

Interim Measures on Cannabis for medical purposes in Australia

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Options for the development of Interim Measures in relation to the use of Cannabis for medical purposes in Australia.

This series of options have been formulated for the consideration of the Australian government.

We are seeking genuine government assistance, with the help of appropriate policy makers and advisory input to develop a detailed policy option for presentation to the [International Narcotic Control Board](#) (INCB) on behalf of the Australian people.

The current confusion, pace and uncertainty surrounding the use of Cannabis for medical purposes has perplexed the most intelligent researchers, proponents, politicians, patients, carers and families too.

In the early 2000's, the New South Wales (NSW) [Carr government sought to deliver](#) a meaningful 'Medical Cannabis' regime but was halted in its attempt.

This latest round of to-and-fro has achieved very little other than to immensely popularise illicit Cannabis for medical purposes.

After more than four years of sustained lobbying, several parliamentary inquiries, recent changes to the Australian Narcotic Drugs Act, rescheduling of certain cannabinoids and countless undertakings made by politicians to seriously ill Australians and their grieving families, not much has changed and is unlikely to!

We hope the Australian government will foster an Interim Measures Plan (IMP) based on the options provided.

Upon adoption we believe an IMP will go a long way to address the needs and concerns of a significantly rising number of Australians who use Cannabis every day for medical purposes.

HEMP Party – February 2017.

Better Health + Better Nutrition + Better Policing + Better Budgets = Better Government
LET'S DO Cannabis BETTER.



Definitions:

Pharmaceutical Cannabinoid Medicines, including synthetic cannabinoids (PCM);

Unproven, extremely limited clinical trials, not preferred in jurisdictions that have access to Cannabis for medical purposes..

An identified individual, or predominant cannabinoid product developed for the treatment of a specific medical condition.

[Sativex](#), approved for the treatment of MS (unlicensed medicine, available via TGA Special Access Scheme, and [Epidiolex](#) currently in clinical trials for paediatric epilepsy, no other Cannabis based products are available worldwide.

Considered legal under United Nations (UN) [international drug control conventions](#).

Extremely small patient groups around the world have access to these products, minor clinical trials currently under way.

Medical Cannabis/marijuana (MC);

Has proven to be very effective in countries with MC access available to its citizens.

Raw smoked (or preferably vaporised) Cannabis,

Extracts of raw Cannabis, processed in ways which enable bio-availability of cannabinoids, terpenes and flavinoids, i.e. cookies, tinctures, suspensions in various vegetable oils, smoked concentrates, suppositories and capsulated.

Considered illegal under UN international drug control conventions.

Very big patient groups in many US states (illegal federally), Canada, The Netherlands and Israel.

MC and raw Cannabis products are by far the most commonly used for medical purposes.

MC and raw Cannabis products could prove to be superior to PCM for medical purposes.

MC is the most commonly referenced term to describe current use in Australia and around the world.

Lawful Source (LS);

As described by UN drug conventions, like opium poppy and coca plant. There appears to be just two pharmaceutical companies with such a source, Bayer and GW Pharmaceuticals.

***Note:** Though some countries appear to have 'legal MC' the examples below illustrate the circumstances by which their measures came about. Importantly, these are not considered totally lawful regimes as described by UN international drug control conventions and pharmaceutical cannabinoid medicines have not been developed.

US states enacted MC laws through US constitutional access to '[Initiatives and Referendums](#)', all state governments opposed these propositions and all Cannabis use remains illegal under federal legislation.

In 2002, the Canadian government began to initiate a MC regime as a result of a high court decision and ability of the courts, via Constitutional [Charter of Rights and Freedoms](#) to compel them to do so. Successive Canadian governments have supported ten high court challenges against any kind of progress on the issue. Recently, the Canadian government has attempted to direct all its MC patients to mail order supplies of raw Cannabis grown by Licensed Producers (LP's) which are now seeking international legitimacy through supply to other countries.

The Israeli government has supported research into the medical beneficial properties of cannabinoids, after almost 30 years of research; no pharmaceutical cannabinoid medicines have been developed. MC seems the preferred option, most patients appear to be in private care, associated with private research facilities, and the mainstream medical profession have not adopted measures to offer MC to their patients.

