

Cannabis with Care:

A call for a trial of synthetic cannabinoids.



"I make it very clear that there is no way this Government would propose, in any form, the decriminalisation or legalisation of cannabis. The latest evidence strengthens the case, not weakens the case against legalisation of cannabis.

Of course we do not want them (the seriously ill) to smoke it, and pharmaceuticals are becoming available. We do not want a compassionate regime that involves any risk."

21/05/2003,

The Hon Bob Carr MP,

NSW Premier, Extracts from New South Wales

Legislative Assembly Hansard Article No 8

No dope - just smart
medicine!



“Given that synthetically derived Cannabinoid active principles are already commercially available, pharmaceutical products and have been demonstrated to be more efficacious than the crude plant extract we would see the regulation of Cannabis Sativa as a medicinal product to be inappropriate.”

The Pharmacy Guild of Australia (NSW Branch) Submission to the Working Party on the use of Cannabis for Medicinal Purposes, The Cabinet Office 14th Feb, 2000.
There are number of references to the submission within this document.

ADFS supports Cannabis with Care - the limited clinical trailing of synthetic cannabinoids for the seriously ill who cannot be assisted by other therapies. We encourage you to resist the dangerous term medical marijuana, coined by the legalisation movement. Marijuana is not and never will be a ‘medicine’.

Australians for a Drug Free Society NSW (ADFS NSW) applaud the Pharmacy Guild NSW Branch on their submission, a science based pharmacological paper that reflects current knowledge and cites 82 authoritative and peer reviewed articles. You will note many references to this submission within our own document . Copies of the original Guild submission can be made available to you for personal review on request.

**TRIAL: The term trial is very specific in meaning in this document. To practice evidence-based medicine, doctors must have access to evidence when they need it. Ideally all treatment decisions would be based on a Level 1, the highest level of evidence. - note that this is a much higher standard than expert committee recommendation.*

Level 1: - evidence obtained from a systematic review of all relevant randomised-controlled trials (includes Cochrane reviews, and other systematic reviews and meta-analyses.) Source: The Australian Prescriber, Vol24, No 5, 2001

*“Trial” see
(<http://www.cochrane.org/>)*

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REJECT - ingesting or smoking crude cannabis.

SUPPORT - Limited clinical trials of synthetic cannabinoids in therapeutic doses by: spray, puffer, tablet for seriously ill.

Cannabis with Care

SAFETY: Standards in medicine and pharmaceutical practice in the 21st Century.

Patients deserve the best possible and most careful and cautious response to their particular illness.

Currently, government regulations and standards ensure that ethical research practice is undertaken.

People, especially the seriously ill, have a right to expect that controls are in place to protect them.

In particular the Therapeutic Goods Act provides the key instrument to ensure the minimum standards Australians have come to expect are maintained.

Ongoing clinical observation and research determines the relative value of new treatment possibilities against the proven benefits of older therapies.

Doctors and pharmacists take up some innovative products. Other products do not live up to the promise of their advertising and are ignored and discarded.

To date no cannabinoid has proven more effective than other treatment options when balanced against side effects.

This may change as research unlocks the secrets of individual therapeutic and beneficial cannabinoids.

The proposal to provide cannabis for the smoking of marijuana joints or bongs or even for ingestion in cookies is not a safe option. It does not meet established standards of care.

“There is no scientific basis upon which a dose related therapeutic response could be characterised by using the inhalation route of smoking Cannabis Sativa. ...uncontrollable variables such as inspiration volume, frequency of inhalation and method of smoking ('joint' Vs 'cone')...prohibit accurate dose/response predictive value.”

Pharmacy Guild Submission

SAFETY: Actions of **Government** to increase the safety and well being in the **community**.

Governments and doctors have a common responsibility to non-maleficence (Do no harm).

In recent years we have seen increasing litigation. Massive levels of compensation for perceived injury (damages) have been sought and tobacco manufacturers are now

realising the costs of promoting a product despite being aware of its harmful effects.

