

Australia's medical marijuana subterfuge

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It is a little known fact that medical cannabis has been legally available on prescription from General Practitioners for more than 18 years in Australia. The curious media calls to 'legalise' an already legal medication has generated the illusion that medical cannabis has always been as illegal as its recreational use, and that State and Federal Governments really do need to make the legality of medical cannabis a reality. So why has the Australian media almost uniformly been keeping the Australian public in the dark about the already legal status of medical cannabis, and why has it campaigned so strongly and deceptively about something we have long had, albeit rarely used? This discussion informs educators and potentially their students, particularly in areas within current personal development and health curricula.

Some background

Back in 1999, a NSW parliamentary briefing paper (Griffith & Swain) noted that in 1997 general practitioners were prescribing the pill Marinol for 100 patients in NSW under the Australian Therapeutic Goods Administration (TGA) Special Access Scheme. Marinol, otherwise called Dronabinol, is a synthetic form of the psychoactive constituent in cannabis, tetrahydrocannabinol, the chemical properties of which were isolated and then reproduced when Marinol first entered the market in 1985. The therapeutic effect of Marinol lasts twice as long as smoked cannabis with the same 'high' but also exhibits the same negative side-effects such as dizziness, anxiety and confusion (Cooper, Comer, & Haney, 2013).

In 2012, a cannabis whole-plant extract, Sativex, was registered with the TGA for use by Multiple Sclerosis patients in the form of an oral spray. Sativex was stocked by Australian pharmacies for a short time before being withdrawn due to lack of interest by patients. Nevertheless the TGA has confirmed in writing (Drug Free Australia, 2015) that GPs are able, under their Special Access Scheme, to prescribe Sativex, as with Marinol,

for patients with a variety of other conditions that might be alleviated by cannabis. Internet-purchased Sativex can be imported legally into Australia with a permit so long as it has been prescribed. These confirmations from the TGA have been described and sent in multiple letters and opinion pieces by Drug Free Australia, the country's peak prevention body, to each of the major press, radio and television outlets throughout Australia to correct their false understanding. None have ever responded or changed their rhetoric.

Medical indications for cannabis

Many claims have been made by cannabis users about the benefits of cannabis medicinally, but the majority of these claims have evaporated under the scrutiny of clinical trials. Because cannabis has a well-documented withdrawal syndrome, many of these claims only address the effectiveness of cannabis in alleviating its own withdrawal symptoms – pain, muscle spasm, agitation, fits, convulsions and rheumatics are the most common (Reece, 2014). This is important because many of the patients who present public testimony before Parliamentary inquiries are speaking from a background of prior cannabis dependency and addiction.

Rigorous clinical trials have isolated a number of conditions where actual benefit has been demonstrated. In terms of chronic pain, where cannabis has a mild analgesic effect comparable in strength to codeine, it can become a useful adjunct for those who don't tolerate opiates well. Cannabis can alleviate some symptoms of MS, reduce nausea and vomiting, and reduce AIDS wasting by increasing appetite in patients (Institute of Medicine, 1999). For each of these conditions there are more effective medications available to doctors, and so medical cannabinoids do not in any of these conditions represent a first-line treatment, or second or third for that matter, available to doctors (Reece, 2014). Consequently, it is revealing that the calls for medical cannabis have not been coming from doctors or their medical associations, but rather from people with an entirely different agenda.

In 2014, significant publicity was given to the

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effect of cannabis on Dravet's and Lennox-Gastaut's syndromes, which both cause severe epilepsy-like seizures particularly in young children. Some children have been helped by the use of cannabis strains high in Cannabidiol (CBD), a constituent of cannabis which is not psychoactive as is THC. The manufacturer of Sativex, GW Pharmaceuticals, has completed third stage clinical trials of Epidiolex, which like Marinol and Sativex is a pharmaceutical-quality medication with standardised dosage, strength and purity, but with high levels of CBD. Epidiolex is available in the USA for trials, (Epilepsy, Australia, 2014) and the Federal Government announced in February 2016 that it will commence trials of Epidiolex in Australia shortly (Beech, 2016). This scraps the NSW Government's plans to produce their own similar preparation in NSW.

