

23 October 2000

The Secretary  
Community Development Committee  
Parliament House  
Hobart 7000

I am aware that this letter will arrive after the close for submissions to the “**Inquiry Into The Use Of Cannabis For Medical Purposes**”, but request that its contents be made known to the committee, particularly given the importance of the subject matter.

I wish to briefly address only two aspects of this subject.

First, one of the unresolved issues concerning the effects of cannabis is whether THC is in any way addictive. Past studies in animals have been inconclusive, but that may be a result of methodological limitations.

A very recent (last week) US study<sup>1</sup> in primates on self-administration of THC clearly shows that animals respond to this drug in much the same way that they respond to cocaine, a known addictive agent. Self-administration studies in animals have typically been used to indicate addictive behaviour, and primates will self-administer addictive agents such as cocaine, heroin, nicotine and other psychoactive substances abused by humans.

The reason why this study shows addictive behaviour where others have failed is due to the researchers ability to dissolve the fat-soluble THC into a clear solution to facilitate the rapid entry of THC into the brain, as occurs during smoking, and to the use of lower doses of THC. Previous studies utilized high doses of THC, which may have caused the animals to be too ‘stoned’ to operate the delivery lever. The lower dose used in this study is equivalent to that in just one marijuana cigarette. The animals were found to self-administer THC up to thirty times in one hour.

The authors of this study consider their work to be the most reliable indicator of the ‘abuse potential’ of THC yet.

Whilst abuse potential does not necessarily preclude a drug from being made medically available (eg morphine), it is an important factor in the regulation of a drug, and is partly why heroin is not used medically when it is an effective pain-killer.

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<sup>1</sup> Tanda, G., Munzar, P. & Goldberg, S.R. Self-administration behaviour is maintained by the psychoactive ingredient of marijuana in squirrel monkeys. *Nature Neuroscience* 3, 1073-1074, 2000.

All other factors being equal, heroin would also have to be significantly superior to other pain-killers on the market to even begin considering making it available medically. Likewise THC has to prove itself more effective than other medications when its abuse potential is taken into account. So far, the therapeutic effects of THC remain debatable.

In addition to this animal study, anecdotal evidence for addictive behaviour in humans abounds. Here in South Australia, we have experienced a steady increase in problem users seeking help, to the extent that several marijuana anonymous (MA) groups have been formed specifically to address addiction problems. A visit to an MA meeting serves as a salutary reminder of the damage this substance is capable of doing.

Second, the provision of THC as a possible therapeutic agent for the treatment of a variety of conditions is not the same as the provision of smokable cannabis for medical treatment.

When Dronabinol is available, why would smokable marijuana be necessary? In this day and age, by analogy, would anyone consider making the raw product opium available as a medical treatment, when morphine is available?

In the US, the medical marijuana initiatives in California and Arizona were heavily bankrolled by groups with a known commitment to the broad legalisation of psychoactive drugs. They clearly saw medical marijuana as a foothold for their cause.

One of those who provided considerable support for these initiatives was billionaire George Soros, who in 1993 gave the pro-legalisation group Drug Policy Foundation a “set of suggestions to follow if they wanted his assistance: Come up with an approach that emphasizes ‘treatment and humanitarian endeavours,’ he said ... target a few winnable issues, like medical marijuana ...’ Apparently, they took his advice.”<sup>2</sup>

The legalisation movement is closely politically tied to calls for medical marijuana and its influence must therefore be taken into account when considering whether to make this substance available medically as a smokable product, especially given its other serious health consequences, many of which are only recently coming to light, such as various cancers, psychoses and cognitive deficits.

In summary, THC has abuse potential, limited therapeutic application, and possible serious side-effects requiring more research. Smokable cannabis leaf shares these factors and in addition raises complicated social, legal and political issues.

Yours Sincerely

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<sup>2</sup> Rachel Ehrenfeld, May 1996, *The Movement to Legalize Drugs in the United States: Who’s Behind It?* Downloaded from the Capital Research website ([www.capitalresearch.com](http://www.capitalresearch.com)).