

The Compassionate Use of Medical Cannabis Act 2010

The Case for Medical Cannabis in Ireland & Europe

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Dear President Mc Aleese, members of government, opposition, media, the public & most importantly, patients,

I am hereby offering proposed legislation for the medical usage of cannabis for patients who could benefit from it. I have included a press kit to accompany this proposed legislation and welcome you to consider it.

Cannabis is medicine; it is widely recognized globally as such and was for millennia until the United States began prohibition in 1937. It has been used as medicine dating back almost 5,000 years according to researchers and archaeologists. It is widely believed amongst these experts that the anointing oil that Jesus Christ used contained cannabis, which at the time was widely used in the region for its medical properties.¹ Given the fact there were no pharmaceuticals at the time it is not improbable. Most of the medications we use today which are manufactured by pharmaceutical companies are based on plant-based compounds.

The research library and DVD that accompany this proposed legislation contain some of the best research available from the leading experts, and short video clips of patients with varying illness' who have used medical cannabis and found that it has greatly improved their quality of life. I invite you to view these clips before continuing any further in this document.

¹ Source BBC News Monday, 6 January, 2003, 19:18 GMT <http://news.bbc.co.uk/2/hi/health/2633187.stm>

Now that you have seen the benefits of medical cannabis from the perspectives of the patients who suffer daily with often crippling ailments, either mentally or physically, we hope that the following proposal will be more easily understood.

Articles 2 & 3 of the E.U. Convention on Human Rights and the U.N. Declaration on Human Rights state clearly, **everyone's right to life shall be protected by law, & no one shall be subjected to torture or to inhuman or degrading treatment or punishment²**. **The U.N. Single Convention on Narcotic Drugs, 1961, Article 30 states the following in relation to sales of controlled substances as medicine;**

“TRADE AND DISTRIBUTION

1. a) The Parties shall require that the trade in and distribution of drugs be under licence except where such trade or distribution is carried out by a State enterprise or State enterprises:

b) The Parties shall:

i) Control all persons and enterprises carrying on or engaged in the trade in or distribution of drugs;

ii) Control under licence the establishments and premises in which such trade or distribution may take place. The requirement of licensing need not apply to preparations.

c) The provisions of subparagraphs *a)* and *b)* relating to licensing need not apply to persons duly authorized to perform and while performing therapeutic or scientific functions.

² Source EU Court of Human Rights website
<http://www.echr.coe.int/ECHR/EN/Header/Basic+Texts/The+Convention+and+additional+protocols/The+European+Convention+on+Human+Rights/>

2. The Parties shall also:

a) Prevent the accumulation in the possession of traders, distributors, State enterprises or duly authorized persons referred to above, of quantities of drugs and poppy straw in excess of those required for the normal conduct of business, having regard to the prevailing market conditions; and

b) i) Require medical prescriptions for the supply, or dispensation of drugs to individuals. This requirement need not apply to such drugs as individuals may lawfully obtain, use, dispense or administer in connexion with their duly authorized therapeutic functions; and

ii) If the Parties deem these measures necessary or desirable, require that prescriptions for drugs in Schedule I should be written on official forms to be issued in the form of counterfoil books by the competent governmental authorities or by authorized professional associations.

3. It is desirable that Parties require that written or printed offers of drugs, advertisements of every kind or descriptive literature relating to drugs and used for commercial purposes, interior wrappings of packages containing drugs, and labels under which drugs are offered for sale indicate the international non-proprietary name communicated by the World Health Organization.

4. If a Party considers such measure necessary or desirable, it shall require that the inner package containing a drug or wrapping thereof shall bear a clearly visible double red band. The exterior wrapping of the package in which such drug is contained shall not bear a double red band.

5. A Party shall require that the label under which a drug is offered for sale show the exact drug

content by weight or percentage. This requirement of label information need not apply to a drug dispensed to an individual on medical prescription.

