

APPENDICES

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NEWS RELEASE

Premier of New South Wales
Australia

Tuesday October 19, 1999

Government to consider cannabis for medicinal purposes.

The Premier of NSW, Mr Bob Carr, said today the Government would investigate the use of cannabis for medicinal purposes.

Today's announcement follows calls earlier this month by the Australian Medical Association for people with cancer and AIDS to be prescribed cannabis for pain relief.

The Premier cautioned that the proposal would have to be carefully examined as it raised complex and difficult issues like those of possible dependence and creating legal supplies.

"This is not a proposal to legalise cannabis, I have already ruled that out," Mr Carr said.

"Many of us know the terrible toll cancer treatment can exact on sufferers.

"A recent House of Lords Select Committee on Science and Technology concluded that cannabis could serve a therapeutic function.

"The AMA says cannabis – or its active ingredients – can help ease pain, nausea and loss of appetite.

"I want a full investigation of the drug to ensure that any benefit of allowing doctors to prescribe it for the seriously ill is not outweighed by negative health and social effects.

"I do, however, feel that we owe the 27,000 people in NSW who are diagnosed with cancer each year a full investigation of a drug which could ease their suffering," the Premier said.

An expert Working Party will be formed to examine the feasibility of making cannabis available for therapeutic purposes.

Representatives from the following organisations will be invited to join the Working Party:

- Attorney General's Department;
- NSW Health;
- Office of Drug Policy;
- The Royal College of General Practitioners;
- Australian Medical Association;
- National Drug and Alcohol Research Centre;

- Law Society of NSW;
- AIDS Council of NSW;
- NSW Cancer Council;
- Academics from the fields of pharmacology and medicine.

The Working Party will report to the Cabinet by July next year.

The Premier said there would be widespread community consultation following the delivery of the Working Party's report.

MEMBERSHIP OF THE WORKING PARTY¹⁰**CHAIR**

Professor Wayne Hall, Executive Director, National Drug and Alcohol Research Centre, University of New South Wales.

MEMBERS – ACADEMIC/CLINICAL

Associate Professor MacDonald J Christie, Head of Department of Pharmacology, and Medical Foundation Fellow, University of Sydney.

Professor Richard O Day, Professor of Clinical Pharmacology, University of New South Wales and Director of Clinical Pharmacology and Toxicology, St Vincent's Hospital.

Professor Laurence E Mather, Professor of Anaesthesia and Analgesia (Research), University of Sydney and Centre for Anaesthesia and Pain Management Research, Royal North Shore Hospital.

MEMBERS – KEY STAKEHOLDER GROUPS

Dr David Currow, Director, Nepean Cancer Care Centre and Director of Palliative Care Services, Wentworth Area Health Service. *Representing the NSW Cancer Council.*

Mr Robert Griew, Chief Executive Officer, AIDS Council of NSW.

Ms Margaret Hole, Law Society of NSW.

Professor Michael Kidd, Professor of General Practice and Head of Department of General Practice, University of Sydney. *Representing The Royal Australian College of General Practitioners (NSW Faculty).*

Dr Michael Noel, Career Medical Officer (Palliative Care), Wentworth Area Health Service and Councillor, Australian Medical Association (NSW Branch). *Representing the Australian Medical Association (NSW Branch).*

MEMBERS – NSW GOVERNMENT AGENCIES

Commander Alan Baines, Acting Local Area Commander (Kings Cross), NSW Police Service.

Mr Geoff Barnden, Director, Office of Drug Policy, The Cabinet Office.

Mr Andrew Haesler, Director, Criminal Law Review Division, Attorney General's Department.

Mr John Lumby, Chief Pharmacist and Manager, Pharmaceutical Services Branch NSW Department of Health.

¹⁰ Report of the Working Party on the Use of Cannabis for Medical Purposes, Vol 11, August 2000, pp111-112

Working Party on the Use of Cannabis for Medical Purposes

TERMS OF REFERENCE¹¹

- To assess the efficacy of cannabis for medical purposes.
- To review the extant medical and scientific literature.
- To establish what further research is required.
- To establish if and how cannabis can be effectively administered with the least harm to patients.
- To establish if and how cannabis, or any cannabinoid substances, should be supplied for medical use and how diversion for recreational use or dealing or trafficking could be avoided in these circumstances.
- To identify legal, ethical, pharmacological, physiological, mental, general health and community implications and issues concerning the use of cannabis.
- To make recommendations to the Expert Advisory Group on Drugs.