The Netherland's approach to Cannabis laws though pragmatic, has put it at odds with UN drug conventions, its EU partners and Dutch legislation which still considers Cannabis use illegal. The Dutch government has allowed at least one company, [Bedrocan](#), to legitimise an illicit source of Cannabis/seed to establish a minimal raw Cannabis supply regime. Bedrocan has sought international legitimacy through partnerships as are Canadian companies.

In the early 2000's the British government appears to have disregarded UN drug treaties and bent its own laws to allow a company, GW Pharmaceuticals, to use illicit sources of Cannabis seed to establish a growing facility and produce a single product for the treatment of multiple sclerosis, [Sativex](#).

This product has been touted by successive state and federal governments in Australia though no significant use has occurred.

The pharmaceutical giant Bayer has the distribution rights into Australia. GW Pharmaceuticals has sought to have Sativex added to the Australian [Pharmaceutical Benefits Scheme](#) (PBS).

Further reports and announcements from countries such as Spain, Italy, Chile, Australia and others in relation to MC have proved to be an over-reach.

Option 1. Status Quo

Continue proposed MC regime, in compliance with [UN drug treaties](#) to develop PCM.

Time-frame, 10 to 20 years, assuming the Australian government is the first to willingly introduce a meaningful

Cannabis for medical purposes regime.

The Federal and some state governments have established legislation and regulations in apparent accordance with UN drug treaties in relation to the commencement of research which may lead to the development of PCM.

The [UN Single Convention on Narcotic Drugs](#) is clear in its support for the cultivation of poppies for opiates and other alkaloids and Cannabis for cannabinoids. Articles 23 and 28 state that a Party shall establish agencies to control, monitor and take physical possession of the cultivators entire crop. The government agency must exclusively control all trade, including import, export and wholesale supply to manufacturers.

It is reported two foreign companies 'own' the opium poppy breed lines which are cultivated by Australian farmers who produce over half the world's pharmaceutical opiate medicines.

As far as can be ascertained, no Australian government agency takes physical possession of crops. Australia's responsibility in this area seems to have passed to the companies; other areas of concern indicate there may well be contravention of a number of other rules and articles. Forensic examination in this area would most certainly put Australia's reported \$300 million [opium poppy industry](#) in jeopardy.

In relation to Cannabis, Australian authorities and most all other world governments have looked to the US agency, [National Institute of Drug Abuse](#) (NIDA) for lawful supplies of Cannabis for medical and scientific research.

Though it isn't certain which company/entity owns this LS of Cannabis seed, NIDA administers a contract to grow a small amount of Cannabis every other year at the [University of Mississippi](#).

This supply makes up the only licit source of Cannabis for medical, scientific and research purposes in the US, and the rest of the world, it appears.

In 2010, a spokeswoman for NIDA stated, *"We only supply and fund research into the negative consequences of its use, not medical beneficial purposes"*.

Negative consequences.

Continued media attention will bring additional positive MC stories to light, highlighting further illegal MC use.

Patients and carers will openly defy Cannabis laws to draw attention to an inability to access and/or not qualifying for trials or patient groups permitted to use Cannabis for medical purposes.

The number of people using Cannabis for medical purposes will increase.

An increase in the number of Australian based Compassion Clubs and MC dispensaries for which authorities will have little or no control of.

An increase of the infiltration of organised crime into the illegal MC supply which will further increase black market trade and production.

More unsubstantiated claims about the therapeutic uses/benefits of Cannabis will be harder for the public to understand.

More people with serious and compromised conditions may seek inappropriate or low quality MC from the black market.

A significant amount of time, effort and resources will be used by police who come in contact with MC users. Increased contact, seizure of MC and prosecutions by police against MC users.

Police and other authorities will have to deal with an increasing amount of MC growers and providers who may be supplying any number of critically ill and others with serious conditions from the service they provide.

Seriously ill people using Cannabis for medical purposes everyday will have their supply disrupted which could lead to catastrophic outcomes.

Appendix. Police discretion and involvement leading to added confusion and corruption etc.

Option 2.

Status Quo and Invite foreign companies* to develop and/or trial PCM in Australia.

