

Submission to the Victorian Law Reform Commission

MEDICINAL CANNABIS REFERENCE

Number	91
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Question 1	<p>Which of the following considerations should determine whether there are exceptional circumstances for medicinal cannabis to be made available to a patient:</p> <ul style="list-style-type: none">(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	<p>Both! the circumstances of patient as well as potential efficacy of using it. A list can be found by contacting a dispensary in the USA to see what their patients are telling them works, a scan of the internet can also yield a list of treatable illnesses. There are also trial results published in literature as well.</p> <p>Ultimately the doctor should decide whether ANY drug is suitable for a patient but the doctors need to be not placed in a position where they felt threatened to not prescribe.</p> <p>There could also be reason to allow say CBD leaning products for some patients while allowing full strength THC for others.</p> <p>This should be up to the doctor to decide also based on the likely risks of the THC to the patient in the knowledge of what illness issues the patient faces.</p> <p>There is a situation where THCA and THC can be added to a CBD based drug to bring about efficacy WITHOUT having the patient high. This is because the CBD smooths out the high, this should and must be allowed for epilepsy patients. VLRC can decide on ratios.</p> <p>However they should allow up to 10% THC or THC A and say under 90% CBD. This then becomes a matter of dosing the have a low amount of THC but experience overseas in that you can use doses of 15mg CBD and max for adult is around 80 mg a dose but most being around 30mg doses.</p> <p>It can be seen from these ratios that THCA or THC will only be around an 1 to 8 ratio to CBD.</p> <p>Meaning that for the small doses the patient will get 2mg of THC Acid and 13mg of CBD while the upper dose of 10mg of THC (which would get an adult high) but with around 70mg CBD.</p> <p>These will not get a person high and they are needed for some epilepsy patients that don't respond to CBD only rules that will have it set at</p>

	<p>around a 1:45 ratio. They will also be used by cancer patients and people with inflammation, virus like Hep C which there are three cases in Australia which have been cured, as well as bacterial infections being cured without antibiotic like MRSA super bug.</p> <p>Since CBD and THC combined will act as antiviral and antibacterial, they should be allowed in these treatments, in ratios that the CBD will not allow a person to get high. Arguably, if you have a virus like hep C or bacterial infection like MRSA of which antibiotics are now losing the battle, people could choose to risk getting high to beat their disease. It should not be up to someone to tell them they cant feel Euphoric while treating a disease since we do not place these restrictions on other drugs that get you high. The same goes for child epilepsy actually. VLRC needs to investigate the current drug harms that are acceptable for epileptic children, like psychotic risk, and lack of verbal, and realise that cannabis is being singled out to require all this fuss while WE DO allow this already.</p>
<p>Question 2</p>	<p>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?</p>
<p>Response</p>	<p>Cancer nausea, chemo nausea, wasting disease, aids, MS, Alziehmers, parkinsons, dementia. Fibromalgia, Chrones, epilepsy, diabetes. chronic pain, acute pain. There is no need at all to restrict people to use cannabis to those who have exhausted all treatments. This means that you are hoping for a miracle that no other drug provided. That tells you that cannabis could have likely been used in those other cases and worked. That is a large amount of people you are excluding from taking and enjoying benefit of such a miracle drug.</p> <p>Where cannabis could have shown efficacy in the other 80% of people who are getting perhaps some respone from other drugs but could be happier and getting better result from cannabis. Especially when most of the treatments that can be exhausted carry much larger risks than cannabis. This is the reality, lets face it. You have a lack of diversion built into the system so there is no need to restrict. All people need to do, is be made aware that there is a psychotic risk, and that if they experience negative effects they can stop it. You do not go mentally ill long term from one high event. Like any other medication, the label says advise your doctor if you experience any of these undesirable symptoms. 90 percent of people will not complain. This happens with other drugs all the time, where a patient goes to doctor and advises and asks for another kind of medication because they didn't like the current one.</p>

