

To open, I see you refer to the “possible fatal effects’ of marijuana use. Please, such loose terminology has no place here. Drinking too much water has ‘possible fatal effects’ as has also not drinking enough water. In fact, world-wide the preventable death toll from dehydration by comparison makes the real, let alone the ‘potential’ death toll from marijuana absolutely pall into insignificance. With the WHO (World Health Organisation) data suggesting that one child under the age of five dies every five seconds due largely to the quality and availability of the water they have access to, I suggest if you are really concerned with peoples’ lives that you look at that quarter of activity if you really want to make a difference.

After years of familiarity and research into this matter I remain unaware of any single case of death due to the use of home grown, natural marijuana. The recent spate of adverse psychological effects of use are related entirely, as far as I can find, to hydroponically grown and chemically enhanced marijuana and/or this unnatural product mixed with a cocktail of other substances. If anything, this is strong evidence that home grown product for recreational use should be legalised as a matter of urgency and public safety. The point here being that by driving the production and sale of marijuana underground, both its quality and the associations of its selling environment have become more and more toxic. The rational response would be to allow limited home cultivation for private single use.

While the picture of the creation of legal environments around this issue is consistent with the stated government position of preferring people not to smoke cannabis, it is not consistent with the actual enforcement of a high risk illegal activity that is a plain and present threat to life. Quite obviously, when it comes to enforcing laws, there are far more important, urgent and statistically more imperative areas of enforcement. Even traffic control receives far more resources than the control of the ‘potentially fatal’ cannabis – with the added benefit that traffic control has a proven revenue stream and can be counted upon in the forward estimates of state budgets.

The 2011 study you quote of a French citizen suffering cardiac failure as a result of long term exposure to cannabis is, of course, completely worthless. Studies have shown that excess folic acid as an additive in breakfast cereals and from other sources increases the risk of cardiac failure. There is no evidence in the French hospital study you quote that any confounding factors were considered or that there was a clean baseline that enabled the conclusion of the report to isolate cannabis

use. In other words, there is no evidence that the individual concerned did not indulge in other risk activities that could lead or contribute to the outcome experienced. Was cannabis the only risk factor in their lives? Was there a genetic history of heart failure on either side of the family? Was their diet perfect? Did they also drink alcohol or smoke tobacco? Did they exercise not enough or too much? What other risk factors were present? What was their overall health profile at the time of admission?

Further, to be able to quote only one death in France in 2011 based on the spurious conclusions of a hospital admission as a primary example of your position would seem to be a case of proving the opposite. If we take death from all causes from 2010 to 2017 - which I presume was your target statistical field - then to be able to only retrieve this one poor effort as proving your case actually proves that cannabis is the safest substance in the world in terms of its toxicity.

Western medicine itself causes more deaths worldwide than almost any other human endeavour. In any country where it is practiced it appears within the top three or top five causes of death and injury year in and year out. A recent news article warning people in the southern hemisphere of January admissions to hospital and those in the northern hemisphere in July due to the proven high risk of death and injury in hospitals at those times is a case in point. Taking advice on health from an organisation with this track record would seem to exhibit a leap of faith not supported by evidence.

You also mention a study that killed a child as a result of its design and execution. I will say nothing of this other than to say if that death and those other "rare adverse events" listed were used as a statistic to condemn cannabis rather than to prosecute the incompetent experimenters, then we could fairly and safely conclude that the government and the medico/pharmaceutical complex are prepared to go to any shameless lengths to support only one side of this issue. In short, how dare you or anyone be prepared to endorse such poor science and inhumane activity and use it as a matter to legitimise your position.

Likewise, the misdirection of drug interaction. First, the use of cannabis has the

potential to actually replace the far more harmful, expensive and addiction forming drugs in use today that it may unfavourably interact with. In this case, medical supervision may be required to monitor the transfer to cannabis as opposed to its inclusion in existing drug treatment protocols as you appear to be suggesting. Where replacement of other drugs is not possible then trained supervision is simply prudent and professional and does nothing to either condemn or condone cannabis one way or the other. Each added drug in a therapeutic setting is treated – at least in theory – with this same caution.

What the minister may or may not have been referring to in regard to ‘unregulated’ use of cannabis again does nothing to add to the discussion. The case on ONE incident of a RARE fungus in California. Apparently, this rare fungus affected only one individual. Again, the ability to isolate this as the primary cause of death seems experimentally and statistically dubious at best. Was this individual the only soul in the entire state of California to ingest this ‘rare’ fungus coming supposedly from a supplier that was providing the product in some bulk amount for the market? Where are all the other deaths from this fungus coming from this same supplier? The idea that the fungus was confined to a single dose ingested by a single individual is hard to explain. Did the individual have a complex array of other medical conditions that led them to be uniquely vulnerable to the fungus? Is it in fact a common fungus that in this rare instance had an unpredictable effect on one individual?

I am reminded of the harm done and deaths caused in Africa and other ‘third world’ and ‘under- developed’ nations on many occasions by the use of vaccines and other medications that were distributed knowing they were out of date. In these cases, the pathology of the deaths and injuries is beyond dispute. The provenance and genesis is likewise beyond dispute – the dates and manufacturers are written on the vials and jars.

‘That we have public health issues with these substances is not a reason to put another substance with known psychoactive effects freely into the marketplace.’ Plainly this caution does not extend to the roads where there are more new cars available every day with seven gears that can easily exceed all legal speed limits in second gear. Neither does it extend to the introduction of new brands of alcohol. And neither does it extend in any real terms to the introduction of new pharmaceuticals.

The idea of providing a safe environment for all our citizens to live in apparently disappeared in the rear-view mirror of government policy many years ago. Any discussion on that point is simply a waste of time in the face of overwhelming evidence.

The poorly cobbled together arguments used in your letter and the poorly designed and fatal studies referenced are symptomatic of an authoritarian attempt to keep the illusion of order in place overlaying a system that long ago plunged into disorder – and fully embraced the commercial possibilities of that condition.

The delay in releasing cannabis for medical use is causing unnecessary pain and suffering for those who could benefit from the wonderful therapeutic effects of the substance. The ongoing and wasteful bureaucratic tail dragging on legalising it for personal recreational use is similarly causing untold social harm and forming highly unfavourable social environments.

Further, this outdated and unfounded attitude is causing a chilling effect on the full commercial exploitation of hemp as a natural and virtually chemical free fibre crop that can have remarkable and positive environmental and economic benefits. An entire industry, that Australia is particularly suited to take full advantage of – and really needs economically - is being crippled by early twentieth century propaganda that current policy makers have yet to see through and outgrow.

I will continue to correspond with you and your inevitable successors until some form of sanity and scientific legitimacy can be brought to focus on this public health and human rights issue.