

Legislative Council

Wednesday, 12 November 2008, Page 686

CONTROLLED SUBSTANCES (PALLIATIVE USE OF CANNABIS) AMENDMENT BILL

The Hon. A. BRESSINGTON (00:18): I rise today to speak on this bill, which has been put before us by the Hon. Sandra Kanck. Its content is of no surprise, nor is its real intent. It is a mischievous bill and, if it were not sending such a dangerous message to our youth, it would also be quite laughable.

I am always amused when either the Greens or the Democrats move motions in this place (as the Hon. Mark Parnell intended to do today) to recognise international conventions for the environment, to call for world peace or to address breaches of human rights, etc., but then, on the issue of drug policy, they are more than happy to ignore the international conventions we are also signatories to.

I think an accurate description of their view on international politics is selective, to say the least. Of course, in my mind, this displays for all to see a shallow, if not meaningless, approach to all those most serious global issues we must be involved in for the world to be a better place for our children and grandchildren.

We are compromised when we begin to pick and choose which international conventions we support. When we put forward legislation where the debate encourages our children to believe that marijuana is not only harmless but, in fact, has the potential actually to improve their life, we are guilty of abusing our position and of what I believe is absolute irresponsibility.

We are irresponsible to the majority of people who want to care for and protect their children, and we are irresponsible to ourselves and the purpose of this parliament. For no other substance used in the treatment of any condition would it be acceptable to leave the determinations of efficacy and safety up to legislators who, with all due respect, have a hard enough time developing efficient and meaningful policy let alone making judgments on so-called medical treatments. I cannot speak for other members in this place, but I imagine that, with the lack of medical expertise in here, it is a burden that none of us would want to bear.

It simply is not the role of government, as I see it, and that only reinforces that this bill is not about treatment but about legalisation. I have mentioned before the legal opinions of Athol Moffat, who was a New South Wales Supreme Court judge for 24 years. For 10 of those years he was president of the New South Wales Court of Appeal. Also during that time, he served two years as the first royal commissioner of Australia when he inquired into organised crime in the US and its infiltration of Australia. In 1985 he wrote a book titled *Quarter to Midnight* on that subject. With half a lifetime of judicial objectivity behind him, he participated in setting before the Australian people an objective examination of the many issues that our drug problem raises, including government responsibility and liability should legalisation in this country ever become a reality—just as Athol Moffat had insight into the future that Australia and Australians would face if we were unable to convince governments to

reclaim control of the legislative agenda on drugs that had been hijacked by the legalisers who are able to infiltrate our health policies, become government advisers and undermine what could have been an effective three-pronged approach to harm minimisation.

Before he passed away, and for some 20 years prior, he wrote numerous legal discussion papers for governments to consider where and when any move to legalise would arise. I guess that length of time is indicative of the persistence of the legalisation movement, and it is also indicative that it will continue until governments in this country and others are able to see through the flawed and contradictory arguments that are presented and the numerous fronts this group of misguided people are prepared to fight in this so-called war on drugs. That term 'war on drugs', as I have said before, was coined by the legalisation movement, knowing all too well that average people are intrinsically opposed to war and, if given the choice, would prefer to live with just one less battle, and this is how the perception of the Australian people has been manipulated.

The legalisation movement would argue that drug abuse is a medical and social issue and not a law enforcement issue, and, as such, they have argued their skewed proposals on that front. This has led to a soft approach on drugs with a tough on drugs rhetoric that most governments embrace, hence the conclusion that the so-called war on drugs is unwinnable when in actual fact it merely takes the application and enforcement of the law to make the difference between winning and losing. When we win everyone wins. Parents are able to inform their children of the harms of drugs and will be believed because the information that is circulated will reflect the position that drugs in our society is unacceptable.

Is there anyone in this place who truly believes that their children or grandchildren would be better off using drugs, would be better off having easy access to drugs and would be better off if they must first reach the point of addiction before anyone would or could intervene? I believe that there are basic principles that, for the average Joe in the street, do not change; but, of course, over the course of nearly 30 years of undermining, the legalisation movement to some degree has managed to change public perception about drugs and create and sustain a discourse—an exact replica of the discourse created by the tobacco companies when the harms of nicotine were first discovered.

The tobacco companies set out, in their own words, to create doubt in the minds of their consumers in order to preserve a future market for their product, and they did their job well. It took almost two decades before we saw acceptance of the medical evidence of the harm caused by nicotine. It took almost two decades before it was publicly proven that the tobacco industry had marketed its product knowing full well that it was both addictive and harmful. What was the one and only driving force of its determination and commitment to continue to peddle its poisonous products? The answer is simple: greed.

As I said in my speech on the bill that the Hon. Mr Ridgway introduced to ban cigarette smoking in council locations, we have seen a zero tolerance approach to tobacco and it has been successful in reducing the number of smokers. We have seen smokers demonised—for their own good, of course—and, might I say, legalisation

gone mad to encourage them to restrict their use of their drug of choice. The Hon. Sandra Kanck has led that charge and has made no apologies about her level of concern for those people who would choose to partake in a legal, albeit harmful, activity.

We hear day in and day out about the harm caused by alcohol. We are told that the harm done by tobacco and alcohol combined is so much more than the harm done by illicit drugs. Has the penny not dropped yet that the two drugs causing the most harm are the two that are legal and readily available? Public acceptance of the use of alcohol and tobacco has challenged governments for over a decade to come up with strategies and messages that would eventually seep through the denial of the users and have them face up to the fact that they are literally killing themselves.

Again, the Democrats and Greens have fully supported those initiatives without hesitation or apology. The irony and hypocrisy of their diligence on the alcohol and tobacco front is only outstripped by the messages they continue to send to our children—to your children and to my children—and they undermine a parent's ability to have a positive influence in their children's lives where illicit drugs are concerned.

I hear no-one propose that, because nicotine is such an addictive drug, we should just give up and allow people to exercise their right to choose to use. I hear no-one suggesting that the government provide nicotine replacement therapies for free. I hear no-one proposing that the government provide a quantity of alcohol free for alcoholics because they are hopelessly addicted. And I hear no-one proposing that the government hand over one dollar coins to poker machine addicts because they too are hopelessly addicted.

