

8 April 1999

Dr Christine Sharp MLC  
Post Office Box 21  
BALINGUP WA 6253

Dear Dr. Sharp,

- (1) Misuse of Drugs Amendment (Cannabis Cautioning Notices) Bill;
- (2) **The Poisons Amendment (Cannabis for Medical and Commercial Uses) Bill.**

On behalf of this Committee and the members of the Council for the National Interest (CNI) I am writing to most earnestly urge that you do not proceed with the introduction of the above mentioned Bills as foreshadowed by the West Australian 6 March 1999. Our reasons are:

Misuse of Drugs Amendment (Cannabis Cautioning Notices Bill

- (4) Australia's National Drug Strategy (NDS) Monograph No. 25 "The health and psychological consequences of cannabis use" records that cannabis is a dangerous and addictive drug which causes cancer and psychosis, damages the brain, the memory, the foetus and affects the ability to drive or operate machinery. Renowned researchers regard it as more dangerous than alcohol or tobacco and its danger increases when it is used with alcohol.
- (5) Two 1997 studies, one by the Scripps Research Institute in San Diego, published in the Journal of Science and the other an Italian study have now put beyond doubt that marijuana is a "gateway" drug leading on to cocaine, heroin and other psycho-active drugs. United States Government statistics show that an individual who uses marijuana is 17 times more likely to use cocaine than one who has never used marijuana.
- (6) Wherever laws in relation to cannabis use have been relaxed the consequences have been increased experimentation, followed by increased usage and then increased addiction.
- (7) The South Australian Government virtually decriminalised personal possession and use of cannabis in 1987 by the introduction of a system of on the spot fines known as Cannabis Expiation Notices (CEN). The consequences have been:
  - (1) between 1988-93 the percentage for at least weekly use of cannabis in South Australia increased 77% versus the rest of Australia which declined 13% (reference NDS Monograph No. 27 "Patterns of Cannabis Use in Australia")
  - (2) in the first two years after the introduction of CEN the percentage of weekly use of cannabis by South Australian school students increased by 10.86% (reference NDS Monograph No. 27);
  - (3) between 1985 - 1993 the increase in the percentage of South Australians aged 14- 19 years and 20-29 years who had ever used cannabis increased dramatically by comparison with all other Australian mainland States (reference Appendices (I) and (II), NCADA surveys published in

Queensland Justice Commission Report June 1994);

- (4) Police and Court resources have not been able to be directed to “more serious drug problems” because cannabis trafficking offences have doubled as a direct result of the decision to allow individuals to grow up to 10 cannabis plants for personal use, They sell the plants or sell what they don’t use, In addition around half of the CEN on the spot fines are not paid and have to be followed up in the courts.

The likelihood is that even the growing of 2 plants for personal use will lead to increased trafficking and it should be of very serious concern that the amount of up to 50g for personal use, which is proposed, is in fact a traffickable amount.

- (5) The West Australian, 27 April 1995, reported that the South Australian Democrat leader branded decriminalisation in that State as a failure and he proposed a Bill to legalised marijuana for sale in cigarette form through pharmacies. This of course is the goal of the reform lobby - decriminalise today, legalise tomorrow.

#### (ii) The Poisons Amendment (Cannabis For Medical And Commercial Uses) Bill

Contrary to comments attributed to you in the Westralian, 6 March, 1999 that “there is adequate scientific evidence to suggest cannabis is beneficial to a specific number of medical conditions” our research over many years shows that there is no such scientific evidence. We should be grateful if you would provide us with the scientific evidence of which you are apparently aware.

Appendix III provides pertinent excerpts from the decision of the United States Justice Commission, 11 March 1992 in the Marijuana Rescheduling Petition. We quote briefly from that decision:

“Those who say there are reliable scientific studies showing marijuana is an effective drug for treating nausea and vomiting (associated with chemotherapy) are wrong. No such studies exist.

No scientific studies have shown marijuana can reduce eye pressure (in glaucoma patients) over long periods of time.

No scientific studies have shown marijuana can save eyesight.

No scientific studies exist which test marijuana to relieve spasticity (associated with multiple sclerosis).

Marijuana has been rejected as medicine by the American Medical Association, the National Multiple Sclerosis Society, the American Glaucoma Society, the American Academy of Ophthalmology, the American Cancer Society. Not one American health association accepts marijuana as medicine.”

We have confirmed that these findings of the US Justice Commission remain current, A recent report released in the US by the Institute of Medicine, a division of the National Academy of Sciences, indicates that clinical trials have not been held to definitively determine marijuana’s medical benefits.

In Australia the NDS Monograph No. 25 makes it clear that:

- (1) with regard to controlling nausea after cancer treatment, the clinical trials used THC (Delta 9-Tetrahydrocannabinol) not marijuana. THC is just one of more than 400 chemical compounds separately identified in cannabis;
- (2) “there have not been any controlled clinical studies of its (cannabis) effectiveness and safety in long term management of glaucoma”. (page 191);
- (3) “The evidence that cannabinoids have therapeutic effects in patients with movement disorders (eg in multiple sclerosis) is largely anecdotal” (page193).