The current QUIT anti-tobacco and associated anti-marijuana campaigns send clear messages about known harms.

We know marijuana harms. There is no sound reason to support in any way a trial of smoked or ingested crude marijuana.

Australians for a Drug Free Society



Marijuana In Australia and in the World

The Drug Summit of 1999, convened by the NSW Government under the leadership of Bob Carr, was a watershed moment in the raising of consciousness about the drug abuse epidemic.

That epidemic has cost us so many lives over the last 30 years and the long term effects of drug abuse continue to unfold. From that Summit we have the legislation to deter cannabis use. Other states have altered legislation to allow the personal ownership of Cannabis plants use.

In South Australia amendments were made in response to negative health and social consequences. In Western Australia recent changes have seen a steady movement towards legalisation driven by "Drug Law Reform" movements, the establishment arm of the international legalisation movement. Nationally, customs legislation applies making the importation, possession and sale of marijuana illegal as a prohibited import. There is no exception made for medical use.

Premier Carr, his government and the Opposition recognised the health, social and economic liabilities of marijuana use. There is a real and symbolic power of the legislature to deter use and sale of crude marijuana.

6.6 There are recognised health risks associated with cannabis use and as such there should remain in place legislation to deter its widespread use and sale.
NSW Drug Summit 1999, Government Plan of Action, July 1999.

International Perspective Conventions

(http://www.incb.org/e/ind_conb.htm).

- 1911-12: The Hague Convention: limited opium, morphine heroin and cocaine to medical purposes.
- 1925 :The Geneva Convention: added cannabis to the list
- WHO Committee on Drug Dependence supports the 1924 listing of cannabis as a narcotic and asserts "that use of the drug was dangerous from every point of view, whether physical, mental or social."
- 1961:The Single Convention on Narcotic Drugs
- 1961:(500 delegates from 74 nations) Recommendation: that cannabis, in all its forms, be limited exclusively "to medical and scientific purposes."
- 1971: The Single Convention on Psychotropic Substances 1971
- 1988: United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988: Requires among other things that participating nations prevent the illicit cultivation of plants containing narcotic or psychotropic substances

1924 during the Second Opium Conference Geneva, Cannabis Sativa was classified as a mind - altering substance:

"I cannot emphasize sufficiently the importance of including this product in the list of narcotics, the use of which is to be regulated by this conference...illicit use of hashish is the principal cause of insanity in Egypt, varying from thirty to sixty percent of the total number of cases reported..."

(Egyptian delegate Dr. El Guindy)



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Cannabis with Care

Synthetic Cannabinoids can have a safe medical use -Dope or Hash Cookies are **not** medicine

Dope or hash cookies are not medicine.

Marijuana is the leaf or bud of the Cannabis plant. There are two sub species Cannabis Sativa and Cannabis indica. It is the indica variety that is most commonly grown/smoked herbaceous plant variety. Marijuana can reach maturity in 6 weeks and is propagated by seed.

Marijuana is most commonly smoked in an admixture of tobacco (to help it burn). It is rolled into a cigarette with tobacco and called a joint, or more commonly in 2003, packed into a cone with tobacco and smoked through a bong.

In NSW it is classified as an illicit drug and people can be cautioned for possession or charged and subject to prosecution at the discretion of police. The term 'small quantity' in NSW is 15 grams. This

is roughly the equivalent of 15 one gram joints of marijuana mixed with tobacco or 30 cones mixed with tobacco to make it burn when smoked through a bong.

Synthetic Cannabinoids - Safe Medicine.

SYNTHETIC Cannabinoids are the group of compounds related to the THC found in its raw state in the Cannabis plant.

Synthetic Cannabinoids are the sources from which medicine, standardised product that satisfies the criteria of the Therapeutic Goods Act, can be made. Pethadine, for example, is a synthetic opioid. With the isolation of particular Cannabinoids the careful clinical trailing of medicine for specific serious illness can be undertaken. A trial of synthetic cannabinoid medicine is a compassionate and

careful response to calls for improvements in the treatment of seriously ill patients.