Time-frame, 10 to 20 years, assuming the Australia government is the first to willingly introduce a meaningful MC regime.

The Australian [Office of Drug Control](#) has stated that no Australian company owns a LS of high [THC](#) Cannabis and therefore could not be in sole position to take advantage of recent law changes.

Australian governments appear to be contemplating the idea of inviting companies from the noted countries*, The Netherlands, Israel, Canada or the US to take advantage of the recent law reforms.

Same clinical requirements as Option 1.

Negative consequences.

Australian companies being offered zero or limited opportunities in the industry.

Same as Option 1

Appendix. Same as Option 1

Option 3.

Status Quo, Invite foreign companies*, and allow Australian companies to access Illicit Cannabis source material to develop and/or trial PCM in Australia.

Similar time-frame, consequences and outcomes as Option 2.

Option 4.

The Australian Government could allow for the establishment of a facility to grow all Australia's MC needs. The Australian Office of Drug Control has estimated an area of three hectares would be required.

See Cultivation

Option 5.

A handful of grow facilities in several states, plus Option 4.

Option 6.

Not-for-profit organisations or Compassion Clubs to establish grow facilities based on patient numbers and memberships.

Can be mail order and/or MC dispensaries.

These groups will offer information and personal assistance to people wanting to use MC for the first time as well as follow up for people using Cannabis for medical purposes on an ongoing basis.

These groups will have much more knowledge and experience with MC use, patient needs, inquiries etc. Plus Option 4

Option 7.

For-profit MC providers. As Option 4.

Option 8.

Personal grow of MC by patients, or by a delegate. No need for mail order, testing, etc

Interim Measures Plan.

The Australian government could choose to assist in the development of a well thought out set of Interim Measures in relation to the cultivation, supply, distribution and use of Cannabis for medical purposes by its citizens.

Cultivation.

All Cannabis plants to be grown in an approved manner, perhaps not as strictly as controlled Good Manufacturing Practices (GMP), bearing in mind most all MC used throughout the world is currently grown to black market specifications. Most MC patients in the world prefer non GMP grown Cannabis.

Some minimum testing requirements must be established with regard to cannabinoid and other chemical profiles, as well as contaminants such as moulds, fungi, pathogens, insects, also additives and inputs such as pesticides, herbicides, growth enhancers, nutrient and heavy metal loads, etc.

Genuine government consent should be sought, appropriate policy makers directed to give advice and advisory input obtained to work out issues and establish regulations in this regard.

Supply/Distribution.

As with the most recent supply models in Canada, all legal supply should be via mail order.

Besides Israel which does offer very limited supply of raw Cannabis via selected hospital pharmacies at prearranged pick up times, no pharmacy supply model exists.

It is unclear whether Australian pharmacies would want to, or could legally stock raw Cannabis, derivatives, or other unlicensed PCM.

Australian pharmacies, both public hospital and private, have capably dispensed methadone for decades, so similar procedures should be easily enabled for Cannabis for medical purposes.

Make preparations for data collection, retention and analysis.

Accurate production and accountability information should be collected for reporting and future planning.

Genuine government consent should be sought, appropriate policy makers directed to give advice and advisory input obtained to work out issues and establish regulations in this regard.

Medical Conditions and Patient Approval.

A patient approval process to use MC should be established after consultations.

Genuine Government consent should be sought, appropriate policy makers directed to give advice and patient advisory input obtained to work out issues and establish regulations in this regard.

MC is currently being used for a much broader range of illnesses and conditions than are currently being investigated.

Additional diseases, conditions and ailments should be added to the already accepted conditions such as Chemotherapy-induced nausea and vomiting (CINV), chronic pain, MS, glaucoma and paediatric epilepsy were MC is showing to be effective.

Information for medical practitioners.

Similar regimes in the US, Israel, The Netherlands and Canada rely little on a medical practitioners knowledge or acceptance of MC use.

In most jurisdictions, MC regimes were started via constitutional laws which bypassed and did not require government or medical profession approval.

In these jurisdictions, most patients have not obtained MC use approval from their regular doctor, rather doctors who specialise in giving patient approvals via Skype or other MC dispensary based models.