Yet the Greens are on the record (in March 2004) as wanting to decriminalise methamphetamines and cocaine so that users do not face a gaol term. I would challenge the Greens and Democrats to come up with figures that show users are gaoled simply for using. The decriminalisation aspect with respect to cannabis has seen the judiciary being very lenient indeed when sentencing cannabis crop growers. That is what decriminalisation does: it changes the perception of the legality or illegality of drugs. Both parties know this, and they hide behind humanitarian concerns to undermine the responsibilities of our police force and our parliament.

Ms Rhiannon stated in 2007 that they did not have a 'soft on drugs' approach and that the Greens wanted to see people diverted into treatment and rehabilitation programs rather than going to gaol. Well, breaking news: even those who are breaking the law are rarely sentenced to significant gaol terms. We have heard the Hon. Dennis Hood make that point in this place time and again.

The problem, of course, is adequate funding for drug treatment programs that assist people to stop using. We all know that there are very few programs that do not apply safe use and recreational use advocacy for addicts which, according to addicts themselves, does as much harm as not being in treatment at all. When do we start to listen to those who have recovered, respect their experiences and also respect that they are the people to whom we should be listening? All the others who advocate for anything less than recovery, the 'drug elites', as Bronwyn Bishop referred to them, the

users who do not want to stop, have an agenda, and that agenda is legalisation, regardless of the collateral damage.

This is not about the fact that people do not have the right to their opinion and that I do not want people to disagree with me. It is about whether or not governments and political parties actually listen to the science. If they choose not to do so, we could save millions—perhaps billions—of dollars on research that is funded by taxpayer dollars. We do not ignore the research on breast cancer, leukaemia or any other illness that causes serious harm or death yet, for some reason, the topic of addiction, a medically and scientifically proven central nervous system disorder, is questioned and discredited by those who, for whatever reason, believe that some good could come out of making these dangerous drugs more readily available.

Let us look at recent history—the history of tobacco and alcohol—and learn our lessons. Legalisation promotes use, and this bill, whether the honourable member would own it or not, is about attacking the drug legalisation efforts at ground zero. Cannabis is a valuable currency in the drug trade. It is used as a drug of recruitment and it is then traded interstate for other drugs such as heroin, ecstasy, crack cocaine and meth. Legalise this drug for medical use and it opens the floodgates. Justice Athol Moffit wrote in the discussion paper 'The Medical Use Pretence' (remember that this was written in about 1998):

This old device is now re-emerging in the United States. It has been resurrected by the permissive policy lobby to manipulate the medical purposes exception of the conventions, starting with cannabis and heroin. The lobby is seeking amendments of the law to permit drugs to be prescribed or supplied for medical purposes, purposes which are defined in broad and loose terms. For example, the Californian initiative includes the general power to prescribe for any illness for which marijuana provides relief.

The medical purpose device has been advocated for some time in Australia by the permissive policy lobby as a way around the conventions. An example appears in the harm reduction model of controlled drug availability, and was published by the Redfern Legal Centre in December 1996. It advocates the controlled supply of all illicit drugs by medical prescription, neither limited nor defined by the medical profession, and their pharmaceutical supply, without prescription, by specially trained and licensed pharmacists. I will discuss how this has worked for California in detail a little later.

Justice Athol Moffit went on to say:

At the turn of the 20th century the medical prescription of opiates, cocaine and other now illicit drugs was permitted, and this soon led to gross over prescription and very large increases in the use of illicit and dangerous drugs. This situation boasted the first drug epidemic and made rich the medical practitioners who owned clinics and exploited the system. People are easily enticed by any claims of medical benefits from drugs.

In the name of public safety and health we are also quick to condemn alternative therapies, such as vitamins and those supplements as uncontrolled and possibly

harmful, yet the information about the harms of illicit drugs is almost non-existent, and the efforts of the legalisation movement and the pro-drug lobby to continually break down the information about the harms of those drugs are very persistent.

I have spoken many times about the shortfalls of the application of our current drug policy, the need for more rehabilitation options for those wanting to recover from addiction, the need for improvements to the current education delivered in schools and, more broadly, the need to increase penalties and policing to rein in supply—essential issues that are in direct conflict with this bill before us today.

Prior to contrasting the realities and science with the specifics in this bill and the claims made by the honourable member when introducing it in this place, for the benefit of members in this chamber I will address the international experience with so-called medical marijuana and the origins of the ideology underpinning medical marijuana initiatives. As mentioned previously in a quote from Athol Moffit, the American state of California was the first in the US to legalise the use of cannabis for medicinal purposes—not specific medicinal purposes but any medicinal purposes.

Confirming the involvement of pro-marijuana proponents from the start, the Californian legislation was not worded to ensure that patients were protected and only prescribed cannabis when its safety and efficacy had been demonstrated, but instead it was worded to allow a doctor to recommend cannabis if they believe it may alleviate the symptoms of an illness, any illness, that a patient may present with. During what can only be described as a propaganda campaign, Californians were led to believe that crude cannabis was the panacea of enlightened times, was safer than paracetamol and would be prescribed by all self-respecting doctors if only the big mean government would let them. Largely relying on anecdotal accounts and emotive language, an imagery of genuinely ill people suffering, Californians were told that this all could be alleviated if only they would vote in favour of proposition 215, and succumb they did.

Early in 1997 doctors in California began prescribing crude cannabis. As with all bad legislation, it was not long before the majority's unintended consequences became apparent. Cannabis was being recommended in unspecified amounts on 12-month certificates. Dispensaries dedicated to the sale of cannabis and offering all manner of strains and THC-containing products, even including chocolate-covered pretzels, began to appear across the state, and today dispensaries now outnumber Starbucks cafes in California's capital.

The result of the flawed provision allowing doctors to recommend crude cannabis for any condition was vividly demonstrated by the American version of *60 Minutes* in a story that aired last year. Using borrowed footage, *60 Minutes* showed a waiting room full of young people joking about what they would tell their doctor their ailment was in order to get a 'medical marijuana' certificate. I quote from the transcript, which states:

The doctor, James Eisenberg, saw four healthy people sent by KCBS. He rejected a 17 year old for being under age. But, after having a brief consultation and paying \$175, the other three got their papers. One complained of dry skin, another of hair loss, and the third said high heels hurt her feet.

She was given a medical certificate for marijuana because high heels hurt her feet. Other such abuses have been uncovered by local television networks. KNSD-TV in March 2007 aired a story in which a local high school was forced to send warnings home to parents as students had been found under the influence of cannabis and in possession of doctor recommendation certificates. To quote the transcript found on the website of the organisation Educating Voices, it states:

Officials at the Grossmont Union High School District have sent letters home to parents, notifying them that a number of students have been caught on campus with medical marijuana cards. District official Catherine Martin said they are concerned over the growing trend and the apparent ease with which teens are able to obtain the cards.