¹¹ Report of the Working Party on the Use of Cannabis for Medical Purposes, Vol 11, August 2000, p113.

Report of the Working Party on the Use of Cannabis for Medical Purposes**SUMMARY OF RECOMMENDATIONS¹²****1. MEDICAL AND THERAPEUTIC ISSUES****Pharmaceutical cannabinoids and related substances****Recommendation 1**

While recognising the limitations of currently available pharmaceutical preparations of cannabinoids, the Working Party recommends that they should be subject to further clinical trials of safety and efficacy as described below.

Recommendation 2

The Working Party recommends that the NSW Government through the Australian Health Minister's Forum explore avenues for greater flexibility in new medication registration by the TGA based on the clinical needs of special populations.

Other research recommendations**Recommendation 3**

That the Government consider funding or otherwise facilitating surveys of current medical users of cannabis and their carers to obtain an indication of how many persons are at risk of criminal prosecution for medical use of cannabis.

Recommendation 4

That the Government consider funding or otherwise facilitating surveys of potential medical users of cannabis and cannabinoids to obtain an indication of how many persons would wish to use cannabinoids for medical purposes under a more favourable regulatory regime.

Recommendation 5

The Working Party recommends that randomised controlled clinical trials, and controlled studies in individual patients, be conducted on the therapeutic efficacy of cannabis and cannabinoids.

Recommendation 6

The Working Party urges the NSW Government to consider funding or otherwise facilitating research for this purpose.

Recommendation 7

The Working Party recommends that the NSW *Drug Misuse and Trafficking Act 1985* be amended to ensure that there are no legal obstacles to the conduct of such trials.

¹² Report of the Working Party on the Use of Cannabis for Medical Purposes, Volume 1, August 2000, pp38ff.

Recommendation 8

That additional research be conducted into the basic chemistry and pharmacology of cannabinoids with the aim of developing cannabinoids that have therapeutic effects and that may be delivered more safely and effectively than by smoking cannabis.

Such research could be undertaken through the following avenues:

- either investigator-initiated or requests for proposals from the National Health and Medical Research Council peer-reviewed system;
- funding from the Ministerial Council on Drug Strategy/Intergovernmental Committee on Drugs;
- small grants provided by the State Government for researchers to develop more detailed proposals to be funded through mechanisms for peer-reviewed research.

Availability of cannabis for compassionate use

Recommendation 9

The Working Party is in sympathy with the motivation and spirit of the recommendations in the Institute of Medicine and House of Lords reports. Accordingly, it recommends the introduction in NSW of a compassionate regime to assist those suffering from the range of illnesses identified [below] to gain the benefits associated with the use of cannabis without facing criminal sanctions, pending the development of safer and more efficient methods to deliver cannabinoids.

2. LEGAL AND REGULATORY ISSUES

Access to cannabis under a compassionate regime

Recommendation 10

That the Government consider licensing the supply, including the importation, of cannabis, but only for the purposes of the clinical trials proposed in Recommendation 5.

Recommendation 11

That a person should not be prosecuted if they have prior medical certification from an accredited medical practitioner that they suffer from a medical condition that may benefit from cannabis use.

Recommendation 12

That the onus be placed on the medical user of cannabis plant material to establish evidence of medical certification before use.

Recommendation 13

That the conditions included under this certification should be:

- HIV-related wasting and cancer related wasting;
- pain unrelieved by conventional treatments;
- neurological disorders including (but not limited to) multiple sclerosis, Tourette's syndrome, and motor neurone disease;

- nausea and vomiting in cancer patients undergoing chemotherapy which does not respond to conventional treatments.

That, as this list may need to be amended in the light of further medical research, it should be specified by regulation rather than by primary legislation.