6. The provisions of paragraphs 2 and 5 need not apply to the retail trade in or retail distribution of drugs in Schedule II.”³ Thus if a country considers that prescribing a controlled drug is 'necessary' and not contrary to the general purposes of the Convention, it may do so as long as the necessary procedure is followed.

Nevertheless, for drugs in Schedule IV (cannabis, heroin), Article 2.5.a states that:

A Party shall adopt any special measures of control which in its opinion are necessary having regard to the particularly dangerous properties of a drug so included.

With this in mind, and having seen the benefits this plant of God’s creation has for many patients, we ask you to reconsider the government’s current position on cannabis and re-classify it as medicine with immediate effect. Withholding safe access to medication from patients can result in death or conditions which could be considered torture, inhuman or degrading treatment as a relief is available and therefore their suffering unnecessary.

Patients who suffer from many of the illness’ listed in **Appendix A** are currently using legal medical cannabis in 14 states in the U.S.⁴, the U.K., Austria, Canada, Cameroon ,Italy, Israel, & Spain, with many more countries considering it. Patients in the following countries either have legal access to it regardless of their medical condition as personal use is decriminalized, 21 states in the U.S, the Netherlands, N.W. Territory of Australia, Belgium, Luxembourg, Germany, Czech Republic, Switzerland, Portugal, Uruguay and more.

³ Source UNODOC Website <http://www.unodc.org/unodc/en/treaties/single-convention.html>

⁴ Source NORML, National Organization for Reform of Marijuana Laws, website 2010.

Since 1974 it has been known to researchers through the research of that cannabis has cancer-destroying properties. This research was suppressed by the U.S. Government until 1997, when a copy was leaked to an A.I.D.S. patients support group. When the media picked up the story the government was forced to release the information.

In 1998, **Dr. Mario Guzman, Complutense University, Madrid**, detailed the extensive body of test-tube and animal research showing that cannabinoids inhibit tumours of the lung, uterus, skin, breast, prostate and brain (including gliomas, the type of tumour that killed Sen. Edward Kennedy). In the case of gliomas studies show that cannabis when introduced to the endocannabinoid system, triggers a reaction within the destructive glioma cells and reprograms them to attack themselves, leaving healthy cells intact.

“The scientific community has gained substantial knowledge of the palliative and anti-tumour actions of cannabinoids during the past few years,” Guzman wrote in the **October 2003 issue of *Nature Reviews Cancer***. “Anti-tumour compounds should selectively affect tumour cells [and] it seems that cannabinoids can do this, as they kill [malignant] tumour cells but do not affect their non-transformed counterparts and might even protect them from cell death. As cannabinoids are relatively safe compounds, it would be desirable that clinical trials using cannabinoids could accompany [ongoing] laboratory studies to allow us to use these compounds in the treatment of cancer.” Guzman concludes the article by noting that the Spanish Ministry of Health recently approved a human clinical trial – the first ever – aimed at investigating the effects of intracranially administered THC on the life expectancy of volunteers suffering from malignant brain tumours.

He also noted: **“Cannabinoids have favourable drug-safety profiles and do not produce the generalized toxic effects of conventional chemotherapies. Cannabinoids are selective antitumor compounds, as they can kill tumour cells without affecting their non-transformed counterparts.”**

Such selectivity is exactly what is needed in an anti-cancer drug. The reason chemotherapy can be so harrowing on the patient is that most chemo drugs aren't selective enough; they kill cancer cells, but are also toxic to healthy cells, leading to vomiting, hair loss and other suffering. Cannabis oil, the concentrated resin from the plant is the most effective form of medication produced by the plant. According to some patients testimonies it has cured melanoma (skin cancer) after topical applications. I am currently aware of two patients who have forgone chemotherapy treatment in favour of cannabis oil in Ireland, their cases have been publicized locally, but we are respectful of their privacy. At this point they are awaiting test results which are being monitored by Legalize Cannabis Ireland!

Other research has shown that long-term cannabis users have a much lower chance of developing numerous types of cancers, osteoporosis, heart disease and strokes. I have included all this information in the research library in order to assist you in making your decision to pass this important piece of legislation.