Revealing just how much of a joke 'medical marijuana' has become in California, even owners of marijuana dispensaries have dropped the pretences and openly flaunt their wares in alternative papers, as do doctors who will give you a quick once-over and, for a price, a permit to buy. Such abuse has led many who had previously supported 'medical marijuana' on compassionate grounds to lament their involvement. Reverend Scott Imler, who was integral to California's ballot campaign, has since stated:

We created [proposition] 215 so that patients would not have to deal with black market profiteers. But today it is all about the money.

When asked by the *60 Minutes* presenter if people are simply using 'medical marijuana' to get high, Reverend Imler responded:

I think there's a lot of that. And I think you know, a lot of what we have now is basically pot dealers in store fronts.

Later in the story, Reverend Imler adds this:

Most of these cannabis centres are buying their marijuana off the black market. They're dumping millions of dollars into the criminal black market. Some of these places sell hashish, which comes in from the Becca Valley in Lebanon.

The presenter Morley Safer then states:

What you're suggesting is that the traditional black market, or part of the traditional black market, is now legal?

Reverend Imler replies:

Yeah. That's essentially what's happened.

The point needs to be made that California's medical marijuana initiative has not only increased the laundering of illicit cannabis sourced internationally by providing a legal point of sale, but it has also increased the incentive for domestic production for those so inclined.

Since 1997, the US Forest Service has eradicated 7 million pounds of cannabis grown on Californian national forest land. The US Forest Service estimates the street value of cannabis planted on national forest land in California to be in excess of \$US1 billion each year and, despite the best efforts of forestry and law enforcement agents, California's national parks have attracted a reputation of being no-go zones to hikers and hunters due to many being confronted with the barrels of a shotgun when stumbling upon a cannabis crop. I seek leave to conclude my remarks later.

Leave granted; debate adjourned.

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Thursday, 13 November 2008, Page 754

CONTROLLED SUBSTANCES (PALLIATIVE USE OF CANNABIS) AMENDMENT BILL

The Hon. A. BRESSINGTON (16:50): I would like to continue from where I left off last night in response to the bill that the Hon. Sandra Kanck has put before us for the use of cannabis for medical purposes. First of all, I would like to recap on the points that I made last night so that I can follow on.

In California, where a bill has gone through that is almost identical to the one that we are debating here, there has been a marked increase in cannabis use by teenagers, and doctors are writing medical certificates (for a fee) for 12 months for an unrestricted quantity that can be used for any and every illness. In fact, I made the point last night that one teenager was given a medical permit because her high heels hurt her feet.

That tells us one of two things: either teenagers believe that medical marijuana is a panacea for all conditions including sore feet, or the whole process of medical marijuana in California, which has been in place since 1997, is considered to be a bit of a joke. The DEA also made the point that cannabis production in the state forests has become a billion dollar a year industry and that those particular national parks now have become no-go zones for hikers and hunters. That is where I left off.

The Californian medical marijuana initiative has been recognised as a pseudo-legalisation of cannabis by the United States authorities for some time. On 27 March 2001, Laura Nagel, delivering a congressional testimony on behalf of the Drug Enforcement Agency, detailed the case of a Californian man who had established a website offering medical marijuana for sale, regardless of whether one possessed a certificate of recommendation from a doctor. For the particulars, I quote the transcript of the testimony from the Drug Enforcement Agency website, as follows:

An example of how marijuana trafficking is occurring under the guise of medicine is illustrated in one particular case in 1999. A local television station in New Orleans informed law enforcement officials that it had discovered an internet website advertising the sale of medical marijuana. The website was established by an individual who distributed marijuana from his home in Anaheim, California.

After the United States attorney ' s office for the e astern district of Louisiana advised the DEA that it would prosecute the case , DEA undercover agents placed orders which resulted in marijuana being shipped to the agents in New Orleans. In September 1999, agents from the DEA and I RS together with the Anaheim Police Department executed a search warrant at the defendant's home. During the execution of the warrant, the defendant advised that he had been selling medical marijuana for nearly 3 years.

Records reveal that he had distributed more than 50 pounds to 1 49 different customers in 35 different states. On 11 February 2000, the defendant was indicted by a federal grand jury in New Orleans on charges of distribution of marijuana and advertising the distribution of a schedule 1 controlled substance. During the execution of the search, agents also seized numerous recommendation letters that appeared to have been issued by doctors in various states to his customers.

In an article entitled 'Looking through the smokescreen: smoked marijuana is not a medicine', Gordon Taylor, a veteran of the Drug Enforcement Agency, states:

Contrary to what legalisers contend, DEA targets not the sick and dying but criminals engaged in cultivation and trafficking of illegal drugs. In many instances those who provide considerable funding to the medical marijuana movement use the sick and terminally ill as a smokescreen to hide their true agenda, which is across the board legalisation of marijuana.

Further evidence of medical marijuana being used as a front for the legalisation of cannabis can be found in the *Harm Reduction Journal*, the premier publication of the International Harm Minimisation Movement. In a study entitled 'Long-term marijuana users seeking medical cannabis in California 2001-07: demographic, social characteristics, patterns of cannabis and other drug use of 4,117 applicants', published on 3 November 2007, it was revealed that, of the 3,037 randomly selected participants queried about their prior drug use, 87.9 per cent had used cannabis prior to the age of 19. To quote the study:

Essentially all applicants queried about their current use were consuming inhaled cannabis on a regular basis in amounts that varied considerably but tended to remain stable over time.

The 4,117 randomly selected participants in the study had a median age of 32, and 87.9 per cent began using prior to the age of 19, with most continuing to use. The study later adds that there was a 'decided preference for inhaled' (meaning smoked) cannabis. So, that is clear evidence that cannabis is not being used by genuinely ill patients on the recommendation of their doctor but, rather, by life-long users who have a preference for smoking cannabis. In the interests of being honest I state clearly that it is these users whom this bill enables.

In what can only be a recognition that the medical marijuana initiative was being taken advantage of by all who desired to use, medical condition or no medical condition, Californian authorities permitted vending machines offering cannabis products to be placed at the state's capital, attracting denunciation from the International Narcotics Control Board. It is a shameful event when cannabis becomes comparable to Coke—not cocaine but the caffeinated beverage. To the best of my

knowledge Californian authorities recanted their support when confronted with the international denunciation.