Lawful sources of cannabis for medical use

Recommendation 14

That certification be extended to the possession and use of small amounts of cannabis for medical use by patients.

Recommendation 15

That the “small” amount of cannabis for possession and use exemption should correspond to the small amount in the NSW *Drugs Misuse and Trafficking Act 1985*. At present this is 30 grams of cannabis leaf, 5 grams of cannabis resin and 2 grams of cannabis oil.

Recommendation 16

That certification be extended to the growing of small amounts of cannabis for medical use by patients in their own homes.

Recommendation 17

That, although the “small” amount of cannabis, as defined under the *Drugs Misuse and Trafficking Act* is five plants, consideration be given to lowering this limit for medical certification by allowing cultivation of up to five plants under 25 cm but only two above that height.

Recommendation 18

That no consideration should be given to altering the law to allow “compassion clubs” to operate legally.

Medical certification by accredited medical practitioners

Recommendation 19

That the possession, supply, administration and cultivation of cannabis for personal medical use by patients with one of the specified conditions only be considered lawful if the patient possesses a certificate to this effect from an accredited medical practitioner, and that this certificate should be renewed every six months.

Recommendation 20

That "accredited medical practitioners" be trained in the following:

2. Certification of patients with:
 - HIV – or Cancer-related wasting;
 - nausea secondary to chemotherapy that is unresponsive to conventional treatments;
 - neurological disorders such as multiple sclerosis;
 - or chronic pain that is unresponsive to conventional treatment.
2. Counselling patients about the health risks of cannabis smoking.

Recommendation 21

That legislative safeguards be established to ensure no civil or criminal liability is incurred by any person authorized to medically certify cannabis, or assist in the proper medical certification of cannabis, for recognized therapeutic purposes, if the certifier had reasonable grounds to believe that the patients had given informed consent.

Extension to carers

Recommendation 22

That certification which renders lawful the possession, supply, administration and cultivation of cannabis be extended to carers of patients who are too ill or debilitated to obtain cannabis or to cultivate cannabis plants for their own use, as long as stringent criteria for extending this certification are met.

Education

Recommendation 23

That if the recommendations in this report are adopted, the NSW Government should conduct education campaigns to inform the following people:

- patients who may qualify for certification;
- medical practitioners;
- the public in general;

of the benefits and possible risks of cannabis use for medical purposes, and of the implications of any legislative changes which may have to be introduced.

Consultation and evaluation

Recommendation 24

That the Government consult with patients, carers, prescribers and other affected parties on the proposed changes and conduct a formal evaluation of the operation of the legislation after a trial period of two years.

MEDIA ADVERTISEMENT AND OUTLETS

MEDIA ADVERTISEMENT



THE CABINET OFFICE

Invitation for Submissions

Use of Cannabis for Medical Purposes

Written submissions are sought on the issues raised in the *Report on the Use of Cannabis for Medical Purposes*.

The Report was prepared by a working party formed by the NSW Government to examine the possibility of allowing people suffering from life threatening and chronic medical conditions to use cannabis for strict therapeutic purposes only. The working party was chaired by Professor Wayne Hall, Executive Director of the National Drug and Alcohol Research Centre.

The Report recommends research and clinical trials into the use of cannabis and cannabinoids (the active ingredients in cannabis) for certain medical conditions, such as multiple sclerosis and HIV or cancer related wasting.

The Report also recommends that pending the development of safer ways of taking cannabinoids, a compassionate regime be introduced which would allow people suffering from these serious medical conditions (and who obtain a medical certificate) to use cannabis to alleviate their conditions, without facing criminal sanctions.

The NSW Government is seeking submissions from interested individuals and organisations on the issues raised in the Report.

The Report and information about making a submission are available on the NSW Government Drug Information website – www.druginfo.nsw.gov.au (under New Reports). Copies can also be obtained by contacting M. Gardiner at the Office of Drug Policy (telephone (02) 9228 3623).

Submissions should be sent to:

Medical Cannabis Submissions

Office of Drug Policy

The Cabinet Office

GPO Box 5341

SYDNEY NSW 2001

Fax: (02) 9228 4243

email: ODPWeb@mail.cabinet.nsw.gov.au

Submissions should be received by **2 February 2001**.