The image on the following page shows a map of U.S. state laws on cannabis, based on small amounts for personal usage. A small number of states in the US have since adopted medical cannabis laws or have upcoming ballot measures on legalization and taxation of cannabis regardless of medical necessity. It has been said that the U.K. is watching the November ballot issue in California to legalise and tax cannabis, with a view to bringing in similar laws. If this should happen it could

pose a cross-border trade in cannabis that will ultimately benefit the Inland Revenue and cause extra expenditure on behalf of the Irish government in an effort to prevent it. It is therefore prudent that the Irish government address this situation and implement the system I have suggested.



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Many of these states in the U.S. voting on legalization of cannabis for personal use have realized the costs involved with prohibition of cannabis, including law enforcement, court administration, incarceration etc. are becoming a burden, and that prohibition of cannabis, as with alcohol has failed. The costs of cannabis prohibition are not limited to financial costs, the net result of the full-scale ban on cannabis, as with other drugs, is that due to the fact dealers do not require ID, or are regulated in any way, minors are exposed to it more easily. Cannabis should not be

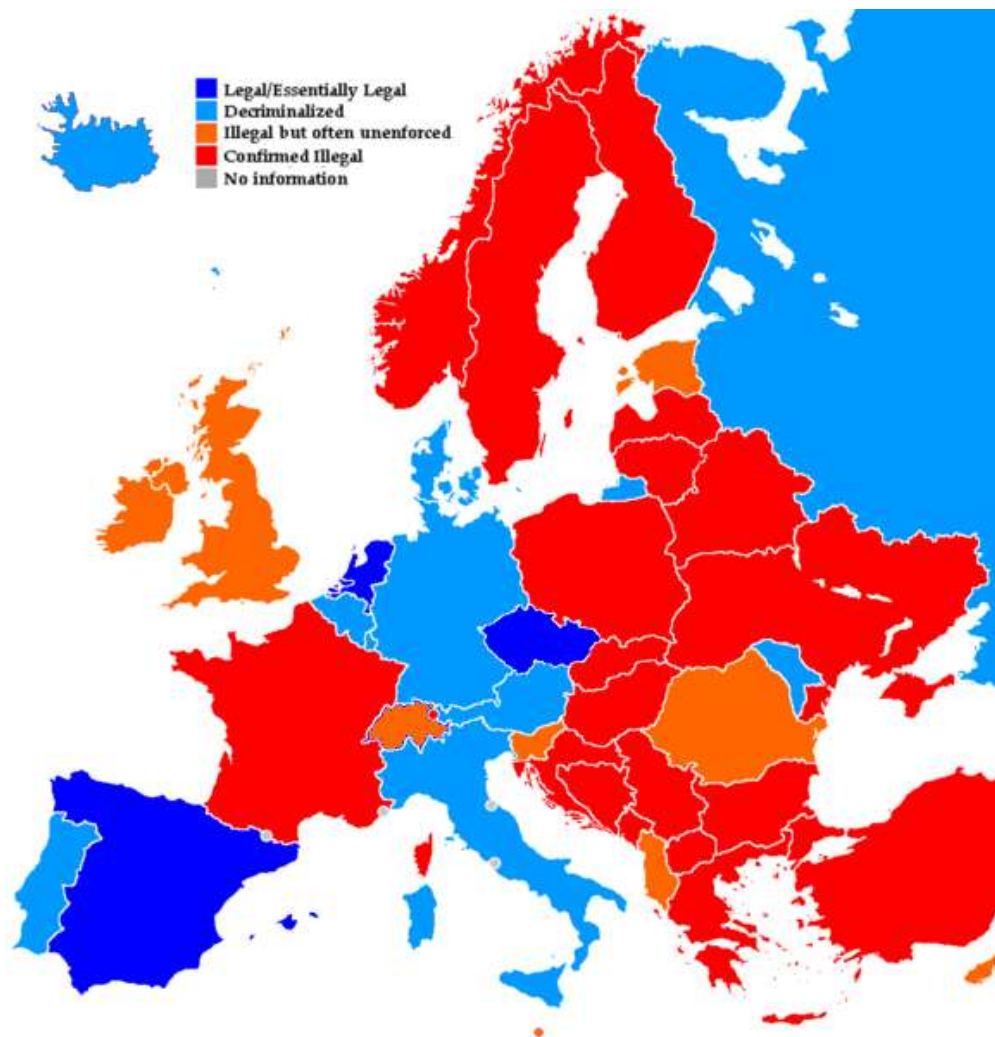
⁵ Source NORML website 2010.