Most doctors have little or no experience with PCM or MC use, even in jurisdictions where MC is allowed.

Interim Measures should seek to establish simple guidelines for those in the medical profession in relation to MC approval for various patient groups.

Genuine government consent should be sought, appropriate policy makers directed to give advice and advisory input obtained to work out issues and establish regulations in this regard.

Actual MC use by patients.

What product? Raw Cannabis, extracts, concentrates, oil and alcohol based drops, edibles, suppositories, capsules, tinctures are all currently used by a significant number of Australians every day for medical purposes .

Used in a variety of ways, MC is smoked, vaporised, eaten, digested, inserted and applied topically.

Genuine government consent should be sought, appropriate policy makers directed to give advice and advisory input obtained to work out issues in relation to establishing a set of information guidelines which will assist policy makers, medical practitioners, patients and other relevant groups.

With proper regulation, oversight and a willingness to cater for additional patient groups and treatable conditions, this option will overcome many negative consequence associated with the long period of time needed to develop PCM by foreign or Australian companies.

Appendix 1

Wood Royal Commission into NSW Police Corruption. [\[link\]](#)

Relevant and selected findings in relation to police, drugs, political agenda, discretion, unpopular laws, corruption and the temptation of corruption.

STRUCTURAL ISSUES

1.20 Initiatives in this regard which have either been taken or are in the course of development include: · the issue of fresh guidelines for matters such as the exercise of police discretions, and harm minimisation in drug law enforcement;

THE NATURE OF THE JOB

2.13: The powers entrusted to police to carry arms, to use coercive force in the proper course of their duties (and, in extreme circumstances, to take lives), to inquire into personal affairs and to eavesdrop (pursuant to a warrant) on private conversations, to deprive citizens of their liberty, to enter and search their premises, to seize and hold their property, and to initiate proceedings that will require them to defend themselves before the courts, are very substantial powers – possessed by no other class of employee.

Conversely with the significance of their impact, they are most commonly exercised by the younger and less experienced officers working at street level, rather than by commanders having the benefit of age and experience.

2.14: Notwithstanding the responsibilities of the office to which these powers attach, it has been argued that policing and corruption go hand in hand. The job is said to be corrupting in that police officers may:

- find themselves continually faced with temptation and opportunity for graft or favours;
- through exposure to horrific accident and crime scenes and to the worst aspects of society, become hardened to violence and criminal behaviour in all its forms;
- through the establishment of informant relationships develop friendships and shared values with the criminal element;
- become acutely aware of the substantial difference between their take home pay and the financial opportunities available through crime;
- feel isolated when faced with resistance, lack of co-operation or outward anger from the public when carrying out routine work, such as duties in traffic law enforcement;
- find, in the areas of greatest vulnerability (prostitution, gaming, liquor licensing, drugs, and pornography) that the crime is either victimless or one for which there is a high demand by users, so that there are unlikely to be too many complaints about police inaction;
- find that they are rarely recognised or rewarded for ethical behaviour, but are quickly punished for disciplinary infractions;
- feel compelled to cut corners if they are to control the streets, or lock up those who they know are guilty of crime; and
- become cynical and distrustful of the judiciary and of the broader community when they appear to pay insufficient regard to the dangers and difficulties of the job and fail to extend gratitude for the work of police in solving crime, in peacekeeping, and in times of civil disaster.

2.15: Each of these factors is very real, and the opportunity for police to engage in corrupt behaviour is only enhanced by the fact that:

- much police work is unsupervised and discretionary;
- the risk of detection and punishment is often seen to be low;
- senior police, who should be in a position to stamp out corrupt practices, are often known to be compromised by their own unethical behaviour while junior officers;
- there is often an imperative to deny corruption either because of close political association with the Service, or because it is expedient to avoid scandal.
- recruitment has in the past favoured young, impressionable and poorly educated males, who have little experience of work or the diversity of society, and who quickly respond to a machismo environment and invitation to join a 'brotherhood'; and

· police are regularly confronted with law and order campaigns calling for an aggressive and result-oriented style of policing that does not cater for due process, and favours both rough justice and the fabrication of evidence.

