The Committee Secretary
Standing Committee on Health, Ageing, Community and Social Services
Legislative Assembly for the ACT
GPO Box 1020
Canberra ACT 2601
committees@parliament.act.gov.au

Submission by the Alcohol Tobacco and Other Drug Association ACT Inc. (ATODA) to the Inquiry into the Exposure Draft of the Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014, and the related discussion paper

Thank you for providing an opportunity to present a submission to the Standing Committee on this important topic.

ATODA is the peak body representing the alcohol, tobacco and other drug sector in the ACT. ATODA's vision is an ACT community with the lowest possible levels of alcohol, tobacco and other drug related harm, as a result of evidence-informed prevention, treatment and harm reduction policies and services.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, education, information and resources. ATODA is an evidence-informed organisation.

The ways we work, and the outcomes we strive to achieve, reflect our commitment to the values of population health, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

General comments

The ACT (and the Australian) community is calling out for a legal regime for therapeutic/medicinal cannabis.

Over the last six months, ATODA has been active in contributing to the debate in the ACT, and beyond, relating to medicinal cannabis. ATODA is concerned that the quality of information and debate on the topic has been poor. Too often we have seen people talking past each other, failing to attain agreement as to what the key issues are and failing to listen to the diverse perspectives that should be informing policy analysis and decision-making in this area.

In particular, ATODA is concerned that sections of the medical profession are taking too narrow an approach on this topic, failing to acknowledge what many see as the bottom line: the fact that many people in our community have poor quality of life owing to debilitating illnesses that are not relieved by standard medical practice, or who are experiencing severe adverse side-effects of medical treatment, and that for many of these people cannabis used medicinally assists in relieving these distressing health conditions.

We are seeing professionals and politicians dismissing out of hand the perspectives of people with backgrounds different from themselves. Knowledge, understanding and wisdom about health and well-being exist in other parts of our society, including (especially) among the people whose health conditions it is that we are talking about. As a consequence, ATODA urges the Standing Committee not to take a narrow medical approach in its current work but to adopt a more flexible orientation that better reflects the needs and opportunities that exist in the ACT community.

In response to the Exposure Draft and Discussion Paper issued by the ACT Greens in July 2014, ATODA summarised its concerns and proposals in the following terms:

> ATODA agrees with your central proposition that 'Given the evidence, I believe it would be cruel to deny [legal medicinal cannabis to] people who are suffering and dying when we can provide access to treatment that could relieve their pain'.
>
> As you are aware, this topic was canvased, in some depth and with subject experts, at the:
>
> - Public Forum *Better Understanding Evidence-Based Options for Medicinal Cannabis in the ACT*[1] on 23 September 2014 at the ACT Legislative Assembly, which was co-hosted by ATODA, the Public Health Association of Australia (PHAA) and the AIDS Action Council; and,
> - 7th Annual ACT Alcohol, Tobacco and Other Drug Sector Conference[2] convened by ATODA in Canberra on 24 September 2014.
>
> At those events there was widespread support for the introduction of a medicinal cannabis regime in the ACT, with no-one speaking against it. The discussion was on how to proceed with a regime rather than whether or not to have one.
>
> General support was shown for your proposition that the ACT should move, as soon as possible, to make it lawful for certain categories of people to use cannabis in a therapeutic manner. Meanwhile concurrent policy work should be done on developing a complete supply chain. This would overcome the major limitations of your current proposal, namely its failure to fully address the cannabis supply considerations.
>
> ATODA is aware of the scientific evidence supporting the use of medicinal cannabis[3] and, as with other organisations, deplores the actions of governments internationally in making medical research in this area difficult by largely prohibiting access to cannabis for research purposes,[4] despite the provisions of international treaties that

---

[1] www.atoda.org.au/2014/09/public-forum-better-understanding-evidence-based-medicinal-cannabis-options-for-the-act

[2] www.atoda.org.au/activities/conference

[3] For example: Grotenhermen, F & Muller-Vahl, K 2012, 'The therapeutic potential of cannabis and cannabinoids', *Dtsch Arztebl Int*, vol. 109, no. 29-30, pp. 495-501.

