

From:
To: [Select Committee into Cannabis and Hemp](#)
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Committee Secretary,
Cannabis & Hemp Select Committee
WA Parliament

The potential benefits of hemp to the community are incalculable. Quite apart from the valuable medicinal oils we can derive from the seeds, leaves and buds, are products from its fibrous stem, including textiles and carpets, and quality paper. A recent development is hempcrete, a versatile building material with hemp fibre enclosed in a concrete matrix. Quite apart from its exciting use in home building, is its potential to comprise a carbon sink, locking away the carbon-rich hemp fibre for many decades. The spent biomass from leaves, flowers and seeds can be included in stock feed. Ruminant animals like cattle and sheep can readily digest hemp's high cellulose plant material, breaking it down in their rumen and converting it into various nutrients.

One consideration with the use of hemp biomass in livestock feed is the plants cannabinoid content. In an article in "Successful Farming", Jodi Henke reports on an experiment conducted at Kansas State University's College of Veterinary Medicine, where Holstein steers were fed hemp, then their systemic CBD content monitored. Once the cattle were moved onto a diet without hemp biomass, it was determined that the half life of residual CBD in their body was 14 hours, meaning that within a week or two their body can be cleared of CBD before slaughter, if meat with no trace of CBD is desired for some reason.

<https://www.agriculture.com/podcast/living-the-country-life-radio/industrial-hemp-for-cattle>

I welcome the opportunity to outline my experience with Australia's broken cannabis access scheme. It is broken because it effectively denies access to cannabis to many times more desperate patients than it allows.

In public forums we continually are reminded of these bars to access. The high price of imported cannabis oil and dried flower buds puts this medicine beyond the reach of most, and especially those surviving on low income or a disability pension, because they are too ill to work.

The second bar to using cannabis medication is the nation's unscientific approach to cannabis driving laws and bloodstream levels in the workplace. While these are based on prohibiting even a trace of THC in the bloodstream, researchers at Sydney University's Lambert Initiative for cannabis research found there is little justification for such strict bloodlevel criteria.

<https://www.sydney.edu.au/news-opinion/news/2021/12/02/thc-blood-saliva-poor-measures-cannabis-impairment-lambert-study.html>

The third obstacle to availing of cannabis medication is the TGA itself. While the cannabis plant can provide medicinal products ranging from fresh juice, to undecarbed buds and oils (rich in CBDA, THCA, CBGA, and terpenes), as well as the better known decarbed oils (containing CBD and THC), along with cannabinoid isolates and terpene isolates, the TGA approved range recognises just the buds and decarbed oil—and an

unrealistically limited range at that. Many cannot find what they need in that narrow selection.

The cannabis scheme that Greg Hunt and the federal government have visited on Australians is a case of profiteering at its best, i.e., its worst. GPs and the AMA have never wanted to prescribe plant cannabis product, it is not a patentable pharmaceutical so there is limited scope for commissions, kickbacks and all-expenses-paid conventions hosted at luxury resorts. Doctors don't like dealing with natural plant medicines with seasonal variations in potency that won't lend themselves to a neat specified daily dose across the board. The responsibility for prescribing cannabis needs to be taken out of the hands of doctors who never wanted it in the first place and given over to naturopaths and herbalists, the people who understand herbal products and who specialise in herbs and their medicinal application—they know herbs, doctors don't.

The patient's nightmare that calls itself a cannabis access scheme has shown itself to be unworkable for all but an affluent few—it's shameful tokenism, and it needs to be completely demolished and started over from scratch. In place of the protectionist model favoring a select number of greedy foreign corporations as we have now, it needs to be first and foremost a PATIENT-CENTRED MODEL, having as its first tenet that a sufferer of any of a certain long list of diseases or conditions be automatically lawfully entitled to cultivate and use an adequate number of non-GMO cannabis plants—as is allowed in most US states where cannabis is now legal. Not until patients are growing their own plants will we have a medicinal cannabis scheme where the appropriate product is available and affordable in the required dosages by those who need it. Cannabis is a versatile and potent medicinal herb, but it oftentimes must be administered in doses greater than a few diluted drops. Overseas where cannabis has been legalised, the most exciting results are emerging of its efficacy against almost every cancer, yet in Australia the use of cannabis as a cancer treatment has specifically been denied. This absurdity must change. Denying cannabis use against cancer got written into the TGA operating manual at a time when the wife of the prime minister of the day was herself the chair of a pharmaceutical company that manufactured chemotherapy products, and the TGA ruling very neatly served to protect that chemical factory's market from the demonstrably more effective plant cannabis. Most desperately ill patients are too ill to work and have exhausted their savings, having spent everything seeking a cure or relief for their condition, so the government's current model that sees patients as an exploitable commodity is immoral and needs to be demolished. The cancer industry is one of the greediest, most profitable medical enterprises to work in, it doesn't want talk of a cure (i.e., long-term remission) from a homegrown plant, hence we see vigorous lobbying against medicinal cannabis by medical groups with vested interests. (Incidentally, we also see lobbying against cannabis reform by liquor bottlers, another group fearing cannabis will affect their profits.) Worldwide, there is not a single verifiable case of a person being killed by plant cannabis overdose. An interesting statistic, taken from a USA sample of hundreds of thousands, is that a person smoking cannabis is statistically LESS LIKELY to ever suffer lung cancer than is a non-smoker. The sooner cannabis law is reformed to allow medical patients to cultivate their own plants, the sooner we will see improved pain control, improved health among the older generation, and a plummeting in cancer deaths. Australians deserve cannabis access, not cannabis denial masquerading as cannabis access as we are dealing with now.

There exist over 700 strains of cannabis cultivated worldwide, each having its unique composition of components, and from each we derive unique dried bud, fresh leaves for juicing, and two unique oils (decarbed and undecarbed). Many maladies are best treated only by particular strains of cannabis, so it shows a lack of understanding to think that patients across the whole spectrum of health issues are going to be well served by a jar selected from a few dozen that the TGA has approved from an importer. There is a belief among cannabis experts that the government has set up its cannabis scheme to deliberately fail, and this belief seems well-founded. The public has heard reports of cannabis having unrivalled healing power, so when a few finally manage to get approved for a cannabis product and it turns out to be of disappointing benefit (because from the m limited product line available to him, the prescriber was not able to find a good match to the patient's needs), the public clamour for access to medical cannabis will die down, boosting the prescribing of profitable pharmaceuticals. Not until cannabis law is reformed to allow medical patients to cultivate their own particular strains, will we see significant improved health among many sufferers. The current broken model is all about profits; the needs of the patient have been trampled underfoot and forgotten. Listing cannabis medications on the PBS will do nothing to stop the price-gouging, it will merely conceal the outrageous prices while giving the federal government the go-ahead to increase the frenzied pace at which it continues to shovel money from the public purse into the pockets of its mates in private industry. Only home cultivation can put an end to the government-approved price-gouging we have got ourselves into.

I thank the committee for the opportunity to bring the current injustices and corruption to its notice, and trust that Australia can soon join the rest of the enlightened world in freeing up access to this unique medicinal herb of immense untapped potential.

In closing, we must acknowledge an incalculable indebtedness to those high-principled martyrs and stalwarts who through the decades of government oppression have recognised the immense value of preserving the cannabis species, some giving their lives in the fight to preserve its precious plant genetics for the benefit of mankind. To those past and present growers, warriors and healers, the world says a heartfelt thank you, your indefatigable efforts and steadfast resolve have been vindicated.

