

Smoking, Supply and Safety

A Personal Statement by John Ransley

When my partner was first diagnosed with a small breast cancer in November 2001, all the specialists assured us her disease was classified stage one. A GP read her symptoms as more, and in mid-January 2002, only a couple of months after her lumpectomy, a whole body bone scan re-diagnosed her metastatic disease as stage four. Two weeks later a soft tissue scan confirmed suspicions that the metastases had spread to her lungs and liver. At the same time there was a major complication when she sustained a clean fracture to her right Lesser Trochanter, severing the attachment of a major psoas muscle and requiring a pin to be inserted in her right thigh bone.

She was immediately started on both hormone therapy and a monthly biphosphonate bone therapy to prevent further fracturing. These two therapies worked for about a year, reducing the metastases and strengthening bones weakened by the cancer. They had no major side effects apart from simulated menopause symptoms.

Radiotherapy proved to be much more problematic. The first series of treatments in January targeted metastases in her sternum which had become a source of excruciating pain. The second series targeted two metastases in her lumbar spine and a metastatic area in her left hip, which was judged to have potential for another major fracture. The third series targeted her right thigh bone, to reduce the metastases and allow the bone strengthening treatment to begin. Radiotherapy was judged to be successful as soon as pain ceased from these areas, with the last treatment on 19 March.

Possibly because she had contracted both cholera and typhoid fever during the twelve years she lived in India, my partner was extremely sensitive to nausea. Nausea was, for her, worse even than bone pain. Unfortunately, nearly all the radiotherapy treatments induced extreme nausea, a side-effect acknowledged by her radiology specialist but disbelieved by the staff at QRI. As the radiologist noted the radiation was inadvertently spraying parts of her digestive system. Special shielding provided for her very last treatment proved successful, confirming the effect.

This is where cannabis comes in, not for chemotherapy but—principally—for radiotherapy. Morphine for pain relief—pre-operative for cancer-generated bone pain, post-operative for surgery-related pain—also produced significant nausea. Both kinds of nausea were accompanied by extreme loss of appetite. When the standard anti-nausea medicine Maxolon provided no relief, the oncologist prescribed Zofran, a relatively new and we were told very expensive drug that worked in a different way. The Zofran proved to be of some help, but my partner found that cannabis was far more effective.

Choosing cannabis

Why cannabis? We had both smoked cannabis when we were young and we were well acquainted with “the munchies” effect. In addition, one of my cousins had found it very helpful for managing side-effects from chemotherapy when she was being treated for Hodgkin’s disease

in the late 1970s. During this period she was busted twice by South Australian police, on one of these occasions in the usual heavily armed and intimidating home-invasion style. In each case the charges were dropped by police prosecutors because of her medical condition.

So it was logical for my partner to give it a try. Fortunately, it worked a treat, almost like magic.

Just to be clear, she burnt the cannabis in a joint, mixed with dried peppermint tea powder as a substitute for tobacco, the most popular burning agent. The cannabis was a top-quality flowering heads product provided freely through a friend, almost certainly hydroponic because that produced the most reliable and strongest strain. Unlike when taken orally, smoked cannabis is absorbed into the blood stream very quickly, so it is easy enough to titrate the amount that is required to alleviate symptoms.

We were aware of course that using cannabis was illegal, but believed that her quality of life overrode any other considerations. She stopped smoking joints when her radiotherapy finished. When her cancer returned a year later she was started on the first of two courses of chemotherapy. During these treatments she used cannabis on an as-needed basis, generally immediately following the IV procedure. This time the cannabis was taken through a water bong, which provides an even more precise calibration of dose effect and symptom. Zofran was also made available by her oncologist and so cannabis and Zofran continued to be her two anti-nausea agents until the end. Her oncologist was fully aware she was using cannabis and made it clear he had no objection.

After her second chemotherapy course failed very badly—dramatically accelerating the progress of her liver secondaries as predicted by her radiologist—radiotherapy was delivered direct to her liver. In her last 3 months she was using cannabis about once daily and this enabled her to maintain both her appetite and her spirits. She hated morphine and only agreed to take it intravenously, at home, on the day she died. In the end her body gave way to the combined insults of cancer, chemotherapy and radiotherapy, but she was very grateful that cannabis was available to shield her from unnecessary suffering.

Safety

I would like to stress how safe this was. There were absolutely no adverse side-effects. Partly this may have been because only very small amounts were required to alleviate her symptoms. The smoke taken through a bong was much cooler and therefore more preferable than that produced by the joint, although in both cases high temperatures are needed at the point of combustion to release the cannabinoids that are responsible for the medicinal effect.

The cannabis we obtained had been cultivated to increase the THC component, and I note evidence that THC can mitigate the growth of at least some cancers. There was pretty much no ‘whoopie’ effect from her cannabis use, but to the extent there was it put a sparkle in her eyes and a smile on her face. In her youth she had sometimes enjoyed the mild intoxication effect, so it was not unfamiliar to her. As an adult she had lived a very Spartan and totally drug-free ashram life in India for twelve years while she studied and taught yoga. She maintained this lifestyle when she returned to Australia.

