



15. Cannabis and Social Change

With Special Guest, Lucy Haslam from United in Compassion.

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Future Sense is a podcast edited from the radio show of the same name, broadcast on BayFM in Byron Bay, Australia, at www.bayfm.org. Hosted by Nyck Jeanes and well-known international futurist, Steve McDonald, Future Sense provides a fresh, deep analysis of global trends and emerging technologies. How can we identify the layers of growth personally, socially and globally? What are the signs missed; the truths being denied? Political science, history, politics, psychology, ancient civilisations, alien contact, the new psychedelic revolution, cryptocurrency and other disruptive and distributed technologies, and much more.

This is Future Sense.

Nyck: Good morning to you here on BayFM 999. You're now tuned to *Future Sense* with myself, Nyck Jeanes, and Steve McDonald. Good morning, Steve.

Steve: Good morning, Nyck.

Nyck: We have a special guest today on the show, in about half an hour or so, and that is Lucy Haslam. Lucy is a retired nurse and has a big background in caring for people over a long period of time, but in August 2013, Lucy spearheaded the movement to reintroduce medicinal cannabis into Australia. Lucy witnessed the dramatic relief her son, Dan, who was suffering stage 4 bowel cancer at the time, gained from using medicinal cannabis and Dan championed the cause alongside his mother. Together, they started a social campaign which ultimately has changed Australian laws, but there's a long way to go. We're going to be talking to her because in the week after next, on the 22nd, 23rd and 24th of this month, March, there is a symposium on medicinal cannabis at Tweed Heads, presented by UIC, *United in Compassion* (<https://unitedincompassion.com.au>). So we'll be talking to her in about half an hour about the many issues around medicinal cannabis in Australia.

Steve: Absolutely, and it's a really good example of the process of trying to bring social change, which is so important at this time, because here we are in the early stages of a global paradigm shift—in fact, multiple paradigm shifts happening simultaneously—and

the capacity to open up to and initiate change within society is going to be key to how we navigate the next two decades or three decades.

Nyck: Indeed. All of this comes down in a sense to how we how we take in—observe and take in—and be open to, be curious about life, the universe and everything.

I came across a little quote this morning from a German physicist, Heinrich Rohrer, and he says: "Science means constantly walking a tightrope between blind faith and curiosity; between expertise and creativity; between bias and openness; between experience and epiphany; between ambition and passion; and between arrogance and conviction—in short, between an old today and a new tomorrow." We're going to be having a look and seeing through the frame of that today, about our curiosity, your curiosity, how we close ourselves down—dumb ourselves down, if you will—in society, and of course, with a couple of elections coming up very shortly, in New South Wales and the federal elections, it's a good time to be not dumbed down by the discourses that are perpetrated, particularly, in my opinion, by the Coalition at this time, but not only that. How can we stay and remain open to new energies, new ideas, new science coming in?

Steve: Yes, indeed. Some people might be familiar with the *I Ching*, which is a very ancient Chinese book of wisdom that talks about the process of change. There's a website called *The I Ching Weekly* which is put out by Bobby Klein who sends out a reading each week (<https://www.bobbyklein.com/podcast>). The reading for this week is a little couplet that goes like this: "Thunder shakes the roof, You go back to sleep, Big thunder comes again, This time you wake up."

Nyck: Fantastic, lovely. You're with *Future Sense*, with Steve McDonald and Nyck Jeanes.

Nyck: We're going to be talking very shortly, as I said, to Lucy Haslam, who is the organiser of the *United in Compassion Symposium on Medical Cannabis*, coming up on the 22nd, 23rd and 24th of March in Tweed Heads. We'll give you details about that if you haven't heard about it, but just to set that up a little bit, Steve, we were talking a little bit about the change process itself, and in respect of last week's conversations.

Steve: Yes, last week we looked at change, and particularly changing human values and how that can set up conflict and tension between different values sets. I think the whole cannabis and drug prohibition issue is a very good example of how change can take place on a large scale and also how change is resisted by people whose values can't open to or can't accept the new ideas and those sorts of things, so it's going to be very

interesting talking to Lucy and hearing about her experience and her impression of the good things about what has been achieved around medical cannabis in Australia and what the obstacles are that she's run into and the kinds of behaviours that she's seen from different people in their acceptance or openness to new things, or lack thereof. It's going to be interesting conversation, I think.

Nyck: Absolutely, and as we've discovered, a country like Canada, for example, which has had medicinal cannabis on the schedule for quite a significant amount of time—since 2001, I think ... was that the date you found?

Steve: Yes, I think you're right. I was surprised at that, and I know they recently made it legal recreationally in Canada. It's only the second country in the world where the whole nation has accepted and legalised recreational cannabis use.

Nyck: After Uruguay.

Steve: After Uruguay, yes, so that's very interesting, and obviously they're one of the most progressive countries in the world when it comes to this particular issue.

Nyck: And 350,000 people in Canada have been approved for medicinal cannabis. In Germany, which apparently legalised medicinal cannabis at about the same time as Australia, they have 100,000 people who are legally able to obtain this medicine, and Australia at this point has about 3,500, one tenth or less of the Canadian numbers, so there's something clearly wrong with the system.

