



## **Submission on the**

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

#### **Item 2.5 - Cannabidiol**

I support the proposed amendment to classify cannabidiol as defined at Schedule 3.

In my opinion cannabidiol could safely be made available at Schedule 2 subject to appropriate labelling with respect to specific drug interactions, because the high cost of preparations constitutes a substantial deterrent to unnecessary or excessive consumption.

#### **Suggested improvement to the Amendment**

That

“b. the maximum recommended daily dose is 60 mg or less of cannabidiol”  
be changed to

“b. the maximum recommended daily dose is 1mg/kg/day or less of cannabidiol”.

#### **Impacts of the proposed change**

I am disabled by chronic illness and pain, most closely resembling the World Health Organisation's 1969 definition of Myalgic Encephalomyelitis. I am highly skilled and once earned a substantial income but for over a decade have been capable of only very limited social participation, and zero economic participation, in society. My condition has proven to be of no interest to the Australian medical profession and in any case there are no non-cannabinoid prescription medications that I'm aware of that could safely help me manage my pain and neurological dysfunction on an indefinite basis.

I pursue every avenue for improvement that I can and have been able to try some CBD products temporarily. I have found them to reduce my pain level and improve sleep. The difficulty of obtaining imported CBD products from controlled manufacturing processes, and the illegality of procuring or producing CBD locally and subsequent absence of controlled manufacturing thereof, means that I do not have reliable and legal access to a CBD product with predictable safety and efficacy.

Having cannabidiol classified at Schedule 4 is of little use to me when I cannot find a medical practitioner willing and capable of grappling with my condition and when the prescribed preparations cost \$250 a month, which is 25% of my income. Classification at Schedule 3 would give me the opportunity to try a range of different CBD products



manufactured under controlled conditions and then reliably obtain and use whichever one(s) I find most effective. This opportunity is certain to reduce my pain level and improve sleep and daily function. I am unable to quantify those benefits until I have realised them but an increase in capacity for social participation is certain, and the emergence of capacity for economic participation that would otherwise be unachievable, or occur sooner than it otherwise would, is a possibility. I would also be freed from the dilemma of whether

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