Media agenda? Most likely recreational use

So why was the media, along with the ACT and Victorian Governments, continuing to call for medical cannabis to be legalised when it was already legal? The answer is very simple. In the USA, where States hold referenda on various legislative issues at the time of each federal election, the cannabis legalisation lobby has had a fighting-fund spend that is 25 times greater than the anti-cannabis lobby, as disclosed in a November 2012 meeting I had with Gil Kerlikowske, the US drug Czar at NSW's Parliament House. Some of the world's richest men such as George Soros, who spends up to half a billion dollars yearly on his social liberalism agendas, heavily fund these referenda on legalising cannabis, first for medical purposes and then for outright recreational use as has now happened in a number of US States. The massive spend on repeated TV advertising shows sick people claiming in-camera their dire need to access medical marijuana. Despite many of these televised conditions not being supported by any objective evidence, more than 20 States have voted to legalise medical marijuana, many with home-grown cannabis legally available to patients.

Ruse of recreational use

What the US public is not told, nor has the prevention lobby the money to tell them with any penetration, is that 95% of medical marijuana 'patients' are previous recreational users. Surveys by the US Institute of Medicine in the late 1990s had found as much (Institute of Medicine, 1999). Nor are they told that cannabis has only a handful of conditions it alleviates, and almost all of these have far more effective medications available. The public is not told that cannabis actually causes the chronic back pain which many claim cannabis alleviates, quite clearly as part of its own withdrawal syndrome,

along with other conditions arising from its use which cannabis will always appear to alleviate.

Effectively, US States have allowed popular vote to determine what is a medicine based on emotive advertising, rather than the normal scientific regulatory processes applied to every other available medicine. Predictably, there are tens of thousands in each corresponding US State citing conditions they claim cannabis alleviates, however, in the early years of Nevada's legislation, 93% of the maladies claimed were severe pain (53%), muscle spasm (29%) and severe nausea (11%) (Gogek, 2015) which cannot be objectively verified by a doctor and must be accepted on faith. The Australian Disability Support Pension constantly faces many similar health claims which are just as unverifiable, many of which are exposed in the media as false.

Medical cannabis has, in many of those US States which have poorly framed medical cannabis laws, become the route to 'legalised' recreational use (Gogek, 2015). Colorado introduced medical cannabis laws in 2001, and by 2004 had just 512 patients accessing raw cannabis leaf, which is available in that state for smoking or ingestion. By 2010 the number had exponentially grown to more than 100,000 according to data from Colorado's Department of Public Health and environment, with 94% registered for the unverifiable condition, pain. Oregon has 94% claiming pain while Arizona has 90%.

Pain profiles and pain management

There are well established profiles for patients of chronic pain across all Western countries, where patients are more predominantly women and those aged 60 and above. For instance, a 2001 study by Sydney University's Pain Management Research Centre (Blythe et al., cited in Access Economics, 2002) found 54% of patients were women (p. 15), with men suffering in their sixties and women in their eighties (p. 12). Yet the profile for pain patients using medical cannabis in the USA is very different. A 2007 study of 4,000 medical cannabis patients in California (Gogek, 2015), found that their average age was 32, 75% were male and 90% had started using cannabis while teenagers, an identical age and gender profile to that of recreational users across the US. This discordant profile means that medical cannabis in the various states of the US has mainly amounted to a quasi-legalisation strategy for recreational use of cannabis via subterfuge and ruse.

Approving recreational use of a drug?

It is no surprise then that the full legalisation of cannabis for recreational use has followed in six

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US States or jurisdictions since the introduction of medical cannabis laws. Pot activists are now agitating for legalisation of recreational use in every State. Such legalisation is in open breach of the United Nations' Single Convention on Narcotic Drugs which applies to every country world-wide, but President Obama and Presidential hopeful, Hillary Clinton, are too compromised to intervene federally – the aforementioned George Soros is the largest financial backer of the Democrats.

A contemporary Australian issue

In Australia, where no similar referendums are held, the pathway to legalisation is not so easily bought.

Shaping opinion

In 2012, the Australia21 forum, (Douglas & McDonald, 2012) with influential Australians such as former NSW Premier Bob Carr and former NSW Director of Public Prosecutions Nicholas Cowdery, began agitating in the media for the legalisation of all drugs – heroin, cocaine, speed, ice, ecstasy and cannabis – with the televised media giving them plenty of airplay, albeit fairly with Drug Free Australia brought in to debate the issue on air. By contrast the *Sydney Morning Herald* held a public debate at Sydney University where five drug legalisation advocates were pitted against a single prevention advocate. Not one contrary opinion was reproduced in any print media Australia-wide, including in Murdoch papers such as *The Australian* or the *Daily Telegraph*, which usually represent the conservative voice within Australia.

