparent system of management.

Excruciating pain should be a given. This could include the obvious relentless, and excruciating pain suffered by those with cancer. Inclusive under chronic pain could include and be considered are those who experience ongoing, debilitating pain on a daily basis. For instance an elderly lady with chronic rheumatoid arthritis, osteoporosis, burn victims, nerve pain, and other conditions in which high dosages of opiates are often utilised long term.

Acute pain could be managed short term as well. For instance post-surgical intervention or fractures.

Childhood epilepsy, has been an area discussed as crucial and in need of effective treatment and management. Yes the thought of giving cannabis to a child can be a difficult obstacle to overcome, but only, as previously mentioned, because of our subjective views based on street cannabis. The product used in treatment of epilepsy is dissimilar to the street product, so comparisons should not be drawn if the product successfully relieves the frightening and destructive lifestyle a child may lead

if they are not provided with a solution to convert and manage life threatening seizures. Do our children not deserve this level of compassion??

We need to cease focusing on the risks associated with the street version and examine the genuine medicinal usefulness that we keep ignoring, embracing the numerous and substantial benefits of the medicinal form.

There is much literature advocating the use of medicinal cannabis in the treatment of the side effects of chemotherapy. Nausea relief as an anti-emetic, debility, anorexia, cachexia and numerous other side effects that are produced by this vicious treatment. Chemotherapy itself makes us wonder why we put people through such radical management at a time where they deserve to live a life of quality. But this is a personal choice, and can save lives. Therefore what we need is a product that can at least contribute to people having chemotherapy having some form of relief through this debilitating reality.

When a person is palliated their appetite is often affected, the end result is they waste away, slowly and insidiously. This is not only a prolonging of suffering for them but removes any life enjoyment or fulfilment throughout this final part of the journey. Again, why we would not provide them with a more respectful and humane alternative is a question we should all ask???

If medicinal marijuana is that alternative, it seems to be a lesser evil than some of the other options that effectively convert people into states of poor consciousness, consequently disrespecting their final moments. If we can alleviate pain, provide a drug that still facilitates the enjoyment of food and nutrition, then this is going to fortify someone for a more humane and dignified end. For themselves and their families.

Others who may benefit from the use of medicinal cannabis products, and to be included in the criteria should be persons with spasticity connected to conditions in which the severity of their nervous conditions may be minimised to some extent. Can any of us really imagine what it must be like to experience the constant spasticity associated with conditions such as Motor Neurone Disease, Tourette Syndrome, Parkinson's Disease, Multiple Sclerosis and other neurological conditions..

Anxiety and agitation, panic attacks and biopsychosocial conditions can, in some circumstances impede the life of many individuals. Within this scope there may be a number of people who again may respond favourably to the moderated use of medicinal cannabis.

Many of these conditions should be considered valid when basing prescription and administration of medicinal cannabis on exceptional criteria. A criteria is definitely crucial to ensure prevention of abuse of the product.

It is essential for honouring those who do require management, thus reinstating a meaningful life to those who live in daily discomfort.

Once quality control mechanisms are in place, there is no reason why medicinal cannabis cannot be successfully implemented

Education:

In accordance with the introduction of any new product in the medical field an educational scheme would need to be implemented for all Medical Practitioners and Specialists who could be granted license to prescribe medicinal cannabis.

It may be deliberated that a selection criteria is in place within this area to ensure and support ethical premise is upheld at all times. It may be discussed whether *all* practitioners warrant the freedom to prescribe medicinal cannabis, as this could be the catalyst to misuse and abuse by candidates who do not truly require something of this nature for their conditions. Additionally there are GP's who may not use moral caution as to who they prescribe these drugs to, as is evident with the abuse of some schedule 8 drugs, benzodiazepines, and anti-psychotics.

By instigating a list of specific professionals, who have completed the essential education and met the selection principles, then a system may be initiated. Once educated in the products available, prescription methods and forms of administration, these specific individuals could regulate and monitor as per proper process.

Checklists, disclosure of required information, informed consent, and regular consultations could be put in place to enable early identification of any complications, risks or side effects. This is common procedure so should not create any issues if followed as per proper process. This nature of evaluation may allow a controlled method of administration, meeting regulatory compliance related to the outcomes achieved.

Patient information and instructions as per all cannabis products, side effects and risks should definitely be discussed with every individual to ensure complete understanding pre use. For example, anyone on an opiate would be advised not to drive, as it may affect reflex and judgement. Would not the same information be provided to someone prescribed medicinal cannabis? The ongoing arguments that are impeding moving forward in this area, are all relevant to schedule 8 drugs already, so the same process can be followed and monitored.

Supply:

When considering manufacture and distribution, the legal aspects related to trafficking would have to be adjusted in the various legal frameworks discussed below.

A specific organisation chosen to be the prime supplier of medicinal cannabis products could possibly be the best option, especially if imported from an already established, well represented and ethically solid organisation. For example, Israel's "Better". If no other supplier is used, then the supplying of medicinal cannabis can be effectively regulated to the best product, inclusive of the optimum company related to the specific need basis of the public.

This would remove the onus from Australia 'feeling' that they are illegally manufacturing cannabis.

If cost is involved, the most cost effective method may possibly be the chosen mode, however, the aid of already well established and respected companies overseas, may enable superior products to be circulated more rapidly to meet the growing need of the Australian population.