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?
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<p>Response</p>	<p>Anyone can access medicines. We do not have rules restricting medicines to those under 18. We lower the dose rate. Ie the milligrams of the drug.</p> <p>All you need to do is establish that a doctor can decide in combination with parent. If the parent is not forced to become more open minded by the disease their child faces then they can try other drugs until they are forced to try it. Using a number of products with various dose rates and THC to CBD ratios will help ease these dcisions for some however some may require ability to try full strength THC, say at 95% strength but the active ingediant is limited by the daily dose rate. For example, morphine has serious side effects, highly addictive, yet the doctor gives a script allowing patient to consume say 60mg of product a day.</p> <p>People/children with epilepsy or cancer for example, should have access to whatever they require and not be barred from a drug.</p> <p>Talking about hash, oils, or dry product, it all comes down to how much the patient is using in mg and not that it is a drug that has side effects. The difference between a drug and a poison is in dose rate! Use this to establish dose rates.</p> <p>We don't need pharma companies to do trials to work them out, because people already know what they are.</p> <p>People with cancer can take 1 gram of oil a day at 80% THC and that is 800mg. They need to work up to this amount. Some stop because they don't like it, others take it rectally. Many will take it, despite being sleepy, because they want to live! and they heard that other peoples cancers were shrunk using this. We cant let people die because you need to see it proven by science that will take 5 years. Let the doctor prescribe it if the patients wants it, after a while, the doctor will realise it works and prescribe for others. Some take 1/3 a gram in three doses, with a large dose at night.</p> <p>There are ways around dealing with people getting too high. Sometimes, it is the high that removes the person from the pain. Removes their anxiety of dying..</p> <p>It does not act the same as other pain killers, it steps people aside from the pain, it makes the pain more bearable.</p> <p>These are all terms people use who find relief from cannabis for acute and chronic pains and it is not right to limit them to a 20mg dose rate at which point per day they may not find relief. So that if you reduce the mg amount below a threshold the patient may start feeling nausea and pain etc.</p> <p>Doctors will soon learn how much most pateints can tolerate. It is remarkable safe compared to other toxic drugs so that 1 gram of oil a day at 800mg is not unsafe as such. Although most will find 1/4- 1/2 a gram a day suffices.</p>
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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> <ul style="list-style-type: none"> (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	<p>Just remove that all reasonable conventional treatments need to have been trialled and have failed.</p> <p>This is the most ridiculous idea and whoever came up with it must be stuck in some outdated mindset. IN fact, this has never been used for a drug except for highly toxic ones possibly where a doctor will stay away from it till last resort.</p> <p>If it works, without much side effect, then it will sit with the best of the other drugs. The doctor can rank them based on side effect severity and risk as to what he will choose to use. This should be no different. He can start with a low mg dose and work up to find efficacy.</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>Only if the VLRC does not cover the currently known illnesses and someone wishes to try it for something not on the VLRC list. At this point, this is what a doctor is for. They decide.</p> <p>People with small cuts and abrasions asking their doctor for cannabis will be told no just like they will not get morphine.</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>It does not matter, with current science, and use overseas successfully without hundreds or thousands dying or become mentally ill under the prescription or use of cannabis, it should be found illegal through a high court to have a law on the state books that stops access to medical cannabis.</p> <p>It is now most obvious that it is a medicine and it was catered for in the 1967s drug treaty, that a government can allow access be it through growing themselves, which they should not do, allowing permits, which they should allow, or allow combination home grown and permits for sale.</p> <p>Look to Canada, they allow home grown, by court given right to look after their health for cheap. They also allow a long list of companies to supply the drug.</p>

	<p>In raw plant form. The courts recently rules in Canada that they must be allowed to use edibles as well as hashes and oils.</p> <p>Do we not have the same rights to our lives as Canadians or the 23 states in USA? Look to USA, there are 4 states with legal recreational cannabis. If it were causing problems, you could find piles of evidence by now. These countries do not care for old laws. They changed them and ignored anything in a 1967 treaty which did nothing to cover or reasonably allow scientific gains in knowledge about cannabis.</p> <p>any laws we formed to prohibit it entirely have been based off lies and knee jerk reactions by legislators or people as simple as politicians who will bow down to the desire of their public and at that time the public were lied to reefer madness style.</p> <p>Today, the public want it, so you change the laws to cater for it. Whatever way you need to.</p>
Question 7	Are the regulatory objectives identified by the Commission appropriate? What changes, if any, would you make to them?
Response	none noted
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	<p>No, they should not be harassed. They should be able to show a certificate or script from their doctor.</p> <p>Please look at the TICS scheme in NSW. My father would not sign to it, despite being a terminally ill cancer patient, whom after being told he had six months to live, has now avoided dying and now has no cancer ANYMORE because he did what he decided to do. That was to grow his own plants and take his own health into his own hands because they medical system admitted that they would fail him.</p> <p>He juiced the plants, he made oils. he is now a survivor and there are others like him. His govt made rules where he would die.</p> <p>He did not sign up to the TICS scheme, simply because he did not feel the police should have anything to do with it and it would limit his supply.</p> <p>Only 40 people signed up.</p> <p>There are many thousand using it.</p> <p>When raided, the police killed plants and took medicine. Who does that for having a weeks or months worth of morphine?</p> <p>The people were not addicted, tobacco is legal and anyone addicted to cannabis is actually addicted to tobacco.</p>

The people were not having problems with the drug, or they would tell their doctor or refrain from taking it.

The enforcement came because the rules were too strict such that people could not treat themselves.

They were forced to the pubs or streets to buy off bikey type people or gangs.

They were forced to buy something they didn't know what pesticides were involved with the growing.

They were forced to buy oils they didn't know how much ingredient was even in them.

Then they were told they could have 2 grams of this and 14 grams of that. which was about 3 days worth.. then it was back to the street corner with

your 100 dollars. twice a week. When they could risk going to the police house, to save 200 a week and better make their own medicines.

So here is a point, if you restrict it so much, or you drive people to only get access via pharma approved, highly expensive (5 to 10 times price) drugs, then you will only make rules to help establish a thriving black market. People will grow for others out of compassion.

There is no amount of money that the pharma or government will be able to afford to police their way out of a black market that was created by themselves.

This is the current situation with recreational and medical cannabis.

