

QUEENSLAND MEDICINAL CANNABIS LEGISLATION 2016

REPORT BY JOHN RANSLEY TO QCCL EXECUTIVE Sep2016

John Ransley reported he had appeared before the Queensland parliamentary committee reviewing the *Public Health (Medicinal Cannabis) Bill 2016* on 29 August 2016. The appearance was prompted by John's submission to the committee on 8 July 16, on behalf of the Council:

"The submission—which has been posted to both the QCCL website and the parliamentary website*—included a personal statement by me concerning the benefit my partner received from cannabis smoking during her terminal illness, and a longer submission setting out QCCL's position in relation to the legislation.

The principal arguments put forward in the QCCL submission were:

1. Queensland legislation should adopt the **Victorian model**;
2. **smokable** medicinal cannabis products should be legalised;
3. organic CBD cannabis medicines should be legalised; and
4. **terminal illness** should be made a complete defence against police prosecution.

Second-line submissions included deleting clauses in the legislation that provide for refusal of medicinal cannabis to patients with criminal histories, letting doctors rather than public servants decide who should be eligible for medicinal cannabis, and inserting a 2-year sunset clause in the legislation.

QCCL's main criticism of the legislation is that doesn't address the question of **supply**. In the written submission and before the committee I allowed that the legislative framework might work provided there was oodles of good will on the part of all the participants in the supply chain (unlikely, but possible). But the legislation dismisses the supply issue in a few words, simply stating the medicinal cannabis—which Queensland state bureaucracy may or may not approve—will be manufactured or imported or supplied "under a law of the Commonwealth".

Because there are no medicinal cannabis products being manufactured in Australia, the medicines have to be imported, a process that involves a 2-step process through the TGA, first to get the medicine approved, second to approve its importation. **Lanai Carter's** submission to the parliamentary committee (No.67) unequivocally demonstrates that this doesn't work: she first applied for a licence to import two medicines in March 2015, and on 29 August 2016 had yet to get a result.

The **Victorian parliament** anticipated that importation would not work, and opted instead to establish a complete Victorian medicinal cannabis industry, from cultivation to prescription. QCCL's view is that this has a much better chance of providing medicinal cannabis to all the Victorians who could benefit, although the ideology that cannabis is a dangerous drug always has the potential of assassinating any sensible outcome (as it has many times in the past). Unfortunately this ideology is deeply anchored in the Australian medical profession, and the Victorian governments' attempt to buy off the profession by giving doctors complete power over potential medicinal cannabis patients may still cause the legislation to fail.

Assuming the committee will not oppose Queensland Health, it is very likely that QCCL's submission on supply will not be accepted, and hence the legislation is **likely to fail**. An Australian product appears to be years away. Queensland Health bureaucrats appearing before the parliamentary claimed they were talking to farmers interested in cultivating medicinal cannabis, but because the Queensland legislation makes zero provision for a local industry, the legal framework will fall to the TGA, which clearly has an **ideological bias** against medicinal cannabis.

JOHN SAYS: In my appearance before the committee I made the mistake of accepting the parliamentary website claim that committee members read all the submissions, clearly not the case. Nevertheless I was able to make some useful points:

1. According to national statistics, about 152,500 Queenslanders used cannabis every week. If cannabis were not as safe as the science shows, hospital emergency departments would be full of cannabis casualties. In the submission the point is made that tens of **thousands** of these users are taking (illegal) cannabis for medical reasons.
2. The 2015 Byrne report into Queensland organised crime marvellously highlights the **contradiction** at the heart of cannabis prohibition. On the one hand it dismisses all the oft-repeated claims about the user-harms attributable to cannabis because they are not supported by the science. On the other, it proceeds to analyse the cannabis supply industry as if it is just like any other organised crime phenomenon.
3. The written submission makes the point that **increasing** numbers of Queenslanders are being arrested for minor cannabis offences, 20,219 in 2013-2014, a 10% increase over the previous year. Earlier this year a young Rockhampton man was fined \$1800 for cultivating **one plant** to medicate his back pain. The government wants to have it both ways, terrorising illegal cannabis users and yet making tentative moves to legalise medicinal cannabis.
4. One committee member asked if cannabis was a **gateway** to harder drugs. I dismissed this as an old and totally discredited trope, evidenced by the tiny numbers of hard drug users compared to cannabis users. I did allow that the cannabis could be a gateway to **tobacco smoking**, because tobacco is commonly used as a combustion agent in joints.
5. I was asked my opinion on the claim by growers that they could produce a superior product to the pharmaceutical industry. I responded that **Mullaways** anti-epileptic tincture appeared to support this claim.
6. I was asked if I supported teenage consumption of cannabis. I reiterated that cannabis had never killed anybody—unlike aspirin—and that if I had teenage children I would be much more concerned about **binge drinking**, which ABC TV programs have shown causes significant brain damage.
7. I was asked to provide research demonstrating that THC medicines can reduce cancers. I took this on notice, citing Lanai Carter's submission.
8. My attempt to educate the parliamentary committee on the origins of the War on Drugs was unfortunately cut off when I ran out of time. The argument is in Appendix

J of the submission, but can now be summarised as follows:

‘President Nixon’s War on Drugs (cannabis) was actually a war on the anti-Vietnam War Left, to take them off the political board. So said the late John Ehrlichman, a member of Nixon’s inner circle, quoted in the April 2016 issue of *Harpers Magazine*. The War on Drugs had therefore nothing to do with protecting the health of cannabis users—despite frequent hand-on-heart claims—and everything to do with causing **maximum harm to their health** by locking them away in prison for years.’

Update 1: According to a 23 July 2016 report, the NSW government has been granted a Commonwealth licence to cultivate medicinal cannabis: "This underpins the potential pharmaceutical supply of cannabis-based medicines made in Australia," said the NSW Primary Industries Minister, Niall Blair. "We are the first state to be authorised by the Commonwealth to conduct cultivation research."

<http://www.smh.com.au/nsw/nsw-secures-medical-marijuana-licence-in-australian-first-20160723-gqc53g.html>

The Victorian government is yet to secure a licence.

Update 2: I spoke to Medical Cannabis Clinic Australia rep “Daniel” 1 Sep 16. He said MCCA have an appeal listed for 20-21 Sep 16 against TGA refusal of a licence to import “raw” 98% CBD from various overseas sources. TGA reason for refusal MCCA’s pharmacist was not a “fit and proper person” to perform bring CBD into the country. He believed the hearing would be before the AAT. MCCA have 3,000 patients on their books. I referred to the MCCA situation in my conversation with the parliamentary committee, but also documented it in my written submission.

*Submission 28: <http://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDFVPC/inquiries/current-inquiries/PH-MedicinalCannibas-Bill2016>