Submission to the Victorian Law Reform Commission

MEDICINAL CANNABIS REFERENCE

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Dear Dr. Freckelton,

This is a follow-up to our appearance at the medicinal cannabis symposium in Melbourne on April 29. I appreciate your participation in and presentation at the Melbourne Symposium. I appreciate your candor in sharing some of your existing ideas. I hope that my comments and observations prove of some value in your endeavor.

Introduction
The process that has been developed for addressing medicinal use of cannabis in Victoria appears to be a good one. I am glad that you and your staff are familiar with the research and that you taking input from patients. Possibly you will find the following of some usefulness in preparing your recommendations.

The commission and the government need to put aside any of their preconceived notions that cannabis is something new, unique, dangerous and/or unusual. It is not. It has been around for 5,000 years. There have been 20,000 studies done in the past twenty years. Medical cannabis has been with us for thousands of years . It has been used medicinally by Western European countries, the U.S. and Australia since the 1840s. Many reference texts claim at the turn of the 19th to the 20th century, cannabis was the 3rd most common ingredient in medicine after opium and alcohol. The two most remarkable aspects to medicinal cannabis are its it's wide range of therapeutic applications and its remarkably safe side effect profile. It should be a first choice drug not for last, desperate use.

Marijuana Tax Act
In 1937, when the ill-conceived Marijuana Tax Act was passed, the then existing regulatory system worked reasonably well. There were hundreds of thousands of cannabis containing prescriptions written every year by U.S. physicians, there were at least 28 cannabis-containing patent medicines you could purchase without a prescription at any pharmacy in the United States. The 1937 regulatory down side was that use of cannabis for recreational purposes was illegal in most status.

You may be aware of the testimony of the AMA before the U.S. House Ways and Means Committee, Marijuana Tax Act hearing in 1937. Dr. William C. Woodward, former Commissioner of Health of Washington (1893-1913), Boston Health Commission (1913-1919), past President of the American Public Health Association (1914), a doctor and a lawyer, and the AMA's Chief Legal Counsel since 1924, testified that the AMA knew of no dangers from the medicinal use of cannabis. At that time cannabis had been in the United States Pharmacopeia (USP) since 1854. He further pointed out that he had checked with numerous federal agencies (e.g., USPHS, Children's Bureau, Bureau of Prisons, etc.) and not one of them had an iota of evidence pointing to the dangers of cannabis use, medicinal or recreational.

Pharmacy Regulations

As I said at the Symposium, let's start by recognizing that cannabis is an effective, safe medicine, safer than aspirin, and move on from there. My preference would be to see the same or very similar rules and regulations applied to cannabis as apply to other therapeutics that have few side effects, none of them serious. That is to say when addressing the commercial sale of medicinal cannabis (as opposed to grows for personal use), treat medicinal cannabis as a pharmaceutical and apply regulations which are similar to those that would be applied, to what in the U.S. are applied to schedule III drugs.

If there is to be a dispensary system (as opposed to using existing pharmacy regulations), the dispensary should be managed by a nurse or a pharmacist. There needs to be medically knowledgeable people staffing the dispensary. The people need to be knowledge about strains and have a working knowledge of the therapeutic constituents of the plant and their therapeutic application. Possibly a 5-15 unit certificate training at your equivalent of our community college could be developed and required of some or all employees working at a dispensary who deal with the public. Attached are some dispensary suggestions I submitted to various government entities in California.

Product Testing

Moving on to product, all product should be tested for level of THC and CBD, possibly THCV, THCA, CBDA and/or CBG and CBC. Also the product should be tested for mold and pesticide residue.

Medicinal cannabis has slowly begun to move into the mainstream. As one consequence, there is becoming a wider selection of product: tincture, tablets, liquids spiked with cannabis extract, candy bars, suckers and vaporizers in addition to the familiar cannabis cigarette (joint). These products are medicines and should be prepared under clean conditions, but let's not go overboard. They should all be labeled as to dose and/or percentage of at least THC and CBD.

