

## Justine Donohue

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**From:** rjsavage@gmx.com  
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Rodney Savage  
1/40 Archibald St  
Stanthorpe Qld 4380

ph 0483026674  
age: 56+  
involvement: carer

Committee of Inquiry into Cannabis

Esteemed Committee Members,

I feel no need to repeat in detail what others are certain to have already recounted, that the reason cannabis was originally demonised is because as an everyday household medicine it was too safe and too effective—the privately-owned pharmaceutical companies found their chemical concoctions offering less efficacy with serious side-effects just could not compete for the discerning consumer's approval. It called for bribes to buy corrupt politicians and have laws enacted against cannabis—its use, cultivation and sale—before consumers would reluctantly accept pharma's chemicals as medicine. Today, the strategy continues unabated, with donations to political parties continuing to prop up the pharmaceutical industry and its poisons and potions as far removed from natural organic medicines as can be imagined.

Only in the last few years has the TGA been forced to acknowledge tacit recognition of the extensive medicinal properties of cannabis and cannabis products through its approving nationwide of a limited range of cannabis products for treating myriad afflictions and serious health conditions. The most spectacular benefits being seen in patients suffering chronic pain, epilepsy, cancer, some genetic skin conditions, compromised gut health, anxiety and PTSD.

On point (a), protecting young people, education is key. Additionally, once cannabis was legalised in Canada for recreational use, it lost its allure to teenagers; it was no longer seen as cool or rebellious to be copying what their parents may well be doing.

From Bill Kaufmann in the Calgary Herald, March 15, 2020, we learn that a graph produced by the Canadian Alcohol, Tobacco and Drug Survey shows cannabis use among young Canadians aged 15 to 17 was almost halved in the year after cannabis was legalised in 2019.

“The youth estimate for 15- to 17-year-olds during 2018 pre-legalization period was 19.8 per cent, while the corresponding post-legalization 2019 estimate was 10.4 per cent,” [...]

“This does suggest that consumption among 15- to 17-year-olds has fallen over the first year of legalization.”  
— <https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcalgaryherald.com%2Fnews%2Fcannabis-use-among-canadian-teens-down-since-legalization-say-researchers&data=04%7C01%7Cuseofcannabisinquiry%40parliament.vic.gov.au%7C5ee0a83dda5140ed331708d8e756e4bb%7C821af0ec31404137af0e6690286fb673%7C0%7C0%7C637513708455896047%7CUnknown%7CTWFPbGZsb3d8eyJWljoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sd=AwIYl60cKsR6G9ULwflBYeA4RYEfhtbU76eFjB1%2Fxs%3D&reserved=0>

On point (b), public health, this needs to be examined in context. Public health has suffered hugely while the campaign against cannabis deprived the public of recourse to a wonderful medicinal plant, and with reintroduction of the plant inevitable, we will see this deteriorated health gradually remedied as particular diseases become better managed and suffering and deaths from other diseases, particularly cancer, fall. A small number of people will find they are not suited to cannabis, whether medicinally or recreationally, so will remain reliant on other preparations. No medication or food supplement finds favour with 100% of the population, and the cannabis plant is no exception. Our opioid crisis and the ice epidemic are not random occurrences, they have both been foreseen and warned against by those watching the government's ill-conceived "war on drugs" play out exactly as predicted. Destroying illicit crops and roadside testing of drivers has pushed recreational users into using drugs that can be concocted quickly and cheaply and which rapidly dissipate from the user's bloodstream. As a direct result of government action without adequate forethought, many recreational users have been forced to change over from the relatively innocuous cannabis to the hard drugs, with the resultant addiction, aggression, criminal activity to fund the habit, and the associated disastrous decline in an addict's health. Not to mention the profits aggrandizing crime syndicates behind the hard drug labs