used by anyone under the age of 18 unless recommended by a doctor in extreme cases.

In the current state of things cannabis is widely available at all times to all ages. Prohibition's only success has been the creation of a lucrative black market for gangs and cartels worldwide, this is evident with every gangland death. Young men drawn in by the promise of riches, fall victim to the gangland life and end up in a cycle of violence in an effort to control this market. Since criminal gangs have no legal recourse for disputes, we are seeing these disputes being settled on the streets of our nation's cities. The frequent news reports of gangland murders could be a thing of the past if the Irish government took the brave step of controlling and regulating cannabis. It is the most widely used drug in the country and therefore is the largest revenue stream for criminal gangs.

Prohibition has failed, studies show that the purity of drugs has increased and the price has decreased on all counts since the 'War on Drugs' was started. Ireland reportedly spent €275 million on this 'war' last year, what has it accomplished? Drugs of any kind are as available, as cheap as ever. The Irish government, over the years, has enacted several laws on the control of alcohol sales. This was done as our society had grown tired of the irresponsible abuse of alcohol and the social ills it caused, poverty, violence etc. To ignore this fact or to say they have been ineffective is impossible and irresponsible. The people of Ireland have grown tired of the threat of gangland violence which is now on the rise in rural areas where it was never seen before. They are tired of children having such easy access to drugs.

The map of Europe below is drawn in regards to attitudes towards possession of small amounts of cannabis for personal consumption.



By regulating medical cannabis for patients, they are no longer being put in a position of getting the medication they need on the streets. No longer will they face the dangers involved, or risk the prospect of a criminal record for using a medicine which enhances their quality of life.

What the legislation I am proposing offers is a tightly regulated system of control over patients, physicians, caregivers, providers and dispensaries. It protects the civil

and human rights as set out in the **U.N. Declaration on Human Rights & the E.U. Convention on Human Rights**. It protects the rights of patients from discrimination in regards to employment, housing & other benefits and in child custody cases etc. It provides a secure system for the dispensation of medical cannabis to patients under a physician's care. It can be applied to any European state with minor modification and could form part of the **E.U. Strategy on Drugs 2009-2016**, bringing Ireland in line with other E.U. states.

There are many safeguards built into the system to prevent abuse, including ID cards for patients and caregivers etc., state required inspections of premises etc. to ensure health & safety and security conditions are being met. Having owned and operated a dispensary in California, I am familiar with current laws in place there and the success' and failings of its current system. I have considered these factors in putting this proposal together.

According to the **2008 Drug Prevalence Survey**, (2007 data) possibly the most recent data available on the subject, in a Eurobarometer survey of young EU citizens' attitudes and perceptions about the drugs issue, published in May 2008, respondents in Ireland were among the least likely to see the clampdown on drug dealers and traffickers as effective. Conversely, Irish respondents were among the most likely to believe that the treatment and rehabilitation of drug users was an effective way to deal with society's drug problems. Irish respondents were among those who most favoured the legalisation of drugs.

The report also stated that cannabis was the most commonly used illegal drug in Ireland. The proportion of adults who reported using cannabis at some point in their

life increased from 17% in 2002/3 to 22% in 2006/7. Nine per cent of young adults claimed to have tried ecstasy at least once in their lifetime in 2006/7. Cocaine use increased in 2006/7 compared to 2002/3. The proportion of adults who reported using cocaine (including crack) at some point in their lives increased from 3% in 2002/3 to 5% in 2006/7. The proportion of adults who reported using cocaine in the last year increased from 1% in 2002/3 to 2% in 2006/7. These figures appear to discredit 'gateway drug' claims made about cannabis. Noting that figures for heroin use are not included, it would appear that the numbers discredit the hype surrounding this theory, as numbers here are consistent with other countries and they appear quite low (3% compared to 22%) in comparison.

