

# **Medicinal Cannabis Legislation:**

## ***A North American's Perspective***

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# Our Common Goals

- .Compassion – Help patients find medical relief.**
- .Access – Empower patients to seek their own medical solutions.**
- .Security – Protect the public with appropriate regulations.**
- .Responsibility – Keep citizens out of jail and in productive communities.**

# US Medical Cannabis Legislation

1996 **to** 2010

Twelve states allow personal use of cannabis for doctor-recommended indications, provide caregiver rights, allow personal cultivation, and provide patient registry.

Nine allow dispensaries.

**1 to 25 ounces (28 to 681 gm; Avg.= 130 gm) in possession.**

**3 to 18 (Avg. 9) immature and 2 to 12 (Avg. 6) mature plants**

# US Medical Cannabis Legislation

1996 **to** 2010

*Personal choice, doctor discretion, caregiver rights, personal cultivation and patient registry build the foundations of a functional system.*

**ASA rating – C average**

# US Medical Cannabis Legislation

1998 to 2015

Five states allow personal use of cannabis for doctor-recommended indications, provide caregiver rights and a patient registry, and all allow dispensaries, *but none allow personal cultivation. Time-restricted amounts. One no-smoking restriction.*

**2 to 12 ounces (56 to 340 gm; Avg. = 183 gm) per month**

# US Medical Cannabis Legislation

1998 **to** 2015

*No personal cultivation restricts  
patient access to limited  
dispensaries with high prices.*

**ASA rating – *D* average**

# US Medical Cannabis Legislation

2003 **to** 2015

Three states allow personal use of cannabis for doctor-recommended indications, possible personal cultivation and some patient registry, *but no caregiver rights.*

*No dispensaries and time-restricted amounts.*

**One ounce (28 grams) or 30 day supply**

# US Medical Cannabis Legislation

2003 **to** 2015

*Lack of dispensaries and  
restricted caregiver interaction  
limit patient access.*

**ASA rating - *D+* average**



# US Medical Cannabis Legislation

2010 **to** 2016

**Three states allow personal use of cannabis**  
*for limited approved indications, in limited dosage forms, do not allow personal cultivation or caregiver rights, and provide limited patient registry. Time-restricted amounts. One no-smoking restriction.*

**Two ounces (56 grams) per month**

**Few dispensaries and few patient registries**

# US Medical Cannabis Legislation

2010 **to** 2016

*Highly restrictive systems  
cause severely limited patient  
access.*

**ASA rating - *D* average**

# US Medical Cannabis Legislation

2013 to 2016

*Eighteen states allow personal use of CBD-rich cannabis oil with low THC content, but use is restricted to intractable seizure disorders and specified dosage forms.*

*Little personal cultivation and restrictive caregiver rights.*

*Only four allowances for dispensaries.*

**CBD:THC = >1:1; CBD >5% to 15%; THC <0.3% to 5%**

*Few restrictions on amounts.*

# US Medical Cannabis Legislation

2013 **to** 2016

*Severely limited patient access  
caused by dysfunctional  
“prescription” distribution systems  
for a promising yet unproven  
Schedule 1 drug.*

**ASA rating - *F* average**

# Difficult Lessons Learned

- Medicinal cannabis legislation is a gateway issue leading to adult use.
- Medicinal cannabis legislation remains a work in progress after 30 years.
- Cannabis use is safer than almost any medicinal or social alternative.

# Difficult Lessons Learned (cont.)

- It is often difficult for people to realize that a harmless and easily grown plant can both alter consciousness and offer medical relief.
- The closer we come to eventual public acceptance and widespread legality of all cannabis use, the more restrictive the medicinal cannabis political terrain becomes.

# Difficult Lessons Learned (cont.)

- Cannabis is not a cure all, but it offers relief for a wide range of therapeutic applications.
- Cannabis is often most effective as whole flowers and extracts rather than isolated compounds.

# Difficult Lessons Learned (cont.)

- The same people who went to jail over fighting for the right to self-medicate, often cannot even grow a few plants.
- We cannot wait for a medical system that does not accept herbal drugs, or pharmaceutical companies that have no profit incentive, to advance herbal cannabis!



# Difficult Lessons Learned (cont.)

Regulated and taxed legal  
cannabis sales reduce law  
enforcement and social costs

*and*

cannabis sales are a lucrative  
source of state revenue!

# Jamaican Cannabis Legislation

Dangerous Drugs (Amendment) Act 2015

Adult (over 18) possession of up to two ounces can result in a \$5<sub>AUD</sub> fine payable to tax office.

Possession of more than two ounces is an offence.

# Jamaican Cannabis Legislation

Dangerous Drugs (Amendment) Act 2015

Medicinal users, scientific  
researchers and Rastafarians  
are exempt.

*Jamaica regulates cannabis  
under one system only!*

# Canadian Cannabis Legislation

2001 **to** 2015

**Canada allows personal medical use of cannabis in any form.**

**Order fulfillment by mail order.**

**Licensed producers and patient registry.**

**Patients are allowed 150 grams.**

**Use is restricted to listed medical conditions.**

**Personal cultivation and caregiver rights are presently threatened.**

# Canadian Cannabis Legislation

2017 ??

Recently the Canadian government announced plans to legalize adult cannabis use in 2017!