In the absence of scientifically controlled clinical trials it is clear that any claims for the use of marijuana as medicine are better met either by more effective drugs which do not have the psychoactive effects of THC, or by the oral delivery of synthetic cannabinoids. Surely there is therapeutic superiority in pharmaceutically pure drugs which can be given in defined doses.

In conclusion we should be grateful if you would provide us with a copy of your election material in which the Greens publicly supported the measures you now propose.

Sincerely

Denis J Whitely  
Executive Director  
CNI - WA

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APPENDIX (III)  
MARIJUANA AS MEDICINE

The following information comprises extracts from the **United States Federal Register Vol. 57 No. 59, Thursday March 26 1992, Notices Pages 10499 - 10508**. These pages record the decision of the Commissioner, Philbin, Vice Chairman McDonald, Commissioners Simmons, Phillips and Emmett, United States Department of Justice in the Marijuana Rescheduling Petition ; Denial of Petition. Decided March 11 1992.

**Summary:** This is the final order of the Administrator of the Drug Enforcement Administration (DEA) concluding the plant denying the petition of the National Organisation for the Reform of Marijuana Laws (NORML) to reschedule marijuana from Schedule I to Schedule II of the Controlled Substance Act. Effective date March 26 1992.

**Background:** On December 21 1989, the former Administrator of the DEA issued a final order concluding the plant material marijuana has no currently accepted medical use and denying the petition of NORML to reschedule marijuana from Schedule I to Schedule II of the Controlled Substance Act.

On April 26 1991, the United States Court of Appeals for the District of Columbia Circuit remanded the matter to the Administrator for clarification of DEA's interpretation of the term "currently accepted medical use in treatment in the United States".

The Administrator of the DEA concluded: Following a review of the entire record in this matter and a comprehensive re-examination of the relevant statutory standard, I conclude that marijuana has no currently accepted medical use and must remain in Schedule I. Further hearings are unnecessary since the record is extraordinarily complete. All parties had ample opportunity and wide latitude to present evidence and to brief all relevant issues.

**Summary of the Decision:** Put simply is marijuana good medicine for illnesses we all fear such as multiple sclerosis, glaucoma and cancer?

Marijuana has been rejected as medicine by the American Medical Association, the National Multiple Sclerosis Society, the American Glaucoma Society, the American Academy of Ophthalmology, the American Cancer Society. Not one American health association accepts marijuana as medicine.

The United States Food and Drug Administration (FDA) experts repeatedly have rejected marijuana for medical use. Yet claims persist that marijuana has medical value. Are these claims true, What are the facts?

Between 1987 and 1988, DEA and Norml, under the guidance of an administrative law judge, collected all relevant information on this subject. Stacked together it stands nearly five feet high.

Is there reliable scientific evidence that marijuana is medically effective. If it has medical value do its benefits outweigh its risks? What do America's top scientific experts say? Would they prescribe it for their patients, their families, their friends?

As the current Administrator of Drug and Enforcement and as a former United States District Judge, I

have made a detailed review of the evidence in this record to find the answers.

Those who say there are reliable scientific studies showing marijuana is an effective drug for treating nausea and vomiting (associated with chemotherapy) are wrong. No such studies exist.

No scientific studies have shown marijuana can reduce eye pressure (in glaucoma patients).

No scientific studies have shown marijuana can save eyesight.

No scientific studies exist which test marijuana to relieve spasticity (associated with multiple sclerosis).

National experts on MS reject marijuana as medicine.

Beyond doubt, the claims that marijuana is medicine are false, dangerous and cruel.

Sick men, women and children can be fooled by these claims and experiment with the drug. Instead of being helped they risk serious side effects. If they neglect their regular medicines while trying marijuana, the damage could be irreversible. It is a cruel hoax to offer false hope to desperately ill people.

Those who insist marijuana has medical uses would serve society better by promoting or sponsoring more legitimate scientific research, rather than throwing their time, money and rhetoric into lobbying, public relations campaigns and perennial litigation.

A failure to meet just one of the five points (of a test of 'currently accepted medical use in treatment in the United States') precludes a drug from having currently accepted medical use.

Marijuana failed all five points of the test.

In the absence of reliable evidence adequately establishing marijuana's chemistry, pharmacology, toxicology and effectiveness, no responsible physician could conclude that marijuana is safe and effective for medical use.

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**NB** These are very brief excerpts form a comprehensive record; for further details contact the Council for the National Interest Tel (08) 9321 1925, Fax (08) 9321 1798.

The full decision can be purchased from Dynamic Concepts Inc, Room 2229, Interstate Commerce Commission Building, Washington DC 20423. Telephone (202) 289 1357.

6 April 1999