Using synthesised cannabinoids, trials of therapeutic doses can be undertaken with minimised risk to seriously patients and little or no litigation risk to governments.

This path avoids the difficulty of securing plants and the chain of supply of any raw cannabis. It is a cautious and scientific way to enable responsible research into cannabinoids to assist the seriously ill.

Synthetic Cannabioids:

- **meet international obligations.**
- **follow established best practice and medical research for the 21st century.**
- **Meet requests for research into better cannabinoid medicine by patients**
- **Do not require any legislative change.**

1999 Review of the United States Institute of Medicine: "the report concludes that the future of Cannabinoid drugs lies not in smoked marijuana, but in chemically-defined drugs that act on the Cannabinoid systems that are a natural component of human physiology..."

(PG Sub, p.2)

CANNABIS - COMPLEX CHEMISTRY

"The primary psychoactive Cannabinoid principle in Cannabis Sativa is delta-99-tetrahydrocannabinol (THC). There are two other non-psychoactive Cannabinoids thought to be of some medicinal value in MARIJUANA being Cannabinol (CBN) and Cannabidiol (CBD).

The are estimates of over 60 other Cannabinoids found in the plant."

Pharmacy Guild Submission

Australians for a Drug Free Society



Opposition to a trial of Synthetic Cannabinoids

The Drug Reform (Legalisation) Movement:

“People are suffering now - we can't wait for medicine to be developed. We need to give them marijuana to smoke now so that they can get on with their lives.” Dr Alex Wodak, on The Morning Show with Kerry Anne Kennelly, June, 2003.

Response:

- **This is the compassion without caution argument.**
- Seriously ill people need our genuine compassion and deserve the best medical response we can ethically and legally provide.
- This must mean a clinical trial of synthetic Cannabinoids.
- Government sanctioned marijuana increases risk of induction to addiction,
- marijuana is implicated in the suppression of the immunity and central nervous systems,
- marijuana is known to cause: mental illness, paranoia, impairment of driving, respiratory disease, bronchitis, cancer of the aerodigestive tract, increased hypertension, exacerbating symptoms of coronary artery disease.
- Compassion that overlooks the real harm to the individual and the social harm of sanctioning its use is misguided and careless.

The Zero Tolerance Stance:

“Cannabis is a drug that has too bad a history for us to even contemplate sanctioning any sort of trial of this drug in any form.”

Response:

- **This is caution without compassion argument.**
- Cannabis Sativa may offer up some useful synthetic cannabinoids to improve the well being and health outcomes of seriously ill people in our community.
- to ensure no negative impact the Government should sanction and support strict clinical trials of useful cannabinoids in synthetic medicinal forms that provide the best therapeutic effect.
- trials to date (BMJ,2001/2) indicate that no currently developed and available synthetic cannabinoid meets the efficacy and safety of drugs such as Codeine for pain or Zofran for nausea (emesis) so we should proceed with caution
- reports from individuals that they have been relieved by marijuana should encourage us to locate the effective elements in cannabis to create synthetic cannabinoid medicine in safe, regulatable dosage for those seriously ill for whom no other therapy works.

PHARMACY GUILD POSITION:
Qualified support for randomised controlled trials for patients failing to respond to conventional treatment
"There does appear to be some value in encouraging research into synthetically derived Cannabinoid products. The research advanced thus far provides some encouragement for their potential use as medicinal products but because of their potency and associated side effects (without any understanding of long-term treatment health risks) we would recommend that any potential use of these products be restricted to clinical research trials. Admission to such trials should only be gained after informed consent in-patients who have a documented history of failure to adequately respond to conventional treatment."

Pharmacy Guild Submission



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Why a trial of Cannabinoid Medicine in NSW

Synthetic compounds of active Cannabinoid principles of Cannabis Sativa are already available as commercial pharmaceutical products that have undergone the rigorous routine assessments by the appropriate health authorities in both the USA and Canada. (Pharmacy Guild Submission)

NSW is the largest of the states and has a role to play as a leader in the nation taking on its share of the burden of improving the health and well being of our community.