However, spurred on by the success in California and undeterred by the flagrant abuse of cannabis for so-called medicinal purposes, pro-marijuana campaigners set their sights on other states around America, and today 13 in total have passed similar ballot propositions. Each time millions were spent misinforming the community and assuring them that this time this proposition would not be abused nor increase the supply of cannabis on the streets for their children to access. Unfortunately, medical marijuana initiatives have also been successful in the Netherlands and Canada, with very similar ramifications to those experienced in California.

As would happen if South Australia were to follow their lead, each state and country that permits the use of cannabis for medicinal purposes has borne the weight of international communities' consideration. As an example, I quote the politically sensitive yet stern words of the International Narcotics Control Board press release:

The board has repeatedly expressed its concern that, without having reported conclusive research results to the World Health Organisation, the governments of Canada and the Netherlands authorised the use of cannabis for medicinal purposes. The board is also concerned that cannabis is used for medicinal purposes in some jurisdictions of the United States, without having definitive proof of its efficacy.

Prior to moving on to the origins of the medical marijuana ideology, I briefly remind members that it is the same mistakes the Californians made that the honourable member seeks to replicate here. The first mistake is buying into the misinformation driving medical marijuana. The second is the legislative error allowing cannabis to be prescribed to anyone for any medical condition a doctor believes it may benefit, however irrational or biased that belief may be. Proposed new section 31A(3)(f) of the honourable member's bill reads nearly identically to the Californian legislation that permits teens to be issued a certificate allowing access to cannabis because their high heels hurt their feet.

To fully comprehend the ideology driving medical marijuana, one must look beyond the ballot initiative in California, as California may have been where the aspirations of pro-marijuana proponents were first realised. But medical marijuana was schemed much earlier. In a now infamous quote, Keith Stroup from the National Organisation for the Reform of Marijuana Laws, (otherwise known as NORML) revealed the true intent behind medical marijuana initiatives when he stated, 'We will use the medical marijuana scam as a red herring to promote the legalisation of marijuana.'

The reality is that there are people in our society who, for varied reasons, desire the legalisation of illicit drugs. Known collectively as legalisers, they are willing to employ any tactic to achieve their aim, including the misnomer 'medical marijuana'. A 2005 INCB press release, welcoming the news of the US Supreme Court's reaffirming that the use and cultivation of cannabis should be banned regardless of state legislation allowing medical marijuana, stated:

INCB has expressed concern that organisations advocating the legalisation of cannabis , and of narcotic drugs in general , are using the issue of medical cannabis as a ' back door ' to legalisation. ' Cannabis is the most widely abused drug in the United States and in the world, ' Professor Ghodse said. ' Cannabis is classified under international conventions as a drug with a number of personal and public health problems. It is not a ' soft ' drug as some people would have you believe.

I go back to the point that I made earlier in my speech last night, when I mentioned the Hon. Sandra Kanck's passion for abiding by international conventions and treaties when we are talking about nuclear power or environmental issues. My point was that she can be quite selective about the treaties and conventions that she is prepared to be behind, and this statement by the INCB reiterates the point that I made.

As members would be aware, I have previously raised my concerns in this place about one of the well-known legalisers, George Soros. He is described as the Daddy Warbucks of drug legalisation and believes himself to be God (and that is self-admitted). George Soros has personally financed most medical marijuana initiatives in the US and abroad and, as many members here would know, with citizen-initiated referendums in the United States the outcome really depends on the amount of money that people have to back and promote those referendums and put out the information that they want the people to receive. I have had a conversation with another member here, and we both agreed that the citizen-initiated referendums really come down to 'he with the most money wins'.

George Soros is a well-known billionaire philanthropist in the United States. He has supported medical marijuana because, as a man with acumen, he gauged that public sentiment fell short of his desire for full legalisation. Soros is reported to have issued the directive to his pro-drug organisations, the Drug Policy Alliance and the Marijuana Policy Project, to focus on 'compassionate and winnable issues, such as medical marijuana'. It was Soros' money that bankrolled the initiative in California. According to National Families in Action, he was the largest donor at \$550,000, and he continues to finance well organised campaigns across the United States. The organisation Americans for Drug Free Youth documents on its website a total of \$2.7 million in donations by George Soros to pro-drug initiatives in California alone.

So, why is it that legalisers such as Mr Soros and many others are willing to invest such time and money into the push for medical marijuana? The answer is simple: perception reigns supreme. In deciding whether to use illicit drugs and, more broadly, when forming attitudes towards illicit drugs, the perception of potential harm, penalty and societal acceptance are determinative factors, and for their aims of legalisation to ever be realised drugs must be perceived to be safe.

To provide an example of just how destructive perception can be, I quote the tragic circumstances of the death of a young girl named Irma Perez from the Drug Enforcement Agency's website justthinktwice.com:

Irma was a 14-year old girl from Belmont, California who took an ecstasy pill on April 23 2004. She became sick immediately — vomiting and writhing in pain —y et her friends did not seek medical help for her. Instead, they gave her marijuana [to

smoke], thinking it would relax her and possibly help her because they had heard it had medicinal qualities.

Irma suffered for hours and when she was finally taken to the hospital the next morning, she was in terrible shape. Five days later she was taken off life support and died. After her death, several of her organs were donated to five other people.

Perceptions of safety killed Irma Perez, yet proponents of medicinal marijuana require, and intend, their campaigns to portray cannabis as a safe drug.

In an ominous warning to us all, George Soros is quoted as saying to an Australian journalist:

I live in one place but I consider myself a citizen of the world.

I might add that that is a term that the Hon. Sandra Kanck used in her previous speech. He said:

I have foundations in 30 countries, and I believe certain universal principles apply everywhere—including Australia.

I mentioned earlier that the bill before us today seeks to replicate the mistakes of international jurisdictions, and it is this I now turn my focus to. As stated, at proposed new section 31A(3)(f), the honourable member seeks to introduce into South Australian statute the same flawed provision as is now seen in the Californian statute allowing a doctor to issue a certificate permitting the use of cannabis if that doctor believes it may be of some benefit to that patient—not that there is sound scientific evidence supporting cannabis as a therapeutic agent for the condition suffered by the patient presenting, but if the doctor believes it to be so. While I hold the majority of the medical profession in South Australia in high esteem, I wonder how long it will be before the Californian experience of advertisements issued by doctors will appear in our versions of *High Times*.