Covered Conditions and Symptoms

Another area that you need to look at closely is developing a regulatory system that allows some discretion by physicians in the prescribing of cannabis. Because of the wide range of symptoms and conditions that respond favorably to cannabis, having a closed list of conditions makes no medical or logical sense. This is especially important with the increased interest and research occurring today. This research and clinical experience is providing further documentation for a wide range of existing applications and suggestions for additional conditions will no doubt be added to our present known therapeutic targets.

One approach to providing physicians this latitude to use their clinical experience and implications of new research when prescribing cannabis, could be dealt with as the U.S. does with FDA approved drugs. In the U.S. a physician may legally prescribe any FDA approved drug for off label indications if scientific research and/or credible anecdotal evidence exists that demonstrates that medication's possible usefulness for treating the off label condition. Law-makers need to resist the impulse that they know more about the practice of medicine than physicians.

Availability for Children

Cannabis must be available for use by children. It can be helpful in treating ADD, Touretts Syndrom, PTSD, Aspergers, austism and cancer. The use of cannabis can

literally dramatically improve a child's life. I have had several parents make an impassioned plea for recommendations for their children who suffer with ADD/ADHD, Asperger's Syndrome, autism, OCD, and social anxiety. For many of these patients cannabis has dramatically changed their lives for the better.

While I have never been involved in treating children who have cancer with cannabis, others have so treated children. I've included an article about a remarkable case of an 18 month old with brain cancer. Cannabis reduced this tumor from the size of a small tangerine to the size of a pencil line. (See attachment.) Children should not be excluded from legally receiving the benefits of this remarkable plant.

Many Medical Conditions Respond to Cannabis

Gastrointestinal Disorders
Crohn's Disease, irritable bowel syndrome and cyclical vomiting syndrome are gastro intestinal conditions which respond well to treatment with cannabis. Not only are there numerous research studies but an article by Dr. Hergenrather addresses a study that he, Dr. Mikuriya and I did. (See attached.) Our survey of medicinal cannabis patients who were treating their Crohns Disease reported less abdominal pain, fewer bowel movements, better formed stools, less diarrhea, and a decrease in medication. Many were able to get of steroids.

PTSD
PTSD is very common in the U.S... It is found in people who were raised in a dysfunctional family where they experienced physical, emotional or sexual abuse, had a specific traumatic experience and/or have served in a theater of war. It is a national disgrace that rather than helping the many veterans suffering from PTSD who gain some benefit from cannabis, we are legally harassing them. This no doubt is contributing to the obscene rate of suicides in U.S. veterans of Iraq War and Afghanistan War at 22/day.

We cannot stand idly by when cannabis has been proven by its use by tens of thousands of vets ,been recommended by hundreds or possibly thousands of American physicians for relief of symptoms of PTSD, its use in Israel in treating PTSD (see also attached article on PTSD). Just last week the U.S. Senate Committee on Veterans Health passed a law that will allow physicians working in Veterans Administration health care facilities to discuss the medicinal use of cannabis with their patients.

Relief of Musculoskeletal Symptoms
Cannabis is an anti-inflammatory and an analgesic. Cannabis is fantastic for treating anti immune disease – fibromyalgia, RSD, CRPS, Lupus, scleroderma and rheumatoid arthritis. By the same token it is useful in relieving the pain of osteoarthritis and carpel tunnel syndrome. It can also help alleviate some pain associated with muscle spasm related to foraminal stenosis, degenerative disc disease

Analgesia
As I recall, you indicated in your remarks that you were not inclined to include cannabis' analgesic effects on your list of approved conditions. Such an omission would be an error of the first order. A recent article in the Journal of the American Medical Association shows that over the four year period of 2008-2012 there was a 30% drop in deaths due to opiate ODs in medicinal cannabis states compared to states where medicinal cannabis was still illegal. The research demonstrating cannabis and THC analgesic effects are voluminous. (See attached for a small sample.)