The Government may wish to publish or refer to submissions (or parts of them). If you would like your submission to be treated as confidential, please indicate this on your submission.

MEDIA OUTLETS

NEWSPAPER	DAY
The Australian	Saturday: 16 Dec and 13 Jan
Sydney Morning Herald	Saturday: 16 Dec and 13 Jan
Sunday Telegraph	Sunday: 17 Dec and 14 Jan
Albury-Wodonga Border Mail	Friday: 15 Dec and 12 Jan
Bathurst Western Advocate	Friday: 15 Dec and 12 Jan
Broken Hill Truth	Friday: 15 Dec and 12 Jan
Coffs Harbour Advocate	Friday: 15 Dec and 12 Jan
Dubbo Daily Liberal	Friday: 15 Dec and 12 Jan
Grafton Examiner	Friday: 15 Dec and 12 Jan
Koori Mail	Wednesday: 27 Dec and 10 Jan
Lismore Northern Star	Friday: 15 Dec and 12 Jan
Newcastle Herald	Friday: 15 Dec and 12 Jan
Orange Central Western Daily	Friday: 15 Dec and 12 Jan
Tamworth Northern Daily Leader	Friday: 15 Dec and 12 Jan
Wagga Daily Advertiser	Friday: 15 Dec and 12 Jan
Wollongong Illawarra Mercury	Friday: 15 Dec and 12 Jan

COMMUNITY PRESS	DAY
Al Bairak (Arabic)	Saturday: 16 Dec and 13 Jan
Australian Chinese Daily	Saturday: 16 Dec and 13 Jan
La Fiamma (Italian)	Friday: 15 Dec and 12 Jan
Greek Herald	Friday: 15 Dec and 12 Jan
Spanish Herald	Saturday: 16 Dec and 13 Jan
Ho jo Dong-A (Korean)	Saturday: 16 Dec and 13 Jan
Chieu Duong (Vietnamese)	Saturday: 16 Dec and 13 Jan

LIST OF PRIVATE SUBMISSIONS

Sub'n no. 13	Confidentiality requested	Region	Email/Letter	Position
35		Sydney	E-mail	Oppose
36		Far West	Letter	Support
37		Far North Coast	Letter	Support
38	CONFIDENTIAL		Email	Support
39		Sydney	Letter	Support
40		New England	Letter	Oppose
41		Hunter	Letter	Support
42		Riverina	Email	Support
43		Unknown	Email x 2	Support
44		Hunter	Letter	Support
45		Western Sydney	Letter	Support
46		Unknown	Letter	Support
47	CONFIDENTIAL		Letter	Support
48		South Coast	Letter	Support
49		Mid North Coast	Letter	Support
50		Sydney	Email	Support
51		Sydney	Letter	Support
52		Mid North Coast	Letter	Support
53		Unknown	Email	Support
54		Mid North Coast	Email	Support
55		South Coast	Letter	Support
56		Sydney	Email	Support
57		Sydney	Email	Oppose
58	CONFIDENTIAL		Letter	Unclear
59		Victoria	Email	Support
60		Sydney	Letter	Support
61		Unknown	Email	Support
62		Unknown	Email	Support
63		Sydney	Email	Oppose
64		Mid North Coast	Email	Support
65		Victoria	Email	Support
66		South Coast	Letter	Support
67		Unknown	Email	Support
68		Sydney	Email	Support
69		Mid North Coast	Email	Support
70	CONFIDENTIAL		Letter	Support
71		Unknown	Email	Support
72		Hunter	Oral	Support
73	CONFIDENTIAL		Email	Support
74		Western Sydney	Letter	Oppose
75		Mid North Coast	Letter	Support
76	CONFIDENTIAL		Letter	Support
77	CONFIDENTIAL		Email	Support
78		Illawarra	Email	Support
79	CONFIDENTIAL		Letter	Support

¹³ Submission numbers correspond with submissions published on www.druginfo.nsw.gov.au.