# Medicinal Cannabis Yesterday

## Schedule 9 - Prohibited Substances

- Sale, distribution, use, and manufacture of such substances ***without a permit*** is strictly prohibited by law.
- May ***only*** be used for research purposes.
- Permits for research uses on humans ***must be approved by a recognized ethics committee on human research.***

# Medicinal Cannabis Yesterday

## **Schedule 9 Prohibited substances**

**Includes: DMT, LSD, 2C-B, MDMA, MDPV, harmaline, mescaline and psilocybin**

***Note: All are psychoactive and are largely derived from plants and fungi. Cannabis was lumped with hallucinogens!***

**Cannabis remains a S9 drug in all states except NSW, VIC and QLD with limited clinical trials. They have listed cannabis as a S4 drug to allow expanded research.**

# Medicinal Cannabis Today?

## **Schedule 8 Controlled Drug**

**Substances and preparations  
for therapeutic use which have  
*high potential for abuse and  
addiction.***



# Medicinal Cannabis Today?

***“In strict medical terms marijuana is far safer than many foods we commonly consume.... Marijuana in its natural form is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within the supervised routine of medical care.”***

**- Francis Young 1988 DEA Chief Administrative Law Judge**

# Medicinal Cannabis Today?

***“One of marihuana's greatest advantages as a medicine is its remarkable safety. There is no known case of a lethal overdose. ...***

***Marihuana is also far less addictive and far less subject to abuse than many drugs now used such as muscle relaxants, hypnotics, and analgesics.”***

**- Lester Grinspoon 1995 JAMA**

# Medicinal Cannabis Today?

The thrust of international research for 45 years has been to *discover faults* with cannabis.

They found  
*nothing of significant worry*  
while they discovered  
*much of medical benefit.*

# Medicinal Cannabis Today?

## **Schedule 8 - Controlled Drug (cont.)**

**Possession of these medications without authority is an offence.**

**In some states doctors are required to have a S8 permit before prescribing treatment, and GPs cannot initiate treatment.**

**Amphetamines, Fentanyl, GHB and Oxycodone  
as well as**

**Nabilone (a synthetic THC analog) and Dronabinol  
(synthetic THC)**

# Medicinal Cannabis Today?

## **Schedule 4 - Prescription Only Medicine or Prescription Animal Remedy**

**Substances and preparations for therapeutic use that:**

**Require professional ... diagnosis, management or  
monitoring**

**May require further evaluation for safety or efficacy**

**Are new therapeutic substances**

**No drugs under S4 need be authorised ....**

**Can be listed on the Pharmaceutical Benefits Scheme**

**Ephedrine, ergotamine, antipsychotic drugs**

*and CBD only?*

# Medicinal Cannabis Tomorrow?

## Schedule 3 - Pharmacist Only Medicines

Substances and preparations for therapeutic use that:

Are substantially safe in use but *require professional advice, management, or counseling by a pharmacist*

Are for ailments or symptoms that:

*Can be identified by the consumer and verified by a pharmacist*

*Do not require medical diagnosis, or only require initial medical diagnosis, and do not require close medical management*

Some Schedule 3 medicines may be advertised to the public.

Pseudoephedrine (marketed in Cold and Flu preparations)

# Medicinal Cannabis Tomorrow?

## **Schedule 2 - Pharmacy Medicines**

**Substantially safe in use but**

***where advice or counseling***

***is available if necessary***

***cough suppressants, simple analgesics,  
antihistamines, decongestants and steroids***

# Medicinal Cannabis Tomorrow?

## Schedule 1 - Traditional/Alternative Medicines

**“Complementary medicines” include  
... *herbal*, aromatherapy and  
homoeopathic products.**

**“... *may be either listed or registered,  
depending on their ingredients and  
the claims made.*”**

**-Therapeutic Goods Act 1989**

**Note: *Schedule 1 is set aside for possible future use.***



# Australia's Positive Positions

Rescheduling medicinal cannabis to Schedule 8 will:

- allow doctors to write prescriptions.
- encourage medical research.
- support distribution through pharmacies.
- create possibilities for licensed cultivation and production.

# Australia's Positive Positions

- Rescheduling CBD to Schedule 4 will increase availability for patients and encourage research
- A range of medical cultivars are already available within the country.
- There exists a positive ground swell of political support for medicinal cannabis.

# Australia's Potential Problems

- Over regulation of a relatively benign whole plant medicine of realized efficacy.
- Waiting for “clinical trials” for isolated cannabis compounds to make regulatory decisions.

# Australia's Potential Problems

- Ignoring that medicinal cannabis flowers are of immediate use to Australians.
- Fearing cannabis when it offers so few documented social and health risks.

# Australia's Potential Problems

- Wasting resources creating a dual system of cannabis control.
- Denying the inevitable shift to adult cannabis use allowing personal medical decisions.

# Suggestions

- *Accept* that cannabis is *generally beneficial* and *not dangerous*.
- *Establish logical regulations* that benefit and protect all citizens.

# Suggestions

- *Avoid* linking medicinal cannabis availability clinical trials.
- *Educate* citizens about cannabis and trust them to make decisions.

Suggestions

*Address the important  
social issues*

Adult Cannabis Use

*and*

Personal Medical Choice.