The Carr Government's search for a balanced response to the stories of ordinary Australians facing the challenge of illness, suffering or death must be supported. The focus must remain on evidence-based medicine for a sensible but compassionate response.

The stories that touch us most are of elderly and young cancer sufferers facing imminent death. These Australians have sought relief from pain by smoking or ingesting marijuana in the last weeks of their life.

The current discussion includes a much broader range of potential candidates for a trial:

- suffering from wasting due to cancer or HIV/AIDS,
- nausea from chemotherapy,
- severe or chronic pain
- muscle spasticity due to multiple sclerosis and
- spinal cord injuries.

Clearly, many of those who may be eligible are going to need long term treatment. For these people the current knowledge about the significant negative physical, psychological and social impacts of marijuana smoking or ingestion in the short or long term cannot be ignored.

Are synthetic cannabinoids available in Australia yet? While not 'widely' available, there are THC and cannabinoid options in tablet form available to doctors. In Australia, doctors have already used procedures in place that to enable them to register, access and trial these substances created overseas if they considered they may be of therapeutic value. (Note summary report on Drobinol on page 8.)

The work by GW Pharmaceuticals in Britain, mentioned by the Premier in the NSW Parliament on 20th May, 2003 is of interest. The spray, to be called Sativex, is expected to be ready for the UK as early as March of 2004. The product will have to meet

TGA in Australia and it is too early to risk an assessment of its value as a therapeutic option.

Sativex may be like Drobinol, fail to live up to its promise and have many intolerable side effects. But it does show that research and innovation are possible.

The British Medical Journal indicates that currently available cannabinoids have significant and unacceptable side effects and are less effective than codeine for pain or Zofran for nausea.

People are saying they are getting some relief from the cannabinoids in marijuana.

Listening to both the voice of science and that of the people, the NSW Government should support further research into therapeutic synthetic cannabinoids as medicine for people for whom no other current treatment appears to be effective.

RECOMMENDATION: Support the funding of clinical trials of pharmaceutical preparations of the active ingredients of cannabis (synthetic cannabinoids) and into the basic chemistry and pharmacology of those active ingredients.

(See: Bob Carr, Hansard, NSW Legislative Assembly, Article 9 1/11/2000. P.9509)
Parenthetic comment added



More and more evidence shows that smoking or eating crude marijuana is just not up to the standard of care that our seriously ill patients deserve. A highly controlled clinical trial of new cannabinoids is an appropriate, compassionate and cautious response to expressed concern and need of those seriously ill patients for whom no current therapy is effective.

SYNTHETIC CANNABINOIDS ALREADY COMMERCIALY AVAILABLE OR CURRENTLY BEING TRIALLED IN THE US, CANADA OR BRITAIN				
DRUG NAME	WHAT TYPE OF SYNTHETIC	STATUS in other countries	USED FOR TREATMENT OF...	AVAILABLE IN AUSTRALIA
DROBINOL	THC like synthetic	APPROVED MARKETED as Marinol	Nausea Antiemetic	No survey of oncologists, researchers found that "Marinol placed last among the drugs to assist in cancer chemotherapy and AIDS wasting." (PG Sub, p.7)
NABILONE	Synthetic Cannabinoid	APPROVED MARKETED as Cesamet	Nausea Antiemetic Appetite Stimulant	No
LEVONATRADOL	THC like synthetic	Clinical trials interrupted because of marked side effects	No longer in trials	No
HU211	Synthetic Cannabinoid	Under clinical investigation	Glaucoma	No: concerns about long term use & addiction and subjective assessment of efficacy
BW146Y	Synthetic Cannabinoid	Under clinical investigation	Glaucoma	
DMH-11C	Synthetic Cannabinoid	Under clinical investigation	Arthritis	No
SATIVEX	Plant Extract Mouth Spray	Under clinical investigation UK Bayer to distribute on approval (c. March -Sept 2004)	MS and Severe Neuropathical Pain	No: Bayer and GW Pharmaceuticals looking for international distribution.