The honourable member seeks to permit the consumption and cultivation of a drug of abuse internationally recognised as illicit. It is my understanding that the three international conventions on illicit drugs bind member countries, of which Australia is part, to prohibiting the consumption, sale and production of illicit drugs, cannabis included. I ask whether the honourable member willingly seeks to ignore the international conventions. Again, I remind members of the selective process with which the member uses and then abuses international treaties in this place.

Of course, the conventions allow for the therapeutic use of scheduled drugs if approved by a country's relevant authority, and is strictly controlled. Again, I quote from the INCB press release, this time from February 2008. It says:

The control measures applied in California for the cultivation, production and use of cannabis do not meet the control standards set in the 1961 convention to prevent diversion of narcotic drugs for illicit use. Such standards require, inter alia, the control of cultivation and production of cannabis by a national cannabis agency, and detailed record - keeping and reporting on the activities with cannabis, including reporting to INCB.

As the bill before us contains no provision for a national cannabis authority—which, of course, would be outside the purview of this parliament, in any event—and no avenue for their release of detailed information to the INCB, we can only gather that this particular bill will be in contravention of those conventions mentioned. Justice Athol Moffitt writes:

The conventions, supported by the governments of all nations, provide a barrier to the objectives of the drug legalisation lobbies. Attempts to surmount this barrier include various evasive tactics such as denigration, misinterpretation and ignoring aspects of the law and the conventions. A fairly common device is to blame the United States for imposing the conventions on the world to assert that the US cannot dictate what is best for Australia. This does not negate the obligation of Australia, as a mature and independently-minded nation, [which] signed the conventions involving international cooperation and—after delays, consideration and consulting with states—ratified them.

The 'difference of opinion' tactic is used frequently in Australia as a way of ignoring the conventions. Ignoring the conventions is similar to the device that the legalisation lobby used in respect of Australia's current laws prohibiting the use of drugs. The tactic is to ignore and denigrate the local law prohibiting use, so that illegal use is encouraged. The more who illegally use drugs, the easier it is to say that the laws ignored should be repealed. In the same way, the more people and inquiries ignore the conventions and the more some nations take action that ignores but is in breach of the conventions (even minor ways) , the sooner the conventions will come to be regarded as a dead letter and ignored by other nations.

What Athol Moffitt is saying is that Australia's lack of attention to enforcement and a global initiative to drug policy will affect other countries, and for a government that continually professes to support global policy on issues such as global warming and renewable energy, and so on, surely we cannot be expected to be taken seriously in the international arena when our actions on drug policy have an adverse effect on other countries and compromise their efforts.

It is almost as though Australia, in particular South Australia, is to the rest of the world what Mexico is to the United States in its efforts to stop the importation of illicit drugs across their border. Surely we could find something more fitting of which to be proud than a drug policy that undermines the safety and security of our country and other countries. If we are able to follow the lead of the legalisation movement, perhaps we should begin to legislate in contradiction to the international treaties we have on those issues that are close to the heart of the Hon. Sandra Kanck, as well. We would soon see her allegiance to the UN and the US, I am sure.

As for approval as a medication, it would be a requirement for cannabis to undergo the thorough scrutiny of the Therapeutic Goods Administration. It is the role of the Therapeutic Goods Administration in Australia to ensure that all medications entering the system are of the highest standard for efficacy and safety; and included in this is an assessment of dosing and route of administration. While I have knowledge that the Therapeutic Goods Administration does not have a formal position on the use of crude cannabis, solely because it has never been asked to assess it, one can imagine

what the outcome of such an assessment would be. For the less imaginative, one could look to America's Food and Drug Administration—the United States equivalent of Australia's TGA. In numerous publications, the Food and Drug Administration has consistently stated that cannabis is of no medicinal benefit. One of many publications states:

No sound scientific studies supported medicinal use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medicinal use.

For an alternative source, one may look to the absence of current medications approved by the TGA that are of uncontrolled dose and administered by smoking. Put simply, smoke medicine is not modern medicine and any assessment by the Therapeutic Goods Administration would surely reflect that.

However, this bill seeks to bypass the TGA and the rigour of evidence that it requires and, instead, seeks to expose people to what is proven to be a dangerous drug. I am sure all members in this place would share my reluctance to deny a genuinely ill person a genuine medicine. However, cannabis in its crude form will never be a medication, compared to the thoroughly tested and proven medications currently prescribed by doctors.

Crude cannabis contains over 400 individual compounds, many of which have never been the subject of thorough research. They simply cannot meet the standards that the Australian public has come to expect. I might add that as soon as those 400 individual compounds are combusted they turn into 2,000 chemicals, which contain a number of highly poisonous and highly toxic substances. I would like to quote from *Drug Precipice*, which was co-authored by Justice Athol Moffitt. It states:

Most drugs of abuse belong to one of three pharmacological categories: central nervous system stimulant, central nervous system depressants; and hallucinogens. Drugs of abuse are usually classified as one of these three specific groups. However, cannabis does not belong exclusively to any one of them because it has properties characteristic of all three groups. Its effect on a user is unpredictable; it may be psychostimulant, psychodepressant or hallucinogenic (in heavier doses), depending on the strength of the product, the manner in which it is used, and the individual. Because its effect cannot be predicted, naive users and adolescents are particularly vulnerable. Why some individuals are particularly vulnerable to it is not really understood. Unlike most other illicit drugs, cannabis does not consist of one or a few chemicals. It contains over 426, which fall into at least 18 different groups ranging from alkaloids, sterols, terpenes, furan derivatives, stilbene derivatives, and the 61 cannabinoids which are unique to the cannabis plant.

When combusted, they form over 2,000 chemicals. Natural cannabinoids such as cannabidiol (CBD), cannabinol (CBN) and cannabichromene are not psychoactive, but are biologically active. They affect DNA, RNA and protein synthesis in cell culture. Cannabinoids are highly fat soluble, which means they can lodge in the fatty parts of the body for long periods, much as the insecticide DDT can. No other illicit drug has all these chemical properties. Other chemicals include the known carcinogens, benzopyrene, benzoanthracene, vinyl chloride, nitrosamines and vinyl

chloride. All drugs have different action and elimination speeds. THC has what is called a ' half-life of eight days ', which means that a 50 per cent concentration of it is still present in the body eight days after its initial use. Traces of a single dose of THC can still be detected up to three months later because it is mostly stored in neutral fat, though also in the liver, lungs and spleen. A weekly user of marijuana has a constant store of THC in the body.