Supply

It is worth noting it was easy for us to source a supply of cannabis. As part of that cohort of baby boomers who had experimented with cannabis in our youth we could have obtained it from multiple sources, but we chose one particular connection because of a well established reputation as a supplier of a high-quality product.

If we had not been part of that minority cohort, we would have probably not known that cannabis had any medicinal benefits. These days people most often discover medicinal cannabis by researching the internet. Back in 2001 people's main sources of information were the media, books and magazines, and word of mouth. The media's coverage was almost 100 percent negative and promoted the view that cannabis was a terrible drug on a par with heroin, making it very unlikely to attract passing interest as a medicine.

I raise this issue because of a recent experience at a public lecture by University of Queensland cannabis researcher Wayne Hall. At the end of the lecture I had risen to speak about my partner's experience. Afterwards a practising GP—also a baby boomer—approached me to describe a family member's three-year suffering as he died from cancer, completely unaware of the potential medical benefits of cannabis. I suspect this is not an unusual situation, even though a cursory internet search these days would bring up a lot of good information about medicinal cannabis.

This brings me to the Haslam family.

The Tamworth Haslam family is where the current national movement to legalise medicinal cannabis started. Dan Haslam is another example of a person who underwent three years of unnecessary suffering because of ignorance about the medicinal benefits of cannabis. It is worth revisiting the Haslams to be forcefully reminded of the extraordinary efficacy of even a few puffs of a joint made from that much-maligned substance, 'street cannabis'. Here is how Lucy Haslam's describes that first encounter:

“At the point where Daniel tried cannabis, he was three years into this treatment. The chemotherapy was not working. They were saying he needed to go back to the original chemotherapies that they had tried, which did not last very long with him because the side effects were so severe ... [The next time Daniel had chemotherapy], he had a couple of puffs on a cannabis joint, and it was amazing. I really cannot understate that. It was as near to a miracle as I have ever seen ... He would come home with a chemotherapy pump on, so he would be out of the clinic but effectively still hooked up to chemotherapy, and he would be [extremely white] for days. He had a couple of drags; the colour came back to his face, and he just went: ‘Wow! I’m hungry. Mum, can I have something to eat?’ ... This was such an incredible change. It was life-changing for all of us.”

Case Study 1 – Mrs Lucy Haslam Senate Committee Report on the Regulator of Medicinal Cannabis Bill 2014, p37.

My partner discovered a similar level of symptom relief from smoked cannabis. Anecdotally, this is a common experience, but up till now it has only been available to those people able to access a reliable supply from the illegal market. People without those contacts are forced to seek help from their GenX and GenY friends and family members, or, worse, approach strangers on the street: even, as one Queensland mother did, take a sick child overseas in order to access a cannabis medicine. But before these people can begin their search for a supply, they have to undergo a big change in their thinking about cannabis. Dan Haslam's parents are a classic example: both are very politically conservative, and his retired father had even been the head of the Tamworth drug squad. Their acceptance of the efficacy of medicinal cannabis for their son was not only life-changing in the sense Lucy Haslam describes, but life-changing in their attitude to the war on drugs that had partly sustained Dan's fathers' livelihood.

Personal Experience

I'm old enough now to have known hundreds of people who safely smoked cannabis for its intoxicating effects. This is consistent with the estimate by the VLRC Report last year that 750,000 Australians use cannabis every week, which translates on a per population basis to about 152,000 Queenslanders. Obviously, most of this consumption is not causing problems for the overwhelming number of users, otherwise it would show up in emergency departments in big numbers.

Personal qualifications

Although my interest in medicinal cannabis has been informed by personal experience, my approach to law reform has always striven to honour the best available science and be guided by the best available researchers. My master's degree in science was awarded by the University of New England for a largely self-generated theoretical and practical research thesis which was very well received by internal and external examiners. Although no longer a practising scientist I have continued my conversation with science, maintaining and expanding my understanding of how science works in a number of fields.

For about 25 years now QCCL has taken the position that cannabis should be completely legalised. In that time I have personally made 4 submissions to various parliamentary committees advocating legalisation and lately, advocating legalisation of medicinal cannabis as a special case.

- (a) Two submissions to Queensland parliamentary enquiries on cannabis and a third submission to the Senate committee inquiry on medicinal cannabis:
 - Cannabis and the Law in Queensland: A Personal Assessment (1993);
 - Queensland Parliamentary Inquiry into Addressing Cannabis-Related Harm in Queensland. The QCCL Submission (2010);
 - Senate Inquiry into the Regulator of Medicinal Cannabis Bill (2014). The QCCL Submission 2015.
 - Draft Public Health (Medicinal Cannabis) Bill (March 2016). Supplementary QCCL Submission to the Queensland Health, 14 April 2016.
- (b) Spokesperson for QCCL before parliamentary committees.
- (c) Spokesperson for QCCL at medicinal cannabis forums in Brisbane, 2015.

John E Ransley
Brisbane, 8 July 2016