In regard to the **inquiry into and report on the use of natural botanical medicinal cannabis flower and extracted cannabinoids for medical purposes**, I hereby tender this submission.

For your reference, Hemp Australia Pty Ltd holds a wholesale licence to hold, carry and trade hemp seed i.e Industrial hemp seed. We actively participated in the previous Parliamentary Inquiry into Industrial hemp and have unreservedly worked with successive Governments to further and enhance the Industrial Hemp Industry in Tasmania. We are still working with the Agricultural and Health Departments regarding the outcomes of that inquiry. We have over 16 years of commitment to Industrial Hemp in Tasmania encompassing many aspects of the industry. As part of a global connection, we are able to bring a wealth of knowledge and experience of the whole industry, not just concentrating on seed or fibre. Our Managing Director, through the allied companies of Ecofibre Industries Operations (EIO) and Ecofibre Life Science, has run production trials in Tasmania for over 15 years. EIO also has a number of plant research programs and the world’s largest, most diverse genetic seed bank of Cannabis. Plant Science, Southern Cross University (SCU) is a research partner with EIO and has a TGA registered laboratory where all analysis and testing is performed for Cannabis products Australia wide. Combined trials have also been completed with TIR and UTAS in Hobart. Ecofibre has a Material Science division based at University of Southern Queensland (USQ).

The terms of reference for this inquiry are not clear, so I believe it will need to be divided into two sections.

Cannabis *Sativa L.* is the botanical name and species for all hemp and marijuana plants. They are all combined into the same family from a botanical (or taxonomic) definition. 90% + of the Cannabis family have no drug (marijuana) value. So the majority of the species is banned because of the minority.

As the definition of Medicinal Cannabis has not been declared for reference in this inquiry, nor is they any such legal definitions that I am aware of in Australia, I would like to offer a definitive and clear delineation between Medical Cannabis and Medical Marijuana and Industrial Hemp Extracts.

Within industries both in Australia and overseas, the below definitions are often used but as you can see have very different implications and legal requirements.

- **Medical Cannabis**, is the broad term used for all elements, cannabinoids, terpenes, flavonoids, chlorophyll etc that are derived from flowering heads cannabis species. Please note that only 10% of the cannabis species have drug levels of THC.

- **Medical Marijuana**, is the term used for THC (tetrahydrocannabinol, the drug) based pain relief; it has psychotropic elements due to much higher levels of THC. Comes from the flowering heads of drug plants, commonly known as Marijuana.
Industrial Hemp Extracts, is the term used for all the non-psychoactive cannabinoids such as CBD, CBA and 80 other compounds that aren’t a poison or drug. Comes from flowering heads of Industrial Hemp plants with low, allowable/legislated and negligible levels of THC.

**Terms of Reference considerations:-**

Medical Marijuana

Medical marijuana, which as indicated has higher levels of THC, is used for pain relief and palliative care. There are many references, studies and scientific information available from overseas where medical marijuana is grown and prescribed.

It is being found that the use of this “drug” has many and varied positive results. It is also noted that it is often more useful and advantageous for sufferers who can no longer get relief from other registered drugs. So it must be said that the issuance and use of this product does not pose a health issue when administered properly.

Like all drugs, it is possible to administer different forms of medical marijuana in prescribed dosages. These are already provided overseas by GW Pharmaceuticals where it is available by prescription. Studies have also been performed by GW Pharmaceuticals.

It is able to be produced with public safety and administered safely and effectively. I understand the processes are in place in the UK and Canada.

In Canada, with a population of 30 million, medical cannabis is grown for domestic and export use. It is estimated that only one (1) hectare is required to produce enough appropriate drug product to supply this market. This is a restricted process and does not provide broad-acre multiple farming potential.

They of course do require specific licencing and testing requirements, but the protocols are in place.

Whilst this does have potential for Tasmania, it does not provide the broad-acre agricultural opportunities.

Current legislation does not allow for the growing of this produce due to the higher THC levels and also the cannabinoid scheduling.

Industrial Hemp Extracts

Hemp Extracts, which as previously indicated, can be produced from industrial hemp and is beneficial for healing and prevention of a number of ailments. It has the lower levels of THC as allowed under current legislation but it would be the non-psychotropic cannabinoids that would extracted for this use.

It has been proven and further studies are being conducted, that Cannabidiol (CBD) a non-psychotropic, has far reaching advantages in many medical applications. It is showing promise in the treatment of epilepsy, cardiovascular disease, and diabetes and insulin sensitivity, just to name a few. Clinical investigations are being conducted to further confirm these claims.

CBD can also counters the psychoactive effects of THC.

It would therefore be argued that CBD and its non-psychoactive compounds should not be scheduled the same as tetrahydrocannabinols (THC) and therefore not be prohibited or restricted in the same manner, particularly if grown under existing “industrial hemp” licencing.
We require the necessary laws to allow extraction of these CBD’s just as the EU, Uruguay and soon Canada and the United States have done.

**Plant physiology**

Technically the cannabinoid action in the plant starts with a high level of cannabinoid called CBG, it has no psychoactive effects. As the plant grows and matures the CBG pathway either turns into THC (the drug) or CBD (non-drug). CBD is generally in Industrial hemp.

**UN Single Convention on Narcotic Drugs 1961**

This convention, as noted below, does not prohibit the production, distribution and use of all parts of the cannabis plant. It merely states that appropriate measures may be necessary to prevent misuse.

**Article 28 CONTROL OF CANNABIS**

1. If a Party permits the cultivation of the cannabis plant for the production of cannabis or cannabis resin, it shall apply thereto the system of controls as provided in article 23 respecting the control of the opium poppy.

2. This Convention shall not apply to the cultivation of the cannabis plant exclusively for industrial purposes (fibre and seed) or horticultural purposes.

3. The Parties shall adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant.

**Current Scheduling**

The non-psychoactive cannabinoids, which have significant health benefits, are considered a Schedule 9 substance. Schedule 9 is specifically for narcotic level materials. CBD and other non-psychoactive cannabinoids should not be included on the Schedule list at all, as it is not a chemical compound that has any negative effects. To draw an example, garlic and citrus are used to ward of colds and flu. They don’t belong on a Schedule nor are they listed.

**Social Responsibility**

As existing medical treatments and drugs appear to be losing the constant battle of curing and treating a myriad of life threatening conditions, people are turning to many alternative treatments.

By not allowing legitimate production and the continued prohibition of Cannabis products, we will only see an increase of the illegal importation or production of uncontrolled treatments. As backyard production continues, due to demand of the people, then problems exist of quality assurance, dosages, misinformation, and this then becomes more of a danger to the population.

Indeed, it could be argued that the Governing Health authorities and their Ministries could be subject to negligence of their “duty of care” to the public and their constituents by knowingly withholding and legislating against proven medical supplements provided in Industrial Hemp Extracts that could cure ailments and prescription drugs using Medical Marijuana that provide a more humane level of pain palliative care.

As a company who has actively worked within the existing framework and guidelines, we always see the misinformation. The adoption of closer consultation with informed and authoritative industry participants would no
doubt help provide better informed education to Politicians, the parliament and the media who have the ultimate responsibility to provide good governance and information.

This is the responsibility of both the Government and individual Government departments that advise them. We applaud this Parliamentary Enquire and those who have undertaken the task.

I would be prepared to be further involved in this inquiry and would be happy to attend and provide additional information.

Thank you for the opportunity to make this submission.

Please do not hesitate to contact me.

Yours sincerely

Lisa Estreich
Manager