

**SUBMISSION TO THERAPEUTIC GOODS ADMINISTRATION RE
RESCHEDULING OF CANNABIDIOL**

May 20th 2020

Thank you for the opportunity to comment on this review.

I wholeheartedly agree with the proposition that Cannabidiol should be moved to Schedule 3 as it would make it so much easier to obtain for people for whom it is a viable alternative to existent drugs, many of which have caused deaths. Please refer to the chart below:

<http://medicalmarijuana.procon.org/view.resource.php?resourceID=000145>

DRUG CLASSIFICATION	Specific Drugs per Category	Primary Suspect of the Death	Secondary Suspect (Contributing to death)	Total Deaths Reported 1/1/97 - 6/30/05
A. MARIJUANA <i>also known as: Cannabis sativa L</i>	Marijuana Cannabis Cannabinoids	0	279	279
B. ANTI-EMETICS <i>(used to treat vomiting)</i>	Compazine Reglan Marinol Zofran Anzemet Kytril Tigan	196	429	625
C. ANTI-SPASMODICS <i>(used to treat muscle spasms)</i>	Baclofen Zanaflex	118	56	174
D. ANTI-PSYCHOTICS <i>(used to treat psychosis)</i>	Haldol Lithium Neurontin	1,593	702	2,295
E. OTHER POPULAR DRUGS <i>(used to treat various conditions including ADD, depression, narcolepsy, erectile dysfunction, and pain)</i>	Ritalin Wellbutrin Adderall Viagra Vioxx*	8,101	492	8,593
F. TOTALS of A-E	Number of Drugs in Total	Primary Suspect of the Death	Secondary Suspect (Contributing to death)	Total Deaths Reported 1/1/97 - 6/30/05
• TOTAL DEATHS FROM MARIJUANA	1	0	279	279
• TOTAL DEATHS FROM 17 FDA-APPROVED DRUGS	17	10,008	1,679	11,687

The human body already contains its own endocannabinoids which control areas such as movement, mood, memory, appetite and pain; so cannabinoids from Cannabis sativa can naturally interact with these; that is why they are so efficient as medicines in controlling a variety of illnesses and why they are safe to use.

I therefore respectfully request that Cannabidiol is transferred from Schedule 4 to Schedule 3 of the Therapeutic Goods Act 1989.

Yours sincerely

Estelle Ross

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