

Political Briefing

Media Briefing

Community Briefing

Political Briefing

Date: 11/9/19

**Subject: Marijuana
User Groups Should
not be Dictating
Drug Policy.**

Subject: Marijuana User Groups Dictating Drug Policy Practice!

Responsible Governments are Mandated to Correctly Apply and Deploy the [National Drug Strategy](#), as well as comply with International Drug Conventions and Best Medical Practice.

To Chief Minister & Policy Managers,

Despite arguments for wider use of marijuana in the community, there is a serious lack of evidence for its proven efficacy as a 'medicine' being the basis on which to argue that it should be allowed to be used more widely. It is very clear that well-researched international conventions propose serious restrictions on recreational use of this unpredictable and harmful substance. It appears dependency fueled emotion and the already permissive culture around marijuana use has emboldened user groups to demand their 'rights' to self-medicate.

Not only is this against best practice from a policy perspective, but more importantly, it is a gross breach of best medical and pharmaceutical practice.

Any and all medicines that are to be used in developed countries, require the full vetting of the Therapeutic Goods Administration or similar science-based clinical peak bodies of this kind, eg. FDA (Food & Drug Administration in the USA)

Rigorous trials of the highest standard are required to not only determine potential benefit of a drug, but its efficacy; more importantly to best determine the risks and side effects of such formulations. Both short- and long-term potential harms, are required to be fully investigated before a drug is scheduled for use.

Other than the existing cannabis based medicines that have been on our Pharmaceutical Benefits Scheme, such as Sativex®, for decades, the only new and clinically scrutinized pharmaceutical grade cannabis formulated medicine is [Epidiolex](#)®

Even these approved medicines have toxic properties, and the depth and breadth of potential negative impact of these substances is still being discovered.

Cannabidiol (CBD) and other Cannabinoids are not benign, simply because they don't make one 'high' or 'stoned' (a highly dangerous altered state). The emerging

science of the potential side-effects of these cannabinoids is proving disturbing to say the least.

Please find linked below, as well as attached, a minute sample of the clinical evidence already in play pointing to serious concerns just about CBD alone.

The Drug Advisory Council of Australia Inc and its member affiliates simply request that you abide by best practice prescriptions and proscriptions on all levels and maintain the illegality of marijuana and not succumb to emotive or coercive elements that do not represent best practice for community, family and most specifically children who are amongst the most vulnerable age group for experiencing long term harms from casual use of marijuana.

Secretary, On behalf

Executive Team – Drug Advisory Council of Australia (Inc)

Appendix

- **NICE** (The National Institute for Health and Care Excellence) **will not recommend medical [cannabis for epilepsy and chronic pain](#)**
- **Mayo Clinic Scientists Raise Concerns About CBD's Unexplored Risks** But a new systematic research review from Mayo Clinic, one of the country's [leading medical centers](#), warns there's still a lot to learn about CBD. The big takeaway from the review is that no one knows exactly how effective or safe CBD really is. The researchers argue that more research on humans is needed to confirm many of the health claims made on the packaging of products containing CBD, short for the *Cannabis*-derived compound [cannabidiol](#)... The Mayo Clinic encourages physicians to keep “a clinical curiosity and a healthy skepticism” about CBD. For complete article [‘CBD – Far From Harmless’](#)
- **Why Marijuana Will Not Fix the Opioid Epidemic** - Currently, there is no widely available or accepted medical literature showing any benefit for pain with dispensary cannabis in common pain conditions. For full article go to [US National Institutes of Health](#)
- **JAMA: insufficient evidence on medical cannabis 2019** [Insufficient evidence exists for the use of medical cannabis](#) for most conditions for which its use is advocated, but various US state governments recommended it for over 50 medical conditions, Boston's Beth Israel Deaconess Medical Center and Harvard Medical School found. The [lack of evidence was separately confirmed by NICE](#) in the UK.
- **Cannabis As Medicine – [Resource Library](#)**