Oral submission	**To the Victorian Law Reform Commission**
MEDICINAL	**CANNABIS REFERENCE**
Number	
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Comments	• A medical cannabis advocate originally from California now an Australian citizen for 10 years. My brother a legal cannabis grower in California and oil pioneer of sorts, , died of cancer 2 years ago, he stopped taking cannabis oil as soon as he was in remission, not knowing as they do now, to keep taking the oil for a period of time. This plus seeing the many children that have had their seizures reduced or ended, and others continue to inspire me today. • I am disappointed the VLRC paper, though offering a potential great framework, uses many opinions, and comments on **the evils of cannabis ignoring**, 20-30 years of research that has lead millions in the USA and other countries using working mechanisms for the provision of medicinal cannabis. • The SLRC even ignores the 3 million in Australia that enjoy some aspect of legal cannabis, or decriminalization or legalization outside of Victoria. The VERY FIRST LINE of the preface of the VLRC paper says the role of the VLRC is to report on options for legislative change to allow people to be treated with medicinal cannabis in '**exceptional circumstances'**. Had it been said the VLRC only want to look at offering medicinal cannabis to those with blond/ greying hair and hazel eyes, I could not have been more surprised, but perhaps happier on at least one level. This is in the very first page. Had the words said, 'provide **medicinal cannabis** to those in circumstance approved '**by their doctor or approved caregiver'**, I would have been, less concerned about potential forgone conclusions in the VLRC. • The VLRC greatly ignores for instance the amount of framework in the Federal Regulator of Cannabis Bill 2014 (or Weed Czar Bill) as I like to call it, that is being tabled in the senate 25th June Thursday, and debated in August. In the very first page of the cross party bill, they openly state, the bypassing of the TGA as they put it, because the TGA is for drugs and poisons and per the bi partisan bill Cannabis is natural. Too much of the VLRC paper addressing working within the TGA when the TGA should be bypassed, per the suggestion of the cross party MPs and the Cannabis bill 2014. • The VLRC also offers very complicated and often contradicting wording. For instance, confusing cannabis with cannabinoids in multiple aspects of the document. • Finally the VLRC completely ignores, the framework that 3 million Australians already enjoy legal or decriminalized medical cannabis laws in other Australia states. • Also along with de-scheduling or re-legalization- removal of prohibition whatever it is referred to is the need to protect employees. That is a person that legally uses medical cannabis in many situations whilst off duty or away from work could still test positive for cannabis use even though they are not impaired at the work place. Consideration to remove law enforcement out of the equation as LEAP in the USA has argued it is a medical and health issue. Police should not be forced to play judge and jury in their exercise of carrying out law enforcement it is not fair on them nor the public. Finally even the questions of the VLRC are skewed. Perhaps due to input of their 'experts'.
Question 1	**Which of the following considerations should determine whether there are exceptional circumstances for medicinal cannabis to be made available to a patient:**
Response	Per the tens of millions in the USA, and other countries that enjoy legal medical cannabis they have a WORKNG framework. Doctors and authorized caregivers would authorize patients to having medicine, specific ailments should not be part of the VLRC mandate but left up to doctors as they consult today.

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	This is not the role of the VLRC and discovery is happening too fast, again should be in the hands of a practitioner. Specifically some states that did this in the USA are changing the laws to reflect this approach.
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	Pediatric epilepsy and the reducing or ending of seizures is a good example why children should not be excluded. Again per existing frameworks in the USA and other countries via doctors or other authorized practitioners.
Question 4	On which of the following should the law creating a medicinal cannabis scheme base a person's eligibility to use medicinal cannabis: (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?
Response	Per a practitioners suggestion. This is too restrictive otherwise and in line with business as usual.
Question 5	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?
Response	Per an authorized practitioners / caregiver
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 *Therapeutic Drugs Act 1989* (Cth) or the *Narcotic Drugs Act 1967* (Cth)?
Response	By de-scheduling or per the guidance of the Cannabis bill 2014
Question 7	Are the regulatory objectives identified by the Commission appropriate? What changes, if any, would you make to them?
Response	No, Other states have initial framework of legalization and decriminalization benefiting 3million already. Also The TGA per the bi partisan, Weed Czar Regulator 2014, is bypassed, or cannabis is de-scheduled per the TGA for the same reasons, Bropho v Western Australia should not be ignored as the VLRC raises and states are not bound by the TGA anyhow per the TGA, they have to buy in.

Question 8	Would the creation of a defense to prosecution for authorized 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	Too complicated and wrong. Legislation globally has shown and LEAP (law enforcement against prohibition in the USA) has correctly lobbied that drug policy and drug enforcement is a medical and health issue and not fair on the innocent public or law enforcement themselves.
Question 9	What mechanism should Victoria use to regulate the cultivation of medicinal cannabis?
Response	The dispensary model is working for millions globally. The tax dollars are used for government overhead, education and providing medicine for the poor. Testing and strain genetics needs to be established, so patients have choice.

	Existing domestic growers need to be brought in to legalese and provide product and medicines and support Self grows can be allowed, but taxation and provision still needs to be affordable to reduce black market activity. An education campaign needs to be established and keep in mind many sick cannot travel so mobile dispensaries per other USA models also needs to be considered. A caregiver model where individuals may grow for others needs to be considered. Any judgments of individual's based on criminal records needs to be sympathetic to existing medical caregivers. Finally decriminalization needs to happen at the same time as it has globally, to remove the burden placed on law enforcement for what is a medical and health issue after all. Funding for government paid miss information provided by the likes of NDARC and NCPIC needs to cease in favor of genuine training and education. Natural cannabis and extracts needs to take much higher priority over pharmaceutical synthesis of cannabis that is very costly and less efficient for patients. Specifically those like GW pharmaceutical that is the focus for the likes of the $30m Lambert Inititave at Sydney University.
Question 10	What approach, or approaches, should Victoria take to regulating how medicinal cannabis is processed and distributed?
Response	Again the dispensary model addresses a lot of this. Oils and Concentrates (from natural cannabis) offer some of the best breakthrough in medicine as it is consistent for testing and higher quality. Edibles are an even bigger benefit but consistent testing needs to take place due to patient sensitivity. Overheads processes etc are paid by the reasonable tax dollars generated. Dispensaries should not be government owned due to the overhead Local growers need to help stock dispensaries. The process to get dispensaries up and running should not be over complicated to delay launch
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	Per above The TGA, is a buy in state by state and is not appropriate for cannabis Also cannabis could be de-scheduled per the TGA for the same reasons, and Bropho v Western Australia needs consideration.
Question 12	What responsibilities should be given to health practitioners in authorizing a patient's use of medicinal cannabis?
Response	Some training and education in line with the USA, that can be partially funded by the tx dollars generated. For practitioners t is often about mindset as well as education.