If the research into cannabinoids currently being undertaken results in a medication delivered not via smoking, but in a capsule or nasal spray, then it will not be the responsibility of this parliament to determine whether it is made available as a medication but, rather, the role of the Therapeutic Goods Administration on the available science.

Proponents of 'medical marijuana' have become apt at manipulating the findings of promising research into individual cannabinoids, each time dressing the findings as though the therapeutic value of crude cannabis has been proven once again and generating headlines accordingly. An example of such manipulation is found in the honourable member's initial second reading contribution. In a total disregard for the potential consequences of the words, the honourable member told this council and all those who read *Hansard* that cannabis does not cause schizophrenia but instead is a treatment for this most devastating mental illness.

Manipulating the findings of research still in its infancy, the honourable member made a leap in logic largely reserved for the likes of Dr Alex Wodak and perhaps sometimes even Dr David Caldicott when she claimed that because the particular cannabinoid CBD has shown some potential in alleviating the acute symptoms of schizophrenia, when studied in isolation, then crude cannabis surely has the same potential.

I have a filing cabinet of evidence detailing the link between the use of crude cannabis and the onset of schizophrenia that begs to differ. But the honourable member, in a desperate attempt to manipulate the perception of cannabis harms, ignores what has now become accepted scientific knowledge and claims that cannabis is not to blame, that in fact it is a medication for schizophrenia and, under her bill, it may well be.

While pro-marijuana advocates may insist on misrepresenting the research into cannabinoids, as responsible legislators we must differentiate between the use of crude cannabis and the therapeutic use of cannabinoids. Conveying the difference between the two is no easy task and consistent language is necessary to ensure that the public at large is not misled into believing that the positive findings of research now being undertaken into cannabinoids is in any way related to cannabis in its crude form. This sentiment is echoed in the Australian Medical Association's Position Statement on Cannabis at position 15.1, but it appears that there is one distinction that the honourable member is not willing to make.

In her own address, the Hon. Sandra Kanck cited the Australian Medical Association's Position on Cannabis and proceeded to read into *Hansard* positions 25, 26 and 27. Intrigued, I investigated further and found that the honourable member

failed to inform the chamber of position 15.4 of the AMA's Position Statement on Cannabis, which reads:

The Australian Medical Association considers that smoking or ingesting a crude plant product is a harmful way to deliver cannabinoids. The AMA supports more research into other ways of delivering cannabinoids, as well as their safety and efficacy in proven medicinal treatments.

I note that the AMA uses the word 'cannabinoids', not the term 'crude cannabis'.

Upon reading this, it becomes clear that the Australian Medical Association does not support research into the use of crude cannabis, as the honourable member intimated, but rather into its constituent cannabinoids. Wanting to know the exact position of the Australian Medical Association, my staff contacted Dr Peter Ford, the President of the South Australian branch, who assured us that the Australian Medical Association in no way supported the use of cannabis in its crude form.

In a further example of this bill providing a supposed medication contrary to the current standards for the prescription of pharmaceuticals is the provision allowing a doctor to recommend the use of cannabis for a period of up to 12 months. While I acknowledge that there are certain medications available for prescription for which doctors, in some circumstances, provide lengthy scripts, this is not done without evidence detailing the safety of doing so.

Can the honourable member provide this chamber with evidence showing the safety of the use of crude cannabis for a period of a month, let alone 12 months? I think not. However, as has become standard in California, 12-month certificates following a brief consult, with no ongoing care, will become the norm, with doctors advertising in one of our only newspapers, *The Advertiser*—for which a more appropriate role would be particularly hard to find!

There is one point of difference between the bill before us and proposition 215 passed in California. Unlike the initiative in California, this bill does not remove the penalties for the sale of cannabis. So, legal to possess and consume, but not to sell. The honourable member would instead have holders of a palliative cannabis certificate grow their own. Similarly to the way people who are prescribed antibiotics are encouraged to culture their own bacteria, the honourable member would have people produce cannabis in their own backyard, exposing their supposed medication to a whole range of contaminants. It is clear that science is not behind this bill, and it is also clear that the intention is to reverse the previous legislation reducing the 'grow your own' policy that both major parties have previously supported.

For those who are unwilling or unable to cultivate their own, the honourable member would have them turn to the black market. South Australia is already the cannabis capital of Australia and carries the burden of the subsequent stigma and crime, yet this bill seeks to further bolster the illicit industry. However, if this bill were to be passed, of greatest concern is that already disillusioned and hamstrung police will become further disinterested in policing cannabis laws if the prospect of securing a conviction becomes more remote. And what of our already lenient

judiciary? Hell, why don't we go all the way with any laws relating to cannabis production, distribution and use? Ah, but of course, that is the ultimate aim, is it not?

All of this leads me to believe that the honourable member herself does not believe in the medicinal value of marihuana. Shortly, I will turn to the science. But, even in its absence, surely the honourable member concedes that the proposal before us in no way mirrors standard practice for the prescribing and dispensation of medication. This premise is further demonstrated by the lack of scientific evidence brought forward by the honourable member when introducing this bill. Not one single study of repute is quoted or even mentioned in a way that one can verify, despite the Hon. Sandra Kanck's having two opportunities to speak to this bill.

Yes, the honourable member rattled off illnesses for which she believes cannabis may be beneficial and quotes documents suggesting this might be the case, on the proviso of further research. But, again, not a single study documenting the safety and efficacy of cannabis as a treatment for those conditions mentioned. Instead, the member relies heavily on anecdotal reports, as do all other proponents of medicinal marijuana. While I am the last to dismiss personal experience, I do begin to question such accounts when, despite their best efforts, researchers are unable to produce the accounts in controlled environments. In fact, on further investigation, one quickly learns that both the science and the peak bodies do not support the accounts.

To provide an example, in the member's opening remarks, she stated that under this bill cannabis may be used in the treatment of spasticity caused by multiple sclerosis. This is despite a comprehensive review by the American National Multiple Sclerosis Society finding no evidence to support that cannabis is beneficial. I now quote from a publication produced by the society on the topic which states:

There is a very real need for additional therapies to treat stubborn and often painful symptoms of MS. However, based on the studies to date and the fact that long-term use of marijuana may be associated with significant serious side-effects, it is the opinion of the National Multiple Sclerosis Society Medical Advisory Board that there are currently insufficient data to recommend marijuana or its derivatives as a treatment for MS symptoms. Research is continuing to determine if there is a possible role for marijuana derivatives in the treatment of MS. In the meantime, other well-tested FDA approved drugs are available to reduce spasticity in MS.

