Inquiry Into Cannabis and Hemp.

By Bruce Campbell, BSc (Health & Safety), Curtin, 2006.

Definitions:

THC – teterahydrolcannabinol.

CBD – cannabidiol.

Submission:

In regards to the Terms of Reference 2 a "the current barriers to pharmaceutical and neutraceutical use of cannaboid products"

Firstly, by pharmaceutical cannaboid products, I will treat this akin to 'medicinal cannabis' (cannabis / cannaboid products prescribed by a medical doctor as a pharmaceutical medicine).

In regards to pharmaceutical use of cannaboid products, I submit that the Committee should defer to the Australian Medical Association's Position Statement on Cannabis Use and Health – 2014 https://www.ama.com.au/position-statement/cannabis-use-and-health-2014 - where the medicinal or pharmaceutical use of cannabis / cannabis medical derivatives is seen in the broader context of the general community's use / misuse of cannabis.

The AMA is not in favour of the 'legalisation' of cannabis (for so-called 'recreational' use) due to the harm cannabis use poses to the community.

The AMA does support the decriminalisation of cannabis use and supports cannabis use being treated as a public health matter rather than a criminal matter.

Any Committee consideration of pharmaceutical use of cannaboid products should consider the possibilities of misuse of medically prescribed cannaboid products. On the nature of this misuse, akin with alcohol in Western Australia, cannabis as in the plant substance is presently mis-used by children.

From contact with a couple who lived in America, in a State where 'medical marijuana' was 'legalised' (regulated) the non-prescribed husband had free access and 'recreational' misuse of his wife's prescribed supply of 'medical marijuana', which was the plant substance and also 'tonics' at undefined-uncapped THC / CBD percentages.

More disturbingly, the wife permitted her 14 year of daughter 'recreational 'misuse of her prescribed 'medical marijuana'.

I submit that the Committee where considering the pharmaceutical use of cannaboid products should strongly consider the misuse of cannaboid products, and implement things to prevent such

misuse such as sufficiently deterrent fines for supply to non-prescribed persons and the 'peer to peer' sale of pharmaceutical cannaboids to persons non-prescribed, the capping of THC / CBD percentages and the forms of pharmaceutical cannaboids are supplied in.

The existing regulatory framework in regards to pharmaceutical substances does provide a structure for the regulation of pharmaceutical use of cannaboid products, with their use prescribed by a medical doctor.

I do not support non-medical doctors – such as pharmacists - being able to supply cannaboid products to persons without prescription by a medical doctor.

In regards to the neutraceutical use of cannaboid products, whilst I am unable to find an Australian definition of 'neutraceutical', I understand that the word refers to 'alternatives to pharmaceutical medicine akin to dietary supplements and food additives.

The existing regulatory framework in regards to neutraceutical substances does provide an adequate structure for the regulation of use of cannaboid products, in fact permitting the neutraceutical use of cannaboid products is a form of 'legalisation' for recreational use by proxy

Given the AMA's broad concerns about the harm that cannabis uses does in the community, I will follow the AMA's guidance and as a general principle not support the non-medically prescribed use of cannabis / cannaboid products.

I submit that the Committee see, as the AMA does, the broader harms in cannaboid products of 'whatever' percentage THC / CBD being available to the community akin to buying a vitamin supplement from a supermarket, or local pharmacy and not permit at all the neutraceutical use of cannaboid products.

In regards to the Terms of Reference 2 b "medicinal cannabis, its prescription, availability and affordability":

In this Inquiry, the term 'medicinal cannabis' seems to refer to the plants substance matter of a cannabis plant, and the term cannaboid product seems to refer to a substance containing an extract of the cannabis plant, however to avoid ambiguity I will consider 'medical cannabis' to include both cannabis plant matter and pharmaceutical cannaboid products.

In regards to medicinal cannabis, its prescription, availability and affordability, I submit that the Committee should defer to the Australian Medical Association's Position Statement on Cannabis Use and Health – 2014 https://www.ama.com.au/position-statement/cannabis-use-and-health-2014 - where the medicinal or pharmaceutical use of cannabis / cannabis medical derivatives is seen in the broader context of the general community's use / misuse of cannabis.

I submit that the Committee where considering the medical use of cannabis should strongly consider the misuse of cannaboid products, and implement things to prevent such misuse such as sufficiently deterrent fines for supply to non-prescribed persons and the 'peer to peer' sale of pharmaceutical

cannaboids to persons non-prescribed, the capping of THC / CBD percentages and the forms of pharmaceutical cannaboids are supplied in.

In regards to the Terms of Reference 2 c 'the potential benefits and risks in permitting industrial hemp for human consumption"

Firstly, 'hemp' is cannabis, and 'industrial hemp' is also cannabis. 'Hemp' does not exist as a separate species to cannabis. In industry terms 'industrial hemp' is cannabis that has less than 2% THC, thus I take it the Committee is referring to the human consumption of cannabis that is under 2% THC.

With this assumption of the nature of 'Hemp' taken, In regards to the potential benefits and risks in permitting industrial hemp for human consumption, I submit that the Committee should defer to the Australian Medical Association's Position Statement on Cannabis Use and Health – 2014 https://www.ama.com.au/position-statement/cannabis-use-and-health-2014 - where the medicinal or pharmaceutical use of cannabis / cannabis medical derivatives is seen in the broader context of the general community's use / misuse of cannabis.

The AMA's position statement does not specifically ponder the 'human consumption of industrial hemp' therefore the consumption of cannabis as posed by the Committee's 2 c should be seen as the consumption of either under 2% THC cannabis for 'recreational misuse' or medically-prescribed use, and I feel the Committee should consider such on this basis.

Further,

Committee's Possible Issues With Systemic Racism:

The Committee has called for submissions to this enquiry via Colonial era-means – advertising the existence of the committee and the invitation for submissions in a paper dispersed throughout the State of Western Australia.

Given that there are a multitude of Indigenous Nations with Western Australia, I feel that - to avoid systemic racism – that this Committee where it has not already done so should invite each of these Indigenous Nations to submit to this Inquiry.

Where this Committee did invite each of these Indigenous Nations to submit to this Inquiry the Committee would benefit from such broader base of submission possibly obtained.

In Summation:

I feel that this Committee should always consider the broader impact upon the community of increased cannabis or cannaboid product use, should at all times defer to the AMA's Position Statement and the positions of Indigenous Nations in Western Australia.

The notion that the overall community should absorb ‘recreational’ or virtually ‘freely available’ prescribed medical use cannabis / cannaboid product to mis-use – so that a few can benefit from such ‘recreational’ mis-use (or the sale of such) is totally out of step with the values of the people of Western Australia.

Ends.