[4] For example: 'Researchers Find Study of Medical Marijuana Discouraged', The New York Times http://www.nytimes.com/2010/01/19/health/policy/19marijuana.html?_r=0

permit cannabis to be cultivated, supplied, possessed and consumed for medical or scientific purposes.[5]

A result of such barriers to research is that many gaps remain in knowledge about the palliative uses of the drug, including the most effective modes of administration, and the most appropriate strains and doses of cannabis for particular conditions and to suit individual circumstances. There has been little progress in developing medical treatments using synthetic or semi-synthetic cannabinoids; the use of which may avoid some of the negative aspects of smoking botanical cannabis.

ATODA is also aware that policy and legislation in this area are out of step with majority public opinion. The public supports the establishment of a lawful medicinal cannabis regime,[6] and also supports further research in this area.[7] This reflects widespread awareness that, for far too many people, conventional treatments of serious, debilitating illness (including terminal health conditions) are not as effective as would be hoped, and that for some people, cannabis can relieve serious symptoms of the health condition or the adverse side effects of treatment.

ATODA is conscious, as we know you are, of the deep human suffering of many people with serious illness who are conflicted with regard to the use of cannabis. Many understand that it could be helpful to them but are reluctant to use it because the drug is illegal. Others have taken the next step and do use it but would very much prefer to be able to access cannabis of known quality through legal sources. We appreciate that this recognition underpins the ACT Greens' current proposals.

Please see Attachment 1 for a copy of the submission that ATODA provided to the ACT Greens on their Exposure Draft and Discussion Paper in October 2014. We will not repeat its full contents here, but request that it be treated as part of our submission to the Standing Committee.

Other ACT developments

It is disappointing that despite significant expertise in Canberra, the ACT Government has devolved research activities to New South Wales. ATODA can support the Standing Committee (and any other stakeholders) to engage with this expertise, such as the collaboration currently being establishing on this topic by Dr David Caldicott with the University of Canberra.

On 27 October 2014, the ACT Clinical Senate[8] met to discuss medicinal cannabis. Meeting reports are made available publicly on their website. ATODA attended the meeting as an observer. The ACT Clinical Senate acknowledged that concurrent policy processes are required; however a narrow medical approach was taken. We again urge the Standing Committee to adopt a more flexible orientation that better reflects the needs and opportunities that exist in the ACT community.

---

[5] United Nations Office on Drugs and Crime 2013, *The International Drug Control Conventions*, www.unodc.org/unodc/en/commissions/CND/conventions.html
[6] 23 July 2014 ReachTEL poll www.reachtel.com.au/blog/7-news-national-poll-21july2014
[7] Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, 2nd edn, Drug Statistics Series no. 25, cat. no. PHE 145, Australian Institute of Health and Welfare, Canberra.
[8] Details about the ACT Clinical Senate are available here: www.health.act.gov.au/professionals/act-clinical-senate/

As the Committee would be aware, significant reporting and public discussion continues through ACT media outlets and other forums.

Interstate and national initiatives

Since preparing the submission to the ACT Greens much has happened, across the nation, with respect to legal medicinal cannabis. Public opinion has continued to move in the direction of support for legal medicinal cannabis, encompassing models that reflect the existing approach to therapeutic products, on the one hand, and models that operate outside of that regime, focusing upon a compassionate, palliative approach.

The Prime Minister has provided his support for states and territories wishing to introduce legal medicinal cannabis programs. The Commonwealth Department of Health has also indicated that it would not oppose states and territories introducing legal medicinal cannabis regimes. Neither the statement by the Prime Minister nor that from the Commonwealth Department have included strict conditions relating to the registration of cannabis products as therapeutic goods under the Therapeutic Goods Administration (TGA) approvals process.

On 27 November 2014 the private member's bill *Regulator of Medicinal Cannabis Bill 2014* was introduced into the Parliament of the Commonwealth of Australia. As you know, the bill aims to establish:

> …a Regulator of Medicinal Cannabis to be responsible for formulating rules and monitoring compliance with those rules for licensing the production, manufacture, supply, use, experimental use and import and export of medicinal cannabis; and provides for a national system to regulate the cultivation, production and use of medicinal cannabis products, and related activities such as research.[9]

It is intended that this approach operate separately from, and in parallel with, the TGA's approvals process for therapeutic products.

