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Narcotic Drugs Amendment Bill 2016

Second Reading

SPEECH

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SPEECH

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Senator XENOPHON (South Australia) (11:22): Today I join many of my colleagues in this place to express my support for the Narcotic Drugs Amendment Bill 2016. Earlier today I was at the first National Family Drug Support Day, and I want to pay tribute to the terrific work done by Tony Trimmingham, the founder and CEO of Family Drug Support Australia. It is something that has multi-party support. Tony Trimmingham tragically lost his son to a drug overdose a number of years ago. I think it is fair to say that it is an expression of his love for his son that he has continued to campaign for support for family members who have been affected by substance abuse. Congratulations to Tony Trimmingham and his team for what they have done to reduce the shame, stigma and discrimination for families, to promote support services for families and friends affected by drug use and to promote harm reduction measures to reduce the harm and number of deaths from drug use.

This is very important in the context of this bill. This bill is not about the liberalisation of drug policy in Australia. This bill is about implementing a framework so that Australia can meet its obligations under the Single Convention on Narcotic Drugs 1961 when we embark on the process of cultivating cannabis for medicinal and scientific purposes. In no way do I condone so-called recreational drug use. Taking illicit drugs—and even some legal drugs—can be a very risky business. There is no such thing as the safe use of many of these drugs, whether it heroin, crystal methamphetamine or cannabis.

The National Institute on Drug Abuse in the United States has published a number of medical studies relating to the impacts of marijuana use. These studies have shown that marijuana use during development can cause long-term or possibly permanent adverse changes in the brain. Similarly, the Australian Medical Association warns that regular and prolonged cannabis use can lead to anxiety, insomnia, appetite disturbance and depression.

Adolescents are particularly vulnerable to harm. Medical imaging studies in adolescents show that regular marijuana users display impaired neural connectivity in specific brain regions. These brain regions are involved in a broad range of important functions such as memory, learning and impulse control. Furthermore, the research paper 'Gone to pot: a review of the association between cannabis and psychosis', published in 2014, showed that there is strong evidence supporting a link between marijuana use and psychotic disorders in those with a pre-existing genetic condition. So let me emphasise that the cannabis that will be cultivated in Australia following the passage of this bill will be about its medicinal properties and the people with medical conditions that can be assisted by it.

The science in relation to the use of cannabis to treat debilitating illnesses is rapidly growing. Victoria, New South Wales and Queensland have already joined forces to take part in medicinal cannabis trials. I hope that South Australia will not be far behind with implementing its own trials, particularly in light of the survey conducted late last year which showed that 90 percent of South Australians believe cannabis should be made available for medicinal purposes. Without this bill, state governments will be forced to import cannabis rather than cultivate their own stocks.

It is well known that medicinal cannabis has been shown to treat a number of debilitating illnesses and conditions, including severe seizures from epilepsy. Right now parents of children with epilepsy that is unresponsive to conventional treatment face a heartbreaking choice. They can either attempt to obtain medicinal cannabis from the black market and risk being prosecuted or they can persist with drugs which can have devastating side effects on their children.

I have met with families in Adelaide who live in fear that their child's next seizure will be their last. Tragically, one of these families did lose their beautiful daughter to epilepsy in February 2012. In the months leading up to the fatal seizure, the family had been waiting and waiting to see a specialist in one of Adelaide's hospitals to talk about their concerns for their daughter. Despite being considered an urgent case, the family was told it could be more than a year before they could get in to see the doctor they needed. In a country like Australia, those sorts of waiting times should be unacceptable. So the more progress we make on medicinal cannabis the better.

I also want to make reference to Mark Elliott, who I know because of work that I have done with parents of children with epilepsy in South Australia. He is a very decent man and a loving father. Mark has spoken out in the media in Adelaide about his daughter Charlotte, who would now be 10 years old. And an article in *The Advertiser* by Elisa Black and Tessa Akerman said this:

Imagine, for a moment, watching your child suffer through dozens of seizures a week.

Through the pain, the indignity, the fear.

Then imagine hearing of a treatment sanctioned overseas that has worked wonders for children with epilepsy as serious as your little girl's, so serious that conventional treatments and drugs offer little help. It has brought them back to life.

Then imagine being told that if you use it you will go to jail.

This is Mark Elliott's reality.

It goes on to talk about his absolute dilemma in relation to this. Clearly, the medical evidence is in that his daughter can get the assistance she needs through medicinal cannabis that other medications cannot provide. That is why this bill is important for families such as Mark Elliott and his daughter Charlotte. By allowing cannabis to be cultivated in Australia for medicinal and research purposes, we are one step closer to bringing these families the relief they so desperately need.

I would like to briefly acknowledge that important safeguards have been built into this bill, especially around the licensing and permitting framework. A strong 'fit and proper person' test will be applied to all licence applicants and relevant business associates. This test will look into factors such as criminal history, business history and also the capacity to comply with the licence requirements. These safeguards are necessary to ensure that those involved in organised crime do not try to hide their criminal activities through participation in this program. Other safeguards include controls on the quantities and strains of cannabis that can be cultivated under this program. Where cultivation is for the purpose of medicinal cannabis to supply to patients, the amount of cannabis that can be grown will be determined beforehand. This will ensure supply meets but does not exceed patient requirements. Taken together, the measures in the Narcotic Drugs Amendment Bill 2016 are an important first step in the advancement of Australia's medical treatment and research capabilities. I reiterate my support for this bill.