The Medical Cannabis Users Association of Tasmania IA11668
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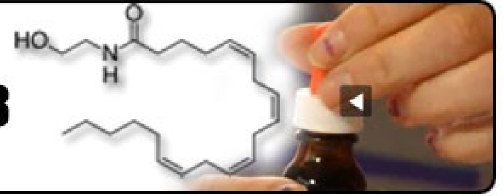


CCAS = COMPASSIONATE CANNABIS ACCESS SCHEME FOR TASMANIA

PROPOSAL. A White-paper/brief compiled by MCUAT on 23/10/15 for discussion and development of a full-scale official planning document.

With regard to the recent Federal announcement to ease restrictions on Medical Cannabis developments in AU, we propose the adoption of an **interim** scheme to allow management of the current situation until a fully fledged MC delivery system is developed in AU. This is flagged as the last point in the Federal MC Fact-sheet released recently.

> **What are the Commonwealth, state and territory roles & responsibilities?**
> - Once the Commonwealth has established the authority to permit controlled cultivation of cannabis in Australia, states and territories will need to consider their own legislative amendments should they wish cultivation of cannabis to occur in their jurisdiction.
> - The decriminalisation of the possession and personal cultivation of raw cannabis for compassionate medicinal purposes is a matter for individual state and territory governments.

The CCAS will be loosely based on the model currently used by NSW for its TICS (Terminal Illness Cannabis Scheme) scheme and broadened to include other kinds of chronic illness, serious disability and other conditions where MC is commonly or currently used. CCAS is a gateway for government to begin the task of taking control of a deeply out of control MC situation.

http://www.nsw.gov.au/tics-frequently-asked-questions

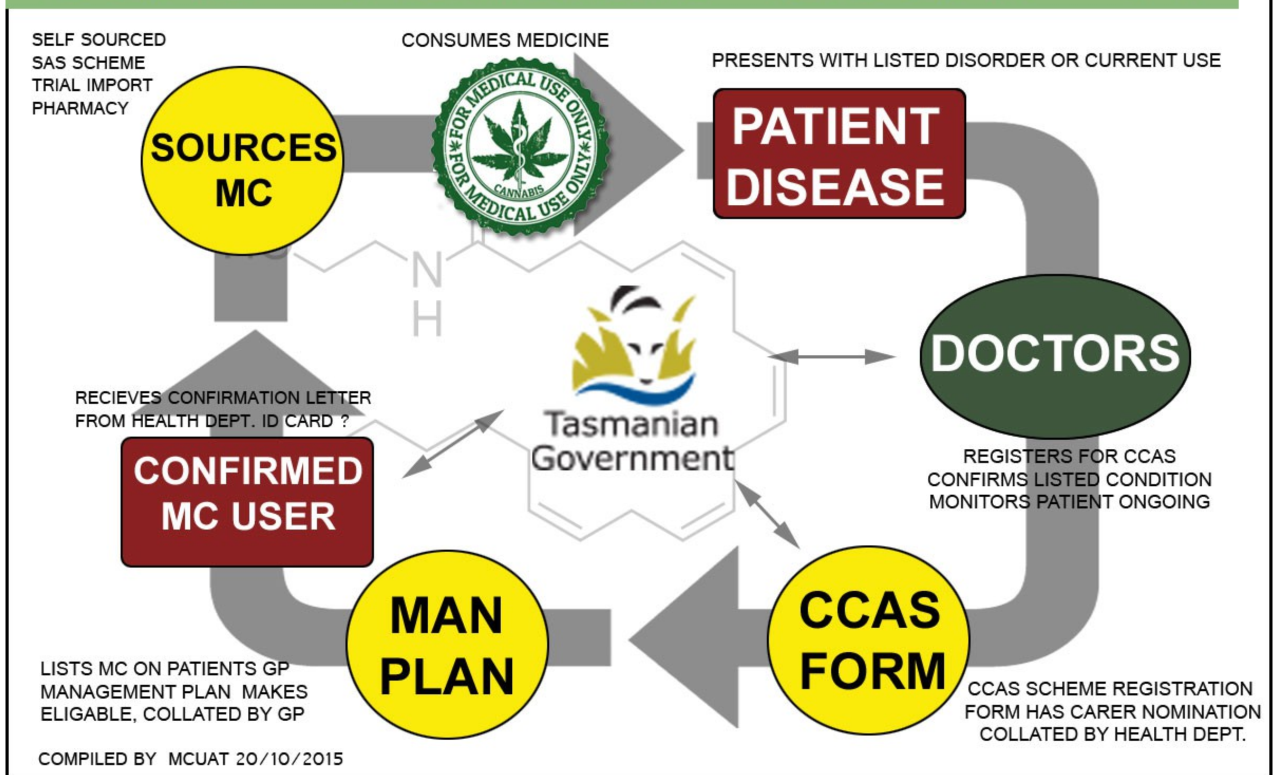
"*The NSW Government has developed the Terminal Illness Cannabis Scheme (TICS) to extend compassion to adults with a terminal illness. The scheme provides guidelines for NSW police officers to help them determine the appropriate circumstances in which to use their discretion not to charge adults with terminal illness who use cannabis and/or cannabis products to alleviate their symptoms and carers who assist them. NSW residents who are aged 18 years and over who have a terminal illness are eligible to register for the scheme.*