POLICE CULTURE

2.19: For many years it has been suggested that it is not uncommon for police to form a distinct occupational culture. In response to the demands of the job, police officers are seen to develop a set of values, norms, perspectives, and craft rules which mould their conduct and which are often unrelated to, and may even contradict, the formal written laws, regulations and guidelines regarding police practice.

It has been suggested that this distinctive way of interpreting and responding to society – which accounts for the police officer's 'working personality'- is characterised by the following traits:

- a sense of mission about police work;
- an orientation towards action;
- a cynical or pessimistic perspective about the social environment;
- an attitude of constant suspiciousness;
- an isolated social life coupled with a strong sense of solidarity with other police officers;
- a clear categorisation of the public between the rough and the respectable; · a conservative stance in politics and morality;
- a machismo outlook that permits sexism and glorifies the abuse of alcohol and heterosexual indulgences;
- a prejudiced attitude towards minorities; and
- a pragmatic view of police work which discourages innovation and experimentation.

POLITICS AND POLICING Corrupt Relations with Politicians

2.24: Police corruption has sometimes become enmeshed in and encouraged by local politics. This was very much the experience in the United States up until the 1950s. It also emerged in the Fitzgerald Commission of Inquiry in Queensland in 1987, where the findings extended beyond the corruption of the Licensing Branch which effectively protected vice, gaming and licensing interests, to the political system of that State.

2.25: It has been alleged, although it remains unproven, that at earlier times similar political influences were in play in NSW, with some senior police and politicians sharing the spoils of protection, and setting an agenda under which certain laws were not enforced.

2.26: Events such as the establishment of the ICAC, tend to suggest that whatever corrupt relationships may have existed in the past between police and politicians, they have not been a significant factor in more recent times. Certainly no current relationships of this kind came to light in the investigations of this Royal Commission, and such complaints or allegations as were made in this regard were soon found to be of the 'conspiracy theory' genus, or to be unfounded.

2.27: Notwithstanding, the danger of such relationships, and the need for vigilance against their re-emergence cannot be understated since:

- they represent a most significant betrayal of public trust, and hence have the potential to seriously undermine public confidence in the Service and the political system;
- they can allow the appointment of a 'tame' Commissioner, and the installation of the corrupt into key positions within the Service;
- they have the potential to seriously undermine any anti-corruption strategies developed, whether internal or external;
- the direction and the efficacy of the Service in selected fields of law enforcement, can be captured by the

corrupt; and

- the existence of any such arrangement is very difficult to detect and prove, if for no other reason than that the government of the day is usually able to determine whether any public inquiry or Royal Commission should be established to investigate the Service.

The Political Agenda

2.28: In a quite distinct fashion, the potential for corruption can be affected by the agenda of the government of the day in relation to the enforcement or maintenance of laws that lack substantial public support. The police do not make the laws, but they can be left in real difficulties where:

- they are expected to enforce laws which are, at best, only partially enforceable; and
- there are contradictory movements within the decriminalisation/regulation spectrum as has occurred with public order offences. So far as an uncertain or wide discretion is left, or unpopular laws are preserved, a window for abuse and for corrupt practices inevitably opens.

2.29: Thus it is a generally accepted conclusion that police corruption is a likely social cost of the legislative creation and maintenance of victimless crimes. The prohibition of substances and services for which there is significant public demand has been said to place police officers upon an 'invitational edge of corruption'.

The view sometimes advanced that corruption is responsible for illegal activities, for example, that an illegal drug trade exists in Kings Cross because of police corruption, is, however, too simplistic. The existence of such a trade provides a good opportunity for corruption, but it is not the cause of it.

On the other hand, once individual police or groups of police are exposed to and become involved in corrupt practices in such an area of policing, they are likely to succumb in other areas and in other rotations within the service.

2.30: In the case of laws that are, in practical terms, at best only partially enforceable, corruption can become, at the same time, an attractive proposition for some police, and conversely a mechanism by which other police attempt the impossible. The results are rarely other than destructive, as is indicated by the experience in NSW in the enforcement of the laws prohibiting off-course bookmaking.