Additionally, widespread support has been shown, on the part of state governments, professional bodies and others, for the implementation of clinical trials of therapeutic products containing or derived from cannabis. ATODA's commitment to evidence-informed policy leads us to be fully supportive of these clinical trials. As noted below, however, we find it troubling that a number of governments, and others, appear to be treating the proposed clinical trials as satisfactory alternatives to removing the illegality of cannabis used for medicinal purposes. In our opinion, both initiatives should run in parallel.

Clinical trials and implementation trials

ATODA understands that the ACT Government is in communication with the NSW Government with regard to their funding of clinical trials of the medical use of cannabis. The scope of those trials will be limited to:

1. Children with severe, drug-resistant epilepsy
2. Adults with terminal illness
3. Adults with chemotherapy-induced nausea and vomiting, where standard treatment is ineffective.

[9] http://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=s987

We note that expressions of interest for conducting such trials close later this month and that full applications will be submitted by 16 May 2015. The intention is that the clinical trials should commence some time in 2016 (subject to the researchers being able to source suitable cannabis products to be used medicinally) and the NSW funding will cover a maximum period of three years. This means it is unlikely that the findings of those clinical trials will be published in refereed international journals before 2020.

While supporting further research into medicinal cannabis, ATODA urges the Standing Committee to note the huge amount of research that has already been conducted overseas into medicinal cannabis, the findings of which underpin the decisions of governments in many overseas jurisdictions to introduce legal medicinal cannabis regimes.[10] It has been disappointing to see people in prominent positions in Australia stating, incorrectly, that there is insufficient evidence in clinical medicine to underpin a compassionate, palliation-focused legal medicinal cannabis regime in Australia.

The priority for medicinal cannabis research in this country is not a clinical trial. Instead, what we need is a sound implementation trial. The research question should not be about the efficacy of cannabis as a therapeutic agent, under carefully controlled research conditions. Rather, the research question should be around how best to use the existing knowledge about medicinal cannabis within the real-world, ACT context. In other words, we need a trial that will help us to explore policy and implementation options and identify the most appropriate regulatory framework(s) to meet the demonstrated needs of the Canberra community to have legal access to cannabis for medicinal purposes.

Medicinal cannabis and recreational cannabis need to be differentiated

It is important, in our opinion, that the Standing Committee's Inquiry acknowledges that some who advocate against medicinal cannabis in the ACT intentionally conflate discussions of medicinal use with recreational use. ATODA suggests that policy work in this area needs to keep separate these two sets of uses of the drug. Although there are clear examples from the USA of poorly designed and implemented medicinal cannabis programs that have almost certainly resulted in increasing the availability of the drug for recreational use, those policy failures abroad simply remind us that the ACT approach needs to focus on providing cannabis to very ill people under a compassionate, palliative framework. No logic, nor research, underpins the claims that medicinal cannabis programs necessarily lead to increased levels of recreational use.

On 10 March 2015, ATODA will be hosting a drug policy forum entitled: *"What will we need to do to keep a legal therapeutic cannabis market separate from the illegal market?: The implications of the USA experience for ACT policy, legislation and practice".*

ATODA has invited Professor Beau Kilmer from RAND, a leading USA-based cannabis researcher, to visit Canberra as part of its role in helping to ensure that ACT alcohol and other drug policy reflects contemporary knowledge about what works in what contexts, and what is cost-effective. Please see attachment 2 for further details about the forum.