My staff have also contacted the Multiple Sclerosis Society of South Australia, which has confirmed that it does not, under any circumstances, support the use of crude cannabis.

In another example, the honourable member cited anecdotal reports of the potential for cannabis to reduce intraocular pressure, the main symptom of glaucoma. It is true that the early research of the 1970s suggested that cannabis may play a therapeutic role as an anti-glaucoma agent. Again, this was supported by anecdotal accounts by those who had been using cannabis recreationally. However, it was not long before many ophthalmologists began to question whether any benefit may truly be derived from cannabis. As THC is not water soluble, many cited concerns about requiring patients to ingest constant amounts of THC rather than being able to apply it topically. Due to the chronic nature of glaucoma, others raised concerns about requiring patients to ingest cannabis over a long period of time and about THC's

diminishing ability to reduce intraocular pressure, as patients developed a tolerance to its effects, if they did.

Citing the above concerns and the findings of the task force of complementary therapies, the National Eye Institute, the Institute of Medicine and the American Academy of Ophthalmology—the world's largest organisation of eye physicians and surgeons—have taken the position that no scientific evidence has been produced that demonstrates an increased benefit or a reduction in risk of marijuana use compared with the wide variety of pharmaceuticals already available. In a 1992 statement, the American Academy of Ophthalmology stated that this position would remain until the findings of a large, controlled study into the safety and efficacy of the chronic use of THC differed.

No such study has been conducted, and the position of the American Academy of Ophthalmology remains unchanged today. The peak bodies' reasoned opposition, however, has not prevented advocates of medicinal marijuana spreading misinformation about THC's therapeutic benefits. Relying on subjective anecdotal reports, organisations such as the Marijuana Policy Project and the Drug Policy Alliance continue to espouse the medicinal value of crude cannabis in the treatment of glaucoma.

In a substantive review of the literature, funded by the Canadian Institute of Health Research and published in the *Canadian Medical Association Journal* under the title 'Adverse effects of medicinal cannabinoids: a systematic review', the absence of high quality research on long-time exposure to cannabis derivatives was lamented. However, while this study was able to ignore the lack of evidence documenting both the short and long-term harms of cannabis, we as legislators, when presented with a bill to permit cannabis in its crude form (the form that is purchased on the street corner) cannot ignore it.

As I and others have detailed in this chamber previously, cannabis is not the safe drug that it was once largely held to be and is still held to be by some sections of the community, mostly the users. As has been cited by the Hon. Dennis Hood, a recent study out of Melbourne revealed that long-term cannabis consumption can lead to a reduction in the physical size of the hippocampus and amygdala by 12 per cent and 7.1 per cent respectively. These areas of the brain are crucial for memory, learning and the regulation of emotions. While it is yet to be confirmed that these brain abnormalities are permanent, other studies, which have shown that the cognitive damage suffered by those who have been addicted to cannabis unfortunately persists for many years after they have recovered, suggest that this is the case.

We also know that there is a definitive link between the consumption of cannabis and the onset of mental illness. A study by the University of New South Wales has shown that cannabis users have a 40 per cent increased risk of developing schizophrenia, and regular users have an increased risk of 200 per cent.

The principal author of that study, Dr Martin Cohen, a psychiatrist at the Hunter New England Mental Health Service stated, upon its release, 'We now know more than ever that [cannabis use] bodes badly for our mental health.' The study also found those who began young or used heavily during their teenage years to be at particular

risk and also estimated that 14 per cent of all cases of psychosis would never have occurred had the patient not used marijuana.

Doctor Cohen further stated, 'Teenagers are the ones we really need to worry about because their use is changing a developing brain.' Another study estimated that 10 per cent of all schizophrenia sufferers would not suffer schizophrenia if they had not consumed cannabis which, according to Miranda Devine in a recently-published article in the *Sydney Morning Herald* entitled 'The generation that inhaled', translates to 28,000 people in Australia and 150,000 people around the world every year.

A study investigating the link between cannabis use and depression amongst Australia's indigenous population found that heavy cannabis users were four times more likely to develop moderate to severe depression. Another study conducted by the National Cannabis Prevention Information Centre which analysed cannabis-related presentations at two New South Wales emergency departments has shown that 35 per cent of presentations were due to mental health conditions.

Like tobacco, cannabis is also linked to the early onset of emphysema with an increased risk of pneumothorax (that is, a collapsed lung). Cannabis consumption by inhalation is associated with increased respiratory symptoms such as inflammation, cough, phlegm production and wheeze, which are known to be the indicators of obstructive lung disease as well as causing bronchitis, giant cystic lung disease, lung cancer and the early onset of emphysema in a far more aggressive form than tobacco smoke because of different inhalation habits and the use of bongos and water pipes.

Of course, there are now many in the medical community—and much evidence—supporting the long-held view that marijuana is actually addictive. A US study estimated that 18 per cent of those who had smoked cannabis in the previous year were dependent and, again, those who began using in their teenage years were at a higher risk. It is estimated by the National Cannabis Prevention and Information Centre that 200,000 are addicted to cannabis in Australia. This, in turn, is the experience at the coal-face of rehabilitation providers and the Australian Institute of Health and Welfare showing that 51.1 per cent of young people accessing treatment are doing so because of their cannabis use.

Cannabis withdrawal has also been validated by research, with many predicting that it will be included in the next version of the Diagnostic Manual for Psychiatric Diseases. The list goes on, and I encourage honourable members in this chamber and in the other place to further research the known harms of cannabis and, for those who do hold lenient attitudes towards the consumption of cannabis, I challenge them to juxtapose these attitudes with the aforementioned scientific evidence.

I attended the briefing given by the Hon. Sandra Kanck along with the other six interested people that included Dr David Caldicott, who was there in his official capacity as the new face of harm minimisation. Not surprisingly at all, the brief was not an information presentation on the science of cannabis; it was a sassy film entitled *Wanting to Inhale*. The scientific evidence was overlooked and ignored at the briefing provided by the honourable member, and those present were subject to compassionate pleas and emotive anecdotal accounts of the medicinal brilliance of cannabis.