By 2013, with that push gaining no traction with the public, Australia21 operatives looked for a new pathway to legalising drugs, and found it in a young NSW cancer patient from Tamworth, Dan Haslam (Knott, 2014), who publicised his need to smoke cannabis to alleviate chemotherapy-induced nausea. And it is precisely this that the media is fighting for—not for medical cannabis per se, which is clearly already legal, but for crude non-pharmaceutical cannabis products which they hope will not be regulated by the TGA, all for the end-game, it would seem, of getting home-grown cannabis made available to all as it is in many US States.

Government initiatives - legislative action

In the ACT in late 2014, the Greens Bill (ACT Government, 2014) to legalise medical cannabis specifically stated that Sativex was not part of their plan, despite Sativex delivering all the same cannabinoids via a safer and faster-acting delivery system than hash cookies, bongs or crude cannabis oils. Their Bill sought to legalise home-grown cannabis, with up to nine cannabis plants being

considered a non-trafficable quantity. What they failed to tell the public was that a single cannabis plant can produce 5 crops a year with a total 2,500 grams, enough to make 8,600 joints (Drug Free Australia, 2015). With the average medical cannabis patient in the US requiring 1.5 grams per day or 550 grams per year, a single plant provides five times the needed quantity, which in the US has provided too much temptation for patients who could use extra cash. Nine cannabis plants, as proposed by the Greens Bill, could have produced a street value of \$270,000 worth of cannabis per year per individual – a nice little earner. The Bill was defeated (McElroy, 2015), a victory for common sense.

The current position

In February 2016 Federal Health Minister Sussan Ley announced legislation (Beech, 2016) allowing cannabis to be grown in Australia for medical use under strict cultivation conditions similar to the opium poppy crop in Tasmania (Yaxley, 2015). A centralised regulator controlled by the strictures of the Australian TGA would oversee the entire production of medical cannabis products which would be only pharmaceutical products. No raw cannabis products would be available for smoking or ingestion. This undermines the pathway to legalising recreational use. As it is, the legislation is a concession to pot activists in that it is only pegged to TGA strictures, not directly under the control of the TGA, which will more easily allow political tampering in the future.

Costings and consequences

In late 2015 Ley had suggested much lower costs of producing cannabis oils under this regulator, claiming that Australia might produce medical cannabis pharmaceuticals cheaper than those already available from overseas. She particularly mentioned that they could be made available in the form of tinctures or oils. What Ley may not have realised is that home-made cannabis oils can attain THC concentrations of 80% (High Times, 2014) as compared to 3% in bush-grown smoked cannabis. This could promote extreme cannabis intoxication. It was surmised that Australian pot activists may be seeing oils as their product of choice for use in e-cigarettes (Greig, 2013) where tobacco or cannabis oil is vaporised and publicly 'smoked' with no odour to allow detection by police. Drug Free Australia called for legislative measures to close down this pathway to recreational use via the medical cannabis ticket and pain alibi.

It is doubtful that Australia can reduce the cost of pharmaceutical cannabis medications substantially. As it is, the cost to medical cannabis users of illegal cannabis purchased on a street corner, at an average \$12.00 a gram or \$500 per month, is exactly the same

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cost as cannabis bought from commercial growers by patients in the USA, as verified in a submission by cannabis legalisation organisation NORML (2009) to an Obama Inquiry. The UK-produced Sativex also costs patients \$500 per month (NSW Legislative Council, 2013). Oddly enough, NSW Premier Baird's plan to produce cheaper pharmaceutical cannabinoids led to advertising for local expertise to develop a CBD-rich medication for children with epilepsy-like seizures, as disclosed in a January 2015 Drug Free Australia meeting with NSW Health Minister. It resulted in the Government announcing trials with Epidiolex purchased from the UK (News Limited, 2015).

Australians do not want drug use entrenched in this country ... 90% did not approve the regular use of cannabis

Visioning our future

Present indications are that the Federal legislation will avoid many of the problems besetting the US legislations. There is a high price to be paid for having lax medical marijuana laws – the deleterious effect it has particularly on the young people for whom cannabis, as with alcohol, could never be legalised. In Colorado, which has allowed six plants per patient since 2009, 74% of teenagers surveyed entering rehabilitation for cannabis addiction reported that they sourced cannabis from medical marijuana patients (Salomonsen-Sautel, Sakai, Thurstone, Corley, & Hopfer, 2012). This issue of diversion of cannabis to minors for recreational use has been the most dangerous aspect of the push for crude cannabis, considering the damage done to any teenager's developing brain. A recent Lancet study (Di Forti et al., 2015) found that daily users of strong forms of cannabis have a five times greater risk of developing psychoses, many of which will debilitate them for life.

