

Submission to the Victorian Law Reform Commission

MEDICINAL CANNABIS REFERENCE

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To The Office of the Victorian Law Reform Commission

Dear Dr. Freckleton QC and Lindy Smith,

It is an important day to be writing to you as it is International Dravet Syndrome Day, a medical condition that continues to cause immense suffering for Australian children and their families, needless suffering when there is a simple remedy for the seizures in these children. The remedy is cannabis and those parents brave enough to have broken the laws have found it has reduced and stopped seizures, improved cognition, reduced the need for harmful pharmaceutical medications, and provided a haven for the siblings and families of these seriously ill children. Families breaking the law to get cannabis to their children have found that the risk of being arrested has been far outweighed by the benefits to the child, family and community and in breaking the law they have provided a massive cost saving to the governments, ironic as it is.

For your information I am writing to you in the capacity of a retired registered nurse with 23 years' experience in Brisbane Hospitals. I have had experience working in the pharmaceutical industry selling pharmaceuticals to doctors during that time and my interest in cannabis as a medicine started in December 2013 when my sister started asking me questions about it in the use in epilepsy overseas. Her daughter had been diagnosed with Dravet Syndrome, also known as Severe Myoclonic Epilepsy of Infancy (SMEI), which is a rare and catastrophic form of intractable epilepsy that begins in infancy. Initial seizures are most often prolonged events and in the second year of life other seizure types begin to emerge. Development remains on track initially, with plateaus and a progressive decline typically beginning in the second year of life. Individuals with Dravet syndrome face a higher incidence of SUDEP (sudden unexplained death in epilepsy) and have associated conditions, which also need to be properly treated and managed.¹

At the time my sister told me about cannabis in the use of epilepsy I was hesitant to investigate it due to the education I had received proclaiming it was a harmful, dangerous, addictive and illicit drug that put holes in your brain as this is what I had been taught as a registered nurse by the institutions I worked in and studied under. I can't begin to tell you how angry I was to find out I had been lied to by the pharmaceutical companies and inadvertently by these institutions and by our governments. Health care professionals in general have been lied to and this is a grave injustice not only for them but for their patients and the Australian people in general. Cannabis is in actual fact a neuroprotectant

and protects nerve cells in the brain.²

Health Care Professionals, particularly Doctors and Nurses hold a trustworthy position within our communities³ and they have been fooled and manipulated by the pharmaceutical industry⁴ and inadvertently by the government for the last 80 years being directed and manipulated into believing studies done by companies with the goal of making their own economy from the cannabis plant. It may not sound palatable but it is true and the Australian community need to know that it is not the fault of health care professionals generally.

I have been actively drawing attention to this through social media since late last year at the cost of being ridiculed by members within the medical community and government and always with the intention of delivering the truth for the benefit of health care consumers who have unmet health care needs and who have the right to cannabis as an effective medication as millions of people do in other countries.⁵

From a public health care perspective it is imperative that the people who need cannabis now and want to use it now as medicine and be able to access it legally and safely and they should be able to do it in consultation with their doctors without the fear of being judged and criminalised.⁶ The need for a change in laws is urgent as front line health care professionals remain gagged by the laws governing cannabis and by the government that employs them and regulates their registration. They need to have urgent access to the truth and the Governments that employ them need to be able to supply it to them unsolicited and untainted

¹ <http://www.dravetfoundation.org/dravet-syndrome/what-is-dravet-syndrome>

² <http://www.ncbi.nlm.nih.gov/pubmed/10863546>

³ <http://www.hica.com.au/health-insurance-news/healthcare-professionals-most-trusted-by-the-australian-public>

⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1876413/>

⁵ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165946/>

⁶ <https://www.mja.com.au/journal/2013/199/11/reintroducing-medicinal-cannabis>

by companies that would see it remain unavailable for years to come while they build an industry driven by profits for the few and to the detriment of the health of Australians that deserve access to it now. ⁷

Although I believe research is necessary for the future in identifying ongoing applications of the phytocannabinoids within the cannabis plant, particularly in disease prevention, I do not believe this should restrict access to it now and it should not stop an Australian industry from being able to cultivate and produce cannabinoid medicines. Importing cannabis products is not necessary. We have people on the ground with extensive knowledge ready to move ahead. They have been researching and developing cannabis products for decades following information they have learned from overseas, from generations before them and from testing facilities from around the world. It's marvellous that we have been offered support from doctors and researchers in other countries who can bring Australia up to speed with the rest of the world safely and effectively.