Personally, the thought of 'grow your own' cannabis for authorised users, seems an improbably risky venture.

The risk to growers may be significant, and thus invasion of private property and risk to personal safety, being the main concern. Also the possibility of using these specialised products for sale on the street, if stolen, is a likely and significantly dangerous misuse of the specially grown produce. This level of potential extreme risk cannot be perpetuated. It does not seem a satisfactory method of obtaining medication for your own use. This is not the dark ages and it seems quite disrespectful and unfair to those who are in need, to have to grow their own or suffer without.

Those people who are so debilitated they can barely manage to get out of bed may qualify to grow their own, but it poses the question, how???? How will they maintain and grow a crop for personal use if they are physically infirm or in pain? Additionally, until the crop is grown, what are they given to manage their symptoms until the point where they can use their crop?

Additionally, how many people know how to grow cannabis??? Would this not be a foolish exercise when the probability of gain may be ruined entirely by not having the appropriate skills necessary?

A ruined crop may mean that person has to go without. This is certainly not a compassionate nor safe option.

How would the quality of the produce be ascertained? Where would the seeds come from? How would the person judge if the strain is different and would this not be irresponsible on behalf of the medical field to allow this haphazard method to be considered?

It seems this type of suggestion is quite inconvenient, unregulated and dangerous.

If the population grow their own, how would this then be converted into a method of administration acceptable for the individual, which ensures smoking of the product is minimised, and if possible prevented? Smoking seems to be the administration method less agreed upon given the possible carcinogenic issues, and other health related conditions related predominantly to smoking. It would not be a positive intervention for example, to suggest a child with epilepsy smoke their medicinal cannabis, therefore other alternatives would be required and necessary.

Research – evidence based practice:

Ongoing evidence based research is suggested to provide examples of how to use any medicinal product safely and responsibly. As all individuals will respond differently, case studies may be suggested as another method of assisting the understanding of how to use medicinal cannabis to optimise its effect in various conditions.

Other various disorders that may benefit from the use of medicinal cannabis could also then be further evaluated. Such as diabetic management, people with behavioural expression issues with Alzheimer's disease and numerous other considerations. Research in these areas would need to be completed to establish efficacy and risk, as there is not solid proof to support this as yet.

This should not stop the movement towards utilising medicinal cannabis in areas already supported by research.

Legal frameworks:

It seems that the law continues to complicate an issue that requires careful consideration, but is not as complex as it seems. The impact rigid ideals have on this area remain progressively evident. However medicinal cannabis can be utilised effectively if the right structures are put in place.

In the Medicinal Cannabis Issue Paper 2015 it seems clear there are promising avenues that can be adjusted to create a positive stand permitting the regulated use of medicinal cannabis for therapeutic means. Some seem convoluted but can be adjusted. There are other simplified methods.

The Commonwealth Therapeutic Goods Act may consider the implications of removing their regulations restricting medical cannabis. Surely making this exempt and excluding medicinal cannabis can be agreed upon. Much evidence has been provided and supports the use of medicinal cannabis in specific circumstances of need when no other drug is effective. Therefore the act could be restructured to incorporate those that require medicinal cannabis as a necessity to quality of life.

The Drugs, Poisons and Controlled Substances Act, which incorporates these regulations, discuss cultivation, processing, supply and administration as illegal in Victoria. If medicinal cannabis is possibly categorised to a schedule 4 under the Standard for the Uniform Scheduling of Medicines and Poisons, which is under this act, then would this not resolve many of the issues that restrict the use of medicinal cannabis in majority of other legal and existing acts? One amendment may possibly allow the rest to follow. Reclassifying medicinal cannabis may be the answer to reducing the legal red tape in this case.

For example, The Narcotic Drugs Act could perhaps be adjusted by the Commonwealth Minister to license manufacturers/organisations to engage in manufacture under the Narcotic Drugs Act, in regards to manufacturing attitudes. The Customs Act could follow on and be altered to authorise importation of cannabis.

The Psychotropic Substances act would be incorporated as above.

The Criminal Code if reclassified could specify and decriminalise use of medicinal cannabis based on use on a therapeutic level only.

State laws continue to leave patients at risk if they access medical cannabis, and enforcement practice would require consideration so that those utilising medicinal cannabis for therapeutic reasons are not penalized.

If Victoria legislation can work with the Commonwealth in coming to an acceptable, legal solution and arrangement, then Australia may then consider measures to legally and lawfully import medicinal cannabis.

Surely if Australians consider ourselves progressive, and are not bound by old archaic ideals, we can initiate a successful strategy that enables our population to follow in the footsteps of other forward thinking countries who have successfully introduced the use of medicinal cannabis as a therapeutic pharmaceutical to benefit the population who requires it.

There are no excuses to allow the continuation of a system that ignores the needs of those who deserve the benefits of medicinal cannabis. This legal alternative is required now! Time is not always on the side for those suffering and we do not have the right to ignore this potentially lifesaving treatment, condoning the suffering of Australian children and adults. The harsh ramifications for them is discriminating and negligent.

Thank you for the opportunity to discuss my thoughts with you. I hope this perspective is valid and appropriate.

If you have any questions, please do not hesitate to contact myself at your convenience.

Kind regards

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