To register for the scheme, adults with a terminal illness require a medical practitioner who is registered in Australia and involved in their ongoing care to certify that the person has a terminal illness as defined by the scheme. Each eligible adult may nominate up to 3 carers who will be registered under the scheme."

The primary goal of CCAS is to provide a legal framework (exemption) to address the current MC usage situation via patient registration. This would allow full documentation of the MC situation in Tasmania and all developments could be included in a broader trial. It is a both a a containment strategy and a method of transitioning to controlled legal delivery.

Basic outline (In NSW the scheme is overseen by Justice Dept. But some combination with the Health Dept. could be needed)

Scheme to be set-up by Health Dept. CCAS Committee Combination of Health/Legal/Gov/patient groups developments usage guidelines for patients, management structure and monitoring strategies as part of a Tasmanian based MC integration plan.



How would the scheme operate ?

From the patients perspective. (GP's will need to register with the Health Dept. as MC Doctors)

Step 1- Patients register with their GP via CCAS scheme form..the specific conditions for which MC is used is quite broad but should include, Cancer, Epilepsy, MS, Arthritis, Chronic Pain, Diabetes,and many others.

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Caring for your family

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General Practice Management Plan 721

Date of Careplan: Tuesday 18th August 2015
For: Mr John Reeves - **DOB** 3/2/1962

Service Providers

Dr. Rebecca Grant General Practioner (P) 6264 2800 (F) 6264 2411	Sarah / Catherine / Stacey / Cindy / Gayle Nurses at GP clinic (P) 6264 2800		
Rebecca Grant	GP	6264 2800	6264 2411
Michelle Batchelor	Physiotherapy	6264 2166	6264 2177
Jennifer Lemon	Chiropracter (summer time)	6264 1037	6264 1012
RHH Medical Clinics	Rheumatology	6222 8308	6234 9039

Problem List

Identified Problem	Management Goals	Implementation/Tasks	Review Date
Osteoarthritis secondary to a spinal injury	Symptom control and maintain function	Physiotherapy under EPC - only 5 sessions per year	Feb 2016
		Chiropracter treatment	Ongoing
		Rheumatology Review if required in the future	
Fibromyalgia	Symptom control and maintain function	Medication: self-medicates with medical cannabis: drops and inhalation	Feb 2016
		Rheumatology review if required in the future	
Excess weight	lose weight- current 135kg now 125.4 kg	diet and exercise To use Kingston pool once a week , chops wood, plays the banjo a lot.	Feb 2016
Hypercholesterolaemia	Total cholesterol <4	Blood test Simvastatin prescribed but	Today

Step 2 - GP Includes their MC usage on the Practice Management Plan (form 721)

Step 3 - Where do Patients source MC from ?