Drobinol (Marinol™) is a good example of one synthetic cannabinoid that was developed in the US and found wanting from a clinical point of view from limited trials here in Australia.,

- developed and trialed (US),
- 1985: approved by the Drug and Food Administration(US)
- 1992: approved for Anorexia and AIDS wasting 1992,
- used by some clinicians, found not to be as effective as other available medicines.
- made available for trial to the registered patients scheme in Australia 1997,
- survey of members of Australasian Society of HIV Medicine
- 96% are aware of Drobinol
- 31% do trial it
- 14% of those trialing consider it their preferred treatment
- 86% consider it slightly or moderately useful

Drobinol has not been approved for listing on the National Pharmaceutical List. The trial did not require new legislation. The current structures allowed for a sample group to be identified and for evaluation of therapeutic outcomes and value by clinicians. Drobinol did not meet clinical expectation or patient need.



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Health effects of Marijuana

From a summary produced by Prof. Wayne Hall (et al), in 1994 at the request of the Federal Government.

Acute effects

- anxiety, dysphoria, panic and paranoia, especially in naive users;
- cognitive impairment, especially of attention and memory, for the duration of intoxication;
- psychomotor impairment, and probably an increased risk of accident if an intoxicated person attempts to drive a motor vehicle, or operate machinery;
- an increased risk of experiencing psychotic symptoms among those who are vulnerable because of personal or family history of psychosis;
- an increased risk of low birth weight babies if cannabis is used during pregnancy.

Chronic effects

The major health and psychological effects of chronic heavy cannabis use, especially daily use over many years, remain uncertain. On the available evidence, the major probable

adverse effects appear to be:

- respiratory diseases associated with smoking as the method of administration, such as chronic bronchitis, and the occurrence of histopathological changes that may be precursors to the development of malignancy;
- development of a cannabis dependence syndrome, characterised by an inability to abstain from or to control cannabis use;
- subtle forms of cognitive impairment, most particularly of attention and memory, which persist while the user remains chronically intoxicated, and may or may not be reversible after prolonged abstinence from cannabis.

Persons with pre-existing diseases

Persons with a number of pre-existing diseases who smoke cannabis are probably at an increased risk of precipitating or exacerbating symptoms of their diseases. These include:

- individuals with cardiovascular diseases, such as coronary artery disease, cerebrovascular disease and hypertension;

- individuals with respiratory diseases, such as asthma, bronchitis, and emphysema; individuals with schizophrenia, who are at increased risk of precipitating or of exacerbating schizophrenic symptoms;
- individuals who are dependent on alcohol and other drugs, who are probably at an increased risk of developing dependence on cannabis.

The health and psychological consequences of cannabis use, National Drug Strategy, Monograph Series No. 25 Wayne Hall, Nadia Solowij and Jim Lemon, National Drug and Alcohol Research Centre: Prepared for the National Task Force on Cannabis.

MORE INFORMATION 2003:

- Marijuana is: suspected to have a negative impact on the immunity system,
- implicated in sudden deaths because "myocardial infarction is 4.2 times more likely to occur within an hour of smoking cannabis" (BMJ: .326,p942).

THE CRUDE FACTS:

Marijuana in its crude form, smoked or eaten can never take the place of current safe and effective medicines or potentially useful synthetic cannabinoid medicines liberated from new research/trials.

“The incidence of drug induced psychosis that was cannabis related rises from 15-26% during the period 1993-97. The incidence of the development of long term mental illness that was cannabis related had risen from 4-9% during the same period.”

Dr Andrew Refshauge, Deputy Leader NSW Labor Party, Sept 1998. Hansard, NSW, 5/02/99, p.7260.



Frequently asked Questions

"The practice of prescribing and dispensing impure crude plant material for medicinal purposes when analogues of the active principles have been isolated has appropriately been discontinued in modern, scientifically based western community medicine."

Pharmacy Guild Submission.

Is marijuana a medicine?