2.31: When, in response to political pressure, police were forced to attempt a crack-down on this activity, they did so by attacking the communication and broadcast of betting information and by targeting the hotels and premises from which SP runners and bookmakers operated. The results were:

- the development of illegal systems of communications; the syndication of operations; the development of a complex illicit telephone network; the deployment of commission agents, cockatoos, standover men and enforcers to collect on credit bets; and the eventual demise of the small, independent operators, as power became concentrated in a relatively small group of influential organised crime figures;
- along the way corruption of police, as well as that of telephone technicians, became substantial and organised;
- moreover, functional links with organised crime were established, and the illicit funds collected were used to bankroll activities in other areas of gaming, vice and narcotics, where there was similar consumer demand;
- the increasing sophistication of the operators, and the public demand for their services was such that suppression by law enforcement became impossible, and regulation only marginally less achievable. Yet legalisation of the activity was impossible because of the identity of those who had captured the market; and
- the only solution was that of legalisation and the introduction of government-run or licensed competition with the illegal market via the Totalisator Agency Board.

2.32: Within this context, where suppression of prohibited services or substances is effectively impossible, yet

politicians or governments insist on maintaining the law and on its enforcement, the police priority is to get the best control it can over the activity. Its function becomes one not of enforcement of the law, but regulation of the illegal activity.

120 Corruption almost inevitably emerges in that process and becomes a means by which police can influence or control who is involved, where it occurs, and how it is done. This point is made not to encourage or condone corruption, but to underscore the role that the political process has in creating the environment in which it occurs.

PROCESS CORRUPTION

2.33: Process corruption is one of the most obvious, pervasive and challenging forms of police corruption, which:

- has its roots in community and political demands for law and order;
- is seen by many police to be in a quite different league from the forms of corruption which attract personal gain;
- is subject to the confusion which exists over the definition of 'good policing'; and
- is compounded by ambiguities within the legal and regulatory environment in which police work, and by senior police and members of the judiciary apparently condoning it.

2.38 Process corruption may result from an exercise of partiality in criminal investigations and/or prosecutions. Partial investigations and prosecutions involve the abuse of police powers resulting from the ability of officers to exercise discretion. The existence of

- attitudes to particular crimes which police themselves may commit, or personally condone, for example, drug taking, domestic violence, or driving while drunk;
- financial gain in return for protection given to drug dealers and others;
- the desire to obtain convictions, or information, regardless of the legality of the means used, or their consequences;
- the existence of personal attitudes based on race, gender, sexuality, religion, and/or socio-economic status;
- the desire to protect a fellow officer at the expense of a member of the public;
- the desire to protect friends or family suspected of an offence; and
- undue respect for, or concern as to the consequence of charging people who are particularly well placed socially or politically.

An unbiased, impartial approach to the exercise of police powers is important. If the community perceives that the Service is partial in the discharge of its duties, it will not be trusted. Moreover if process corruption is motivated by prejudice, the effectiveness of the court system is diminished.

2.40: Fundamental change is required to bring about a definition of 'good policing' that is understood and accepted by the rank and file, is based upon sound ethical standards and impartiality, and excludes matters such as process corruption.

FACTORS OUTSIDE THE CONTROL OF THE SERVICE

6.29: It cannot be denied that the increase in drug-related crime during the past 20 years has had a significant effect on the incidence of corruption. The opportunities available to corrupt police from these activities has far exceeded anything that was ever available through selective policing and protection of SP betting, gaming, sly grogging, and vice. Furthermore, it has increased the number of police exposed to the temptations of easy money.

6.30: As has earlier been recorded, it became commonplace for police to steal from offenders who were raided

or to offer favours to them. Corruption was bound to occur where temptation of this form was high and the co-operation of criminals could be bought easily. Although responsibility for the proliferation of recreational and habitual use of drugs cannot be laid at the door of the Service, its poor supervision, the failure to rotate police out of drug-related squads, and minimal training in ethics and integrity or reinforcement on the job have affected its ability to detect and address this sort of corruption.

6.31: The earlier illegality of betting, gambling, pornography and prostitution and their current qualified 'legitimate status' have similarly contributed to the problems of corruption. Their policing has not been addressed any better than that directed towards the drug trade, which has the potential by itself to undermine any police service.