[10] See for example the Office of Medical Cannabis in The Netherlands, www.cannabisbureau.nl/en/

Conclusion

ATODA supports the thrust of the Exposure Draft Bill and the related Discussion Paper. We conclude that:

- The ACT community is demanding access to a legal medicinal cannabis regime.
- The currently available pharmaceutical products derived from the cannabis plant and synthetic cannabinoids fail to meet the needs of many people who are very unwell from health conditions that have been demonstrated, through sound clinical and epidemiological research, to respond well, among some patients, to cannabis in its various forms.
- The ideal policy setting is one which combines the approach of the Bill currently before the Commonwealth Parliament to introduce a legal regime managed by a Regulator of Medicinal Cannabis, on the one hand, and the development of cannabis pharmaceuticals that meet the therapeutic goods standards of the TGA. Unfortunately, it will be many years before we will be in such a position.
- As a consequence, ATODA suggests that the ACT acts within its existing constitutional powers to remove the legal impediments to people using cannabis medicinally, including providing for the legal cultivation, possession, consumption and supply of the drug to be used for medicinal purposes by people experiencing debilitating health conditions that have been shown to respond positively (in some patients at least) to cannabis.

In the words of the great Harvard scientist Professor Stephen Jay Gould (who for many years suffered from abdominal mesothelioma and was initially diagnosed as being terminally ill, but was able to subsequently live a highly productive life supported by the medicinal use of cannabis):

> "It is beyond my comprehension that any humane person would withhold such a beneficial substance from people in such great need simply because others use it for different purposes."[11]

Thank you for providing an opportunity for ATODA to contribute to the Standing Committee's Inquiry. As requested in your invitation for public submissions, ATODA confirms that we are able to appear at a public hearing on this matter if the Committee would find that useful.

Yours sincerely,

Carrie Fowlie
Executive Officer
Alcohol Tobacco and Other Drug Association ACT
www.atoda.org.au

13 February 2015

[11] http://www.cannabisculture.com/articles/2783.html

Attachment 1: ATODA's submission on the ACT Greens Medical Cannabis Discussion Paper (October 2014)

Mr Shane Rattenbury MLA
ACT Greens
ACT Legislative Assembly
rattenbury@act.gov.au

Submission to the ACT Greens Medical Cannabis Discussion Paper

Dear Mr Rattenbury MLA,

Thank you for releasing for public comment the discussion paper and exposure draft of a bill dealing with legislation to permit a compassionate approach to medicinal cannabis in the ACT. Thank you also for granting us an extension for this submission until after our public forum and conference on the subject.

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the ACT. ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. ATODA is an evidence-informed organisation that is committed to the principles of reconciliation, population health, human rights and social justice.

Introduction

ATODA agrees with your central proposition that 'Given the evidence, I believe it would be cruel to deny [legal medicinal cannabis to] people who are suffering and dying when we can provide access to treatment that could relieve their pain'.

As you are aware, this topic was canvased, in some depth and with subject experts, at the:

- Public Forum *Better Understanding Evidence-Based Options for Medicinal Cannabis in the ACT*[12] on 23 September 2014 at the ACT Legislative

[12] www.atoda.org.au/2014/09/public-forum-better-understanding-evidence-based-medicinal-cannabis-options-for-the-act

Assembly, which was co-hosted by ATODA, the Public Health Association of Australia (PHAA) and the AIDS Action Council; and,
- 7th Annual ACT Alcohol, Tobacco and Other Drug Sector Conference[13] convened by ATODA in Canberra on 24 September 2014.

At those events there was widespread support for the introduction of a medicinal cannabis regime in the ACT, with no-one speaking against it. The discussion was on how to proceed with a regime rather than whether or not to have one.

General support was shown for your proposition that the ACT should move, as soon as possible, to make it lawful for certain categories of people to use cannabis in a medicinal manner. Meanwhile concurrent policy work should be done on developing a complete supply chain. This would overcome the major limitations of your current proposal, namely its failure to fully address the cannabis supply considerations.

ATODA is aware of the scientific evidence supporting the use of medicinal cannabis[14] and, as with other organisations, deplores the actions of governments internationally in making medical research in this area difficult by largely prohibiting access to cannabis for research purposes, despite the provisions of international treaties that permit cannabis to be cultivated, supplied, possessed and consumed for medical or scientific purposes.[15]

A result of such barriers to research is that many gaps remain in knowledge about the palliative uses of the drug, including the most effective modes of administration, and the most appropriate strains and doses of cannabis for particular conditions and to suit individual circumstances. There has been little progress in developing medical treatments using synthetic or semi-synthetic cannabinoids; the use of which may avoid some of the negative aspects of smoking botanical cannabis.