Public opinion on drug use

Australians do not want drug use entrenched in this country for 98% of the 24,000 people surveyed in the 2013 National Drug Strategy Household Survey did not approve the use of heroin, ecstasy, speed, ice and cocaine, 90% did not approve the regular use of cannabis, and 74% of Australians did not want to legalise cannabis. Further, 93% or more, depending on which drug is considered, did not want to legalise the other illicit. But persistently, a group working since 1992 has sought to change Australia's drug laws, seeing the choice to use any drug as a human right. It is a 'right' that doesn't exist because there is worldwide agreement that the harms presented by illegal drugs are unacceptable. That hasn't stopped the drug law reformers.

Challenging legalisation advocacy

The chosen pathway to a final goal of drug legalisation has been via harm reduction

interventions, which presuppose an acceptance of illicit drug use with free needle programs, methadone maintenance and injecting rooms. The President of the Australian Drug Law Reform Foundation—Australia's drug legalisation movement—is also lauded as the father of harm reduction in Australia (Wodak, 2012), having formally set up the first needle exchange as an act of civil disobedience in the mid 1980s. In a speech reproduced in the Australian Drug Law Reform Foundation newsletter he (Wodak, 2005, para. 1.) stated that, "it is time to move from the first phase of harm reduction – focusing on removing adverse consequences – to a second phase which concentrates on reforming an ineffective and harm generating system of global drug prohibition." As a leading member of the Australia21 group, and the most vocal advocate for Dan Haslam's right to smoke cannabis as a cancer sufferer, his stated aims give a clear picture of what was behind the push for non-pharmaceutical forms of medical cannabis. For them, the acceptance of medical cannabis will ultimately lead to an acceptance of recreational use.

In 2012 almost all Australian media outlets gave Australia21 a platform to declare that the 'war on drugs' had failed and it was time to scrap prohibition. At that time, prevention organisations responded by asking, "What war on drugs?" (Channel 7 Sunday Sunrise, 2012). When Australia has done everything to pander to drug users by handing them free needles, maintaining drug users on methadone for up to 40 years, and giving them injecting rooms, this cannot be construed as a war on drugs. For 28 years now we have been facilitating drug use, anything but a war. And if we want to call the regular policing of drug use a 'war on drugs' why think it has failed? We don't abandon our 'war' on stealing, speeding or rape because we know we can never eradicate them, but we always seek to control them because if we don't the societal harms are catastrophic.

Maintain the 'war'

In 1998 the Howard government implemented the Tough on Drugs strategy, which maintained the harm reduction strategies that continue to facilitate drug use, but introduced a new and stronger prevention emphasis. Between 1998 and 2007 heroin use reduced by 75%, speed and ice use by 40% and cannabis use by 50%. While cocaine use rose by 15% and ecstasy use by a worrying 46%, assessment suggests successes outweighed failures (Australian Institute of Health and Welfare, 2011).

A comparison of the legal drugs, alcohol and tobacco, with the illegal drugs shows the success of prohibition. Alcohol is used by 81% of Australians,

while tobacco in its heyday was used by 65% of Australians. It has taken many years and millions of dollars to reduce tobacco use in Australia. By comparison the illicit drugs are a fraction of those percentages - opiates are used by 0.5%, cocaine by 2%, amphetamines by 2%, ecstasy by 2.5% and cannabis by 10%.

It is clear that Australians want less drug use, not more. Legalisation of drugs will only add significant use. Medical cannabis as the media was promoting it, would definitely have added more. Australia is taking a path which has learned from the mistakes of the USA, a path which is compassionate but sensible.

Educators are encouraged to lead their students in discussions considering the social influences affecting wellbeing, as required by the PDHPE curriculum of NSW or its equivalent in other states, but in particular to address the impact of pressure groups influencing legislative processes providing for, and protecting health. The current promotion of a medical use of marijuana provides a useful case study within which the complexity of community interaction becomes apparent. It highlights both the importance and difficulty of maintaining an open, clearly informed, research based decision-making political process. **TEACH**

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