In NSW MC is currently sourced via the patients or registered carers as per section 5 of their guidelines. Some has been imported for trials, and the recent changes should see an increasing MC production within Australia

Where will eligible individuals source cannabis?

"The scheme is being implemented to provide adults with terminal illness and their carers with greater peace of mind. In line with the existing situation, sourcing cannabis Is a matter for adults with a terminal illness and their carers. "

MC is not yet legal and as per recent Government announcements is not expected for at least 3 years so there's option but to adopt currently available sources so currently patients are likely to source MC from..

Self Growing
Compassion Club/carer supply
MCUAT De-facto Dispensary
SAS Scheme application/imports

CBD at S4 via SAS
Involvement in Clinical Trials
Other localised production
Black-market purchase
Eventual fully legal supply

The main function of the scheme is to include current practices and eventually eliminate illegal MC practices in the longer term via some form of legally available MC product range that meets patient needs and is functionally available via Herbal or Prescription form.

Doctors Involvement?

Once a legal exemption is available Doctor's will be able to more openly and accurately document MC usage and monitor any related issues such as

1- General overall Health monitoring/integrating MC
2- Monitor/research interactions with other medications
3- Collect MC samples for testing
4- Integrate with any Clinical trials
5- Develop any Educational strategies regarding the ECD (endocannabinoid system)

What safeguards will be developed ?

It will be necessary, in conjunction with members of a round-table management committee to develop the necessary guidelines an d answers to questions such as ?

What is the extent of current MC usage in Tasmania?
What kind of laws or penalties apply for misuse or selling?
What kind of limits for possession and growing need apply?
What kind of issues face patients,and suppliers?
What size of the market for oil, tincture and herb in Tasmania?
What kind of examples from overseas MC markets are worth modelling here?
What kinds of warnings will need to be given to patients regarding safety issues?
What kind of concerns would police have regarding the operation of motor vehicles?
Any other issues of a similar nature that will need expert examination.

How could MCUAT be involved ?

As current and future users, members of the MCUAT will be involved in CCAS as patients carers, growers, medicine makers, researchers and other functions. Patients rights will be a key issue of an ongoing nature and Tasmania's involvement in any medicinal trials could test those rights via integration with current illegal MC productions and usage.

Both sides of this issue will need to compromise and adapt their ideology in order to embrace a legal MC world. Currently illegal patients and growers will need to accept the growing legal needs of society and politicians and legal people will need to accept that decades of neglect regarding the upgrading of cannabis laws has resulted in thousands of illegal growers across Australia and legally approved MC is a long way off (3 years plus) so a sensible compassionate based plan is the only way to integrate these two disparate worlds. If the current situation is not contained successfully by realistic planning then by the time fully legal MC is available the illicit production in Tasmania will be well into the hundreds of tonnes fuelling a black-market worth millions.

Any researchers working toward a future legal market can learn a lot from the 'trial' that is already happening and has been for many years. The MCUAT fully supports a legal system of Quality Assured delivery and measured tested product. There are many ways to develop and achieve this as

exampled by the many countries with current legal MC delivery and the US has all 3 main delivery methods well developed from personal growing.

The MCUAT could be involved in the planning, implementation and monitoring of the CCAS project, represent patient rights and operate a de-facto dispensary on a non-profit basis as part of any real-time trial. We currently offer advice to MC patients on a variety of issues, education via workshops, compassion club services and an interface with government and bureaucracies on behalf of patients.

What's the next step ?

The next step would be for our Government to agree to begin planning and commit some funds and staff to developing the scheme, setting up the round-table committee and office of MC management. A firm agreement to look seriously into the method proposed, that follows on from developments in NSW and begin the task of a real-time appraisal and activation of Medical Cannabis policy that is patient based and committed to developing a professional Tasmanian MC industry to meet the needs of Tasmanian Patients.

Please return any feedback or comments.
Thanks
John

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