

Inquiry into the use of Cannabis in Victoria

[REDACTED]

Organisation Name: [REDACTED]

Your position or role: [REDACTED]

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this Inquiry into the use of Cannabis in Victoria to consider::

Accessing and using cannabis, Social impacts, Criminal activity, Young people and children, Mental health, Public health, Public safety, Education

What best describes your interest in our Inquiry? (select all that apply) :

Public sector body

Are there any additional themes we should consider?

Select all that apply. Do you think there should be restrictions on the use of cannabis? :

Personal use of cannabis should be legal. , Sale of cannabis should be legal and regulated. , Cultivation of cannabis for personal use should be legal.

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

FILE ATTACHMENTS

File1: [5f28b1de227f0-DeltaTetra Submission - Use of Cannabis in Victoria .docx](#)

File2:

File3:

Signature:

[REDACTED]

Submission: Inquiry into the use of Cannabis in Victoria

Importantly, cannabis, from which CBD is derived, has a very long history of use in many cultures. The use of cannabis for pain can be traced back to ancient Chinese texts dating to 2900 B.C. (Touw et al. 1981). The oldest written record of cannabis as a medicine is in the Chinese medicine text, the Shen Nong Ben Cao Jing, where cannabis was indicated for constipation, rheumatic pain, female reproductive tract disorders and malaria (Touw et al. 1981). It was used in ancient India (as bhang) to treat anxiety (Jarvis et al. 2018). In ancient Egypt, use of *C sativa* as medicine was extensively reported on Assyrian clay tablets and Egyptian Ebers Papyrus (3000 years ago) (Bonini et al. 2018). In the US, ready-made cannabis cigarettes were marketed by Grimault and Sons as an asthma remedy in the 1800's and Indian hemp was a staple in most mustard plasters, poultices and muscles ointment (Lee 2012). The use of cannabis as an analgesic was very common in the United States (US). Sir William Osler, founding father of modern medicine, endorsed cannabis as the best treatment for migraine headaches, and for inhibiting the pain and associated nausea and vomiting. In the UK, Sir Russell Reynolds, physician to the Queen, prescribed hemp tincture to relieve painful menstrual cramps and also recommended it for insomnia (Lee 2012). It was in common use in the US by physicians (being listed in the US Pharmacopoeia for over 100 clinical conditions) until the passing of the *Marijuana Tax Act 1937*. The American Medical Association opposed this Act (Lee 2012).

CBD is considered by the World Health Organization (WHO) to have relatively low toxicity (WHO - Cannabidiol (CBD) Critical Review Report – Expert Committee on Drug Dependence Fortieth Meeting Geneva, 4-7 June 2018 – Page No.13). The risk to public health is low. CBD is regarded as having a good safety profile, is well tolerated, with no potential for abuse or dependence. Side effects associated with CBD have been found to be mild. CBD does not produce the effects seen with THC including the potential euphoric effects of THC (which are dose-dependent and depend on individual factors). Across many controlled and open label trials, CBD has been found to be generally well tolerated. The consensus of the WHO Expert Committee on Drug Dependence Fortieth Report was that: *'CBD has been found to be generally well tolerated with a good safety profile across several controlled and open-label trials investigating its potential therapeutic effects'* (WHO 2018b). It also states that *'Adverse events reported in clinical studies investigating the therapeutic possibilities of CBD have included, but have not been limited to, somnolence, decreased appetite, diarrhoea and fatigue'* (WHO 2018b).

As CBD is classified as a non-psychoactive compound, there is very minimal potential for serious side-effects within a child's use of a product if taken alone. Although we do not have enough clinical data to assist these claims currently, there are studies that are being undertaken in numerous parts of the world on cannabis use and its individual compounds potential for a variant of illnesses as well as how they affect/work with current medications the child is taking.

CBD has a range of potential actions including analgesic, antiemetic, anticonvulsant/anti-epileptic, antipsychotic, anxiolytic and antidepressant, anti-inflammatory, antioxidant, neuroprotective, anti-tumoral and anti-cancer, anti-

asthmatic and immunomodulatory. CBD may be used in proprietary forms including oils, oils in capsules, sublingual and intranasal sprays, suppositories, and externally (creams, salves, transdermal patches). In Australia, CBD oils used orally are the most popular form CBD product at this current time, typically available in bottles with a dropper.

THC also a range of potential actions such as it may be helpful in treating certain rare forms of epilepsy, nausea and vomiting associated with cancer chemotherapy, and loss of appetite and weight loss associated with HIV/AIDS. In addition, some evidence suggests modest benefits of cannabis or cannabinoids for chronic pain and multiple sclerosis symptoms. THC currently is used in a variety of forms medically across the globe, spanning from oils/tinctures/capsules to dry flower.

Currently across the ditch, New Zealand is looking to vote for a full Adult use market (Above 20 years old) for cannabis products. It has begun to implement a medical market as of April 1st, 2020 and is pushing ahead with the referendum later this year, which are both quite drastic changes to its current law systems surrounding cannabis products. This legal model that NZ are looking to implement should be of some assistance to the Victorian and Australian government as it would be a good case study to see the effects of a legal market in a similar market to that of Australia.

With the potential for a legal industry to develop, the impact on the illegal markets would be significant. With supply of legal, safe and regulated cannabis products being able to be obtained, the illegal markets will struggle to compete with the quality, and variety of legal products that will be available on the market.

A Legal adult use market cannabis would take the power out of the criminals' hands quite quickly. If the legal market could ensure quality of product and regular supply at a fair price, it would allow patients and consumers to access cannabis products legally and safely. Thus reduce the continued criminal activity associated with the black market.

With a regulated adult use market for Cannabis products and with taxation on these products as we see in the alcohol market, the state and federal governments can contribute to a safe supply chain of cannabis products, as well as benefit from the taxation income.

With the current state of the economy in Australia and globally following this COVID-19 period, a legal industry could assist generation of tax dollar for the government. As we have seen in the Legal markets in places such as Colorado, USA, there has been a large generation of tax dollars through sale's that have thus been used to assist develop more schools, further maintain roads and other necessities within its state.

Further to this, with an adult use market allowing for the legal consumption of cannabis products, we would see a reduction in the public resources that are required impose criminal penalties on individuals that have been charged with cannabis use offence. The social effects would be quite profound as people have been using cannabis for generations for a variety of reasons (medical or personal)

and have remained in fear of persecution over such a substance that has been proven to be less harmful than alternative legal products in our society.

This would theoretically reduce the number of resources required with government agencies such as Drug court, community corrections and police resources to charge, and prosecute personal use cases. And allow these vital services with more time and resources to address community issues that are far more important in this day and age.

In our opinion, this is consistent with the intention of Section 52E of the *Therapeutic Goods Act 1989* which is to provide access to substances of potential benefit to the public whilst ensuring public safety, by taking into account such factors as toxicity and potential for abuse. This is also consistent with how other herbs and herbal extracts are regulated here in Australia currently.