If cannabis laws were changed, the resources spent by the government on this could be re-directed to the more serious threats to society, cocaine, heroin and products like Snow Blow, which have now flooded the market and are now available at ¼ the price they were when sold in head shops to people over the age of 18.

The Irish Government has currently adopted the **E.U. Drugs Strategy 2005-2012**, which clearly states in its introduction,

“In December 2004, the European Council unanimously endorsed the **EU Drugs Strategy for 2005-2012 (1)**, which aims to achieve a high level of protection, well-being and social cohesion by preventing and reducing drug use. The adoption of the Strategy in itself gave a clear signal that political concern about drugs across the European Union transcends the differences in approach that exist among Member States. **The Strategy, implemented by two successive EU Drugs Action Plans, confirmed that all Member States subscribe to the same set of basic principles: that there should be a balanced approach to reducing the supply**

and demand for drugs, which is based first and foremost on the fundamental principles of EU law and, in every regard, upholds the founding values of the Union: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights.

As the **U.N. Declaration on Human Rights & Articles 2 & 3 of the E.U.**

Convention provide the safeguards they do, it is the duty & responsibility of the Irish Government to implement immediately, a system to provide safe access to medical patients who can improve their quality of life through the use of cannabis in its various forms.

Current drug policies in the European Union have done more harm than good. That is the conclusion of a Public Hearing on E.U.'s Drug policy that took place in the European Parliament in Brussels on Tuesday 23 February 2010.

Carel Edwards, head of the Drugs Coordination Unit of the European Commission told the hearing that "we know that repression does not work. Europe is slowly on the way to more liberal drug policies."

The purpose of the hearing in the European Parliament was to discuss the so-called Reuter Trautmann report which concludes that the anti-drug strategy of EU countries has failed in many ways.

The Reuter Trautmann report is the result of a research on the impact of drug policies on the global drugs market in the past ten years. It was elaborated by the US think tank RAND Corporation and the Dutch Trimbos Institute, upon the request of the European Commission.

According to the report there has not been any significant impact on the supply and demand of illegal drugs between 1998 and 2007. On the contrary, the price for the repressive policies has been an uncontrolled illegal market, drug-related criminality and the spread of diseases like hiv/aids. The public expenditure on drug policies in the EU is estimated at 40 billion euro/year, or 80 euro per EU citizen.

If prohibition is failing on such a spectacular level, (and the government's own data supports this), legalization or regulation must be considered in the case of cannabis, as is done with methadone. The argument against this kind of legislation in the past has been primarily based on outdated or unreliable information. There have been many studies done on the medical benefits of cannabis by the world's leading experts in highly-respected universities etc. which have unanimously concluded there are life-saving properties in this plant. I have provided an extensive library that is in no-way complete given the rate of studies being undertaken. It does provide enough evidence that any claims that cannabis has no medicinal value are now invalid. I understand that if used by the wrong person cannabis can have a detrimental effect, but show me a pharmaceutical drug on the market that doesn't have a detrimental effect if taken by a patient who doesn't need it or who abuses it. If the government's only stance against decriminalizing cannabis for medical patients is the claims that it causes schizophrenia, that argument has been dispelled by several studies including research by a team from the School of Pharmacy, the Department of Psychiatry and the Research Institute for Primary Care and Health Science at Keele University and many others. My personal argument against that would be why in that case is Lusert, an anti-depressant I was prescribed, still on the market? The accompanying literature states quite clearly, may cause suicidal thoughts?!?!?!?