Balance Therapeutic vs. Side Effects/Safety
Another concept that you appear to be toying with – prohibiting use of cannabis as a first line drug – violates the spirit of the Hippocratic Oath and the admonition to “First do no harm” .It appears contrary to conventional medical thinking used to select any therapy. As physicians we are taught in medical school to balance a medication’s therapeutic effect vs. its side effects.

Cannabis wins a side effects comparison with any other drug used to treat most conditions that respond favorably to cannabis. According to the DEA’s Chief Administrative Law Judge, Francis Young, in 1988 after a two year rescheduling hearing. Judge Young recommended rescheduling cannabis, and in his Finding of Fact he found that cannabis was “one of the safest therapeutic agents known to man”. In 1999 the Institute of Medicine in a federally funded report, found that side effects of cannabis were no greater than the average prescription drug.

Effects of Long-Term Use
As to the effects on human health of long term cannabis use, a good source is a study on four long-time participants in the U.S. Independent New Drug (IND) program done by Ethan Russo, MD and Mary Lynn Mathre, RN. These long-term IND patients demonstrated NO adverse long term effects in these patients .Each of them had smoked three hundred to four hundred (300-400) .9 gm cannabis cigarettes for over 25 years. Other than the underlying condition for which they were using cannabis to treat, there was nothing remarkable about their health status. In this discussion, the fact that nothing adverse was found in their health status is what is remarkable. On an anecdotal level, my patients include doctors, attorneys, law enforcement personnel, entrepreneurs, many of whom I’ve seen for over ten years. They are doing well clinically and occupationally.

Dependency
You indicated a concern for dependency. As I pointed out at the symposium, per Drs. Henningfield and Benowitz, noted experts in the field, the risk of dependency from cannabis is less than caffeine. We need to proceed with that knowledge firmly in hand. I’ve included a chapter from my book on this issue. By the way I am not saying there is no dependency risk, only that it must be put in proper perspective.

Personal Responsibility
I appreciate that making a recommendation allowing for lawful self grown medicinal cannabis could raise some eyebrows. That should not be a deterrent to doing the right, sensible and logical thing. Consider this: if I grow other herbs and vegetables that is considered just fine without need for any legal regulation. There is no logical reason why growing this herb (cannabis) for personal use should be treated any differently. This recommendation is limited by the caveat that the personal home-grown cannabis could only be used for personal consumption, not for commercial sale.

This proposed policy choice encourages personal responsibility in caring for one’s health. The patient know what strain they are getting and how it was grown. Not everyone will choose to grow their own medicine, but those that do should be legally protected. Also cannabis does have a cost associated with it, so this offers an avenue for more low income families to share in the therapeutic benefits of cannabis.

You raised the concern that allowing personal medicinal cannabis grows could promote crime because people will just steal your plants. It’s true that happens, but less and less as time goes on and our approach to cannabis is normalized. Just for example,

the people both in back and next door to me have been growing a few plants. For years I was unaware of their grows and as far as I know to this day no unauthorized person has taken them. Far worse than fear that your neighbors will steal your medicine is the fear that the police will confiscate them.

Also crops and farm animals are stolen all the time. That is a crime. Notwithstanding that we have the crime of being a horse thief ,a goat thief, what have you; we do not make it a crime to grow citrus fruit, vegetables or raise sheep and cattle merely because these agricultural products are the object of theft. There is no logical reason that cannabis grown for personal medical use should be any different.

Offenses for medical use of cannabis should really not exist, but if they do they should be the lowest law enforcement priority. This is because every time the police eradicate somebody's grow they are adding another customer to the black market, a black market which we have unsuccessfully tried to extinguish for well over half a century, a black market that did not exist until 1913. That is a pretty good track record for a 35 million year old plant.

