

Re: Proposed amendments referred for scheduling advice to the Joint ACMS-ACCS #25

Thank you for the opportunity to comment on the proposed amendments to the scheduling of Cannabidiol (CBD) (section 2.5). This substance is a versatile, comparatively safe and 100% natural alternative to many synthetic and potentially dangerous pharmaceuticals currently used to treat the same or similar ailments that CBD is used to treat. As someone who has worked in a legal cannabis market and conversed with many different people about their experiences with CBD, as well as used CBD oil myself, I am in a unique position to comment on the value that more readily available CBD products might provide to those who choose to use it. I fully support the proposed rescheduling of this substance to schedule 3.

My comment is based on my personal experience using CBD and on observations acquired while working as a Sales Associate in a legal recreational cannabis retail store in Canada during 2020 (incidentally, when cannabis retail was considered an essential service in British Columbia during the Covid pandemic).

My experience working in a country where Cannabis is legal both medicinally and recreationally puts me in a unique position to comment on the benefits of cannabis-derived compounds being much more readily available than they currently are in Australia. Regarding CBD specifically, I find it odd that a compound that is not deadly, has a very low likelihood of leading to dependence, is naturally occurring, and has been widely used to great effect for many different reasons for thousands of years all over the world, is currently considered (based off the level at which it is currently scheduled) more dangerous than many synthetic, potentially addictive and deadly over-the-counter pharmaceutical drugs in Australia. It is not that “CBD may have possible clinical utility” (as outlined in the reasons for the proposal), it DOES, for many people. During my time working in the legal cannabis industry in Canada I heard stories from many different customers about the ways they used CBD to help them. Many people use CBD to cope with anxiety, to help them sleep, to cope with pain or even just to relax. Many customers at my store reported that they preferred to use CBD over synthetic pharmaceuticals because CBD carried less negative side effects and is a natural compound. During the several months I spent working in the Canadian cannabis industry I did not hear one negative story relating to CBD.

Furthermore, whilst visiting from Australia, my mother experimented with a CBD tincture to aid her with sleep and pain, since she could not acquire CBD in Australia even through her doctor (she could quite easily acquire potentially deadly sleeping pills though...). My mother found CBD very helpful and felt much better about consuming a small amount of a natural compound that had zero side effects (for her), rather than the 16 neurofen tablets she was prescribed for the exact same issue!

There is more than enough scientific evidence to support the efficacy of CBD for medicinal and therapeutic benefits compared to many other much more dangerous and potentially addictive or deadly pharmaceuticals available at the schedule 3 level in Australia. So I’m not going to draw from the plethora of research that supports the medicinal and therapeutic benefits of CBD. The fact that in order to legally acquire CBD currently in Australia, one must essentially be terminally ill or suffer from severe epilepsy, when anyone over the age of 18 can acquire potentially deadly pharmaceuticals such as aspirin or ibuprofen, is ridiculous and sad for those who would benefit from CBD being more readily available.

If those who are considering the rescheduling of CBD do not objectively review the scientific data and compare the minimal risks and abundant benefits of CBD to other chemical

compounds that are used to treat the kinds of ailments CBD is used for, then frankly, their assessment is not fair or legitimate. It is essentially impossible to overdo on CBD. There are almost zero side effects to using it regularly. It is not at all psychoactive. So why would CBD not be available if people find relief from pain, or sleep more soundly, or are able to reduce stress and anxiety through its use?

If you did read my comment, I appreciate your taking the time to do so and I apologize for not being able to write in the convoluted style that apparently is typical of submissions to the TGA.

PS: navigating the tga.gov website to submit public comments is so unnecessarily complicated, convoluted and non-intuitive. I do not know if it is by design but if the TGA truly

“welcomes” comments from the general public then please consider a more efficient and easy to navigate funnel to disseminate policy reform to those members of the public who do not have a law degree.

Regards