The United States Federal government has found itself in the position that while it continues its stance that cannabis has no medical properties, it currently produces medical cannabis for a number of patients in a Federal programme at the **Research Institute for Pharmaceutical Science at the University of Mississippi** and has been doing so since 1978. It also owns **U.S. Patent number 6,630,507**⁶ 'Cannabinoids as antioxidants and neuroprotectants', which suggests that it recognizes that cannabis does in fact have medicinal qualities.

Not only will the legislation I have written provide safe access to patients who are currently purchasing their medication on the streets and financing the operations of gangland criminals, it will end suffering for people who have not had success with pharmaceutical alternatives. It will provide patients with quality-controlled medication (Grown to W.H.O. Good Agriculture Practices (G.A.P.) standards) of the correct strain, THC or CBD level, ensuring patients are getting the correct medication. Due to the fact there are over 3,000 strains of cannabis either of the Cannabis Sativa or Indica genus primarily, these strains have different levels of THC, and CBD which both are highly effective for different treatments. In the current situation, patients have no control over the medication they purchase on the streets so one batch may help better than others, or have an adverse effect in the case of minors and mental issues.

This legislation if enacted will provide sources of revenue for the government from the issuing of ID cards to patients and caregivers, tax collected on medication, income tax from employees etc. It will reduce government spending in law

⁶ Source U.S. Patent & Trademarks Office Website July 2010

enforcement, prosecution costs, and prison costs etc. and could benefit the state in the region of €100,000,000. It will increase public safety as it has in Portugal where drug possession was decriminalized in 2001.⁷

The results in Portugal were as follows, five years later, the number of deaths from street drug overdoses dropped from around 400 to 290 annually, and the number of new HIV cases caused by using dirty needles to inject heroin, cocaine and other illegal substances plummeted from nearly 1,400 in 2000 to about 400 in 2006, according to a report released recently by the Cato Institute, a Washington, D.C, libertarian think tank. "Drug decriminalization did reach its primary goal in Portugal," of reducing the health consequences of drug use, Peter Reuter, a criminologist at the University of Maryland, College Park", says , "and did not lead to Lisbon becoming a drug tourist destination."

Walter Kemp, a spokesperson for the United Nations Office on Drugs and Crime, says decriminalization in Portugal "appears to be working." He adds that his office is putting more emphasis on improving health outcomes, such as reducing needle-borne infections.

We are not asking for decriminalization of drugs like heroin or cocaine. It is our belief that they have a destructive effect on the person and society in general. However, we are in favour of decriminalization of cannabis in cases of 5 grams or less for adults. By regulating and controlling the supply of cannabis, the overall benefits in health, public safety and revenue are immeasurable.

⁷ Source <http://www.scientificamerican.com/article.cfm?id=portugal-drug-decriminalization>

I would also request that the government designate at least €5 million of the recent grant to Trinity College Biomedicine Dept. be set aside for research into the effects of cannabinoids on neurotransmission in the brain, this research could pioneer treatment in epilepsy, MS, Muscular Dystrophy and much more. I would also advise the Dept.'s of Education & Health put a program together to provide schoolchildren with honest, effective drug awareness education in every school. One major contributing factor in the use of cannabis in young people is the fact it is illegal, the next one is that they believe they have been lied to by governments concerning the negative effects of cannabis. Combine these with the ease of procuring it and teenage recklessness, it is easy to understand why children are using it in such high numbers.

In conclusion I would like to say, prohibition, the tactic that we have employed for 50 years, has failed spectacularly, as the recent news report entitled 'Crackdown on drugs sparks furious protest by prisoners'⁸ clearly shows.

The government must now decide if it should continue with yet another failed policy which promotes gangland violence and murder or take a fresh approach based on education, medication and prevention. To refuse to do so is tantamount to saying God was wrong in providing us with this plant. In the face of the contradicting evidence it is simply impossible for any government to refuse to acknowledge the medical benefits of this plant.

Gordon Mc Ardle 2010

⁸ Source Irish Independent 27/07/10 <http://www.independent.ie/national-news/crackdown-on-drugs-sparks-furious-protest-by-prisoners-2273301.html>