No. The days of snake oil salesmen are over. We know have a sophisticated understanding of what medicine is. Australians have a right to expect that they are given medicine that is highly specific for their particular need and delivered in a dose and a manner that that is safe and better than what is currently available. This is even more important if they are already seriously ill.

I thought marijuana was a 'soft' drug. Is that true?

We have lots of social and scientific proof that marijuana it is responsible for escalating mental health costs, for significant numbers of road deaths, for addiction and social and family breakdown, for cancer in young people. Cannabis has been recognised as an addictive narcotic since 1925. This is a dangerous drug. People who are long-term seriously ill patients in particular deserve better than crude marijuana - we need to find them excellent, smart modern medicine.

What is the best way to spend money on finding better medicine for our dying and seriously ill?

First, we need to access individual synthetic cannabinoids that don't have the side-effects of marijuana. We then need to find if they have any positive effect on the particular serious illnesses and related pain or symptoms in people for whom current therapies don't work. This will likely involve finding delivery vehicles like puffers, patches, spray devices or even an ointment to suit the patients needs. Careful research may even create an internationally acceptable export. Sativex, the new

under the tongue THC/Cannabinoid extract spray, is still undergoing trials in the UK.

If a trial of synthetically derived THC products were to go ahead, where would the chemicals come from and who would be eligible for the trial?

The Pharmacy Guild recommend that NSW work with the Federal Authorities "to permit the import synthetically derived THC products that have met overseas approval from their corresponding Health Authorities for use in research clinical trials for select patients who do not respond to conventional treatments."

Has any country tried trials of marijuana for illness?

In the US, marijuana clubs emerged and grew alongside the term medical marijuana. The health complications for the whole community increased in the states where this occurred. It essentially became defacto legalisation of marijuana. There followed wide access to the scheme and little or no medical supervision in many instances. The health and social consequences of marijuana remain fact not matter what legal status it acquires.

What information has come out of trials* of synthetic cannabinoids so far?

Randomised controlled trials have been reported in the British Medical Journal in 2001/02. For pain: "Cannabinoids are no more effective than codeine in controlling pain and have a depressant effect on the central nervous system that limit their use."

For antiemetics, "Currently available

cannabinoids clearly lose the battle in both efficacy and safety with the competitors (antiemetics) of today." (e.g. Zofran & Anzamac). Side Effects: dizziness, dysphoria, depression, hallucinations, paranoia, and hypertension - outweigh mood enhancement in selected patients.

Clearly, while people are telling stories of pain relief from crude marijuana, they are at risk of addiction and multiple medical complications. This situation cannot be allowed to continue. Such seriously ill and suffering people deserve better medicine. Currently available synthetic cannabinoids are not meeting clinical standards or patient need.

Therefore, funding and support should be given to the location of medicines, including new synthetic cannabinoids that give relief to the seriously ill.

This is a compassionate response to the plight of Australians who deserve a standard of excellence in medical care that crude cannabis can never deliver.



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Cannabis with Care

Voices from the Wings

“They should get whatever they need to get out of the marijuana and put it in a tablet or a puffer like ventolin or something. It would have made things a lot easier for all of us.”

“My son disappeared before my eyes when he started using Marijuana. He was only about 15 years of age when he experimented with smoking it. He said all of his friends were doing it and after all, I'd been told it was a soft drug. I thought he'd get past it. By the time he was 24 he was a schizophrenic, he doesn't have any friends anymore. He's too hard for any one to handle. He is 32 and on a disability pension and doesn't look like he'll ever work again. When he was first diagnosed with cannabis induced schizophrenia there were quite a few health professionals looking after him but as the years have rolled on he is of less interest to them. He has his pills, his loneliness and his psychotic and suicidal episodes. He's a walking time bomb isolated from society while still living in the midst of it. **I know too much about cannabis now, there is nothing soft about a drug that can destroy a person and his future like my son has been destroyed. I can't support any sort of trial that enables people to smoke or eat this drug - it's a poison not a medicine.**” Maria, Mother, West Pennant Hills, NSW.*

