

Dear Parliamentary Member



# BRIEF

## to Australian Parliamentarians

**Our Vision:** *Communities are well-informed about the harms of illicit drugs and empowered with anti-drug strategies*

### Cannabis Pill Confirmed as Available to Australians

Drug Free Australia confirms that there is absolutely no necessity in Australia for smoked marijuana in terms of medical use. Marinol, a pill which contains the active constituent of marijuana, THC, is legally available to Australians on prescription as approved by the Australian Therapeutic Goods Administration (TGA), negating any need for the use of smoked marijuana in alleviating the few medical conditions for which cannabinoids are useful. Most importantly, no medicine in Australia is smoked, given the well-known harms of smoking as a delivery system.

Marinol can be imported on prescription or order of a medical practitioner authorised or approved by the Secretary of the Commonwealth Department of Health under section 19 of the *Therapeutic Goods Act 1989* for treatment or experimental purposes. As such, Marinol can be prescribed under Special Access, the same category under which Naltrexone has facilitated the recovery of thousands of heroin users in Australia. Some clinical studies indicate better outcomes for patients from these pharmaceutical products than with smoked marijuana.<sup>[i]</sup>

Sativex, the TGA-registered pharmaceutical-quality whole-leaf cannabis extract used in the form of an oral spray is currently available on prescription for MS sufferers in Australia. For those believing that components of cannabis other than THC are responsible for relief of a particular condition, Sativex offers a pharmaceutical-quality treatment of known strength and purity, as with all other pharmaceutical medicines in Australia.

Drug Free Australia urges that Parliamentarians, rather than responding to pressure to legalise smoked marijuana for medical purposes, consider working with the TGA to broaden the medical applications for which Sativex is available, only so long as these applications are supported by clinical trials demonstrating effectiveness. As such, cannabinoids have been shown in clinical trials to offer a modest analgesic effect for chronic pain and are effective with AIDS wasting syndrome. Where cost is an issue, as is the case with many medications, PBS subsidies are best sought where it can be demonstrated that a suitable number of Australians respond better to cannabinoids for a certain condition than other available treatments. Again, smoked cannabis is not an option, just as smoked opium would never be prescribed by any doctor due to the active constituents of opium having long ago been refined with known purity and strength in the form of morphine or codeine.

It is highly significant that the current push for 'medical marijuana' is not coming from Australia's medical profession, but rather from special interest lobbyists who have openly stated that their goal is the legalisation of all currently illegal drugs – heroin, cocaine, ice, speed, cannabis – for recreational purposes.<sup>[ii]</sup> As such they are using the strategy of NORML in the United States, where Richard Cowan said that "The consensus here is that

medical marijuana is our strongest suit. It is our point of leverage which will move us toward the legalization of marijuana for personal use.”<sup>[iii]</sup>

In the USA those States which have introduced medical marijuana have double the cannabis use of States which have not.<sup>[iv]</sup> It is not yet established whether medical use of smoked marijuana has been a cause or alternately whether States with greater cannabis use have legalised it. However, in Colorado, 48.8% of adolescents admitted to substance abuse treatment obtained their marijuana from someone registered to use medically,<sup>[v]</sup> demonstrating that control of this dangerous substance becomes extremely difficult where medical use of non-pharmaceutical cannabis has been legalised. Legalising cannabis for any purpose is demonstrably not an option.

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DFA rebuttal of the Wodak/Mathers assertions of re medical cannabis at:  
<http://www.drugfree.org.au/fileadmin/library/Cannabis/RebuttalOfWodak- DFA Brief To Parliamentarians.pdf>

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<sup>[ii]</sup> Levitt M, Faiman C, Hawks R, et al. 1984. Randomized double-blind comparison of delta-9-THC and marijuana as chemotherapy antiemetics. *Proceedings of the American Society for Clinical Oncology* – compared Smoked marijuana/THC in pill form 3:91 – Limited success with chemo-induced nausea - Limited success - only 25% of patients achieved complete control of emesis; 35% of the patients indicated a slight preference for the THC pills over marijuana, 20% preferred marijuana, and 45% expressed no preference; Also <http://www.nature.com/npp/journal/v38/n10/pdf/npp201397a.pdf>

<sup>[iii]</sup> See page 4 of Australia21 Report <http://www.australia21.org.au/wp-content/uploads/2013/11/ASillicitDrugsR1.pdf> “The Australian group agreed with the Global Commission that the international and Australian prohibition of the use of certain “illicit” drugs has failed comprehensively. By making the supply and use of certain drugs criminal acts, governments everywhere have driven their production and consumption underground and have fostered the development of a criminal industry that is corrupting civil society and governments and killing our children. By defining the personal use and possession of certain psychoactive drugs as criminal acts, governments have also avoided any responsibility to regulate and control the quality of substances that are in widespread use. Some of these illicit drugs have demonstrable health benefits. Many are highly addictive and harmful when used repeatedly. In that respect they are comparable to alcohol and nicotine, which are legal in Australia and, as a result, are under society’s control for quality, distribution, marketing and taxation.”

<sup>[iii]</sup> Director of NORML at the 50th anniversary of the discovery of LSD in San Francisco 1993

<sup>[iv]</sup> Cerda M *et al.*, Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence, *Drug Alcohol Depend.* 120(1-3): 22-27, 2012

<sup>[v]</sup> Thurstone C, Lieberman SA & Schmiede SJ, Medical marijuana diversion and associated problems in adolescent substance treatment. *Drug Alcohol Dependence* 118(2-3):489-492, 2011