I have been vocal in my thoughts for Australia and how to incorporate government employed health care professionals into this health care crisis moving forward. I summed it up earlier this year in a post on my Australian Nurses and Doctors Therapeutic Cannabis Awareness Association Facebook page. ⁸

Medical Cannabis Refugees - Australia's National Health Crisis. "I Have A Dream" - Martin Luthur King

"A bit corny maybe but everything relating to legalised cannabis use in Australia at the moment is a forecast and governments continue to ignore the existence of medical cannabis patients by rejecting pleas for amnesty while trials get under way.

I've been wondering how health care professionals are coping with Medical Cannabis patients in health care settings and wonder if it might be a good idea for facilities to appoint a medical cannabis contact person who understands 'medical cannabis' to refer to when a patient presents acutely for medical care.

I mention this now because more and more people are using cannabis and with the news of trials along the east coast Aussies curiosity continues to grow. Fear of being labelled a drug addict these people don't tell the treating physician. Worst case scenario for these people is disclosing the use of medical cannabis for their medical condition to be met with their fear of discrimination due to the lack of education of health care professionals whose current vision of cannabis in any form is as a drug of abuse. Sad to say but many Health Care Professionals believe medical cannabis patients are only smoking and getting high. It's alarming that they know so little and this potentially puts patients' lives at risk. I know there are many who want to be well educated on the subject.

These medical cannabis trials will run for years. Medical Cannabis patients will continue to increase in number because of trial participants but also because patients already exist and a support structure for them is

growing outside of Australia's healthcare framework.

So, what to do in the meantime? It doesn't take much for a doctor, pharmacist or nurse with an interest and knowledge in the therapeutic application of cannabis to become educated in it. Perhaps the governments in each state of Australia could appoint one of these Health Care Professionals to be the contact on staff for medical cannabis patients in hospitals.

In my opinion this would encourage full disclosure from patients which will promote trust and improved patient centred care that is lacking currently for the invisible refugee medical cannabis patients in Australia.

Pretending they do not exist means there is no need to provide for them. These people are being marginalized and have great need for approved recognised medical care from Health Care Professionals trained in medical cannabis. They are medical refugees in a first world country. This is a growing health care crisis and state governments need to recognise them now."

This could easily be accomplished very quickly with the agreement of Federal and State Governments and departments of health throughout the states and territories. If laws do not change in the short term allowing

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⁸ <http://www.safeaccessnow.org/>

<https://www.facebook.com/groups/ANCAgroup/search/?query=I%20have%20a%20dream>

the free exchange of information regarding raw cannabis products then I have a Plan B. If governments want to continue to distance themselves from this issue, community members already involved with medical cannabis could be contracted by health departments and through community clinics to provide information about medical cannabis, legal products on the TGA⁹ and referral services to appointed health care professionals in the private health care community. Governments ignoring the rights of a growing number of medical cannabis patients will only highlight a neglect and duty of care to provide for the health care needs of all Australians. The horse has well and truly bolted. Time for government to catch up.

The most important issue in my opinion around this entire debate of legal access is cost to the patient.¹⁰

Many medical cannabis patients have resorted to making their own medicine and it had provided them and or their loved ones with the therapeutic value they were seeking and cost very little. Many have experimented over the years with different strains of the cannabis plants to eventually find one or a number that suit the demands of their bodies and they have done so without the cost associated with pharmaceutical branded cannabinoids such as the GW Pharma Nabiximol Sativex costing well over \$1000 for those purchasing it after gaining approval through the TGA's Special Access Scheme.¹¹