ATODA is also aware that policy and legislation in this area are out of step with majority public opinion. The public supports the establishment of a lawful medicinal cannabis regime,[16] and also supports further research in this area.[17] This reflects widespread awareness that, for far too many people, conventional treatments of serious, debilitating illness (including terminal health conditions) are not as effective as would be hoped, and that for some people, cannabis can relieve serious symptoms of the health condition or the adverse side effects of treatment.

ATODA is conscious, as we know you are, of the deep human suffering of many people with serious illness who are conflicted with regard to the use of cannabis. Many understand that it could be helpful to them but are reluctant to use it because the drug is illegal. Others have taken the next step and do use it but would very much prefer to be able to access cannabis of known quality through legal sources. We appreciate that this recognition underpins the ACT Greens' current proposals.

---

[13] www.atoda.org.au/activities/conference
[14] E.g. Grotenhermen, F & Muller-Vahl, K 2012, 'The therapeutic potential of cannabis and cannabinoids', *Dtsch Arztebl Int*, vol. 109, no. 29-30, pp. 495-501.
[15] United Nations Office on Drugs and Crime 2013, *The International Drug Control Conventions*, www.unodc.org/unodc/en/commissions/CND/conventions.html
[16] 23 July 2014 ReachTEL poll www.reachtel.com.au/blog/7-news-national-poll-21july2014
[17] Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, 2nd edn, Drug Statistics Series no. 25, cat. no. PHE 145, Australian Institute of Health and Welfare, Canberra.

You have invited comments on specific questions linked to the contents of the exposure draft of the *Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014*. ATODA's responses follow.

Q: Are the recognised illnesses and conditions appropriate?

As a public health focused organisation, ATODA does not have the medical expertise to be able to respond to this question. That said, the Grotenhermen & Muller-Vahl 2012 review (cited above), along with the Volkow *et al.* 2014 review,[18] provide a sound basis for your discussions, on the matter, with medical authorities. We note that the presentation of the evidence was part of the ACT Public Forum and Conference.

Q: Are the requirements for medical involvement in the application process appropriate and adequate?

ATODA believes that one of the strengths of permitting medicinal cannabis is that it has a real potential for opening up channels of communication between patients and their carers, on the one hand, and the medical and pharmaceutical professionals who are supporting them, on the other hand. On that basis, we support the Bill's provisions that it should be lawful for people to use cannabis for therapeutic purposes only if there is evidence that the patients and doctors have discussed the matter and the doctor makes the type of declarations set out in the bill.

We note that this is not calling for doctors to *recommend* the use of medicinal cannabis (that would be inappropriate). Rather, the Bill calls for certification that other therapeutic approaches have been considered and have been found inappropriate or ineffective.

ATODA is of the view that, in an ideal world, decisions about the medicinal use of cannabis would be based upon interactions between the patient, their carers, their doctors and pharmacists. There should not be any involvement of government officials in this medical decision-making. That said, in the early part of a staged approach to introducing lawful medicinal cannabis in the ACT, it does seem appropriate to have the Chief Medical Officer's involvement.

We note that the ACT is moving to a position in which the Chief Medical Officer does not need to approve the use of dangerous schedule 8 drugs, but instead has a role of doing real-time monitoring of their prescribing and dispensing. We hope that medicinal cannabis would be dealt with in the same way in a subsequent stage of program development, particularly considering that cannabis is far safer than the controlled drugs listed under schedule 8.

Q: Is it sufficient that for Category 2 and Category 3 applicants all regular treatments are "medically inappropriate"? Should other factors be relevant – for example, if a treatment is unaffordable?

Differentiating between the three categories of applications is an interesting and promising approach. ATODA is not convinced that the category 2 criterion of 'medical inappropriateness' is apposite. It is not difficult to imagine circumstances in which the patient benefits from both conventional medical treatments and cannabis, administered in parallel. For example, a patient could gain some benefits from conventional treatment but the cannabis could be used to relieve unpleasant side-effects of the treatment.