Require Education of Physicians about the Endocannabinoid System (ECS)
I want to make a strong plea for mandating the teaching of the endocananbinoid system in all medical, nursing and pharmacy schools in Victoria and if you can swing it, all of Australia. This is not only common sense but it makes it very clear that the government recognizes that cannabis is medicine. Ideally all doctors should be aware not only of the ECS (the largest neurotransmitter system in the human body), but also the medical value of cannabis.

I would like to see most recommendations made or prescriptions written by the patient's primary care physician (PCP). Usually they know the patient's medical history and have developed a doctor patient rapport. Requring, say six (6) Category I CME for cannabinoid medicine, within five years of the passage of the law to continue your license to practice medicine; this would provide these PCPs the knowledge necessary to make such recommendation. Making patients jump through another hoop to see some specialist is really not helpful to the ill patient.

There is no question that there should be additional medical training on cannabis, cannabinoids and the ECS for specialties whose patients are most likely to benefit from the medicinal use of cannabis. These specialties include: GPs, internists, pediatricians, neurologists, psychiatrists, rheumatologists, pulmonologists, pain management physicians, and sleep specialists. You may wish to do what California did regarding pain management and end of life care and require 12 Category I CME on those topics and give them six years to do so.

Credentialing
You should try to marginalize those physicians who might wish to practice a form of minimalist medicine in making recommendations and/or writing prescriptions for the medicinal use of cannabis. This ought to be done in a way to support access to a cannabis prescription through family physicians. You can do this by requiring any physician who makes twenty-five (25) or more cannabis prescriptions a year to be certified. Such certification could include having attended a certain amount of category I CME say twenty hours, passing a test and practicing an acceptable standard of medicine.

Discussion
You have no idea how many suffering people will have their lives improved by

establishing a reasonable policy for access to medicinal cannabis at both the state and federal level. I wish you could sit in my office and hear patients who suffer from Parkinson's, MS, migraines, PTSD, ADD, pain and the like. They tell me how grateful they are for the relief that they get from cannabis. I think you, like I, would be amazed.

For years now I've been telling my wife that I have never felt more like a physician than since I've been practicing cannabinoid medicine. As the stigma lessens and the population that came of age in the 60s ages, more and more people in America are seeing cannabis as a treatment option.

The more we treat cannabis as the benign substance it is, in a normal, non-demonizing fashion, the fewer issues will be created by the law. Remember that cannabis was a medicine in the U.S. into the 1940s and doctors and doctor groups vigorously defended the medicinal use of cannabis even after the Marijuana Tax Act was passed in 1937.

Basically we have been sold a bill of goods and at one time or another most of us have bought it. Certainly cannabis is safer than any prescription drug advertised on television in the USA.

Conclusion
You and your commission have a chance to make a historical breakthrough by normalizing medicinal cannabis and by paving the way for more research. I would encourage you to recommend state government funding for extensive basic science studies, epidemiologic studies and clinical trials of medicinal cannabis. While I'm not a big fan of taxing medicine you might propose a modest tax, say 3-5% and have those funds earmarked for cannabis and cannabinoid research.

If you make the recommendation, I'm thinking(only a bit facetiously) that you could have a statute erected in your honor. I have to admit its more likely to be in Nimbin than in front of a major hospital in Melbourne.

People who get relief from cannabis for the many and varied medicinal conditions that cannabis provides relief for may not know you, but by allowing expanded access to medicinal cannabis you will know in your heart and your mind that you have made a lasting contribution to improving the health and wellness of Australians not only for now, but hopefully for all time.

I encourage you to read Volume I of my book that Fred Fotis gave you. I think you'll find it interesting, educational and possibly even helpful. Volume II will be out in about three weeks. You should find several of the chapters to be right on point for drug policy reform.

Thank you for your consideration of the above. Should you believe that I might be of some further assistance please feel free to contact me. Based on your presentation I know that you will take my suggestions seriously. If you need more research or want to explore any of the suggestions further please drop me an email.

Lastly I want to thank you again for attending the symposium as a part of your fact finding mission. Good luck in your efforts.

Sincerely yours,
David Bearman, M.D.