Sub. No.	Confidentiality requested	Region	Email/Letter	Position
80		Sydney	Email	No position
81		Sydney	Email	Support
82		Far North Coast	Letter x 2	Oppose
83		Unknown	Letter	Support
84		Western Sydney	Letter	Support
85		Far West	Letter	Support
86		Queensland	Email	Support
87		Italy	Email	Support
88		Unknown	Email	Support
89		Queensland	Letter	Support
90		Victoria	Email	Support
91		Western Sydney	Letter	Support
92	CONFIDENTIAL		Letter	Support
93		Western Sydney	Email	Support
94		Unknown	Email	Support
95	CONFIDENTIAL		Letter	Support
96		Hunter	Email	Support
97		Hunter	Letter	Oppose
98		Unknown	Email	Support
99		Mid North Coast	Email	Support
100		Queensland	Letter	Unclear
101		Mid West	Letter	Oppose
102		Hunter	Email	Support
103		Mid West	Email	Support
104		Western Sydney	Letter	Support
105	CONFIDENTIAL		Email	Support
106		Hunter	Letter	Support
107		Hunter	Email	Support
108		Central Coast	Letter x2	Support
109		Sydney	Letter	Support
110		Unknown	Email	Support
111	CONFIDENTIAL		Email	Support
112		Unknown	Email	Support
113	CONFIDENTIAL		Letter	Support

OVERVIEW OF PRIVATE SUBMISSIONS

TOTAL NUMBER OF SUBMISSIONS	79
NUMBER REQUESTING CONFIDENTIALITY	13
NUMBER SUPPORTING	68
NUMBER OPPOSING	8
NUMBER WITH UNCLEAR POSITIONS	3

SUBMISSION BY ORGANISATIONS

NAME & SUBMISSION NUMBER ¹⁴	SUPPORT MEDICAL CANNABIS	OPPOSE MEDICAL CANNABIS	NO POSITION
Political organisation			
▪ Christian Democratic Party (33)		Oppose	
Government			
▪ Commonwealth agency x 2 (22, 23)			No position
▪ Commonwealth minister x 1 (24)			No position
▪ State/territory agencies x 3 (20, 27, 28)			No position
▪ State/territory ministers x 5 (26, 29-32)			No position
▪ International agency x 1 (21)			No position
▪ International minister x 1 (25)			No position
Policy/advisory bodies			
▪ Expert Advisory Group on Drugs (NSW) (117)	Support		
▪ Australian National Council on Drugs (7)	Support		
▪ Alcohol and Other Drugs Council of Australia (1)	Support		
Peak organisations			
▪ Australian Intravenous League (5)	Support		
▪ Australian National Council on AIDS, Hep-C and Related Disease (6)	Support		
▪ Australian Committee for Medical Cannabis (4)	Support		
▪ AIDS Council of NSW (114)	Support		
▪ People Living with HIV/AIDS (16)	Support		
Medical organisations			
▪ Australasian College of Sexual Health Physicians (2)	Support		
▪ Tweed Palliative Support (115)	Support		
▪ Royal Australian College of General Practitioners (17)	Support		
Legal organisations			
▪ HIV/AIDS Legal Centre (10)	Support		
▪ Law Society of NSW (11)	Support		
▪ Northern Rivers Community Legal Centre (12)	Support		
Religious affiliated bodies			
▪ NSW Ecumenical Council (14)			No position
▪ NSW Council of Churches (13)		Oppose	
▪ Knights of the Southern Cross (NSW)(116)		Oppose	
▪ Salvation Army (Australian Eastern Territory) (18)		Oppose	
Interest/community organisations			
▪ Nimbin Hemp Embassy (15)	Support		
▪ Ethical Medicinal Cannabis Supplies (9)	Support		
▪ Voluntary Euthansia Society (19)	Support		
▪ Australian Parents for Drug-Free Youth (8)		Oppose	
▪ Australian Cities Against Drugs (3)		Oppose	
Research body			
▪ Sheiman Ultrasonic Research Foundation (34)			No position

¹⁴ Submission numbers correlate with submissions published on www.druginfo.nsw.gov.au