There were deliberate attempts to mislead people in this film. The first was featuring Dr Robert Dupont who was a senior White House adviser in 1975. At this time, Dr Robert Dupont, who was, by his own public admission, an addict at the time and a former chairman of the World Psychiatry Association, commented favourably about decriminalisation, and NORML gave this widespread publicity. This was used as a feature in the film *Wanting to Inhale*.

However at an international conference in Atlanta, Georgia in 1987, he made the public statement:

Not only is marijuana worse than alcohol and tobacco combined , but it has other distinctive properties that neither of the others have. I now consider marijuana to be the single biggest new health problem in our nation. For today's youngsters, kicking the marijuana habit individually or as a group is going to be a life and death struggle. My supporting decriminalisation of marijuana was the worst thing I ever said. I hereby humbly apologise to the American people.

Is that not indication enough about the selective information the honourable member is prepared to distribute in order to try to convince people that she is on the side of enlightenment and righteousness? Is it plausible to believe that our well-known addiction specialist, Dr Caldicott, who, by the way, is not recognised by the AMA for those credentials, would not have known about the public retraction of Dr DuPont or the history of Stroop and his whacky organisation known as NORML? It is easy and convenient to present half truths and outdated testimonials when nobody is even slightly inclined to ask questions, and the drug legalisation lobby depends on the laziness or apathy of many, and of course those who choose to use drugs as their bridge.

In my first six months in this place I held an information forum, co-hosted by the Hon. David Ridgway, on the harms of drugs, and the theme was: Australia's Hijacked Drug Policy. It is fair to say that my position on drugs has been well known for over 12 years. That forum attracted over 100 people, and people were turned away because of the capacity of the Balcony Room. Over a period of 12 years I have spoken at many public forums where the attendances were between 200 and 400 people. On Tuesday morning of this week I held a forum and about 250 people were present. This week we had a forum to present the medical marijuana proposition and no more than six people attended. Surely that in itself is an indication of the level of interest in this topic. Perhaps now the honourable member will hang up her spurs and acknowledge defeat and perhaps recognise why her public statements enrage so many so often.

It is fair to say that we have either reached or are close to reaching critical mass. In other words, more families are suffering from drug addiction than not and, whether or not the media print it, the message is that enough is enough of trying to convince us that our children are not worth more and do not deserve better.

The second misleading statement in the film *Wanting to Inhale* was from Dr Lester Grinspoon—often quoted in this place by the Hon. Sandra Kanck for his absolutely advanced research that comes from a place known as the Psychedelic Institute, an institution that from its name alone commands respect!—that anecdotal

evidence should be accepted as evidence because it is based on life experiences of people in the front line.

Interestingly, in other debates about drug policy, namely, the recovery side of this so-called war on drugs, our evidence is always diminished by being labelled as anecdotal—evidence that recovered drug users give to research papers and statements they make at parliamentary inquiries such as that made by the Hon. Bronwyn Bishop. It is anecdotal evidence, but for the medicinal marijuana lobby Dr Grinspoon says that anecdotal evidence must be considered.

We need science, they say. We need evidence-based science to ensure that we are developing effective drug policies. The difference between this was highlighted in the debate on *Stateline* with Dr David Caldicott and myself when discussing random drug testing in schools. When I presented the positive outcomes achieved in Indiana's trial of random drug testing in schools of reducing teenage drug use by some 80 per cent, Dr Caldicott's response was, 'It is anecdotal information and not scientific evidence; it has come from the Bible belt of America, so it can't be taken seriously.' How convenient that in this particular arena of drug policy anecdotal information is not evidence and, because of the location of the trial, the monitored outcome should be dismissed, even though those trials were overseen by a professor of education from Ball State University. What are the rules on evidence and who do we believe? Obviously it depends on who is talking and the topic. For medicinal marijuana, anecdotal evidence is sufficient: for random school drug testing, hard scientific evidence is demanded and then rejected. These are just two examples of how the truth is twisted and the rules are changed from one debate to another to suit the agenda of legalisation.

I would now like to quote from another advocate of the legalisation movement in America, Dr Keith Stroup, a Washington lawyer, who formed the National Organisation for the Reform of Marijuana Laws in 1970. Keith Stroup was an outstanding organiser and lobbyist, and he gained access to the White House during the time of the Carter administration by enlisting the support of Dr Peter Bourne. Stroup's reputation declined after he was twice convicted of possessing cannabis in Canada and he was implicated, along with Dr Bourne, in the use of cocaine, which was widely publicised in 1978. Bourne resigned and Stroup was banned from the White House. In a meeting of NORML in 1980 Mr Stroup said:

Despite the obvious indication that the drug reform movement has been temporarily sidetracked, two facts guarantee that our movement will remain healthy and assure that we will eventually regroup and move forward with a vibrant program. An estimated 55 million Americans have used marijuana and the average age of regular users in this country continues to rise because of continued use. Simply stated, those of us who smoke marijuana will not sit by indefinitely and allow ourselves to be criminalised. When we eventually enjoy the support of a clear majority of American voters, we will outvote our opponents. The ultimate victory is certain. The timing of the victory depends upon our organisation and political skills.

In his farewell speech on his resignation from NORML, Stroup declared that drug smugglers were not criminals but friends of NORML; friends the organisation should support. These are chilling words, with implications for Australia; and

NORML's philosophies, tactics, organisation and political skills have been widely exported and have made their way to Australia.

NORML's earlier claims that there had been no significant increase in cannabis use were lies, and its objective all along was to increase the use and obtain a majority vote. Lies were also told about the drug being harmless. In NORML's rush to increase the number of illegal users it showed a callous disregard for the consequences of children using the drug. In 1988, the UN convention expressed great concern about children being drawn into adult drug activities, calling it a danger of immeasurable gravity.

Hopefully, those comments will assist members to identify the calibre of people who take up the legalisation agenda. They are dishonest people who care little for our children, who have a history of drug use themselves and who are driven by a desire to have their own lifestyles validated through legalisation, regardless of the cost to society as a whole. If the Hon. Sandra Kanck was not aware of this history, then perhaps there is time for her to redeem herself. If she was aware and, in order to forward the agenda of marijuana legalisation a conscious decision was made to rely on the recruitment of our young people, then I say shame on her, and I personally thank God that she has chosen to leave this place before she could do any more harm.

In closing, I call upon members not to be conned by the emotive language and compassionate pleas into feeling as though voting against this bill is denying people a potential medication, because that is simply not the case.

Debate adjourned on motion of Hon. I.K. Hunter.

At 17:44 the council adjourned until Tuesday 25 November 2008 at 14:15.