The courts will not prosecute, so your state police laws will be ineffective because each person that goes to court, will be released with no charges.

People see this already, and are not taking cases to court, for fear it will set precedents.

There are suppliers of THC and CBD on the internet already for this reason.

Any judge knows it is medical, and only needs to see the illness detailed by a doctor.

SAVE THE COURTS THE TIME PLEASE> it costs communities money to prosecute our sick people and it is atrocious.

It is best to ensure now that you have the control that is needed for patient health. This can entail allowing testing labs to take product from licensed producers, which is then sold with test lab certificate for concentrations, molds, and pesticides.

Look overseas, seriously look, these labs are numbered in their dozens for each American state. They are self regulated or they come up with their own regulations and test samples among each other to ensure accuracy.

	<p>All pesticides or herbicides need to be disclosed by growers to the lab or they lose their permit. That way they know what to look for, and the people are covered and the cost is reduced. Testing for hundreds of pesticides is prohibitively expensive. While we allow other systems for strawberries, cereals crops, etc it is silly to use these reasons to exclude supply when it is being done well overseas.</p> <p>The VLRC should attend a dispensary, then attend a supplier, in a country that allows it.</p> <p>That way they can model off those, using the mistakes of other systems to avoid.</p>
Question 9	What mechanism should Victoria use to regulate the cultivation of medicinal cannabis?
Response	<p>License growing companies. They can sell direct to door like Canada, via online order, or they can sell to compound pharmacies, or they can sell to dispensaries.</p> <p>If it goes through a TGA process, and only is sold via a chemist from an overseas supplier, and the price rises to just three times street values, you will fail in your objectives because the stuff will become so valuable to the sick that no end of people will line up to break the laws to supply.</p>
Question 10	What approach, or approaches, should Victoria take to regulating how medicinal cannabis is processed and distributed?
Response	<p>Allow it to be sold via mail. from licensed grower. Look at Canadas cannabis provider websites.</p> <p>Call them, ask them how it works. Their government did not want a system for medical cannabis, but the people won the right in the courts. The courts made the government do it. Look at the system for favourable attributes and keep in mind the reasons why the court granted the rights to the sick.</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>Have the TGA license labs that wish to present a certificate they are full compliant and have shown proficiency.</p> <p>Have state agriculture/hemp inspectors check the grow operations. Ignore the TGA rules on testing products in trials, or you will see a massive black market take off.</p> <p>Demand is now sky high now that everyone who is sick hears it might work for them. You need to lobby for the federal bill to pass but also fulfill what the Vic premier said and that was to allow access to the sick, without full trials. People don't require full trials, only the TGA does because it serves the pharma industry. If not, ask them to change their system to approve a number of ratios of products, and waive their</p>

	conditions, as they do for the SAS scheme. This will put the doctor in control of unapproved drugs.
Question 12	What responsibilities should be given to health practitioners in authorising a patient's use of medicinal cannabis?
Response	<p>They can say no.</p> <p>They can say yes.</p> <p>They need to be educated.</p> <p>If they wish to act as a prescribing doctor, maybe they can attend some units to show they have been educated. Alternatively the state can give them a pamphlet telling them about the law changes.</p> <p>They can be given guidelines, and their records can be inspected to see that their dose rates are right.</p> <p>They should only face penalty if they go over guidelines. There can be exceptional circumstances applied for when a person needs more than 1 gram a day.</p>
Question 13	<p>Who should have the authority to assess whether a patient is an appropriate candidate to be treated with medicinal cannabis:</p> <p>(a) all registered medical practitioners</p> <p>(b) certain designated specialist medical practitioners</p> <p>(c) registered health practitioners who have prescribing entitlements</p> <p>(d) a subset of these?</p>
Response	All practitioners. You could also cater for a designated practitioners system. You should not force people travel long distances for a doctor who can treat with it.
Question 14	What requirements, restrictions, guidance or other assistance should health practitioners be given in monitoring a patient's use of medicinal cannabis?
Response	Dose rates guidelines for each disease, based on body weight. They can enter reactions benefits etc into the patient records.
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	No Response
Question 16	In what form(s) should medicinal cannabis be permitted to be supplied and used?
Response	<p>Oils, edibles, tinctures, raw material for home growers or suppliers direct.</p> <p>Guides against smoking. You can direct to vaping.</p> <p>Eating and tinctures is a method of delivery. Warnings that if eaten a patient should wait for the effect rather than jumping into a second dose because they don't think it had enough ingredient to work. Doctors need to advise people of this.</p>

	<p>You must realise that any product can be smoked or heated etc. Such that you cant avoid it by choosing products.</p> <p>Products often will need be decarbed (heated) anyways so they are efficacious. Banning raw dried buds is therefore pointless.</p> <p>It is up to doctors not to overprescribe substances that our known to KILL people like morphine etc.</p> <p>Use this system. It is safe with cannabis. At worst, the person wont like it, and will switch to another.</p>
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	Doctors will very very quickly realise that this works for many illnesses. You could make a data base of patient illness and dose rate and table of things like, if the patients are still using it, if it works etc.