Should road users feel a new level of danger if laws were amended to allow people with a low THC blood level to drive a vehicle, providing their ability is not measurably impaired? In the Journal of Psychiatry & Neuroscience, 2019 Sept; 44(5) 291-293, researcher Marco Leyton cites 2019 research showing among drivers treated at trauma centres (n = 2318), there was no association between responsibility for the crash and blood  $\Delta$ -9-THC levels < 5 ng/mL and only a weak, nonsignificant association with levels  $\geq$  5 ng/mL (p = 0.35). To put this in context, Marco Leyton explains: on average, whole blood  $\Delta$ -9-tetrahydrocannabinol (THC) levels peak at 100 ng/mL within 15 minutes of smoking a typical cannabis cigarette, dropping to < 2 ng/mL within 4 hours, at which point the psychotropic effects have dissipated. The upshot of this research is that the typical cannabis smoker is not going to be measurably more likely to involve his car in a crash so long as he allows at least four hours to elapse between smoking cannabis and getting behind the wheel of a vehicle.

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One lauded aim of legalisation is to wipe out the black market in cannabis, but parliament's legislation for this must be properly thought out. The cannabis market is not a milche cow to be milked dry by state charges and taxes. Colorado found that its imposition of charges and taxes was too greedy and simply encouraged the black market to continue to thrive as a parallel more-economical supply source, even able to lift its prices while still remaining a better proposition for some compared to the price of over-regulated legal product. The benefit of cannabis sold from a registered dispensary comes in the form of quality control and testing for levels of fungicides—these factors can be reliably contained in legalised home grow cultivation for personal use, but black market weed remains a lottery as to its potency and extent of pesticide contamination. The improved health implications with legalised home grow is that users can select the strains they prefer or need, allowing a strain of mild potency instead of, as now, having to accept strains of disasterously high potency just because illicit growers have developed strains that bring them greatest profit for the least number of plants—all can be sheeted home to the government's ill-conceived war on drugs.

One further concomitant health benefit of legalised cannabis is that smokers no longer feel any economic pressure to extend their expensive weed by mixing it with tobacco. As astonishing as it may sound, people who smoke only cannabis (without tobacco) are statistically SLIGHTLY LESS likely to get lung cancer than someone who never smokes anything, i.e., a non-smoker. That statement deserves repeating for emphasis. But once the user mixes his cannabis with tobacco, all bets are off and the incidence of lung cancer is no different than if he were smoking tobacco. Removal of prohibition on cannabis encourages the smoker to turn his back on tobacco use completely with the resultant improved health outlook.

On point (d), it is widely appreciated that the biggest danger to cannabis users comes not from their use of the plant but from the law against it. Those who source illicit cannabis for medicinal use suffer anxiety at needing to break the law and the prospect of failing a roadside drug test. They also suffer by the unreliability of blackmarket supplies,

and return of symptoms when the supply fails. Legalisation eliminates these problems of anxiety, improving the medicinal user's wellbeing and mental health. Home grow allows organic gardening practices to produce a top quality medication at the cost of just a few seeds. Sick people are least able to afford expensive medication, so it needs to be legal for anyone eligible for a cannabis prescription to be able to register to grow their own plants and not have to forego food or children's education in order to meet the expense of unrealistically-priced TGA approved products. Cannabis medication should be accessible and affordable by all, not just the elite, and profits should stay in Australia not be going overseas to foreign companies as is happening with TGA approved products.

On point (c), all I wish to say is that the best cannabis education a young person can have is to see responsible recreational and medicinal use of the plant in their home.

In closing, I wish to thank committee members for their interest in this important issue, and I hope we see a new dawn in cancer successes with the reawakening of recognition of what natural plant medication has to offer.  
"Cannabis for a better world."

#### Appendix

Your web page submission didn't work. I explained I am a carer for a person with many health issues, including unmanaged pain. I further added: besides legalising own grow for personal use, medical needs patients should be able to appoint a proxy to grow the strains of cannabis plants they require, because many have neither the skill, secure space, nor time to cultivate what are sizeable shrubs

<end of submission>