PRIVATE SUBMISSIONS BY PROFESSION/EMPLOYMENT BACKGROUNDS

PROFESSION	No of Submissions
Nurse	2
Medical Doctor with HIV patients	1
Practising doctor and businessperson	1
Psychologist/Psychophysiolgist	1
Involved in HIV charities	1
Drug and Alcohol Counsellor	1
Teacher	2
University lecturer (psychology)	1
University student	1
Academic/researcher	2
Writer and editor	1
Journalist	1
Radio producer	1
Traffic and local council worker	1
Ex plumber	1
Former storeman in heavy engineering workshop	1
Retailer of health equipment	1
Manager of business	1
Former RAN sailor	1
Television current affairs host	1
On Disability Support Pension	4
TOTAL SUBMISSIONS WHERE PROFESSION IDENTIFIED	28
NUMBER OF SUBMISSIONS WHICH SUPPORTED	25
NUMBER OF SUBMISSIONS WHICH OPPOSED	2
NUMBER OF SUBMISSIONS IN WHICH POSITION WAS UNCLEAR	1

SUBMISSIONS BY RELATIONSHIP

RELATIONSHIP OF SUBMISSION MAKER TO PATIENT	NUMBER
Parent	4
Spouse	6
Sibling	3
Child	1
Uncle/Aunt	1
Friend	2
TOTAL SUBMISSIONS WHERE RELATIONSHIP INDICATED	17
NUMBER OF SUBMISSIONS IN SUPPORT	16
NUMBER OF SUBMISSIONS OPPOSING	1

SUMMARY OF PERSONAL EXPERIENCES

“A” is 62 years of age. He has bowel cancer and other long term health problems, and uses cannabis to relieve pain and enable him to eat. Conventional treatment does not help and causes him nausea. After using cannabis he finds he is able to play lawn bowls again. “I hope that you can come to a decision soon whether people can grow a plant or get it by prescription at least we could get rid of the bad feeling of being a criminal just because we want to live”.

“B” suffers from extreme menstrual pain and nausea and has been hospitalised for this. She finds legal painkillers do not work and uses cannabis each month to alleviate her symptoms. “I present my story in the hope that one day I won’t be forced to live in fear of facing criminal charges for the possession of cannabis and that I won’t have to seek out shady characters in pubs and clubs for the purpose of obtaining cannabis to alleviate my medical condition.”

“C” has carpal tunnel syndrome in both wrists and suffers pain. He finds using cannabis to be more effective than legal pain relievers.

“D” has muscle inflammatory disorder and suffers pain. Her prescribed medication has had little effect. She uses cannabis because it relaxes her muscles, stops spasms and reduces pain.

“E” has MS. She has tried cannabis. Four puffs relieved her pain for four hours. She has not used since. She is concerned that smoking that much will leave her unable to drive or function properly. She would be happy to participate in a trial if a safer way than smoking cannabis could be found.

“F” had surgery to remove a brain tumor and used cannabis as an anti-inflammatory and relaxant. He uses cannabis for back pain and to help him sleep.

“G” has a neighbour with MS who “... has found that cannabis is much more effective in relieving some of his symptoms than any other of his medications, but it is a source of embarrassment and to some extent fear that he has to acquire and take this ‘medicine’ in secret because it has been deemed to be illicit.”

“H” has chronic pain from damaged vertebra and arthritis. She uses morphine but finds the best treatment is taking cannabis, along with therapeutic massage. “I cannot always get my hands on the cannabis that I know helps me enormously. It also puts me in the position of having to get the stuff illegally”.

“I” has MS. “Some days my body can feel like a huge vibrator – imagine that a continuous vibration...I find cannabis a wonderful relaxant and would not go a night without it.”

“J” has had MS for over 20 years. “Having tried cannabis with great reluctance and guilt I discovered ... cannabis has a very favourable effect on the illness, without the

side effects of the more traditional methods. It quickly relieves spasms and brings on pain relief.”

“K” has had MS for 7 years and finds relief in smoking cannabis before sleep.

“L” has MS and found cannabis offers superior symptomatic relief. He does not want to smoke cannabis and would prefer cannabinoids in tablet form or skin patch.

“M” has MS and finds cannabis allows him to live a reasonable quality of life.

