

Oral submission to the Victorian Law Reform Commission

MEDICINAL CANNABIS REFERENCE

Number	74
Name	Marc Selan
Date	03 June 2015

Comments	Former Victorian resident, now living in Spain with his family. Using cannabis to treat his auto-immune disease. Cultivation of cannabis is socially acceptable in Spain (but not legal), and he has been obtaining his supply through a social club that is affiliated with Tikun Olam. He has looked at the growth of the cannabis industry in the USA, how it operates, and how it is differently regulated in the different states. He has completed courses in producing medicinal cannabis products.
Question 1	Which of the following considerations should determine whether there are exceptional circumstances for medicinal cannabis to be made available to a patient: (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	(c), and not just for terminally ill patients. Using cannabis should be at the choice of the patient, and not only as a last resort. People are going to be aware the cannabis may be better. Many will use conventional therapies first, but it should be an individual choice. If you can buy Panadol for a headache or steroids or creams for psoriasis, cannabis is more effective.
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	Auto-immune diseases, arthritis, nausea, extreme pain, neurological diseases, paediatric epilepsy, ADHD, cancer.
Question 3	What special considerations, if any, justify access to medicinal cannabis for: (a) patients who are under 18 years of age (b) patients who lack capacity by reason of age or another disability (other than youth) to consent to using medicinal cannabis?
Response	Children should have access. The caregiver or next of kin should make the decision—the same person who makes the decision for other medications.

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</p> <p>(b) a list of symptoms</p> <p>(c) a list of symptoms arising from certain medical conditions</p> <p>(d) evidence that all reasonable conventional treatments have been tried and failed?</p>
Response	<p>Follow the approach adopted in Maryland, USA. The conditions would include PTSD, inflammatory bowel disease, MS, ALS, childhood epilepsy, extreme nausea and extreme pain. It should be up to the patient to choose whether to use cannabis only after conventional therapies have failed or have produced bad side effects. There should be a limit on the amount that may be used each month—you would need to use a lot—for example, 4oz of flowers per month plus 30g concentrate or equivalent in medically infused products.</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>Base it on research in other cases around the world. It should be feasible to offer current research and treatment in other countries as evidence of efficacy.</p>
Question 6	<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>
Response	<p>In the USA, the states that have legalised medicinal cannabis issue licences that protect users but the federal police do not accept them. Victoria should take the step to move against the Commonwealth. The law is archaic and due to old British mandates that make it illegal. If you allow cannabis production, as in the USA, you have wealth decentralisation, creating wealth throughout the community and vast employment opportunities.</p>
Question 7	<p>Are the regulatory objectives identified by the Commission appropriate? What changes, if any, would you make to them?</p>
Response	<p>Where both grow your own and government regulated cultivation is permitted, the regulation becomes hazy, as in Canada. It is easier to monitor and track a few government affiliated growers. Where homegrown crops are permitted, it is more difficult to track what goes onto the black market.</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	To be adequate, the patient should have a card which would certify that they are allowed to have access to a certain amount of cannabis and which would be recognised by law enforcement. The police need to be communicated with and have some openness about how to handle a driver with a supply of cannabis on them. If a patient is driving around, sick, with cannabis medication, such as when coming back from purchasing it, they may have a large amount on them.
Question 9	What mechanism should Victoria use to regulate the cultivation of medicinal cannabis?
Response	Based on what he saw in the USA: (1) Provide for commercial licence applications at an annual cost of (for example) \$60,000 (2) Allow approval to get a licence if you comply with standard cultivation procedures (3) Provide for a budget (4) Set a pre-approved size of crop (5) The number of licences given out should be demographically set out per population—for example, 10-15 cultivation licences for Victoria (6) Cap production by each licensee (7) The licence fee should be based on the size of the cultivation facility (8) The cultivation facility should have surveillance on an open loop, so anyone can check (9) Grow rooms need to be monitored at all times (10) Access to grow rooms should be restricted (11) Criminal background record checks should be conducted (12) There should be a locked safe room to store the cannabis (13) Each facility needs to have high fences with security and motion sensing devices (14) Any cultivation licence will need to ensure security for distribution from the facility to the dispensary (eg an armoured car) (15) Prefers a dispensary system to mail.

Question 10	What approach, or approaches, should Victoria take to regulating how medicinal cannabis is processed and distributed?
Response	<p>Oil processors should operate under different licences to the licences for cultivation entities. Licences for medically infused products should be different again. Different qualifications, skills and knowledge are needed for the different products. They should have separate facilities, buildings and procedures.</p> <p>Cannabis should be available for recreational purposes and this would offset the cost to the patient. This is how it works in Spain. Patients get free medicinal cannabis from the club because the cost is offset by recreational sales.</p> <p>Another way would be for the government to own the facility.</p> <p>In Australia, costs would be reduced by being able to grow in the field. Mass cultivation is required. A supercritical CO2 extraction machine costs about \$160,000. It is not rocket science.</p>
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>When he applied to the TGA to import Sativex, the doctor who knew nothing about it was communicating with another doctor who knew nothing about it, and neither of them knew him.</p> <p>Cannabidiol can be bought in the US but does not treat all conditions. He uses THC for his symptoms—you always need a bit. People need to get over THC. It needs to be in there.</p>
Question 12	What responsibilities should be given to health practitioners in authorising a patient's use of medicinal cannabis?
Response	<p>Doctors' responsibilities:</p> <ul style="list-style-type: none"> • They shouldn't have to answer to a federal entity • They should have as much space, and as little to answer to, as possible • No federal requirement to keep records on the patient or inform the government—it makes it too scary • Should monitor the patient every 3 or 6 months but, unless there are bad side effects, no greater monitoring • The initial prescription should be a trial. Check to see if the patient is improving or if there is a need to re-dose or prescribe something else. • Should not be required to monitor the patient too closely—not an exacerbated period of monitoring • Prescriptions should be 2-3 monthly. Repeats as for conventional medicines.

Question 13	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?
Response	Doctors would need to be involved in any system. We need a system of enabling clinicians to prescribe cannabis. If the medicinal cannabis system is made open to everyone, and not just selected patients, all doctors should be able to prescribe. It should be the patient's regular doctor, who knows them. Informal education should be organised, through the AMA. Have Australian doctors attend seminars by doctors from other countries that treat patients with cannabis, to enlighten them about what is available. Put on a few conferences and provide some funding, and a lot of interested people would come.
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 should be an initial check-up, and then after 3-months, and then 6-monthly after that. Prescriptions should allow adequate amounts for necessary use—people consume cannabis in different ways and in different forms.
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	Parental guidance or caregiver guidance is adequate. An assigned licensed caregiver should be able to obtain medicine on behalf of the patient, and be licensed to carry and administer the medicine to the patient.
Question 16	In what form(s) should medicinal cannabis be permitted to be supplied and used?
Response	Many forms: creams, tinctures, oils, flower, edibles (popular with people who don't like pills), and pills. Patients may like to use a combination of forms, including in smokable form eg he uses a vaporiser but it is handy to carry a joint if away from home. Smoking cannabis does reduce lung function but, if smoked without tobacco, it is not as bad. Most patients wouldn't smoke, but the choice should be available. There is a need to have an integrated testing system, cultivation protocols, oil pressing protocols. Spain has testing laboratories operating under licence. They test for purity and strength.
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	Decriminalisation will allow more research, from which more education would flow. Look at Israel as an example of how the medicinal cannabis system fosters research.