“If you are nursing someone you love who is going to die, you don't think about it - you just get them anything they want to stop the pain. All the side effects are less important because they're not going to be around to become a schizophrenic. I had no trouble getting MARIJUANA for my son when he was dying. It was illegal I know but I didn't care and it was never a problem. Police don't worry about Marijuana - everyone knows that. The hard part was helping him get up and smoke the stuff. Now he's gone I really feel for other families trying to just keep up with the whole awful situation of cancer. **Things need to change. I think that they should get whatever they need to get out of the Marijuana and put it in a tablet or a puffer like ventolin or something. It would have made things a lot easier for all of us.**” Jack, Father, Maroubra, NSW

“I have had patients who are about to die tell me that they are using Marijuana to manage pain. What can I say? They are dying and not getting enough palliative care support. But that's a totally different situation from giving it to someone with a long-term serious illness. **Seriously ill people who are going to live for long periods of time with their illness - like the HIV/AIDS patients, people with chronic pain, or MS - these people deserve so much better than a joint or a bong or even a cookie from Grandma's kitchen.** I know a guy who has HIV, he smoked dope before he got sick so he has to use a lot to have any effect. He's been hospitalised three times from enterobactor and other spores that came on his Marijuana and got into his system. You can't tell me that's good medicine. 'How much is enough?' and 'How good is the stuff?' These aren't the sort of things that seriously sick people should have to worry about. **Their doctor or pharmacist should be able to sort all that out and give them a regulated and recommended dose of medicine not marijuana.**” Kendall, Nurse, Lismore.

“**If in 2003, the law makers** ignore international convention, scientific evidence of physical and psychological harm from the use of illicit marijuana; if they, **endorse the smoking or eating of raw Cannabis - they can open the cheque book for a queue of litigants.** God help them and the economy of the our State if the government becomes the provider of the stuff.” Josef, Lawyer, Sydney.

*These are all true statements from people whose names have been changed to protect their identity.

...The latest evidence strengthens the case, not weakens the case against legalisation of cannabis...A regime, no matter how closely controlled, that incorporates cultivation of plants by users (or carers, presents)...very real dangers...Of course we do not want them to smoke it, and pharmaceuticals are becoming available. We do not want a compassionate regime that involves any risk."

21/05/2003, Article No 8. The Hon Bob Carr MP, NSW Premier, Extracts from New South Wales Legislative Assembly Hansard

"They should get whatever they need to get out of the marijuana and put it in a tablet or a puffer like ventolin or something. It would have made things a lot easier for all of us."
Jack, Father of Cancer sufferer, Maroubra.

"More and more evidence shows that smoking or eating crude marijuana is just not up to the standard of care that our seriously ill patients deserve. A highly controlled clinical trial of new cannabinoids is an appropriate, compassionate and cautious response to expressed concern and need of those seriously ill patients for whom no current therapy is effective."

ADFS(NSW)

RECOMMENDATIONS: For the health and well being of the general community and the particular care of the seriously ill, we encourage the NSW Parliament to:

1 support the funding of clinical trials of pharmaceutical preparations of the active ingredients of cannabis (in the form of synthetic cannabinoids) and into the basic chemistry and pharmacology of those active ingredients.

(See: Bob Carr, Hansard, NSW Legislative Assembly, Article 9 1/11/2000. P.9509)

(Parenthetic addition by ADFS)

2 fund and support the clinical trailing of synthetic Cannabinoids delivered in conventional modern delivery vehicles in medicinal forms that deliver efficacious regulated doses of Cannabinoid to the seriously ill for whom no other current medicine or treatment option has proven effective.

3 establish this particular drug trial of synthetic cannabinoids in the context of a broader initiative to provide better palliative care medicine, social support and service delivery for the seriously ill.

4 establish a taskforce so that this trial and other worthy and groundbreaking initiatives be conducted under the mantle of an Office for Excellence in Palliative Care and the Treatment of Serious Illness.