“N” finds cannabis helps with migraine headaches, anxiety, depression, digestion and bowel problems and lack of appetite.

“O”’s eighty five year old uncle died from prostate cancer but found great relief from eating marijuana biscuits.

Mr and Mrs “P” have a thirty two year old daughter who suffers from chronic pain. “My family have always been very much against drugs, we are very strong Christians, but one day she was in so much pain she did not know what to do and somebody gave her a smoke of marijuana and the difference in her pain tolerance was a miracle and for the first time in a long time she could cope with the pain.”

“Q”’s husband had prostate cancer and had radiation therapy. He was losing weight and the will to live. Eating marijuana biscuits helped his appetite return. “We (both octogenarians) were completely naïve about marijuana and disliked breaking the law to obtain supplies... but we had no choice.”

“R” is forty years of age. She has rheumatoid arthritis. Her medication causes her nausea and constipation but does not control her pain. She uses cannabis to relieve her pain and allow her to eat. “It would be great not to have to live with the added stress of feeling like a ‘criminal.’”

“S” reports that he finds cannabis effectively controls his grand mal epilepsy.

“T’s” husband is dying of renal cell carcinoma. He has been using cannabis for pain relief and nausea, and to stimulate his appetite. He refuses hospitalisation because he would not be able to use cannabis there. Other problems include the costs and difficulties of buying an illicit drug in a small country town.

“U” has had HIV for 9 years and uses cannabis to control nausea, stimulate his appetite and relieve stress. He resents having to obtain cannabis from ‘undesirable’ characters who are often dealing in other illicit substances.

“V” is 35 years of age and has crushed discs in his lower back. His medication has caused muscle spasms. He found using cannabis helped his symptoms a great deal. “I gave up marijuana, as I have children, and the fact that I was potentially a criminal at any time the police caught me, would have destroyed them.”

**RANGE OF AGES OF PERSONS
REPORTED AS USING CANNABIS MEDICINALLY**

SUBMISSION NUMBER	AGE
36	68 years
42	65 years
61	45 years
66	58 years
75	50 years
85	85 years
90	80 years
91	40 years
93	20 years
96	50 years
112	35 years
CONFIDENTIAL SUBMISSION	60 years

**MEDICAL SYMPTOMS REPORTED IN SUBMISSIONS AS BEING
CONTROLLED BY CANNABIS USE**

SYMPTOMS	NUMBER	SUBMISSION No
Pain	24	37, 41, 45, 46, 47, 48, 53, 59, 64, 75, 76, 77, 83, 84, 86, 91, 92, 95, 104, 105, 107, 111, 112, 113
Depression/anxiety	12	38, 46, 59, 60, 67, 70, 72, 76, 84, 105, 107, 109
Appetite loss	10	37, 38, 47, 60, 70, 84, 90, 91, 107, 109
Muscle spasms	9	46, 62, 64, 67, 70, 73, 75, 83, 105
Nausea	8	37, 41, 53, 59, 76, 91, 107, 109
Wasting	4	38, 47, 60, 90
Sleeplessness	2	53, 70
Bowel problems	2	76, 91
Stomach problems	1	53
Mental disorders	1	86
Fits/seizures	1	72

REPORTS ON THE MEDICAL EFFECTIVENESS OF CANNABIS

SUBMISSION NUMBER	RATE/AMOUNT OF DOSE	SPEED OF RELIEF
37	One cannabis cigarette provides 4-5 hours relief	
48		Smoking cannabis provides "immediate" pain relief
49	One cannabis cigarette provides 4 hours relief	
62	Uses cannabis each night for relief and to ensure sleep	
64		Cannabis provides "quick" relief
65		Cannabis provides "fast" relief
67	Smokes cannabis each night	
75	Uses cannabis each night	"Small amount" of cannabis provides relief
76	Smokes 3 joints over 4 hours for relief	
77	Uses cannabis 1-3 times a month for relief	
90	Gets relief from eating 4 cannabis biscuits a day	
104		Cannabis relieves severe epileptic headache in 20 seconds
109		"One puff" of cannabis stops nausea immediately