The people who have sought out legal cannabis medicine have had to make the decision to spend this money at the risk of losing their homes and while forgoing basic daily needs like food and clothing while pharmaceutical companies recoup their "R&D" expenses. Likewise, those medical cannabis patients unable to grow and make their own medicine spend \$1000's on the underground and visible illegal market and end up in the same position. I have heard of pensioners cashing in their superannuation and selling their possessions and on selling cannabis medicine in an attempt to save their own lives. Medical cannabis patients are the most vulnerable and marginalised group in Australia and put themselves at risk on a daily basis in the attempt to save their own lives because they live in a country that refuses to accept the safety and efficacy of a plant that has been proven in other 1st world countries and has been beneficial to humans for thousands of years.¹²

Parents, with disabled and seriously ill children wanting to give them cannabis as a last resort have been abused by ex-partners or current partners wanting to use the current illegal status against them while perpetrating domestic violence. The parent, mostly mothers, have to suffer through attacks from the parent of the child calling police and child services and in the case of a parent, a father, in QLD face the criminal court. Some mothers have had to agree to live with the perpetrator even though they know they and their children will be abused. The current prohibition laws are inadvertently perpetuating this domestic violence and police and health care professionals are being manipulated by perpetrators while governments maintain that amnesty will not be given. Again, this group is made invisible and fall deeper into a world of suffering and fear because of laws based on fear not fact and because the cannabis

plant lost in a business manoeuvre made in the early part of last century. So, how do we fix this problem and how do we make it fair and equitable for every Australian to be able to access the cannabis plant for medical purposes without the risk to life and loss of everything they hold dear and without the risk of being criminalised? Total repeal of all laws making the plant illegal to cultivate and possess is the answer here and moving towards this, in my opinion is the answer for the long term. ¹³ In the short term, I realise there are many Australians still waking up to the benefits the cannabis plant will provide to them and their families and many who still believe cannabis is the demon plant. Decades of conditioning need to be overcome and a staged approach to sensible legislation seems to be the strategy.

Should those people who are already up to speed be persecuted moving forward? I say no! They need to be protected and as other Australians wake up and want to join then they should be guided by a government and health care system that is unprejudiced, inclusive and on the cutting edge of cannabis medicine in health care. Our country is in the unique position to have so many community members recently join the push to legalise medical cannabis in every state and the overwhelming cry has been for safe regulated access. This should include home grow rights for anyone who wants to maintain their own healthcare as this will be cost effective for some who have the ability to do so. ¹⁴ This group of home grown advocates, including myself, deserve the same right to access the plant as any research facility will. If need be a not for profit government or private organisation could be set up and run alongside profitable

⁹ <https://www.tga.gov.au/book/interim-decisions-matters-referred-expert-advisory-committee-acms-out-session-november-2014>

¹⁰ <http://www.abc.net.au/news/2015-04-09/medical-cannabis-laws-hearing-in-act/6382146>

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<http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-10-19/5816112>

¹² <http://druglibrary.org/schaffer/hemp/history/first12000/abel.htm>

¹³ https://www.change.org/p/federal-minister-for-health-the-hon-sussan-ley-mp-repeal-cannabis-prohibition?source_location=petition_footer&algorithm=promoted

¹⁴ <http://www.responsiblechoice.com.au/cannabis/cannabis-law/>

businesses to assist home growers set up and safely grow cannabis on their properties or in co-operative facilities away from public view until laws have been changed. This can continue while the industry continues to evolve. There will always be Australians that are happy to purchase cannabis products from reputable, regulated businesses, myself included.

In finishing I would like to thank the Victorian Law Reform Commission for approaching this debate with an open mind and would encourage them to open up the use of the cannabis plant to anyone that believes they would benefit from its use as a medicine.¹⁵ Passing laws on a few medical conditions will prevent many Australians from accessing it legally and would, in my opinion, be the cause of more suffering and potential for violence and harm perpetrated by those who would use the laws to perpetrate abuse and crime. In any case, our endocannabinoid system, the mother board within our bodies, works with the phytocannabinoids to restore health, cure disease and maintain homeostasis.¹⁶ We all need it moving forward. We needed it 80 years ago when some business men managed to take it from us.

Total repeal of the laws should be
the long term goal. Thank you

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END OF
SUBMISSION

¹⁵ https://www.mja.com.au/system/files/issues/202_02/pen01573.pdf
¹⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2241751/>