[18] Volkow, ND *et al.* 2014, 'Adverse health effects of marijuana use', *New England Journal of Medicine*, vol. 370, no. 23, pp. 2219-27.

ATODA does not support the criterion of affordability. This is because we are dealing with a product used in a medicinal context. Its efficacy for those purposes should be the overriding consideration.

Q: Does the legislation strike the right balance in regards to eligibility for children to use medical cannabis?

Broadly speaking, ATODA's preference is that separate provisions are not specified for the compassionate, therapeutic use of cannabis for seriously ill children in the circumstances set out in category 3. Nonetheless, considering the high level of public interest that will probably exist in the legislation, and the concern that people have about administering to children what has to date been an illegal drug, the proposal to restrict category 3 applications to adults seems in order.

You may have noted the provisions in the Public Health Association of Australia's recently released Position Statement on medicinal cannabis that cannabis should only be administered to children by routes other than smoking.[19] ATODA understands the reasons that PHAA would adopt this view, but feels that it is not appropriate to have it included in the ACT Bill. We believe that the provisions of the exposure draft requiring the doctor and applicants to discuss the administration of cannabis adequately deals with this situation.

Q: Are the conditions for permits to use cannabis sufficient and appropriate?

Section 11 states that an approval must include "a condition about the maximum quantity of cannabis the holder may possess at any one time" whereas section 19 states, with respect to cannabis cultivation license conditions, "the maximum amount of cannabis (not more than a trafficable quantity) that may be kept at any one time under the license". It would seem appropriate that both of these provisions specify that the maximum amount is not more than the trafficable quantity.

In this context, it is worth noting that the trafficable quantity of cannabis in the ACT is 300 grams, and that is quite a large amount. It would seem to be appropriate for people to be permitted to cultivate and possess a quantity up to the trafficable level unless there is a special reason to specify a lower limit. In other words, the default position should be being able to cultivate and possess up to 300 grams.

The *Drugs of Dependence Act* has special provisions relating to hydroponically grown cannabis. Your current exposure draft does not differentiate between bush cannabis and hydroponically grown cannabis. ATODA considers that there is no need to make such a differentiation with respect to authorised cultivation of cannabis for medicinal purposes, but it may be worth clarifying that such a differentiation does not exist.

Furthermore, the exposure draft does not define "cannabis". It may be important to clarify that it covers not only herbal cannabis but also extracts of various kinds particularly considering that herbal cannabis is not suitable for administration to many ill people and children. For them, providing the drug in the form of an infusion or tincture is often more appropriate. In other words, the legislation should make allowance for diverse routes of administration of the drug.

---

[19] Public Health Association of Australia 2014, *Position statement: medicinal cannabis in Australia*, Public Health Association of Australia, Canberra.

Q: Are the conditions for permits to cultivate cannabis sufficient?

Yes, with the proviso mentioned above that people should be permitted to cultivate and possess a quantity up to the trafficable level unless there is a special reason to specify a lower limit.

Q: Is 3 years an appropriate period before the review occurs?

The discussion paper refers to a review of the legislation after three years, but section 25 of the exposure draft of the bill refers to two years. In ATODA's view, two years is too short a time for the initiative to be fully implemented and bedded down. A review after three years seems appropriate.

With respect to the composition of the review committee (s. 25(3)) ATODA suggests that it also include a person with expertise in the evaluation of social policy initiatives. Too often committees that review these types of interventions, within a legislative framework, lack evaluation expertise and, as a consequence, apply evaluative methodologies that do not reflect contemporary standards of evaluation practice.

Q: How should drug-driving laws deal with the issue of legalised medical cannabis?

In ATODA's view, the current drug-driving laws would apply satisfactorily once a lawful compassionate medicinal cannabis regime was put in place. We recommend that the existing provisions of the *Road Traffic Act*, that make it an offence to drive while impaired by alcohol and/or other drugs, continue to operate and apply to people who have consumed cannabis under a regulated medicinal cannabis regime.

The current exposure draft of the Bill has provisions requiring doctors and patients to discuss the administration of the cannabis and this would inevitably include informing the patient about the dangers of driving after ingesting cannabis, particularly when this is combined with alcohol. No exemption from the offence of driving while impaired should be provided for people who consume cannabis within the medicinal cannabis regime.

Taking this no exemption approach would simply be implementing the current arrangement with regard to people who are prescribed pharmaceutical products that have a high potential to impair their driving skills, such as benzodiazepines and opioids. There is no medical defence to driving while impaired by these prescribed products, nor should there be for medicinally-approved cannabis.

We note the statement on page 11 of the discussion paper that "…cannabis can remain detectable for a long period after it is ingested, even when it no longer impairs a person's ability to drive". This is not correct. THC, the single active ingredient in cannabis that is the subject of drug-driving legislation in the ACT, can only be detected in the body for a few hours after ingestion. It is only the metabolites of THC that can be detected days and sometimes weeks afterwards, but there is no offence of drivers having these products in the body. Presumably this reflects the fact that the presence of, and levels of, THC metabolites has no correlation with impairment.

Furthermore, ATODA notes that you are consistently using the term "legalised medical cannabis". In our view, that is somewhat problematic, potentially playing into the hands of those who oppose any loosening of prohibition on cannabis in the ACT. The Commonwealth Government has stated that it does not oppose states and territories 'decriminalising'

cannabis for medicinal purposes, but it has never referred to ‘legalising’. Perhaps a more appropriate framing is language such as ‘the controlled availability of cannabis for medicinal purposes’, or similar.

Conclusion

Thank you for providing an opportunity to comment on the exposure draft of the Bill. In due course we look forward to making a further submission to the Legislative Assembly Committee that is considering the ACT Greens’ proposals.

Please don’t hesitate to contact us if we can provide you with further information or support you to engage with medicinal cannabis expertise.

October 2014

Attachment 2: ATODA Drug Policy Forum Flyer (March 2015)

What will we need to do to keep a legal therapeutic cannabis market separate from the illegal market?

The implications of the USA experience for
ACT policy, legislation and practice

Drug Policy Forum with Professor Beau Kilmer

The ACT (and the Australian) community is calling out for a legal regime for therapeutic/medicinal cannabis. The Legislative Assembly for the ACT is currently conducting an Inquiry on the matter. Opinion leaders across the nation believe that it is a matter of *when* we will have legal therapeutic cannabis available to some very ill people, rather than a case of *if* it will become available.

An argument against introducing a legal therapeutic cannabis regime in the ACT is that it will increase the availability of the drug for use for non-therapeutic purposes which will, in turn, increase the levels of cannabis-related harm in the ACT community. They point to some parts of the USA where therapeutic cannabis programs operate much like a legalised recreational cannabis market.

ATODA believes that policy work in this area needs to deal concurrently with legal therapeutic and illegal recreational cannabis use and markets. But why has it been so difficult for some of the states of the USA to develop policy, legislation and practice that achieve the benefits of legal therapeutic cannabis but avoid the negative aspects of expanded availability of the drug for non-therapeutic uses? What can we, in the ACT, learn from those experiences, and how can we use that knowledge in policy work here?

Professor Beau Kilmer, a leading USA-based drug policy researcher, will help us explore these and related questions. He is a Senior Policy Researcher at the RAND offices in California and Canberra; Co-Director of the RAND Drug Policy Research Center; and a Professor at the Pardee RAND Graduate School, see www.rand.org/about/people/k/kilmer_beau.html. He is a co-author of the best contemporary book on cannabis policy: *Marijuana legalization: what everyone needs to know* (OUP 2012).

ATODA has invited Professor Kilmer to visit Canberra as part of its role in helping to ensure that ACT alcohol and other drug policy reflects contemporary knowledge about what works in what contexts, and what is cost-effective.

Date:	Tuesday 10 March 2015
Time:	9:30am – 11:30am (including morning tea)
Cost:	Free
Venue:	Theatrette, Canberra Museum and Gallery, 176 London Circuit, Canberra City
RSVP:	Essential, by Thursday 5 March, please to carrie@atoda.org.au or (02) 6255 4070. Limited places.
Audience:	Criminal justice, police, drug and health policy; researchers; medical profession; general public.