Steve: Yes, look, it's not unusual for Australia to be lagging behind the rest of the world. I mean, this is something that many people have been aware of for a long time, that sometimes it can take 15 or 20 years for Australia to accept something that's accepted overseas. Part of the reason may be our physical isolation from the rest of the world. I mean, Canada is right next door to the US, and certain states in the USA have been leaders also in the acceptance of cannabis use, and I wonder whether that close proximity—physical proximity—has an impact on things. I'm sure it does, because change is essentially very closely tied to the communication process and the faster that communication happens, the faster change happens. There's a difference between reading about things in the paper and hearing about them or seeing them on the internet and actually meeting somebody who has experienced it personally, and I think that impact of personal contact would certainly play a key role in helping people to accept change. It's one thing to say 'I read about this on the web', but it's another thing to say 'I met somebody who actually did this and they said it was fine and it was actually

good, contrary to what some people are saying', so I think that has a big part to play in the fact that Australia does lag behind, often, with these issues.

Nyck: You also notice that a lot of Americans, even though there are more advanced laws in many states in America regarding these issues—particularly in places like Colorado that we know about; California, I think—but a lot of Americans are crossing the border into Canada to get and gain access to medicinal cannabis there.

Steve: That's right. I was reading up a little bit on a cannabis timeline for legalisation this morning, and they mention cannabis refugees in Canada. There are cases of users of medical cannabis in the US who, on being persecuted in their own country, have fled across the border to Canada and sought asylum under the United Nations Refugee Convention.

Nyck: Seriously? Well, I guess either Trump can build a wall, or maybe Canada will have to build a wall there on the Canada and the US border. That'll be a big wall.

Steve: Yes, I've seen a lot of jokes about that.

Nyck: A wall of ideology of some sort or other.

Steve: Yes. The other interesting thing is that Clare Graves, in his research, wrote that during times of change, people often increase their drug use, and there are good reasons for that because changing your perspective can help you find new ways of doing things. So this is also important from that perspective, cannabis being a psychoactive substance.

Nyck: Yes.

Nyck: You're tuned to *Future Sense* here with Steve McDonald and Nyck Jeanes. We have on the line, from Tamworth, it's a great pleasure to welcome Lucy Haslam to *BayFM* this morning. Good morning, Lucy.

Lucy Haslam: Good morning, Nyck.

Nyck: Very nice of you to join us this morning. We've already mentioned some of your history and your background in terms of organising the upcoming conference in Tweed Heads on medicinal cannabis on the 22nd, 23rd and 24th. You've organised similar conferences since 2014, is that correct?

Lucy Haslam: Yes, that's correct. I organised the first one that Australia had in 2014, and we've done two other events since then, in Sydney and Melbourne. This is the first time in the northern part of the state [NSW] and hopefully reaching out to people in Queensland as well.

Nyck: Yes, indeed. Now you, of course, have a very personal story, how you came into being a strong advocate—more than a strong advocate, really—the leading advocate in Australia for medicinal cannabis. Can you give us a little bit of a brief background about your own story and your son, Dan?

Lucy Haslam: Yes, my youngest son, Dan, was diagnosed with stage 4 bowel cancer in 2010. He was just 20 years old at that stage and he had five years of very gruelling treatment. By four years in, he was getting very, very sick, having continuous chemotherapy, and he literally had to be hospitalised every time he had chemotherapy because of the chemotherapy-induced nausea and vomiting that he suffered. He was losing a lot of weight, he had no appetite, he was very anxious, very depressed, and we tried him with medical cannabis as an absolute last resort. I was very averse to cannabis use. My husband had been in the drug squad for many years and I was a nurse and had been told it was a dangerous gateway drug, but we were so desperate by that point, we would have tried anything, and when we tried it with Dan, it was like an absolute miracle. It literally stopped him vomiting and gave him an appetite immediately, and I just can't stress that enough. It was just really the godsend that we were looking for at that time.

Nyck: And with him, you co-founded *UIC, United in Compassion*, to look at working on amending the Narcotic Drugs Act. You did that actually on the third anniversary of that act in 1967 being passed, and the fourth anniversary of the passing of Dan on 24th of February, four years ago.

The current situation is pretty dire. We mentioned before we started with you, looking at some figures, for example, with a country like Germany, which apparently legalised medicinal cannabis at about the same time as Australia, but in Germany with say twice the population of Australia, there's about 100,000 approved scripts or access to medicinal cannabis, compared to only 3,100 or so in Australia. So obviously there's something funny about that.

Lucy Haslam: Yes, and those numbers aren't actual patients, they're just approvals. They could be repeats, they could be people that actually—and I imagine there would be a certain percentage of them—people that get approval, then find out the cost of the product that they are approved for and realise that they can't possibly afford it so they don't follow through. So there's not a lot of transparency in those figures, and I find it very hard to believe that the Australian government is patting themselves on the back over such ridiculous figures when we know that there are possibly hundreds of thousands of Australians that are using the product from the illicit market for medical purposes, who aren't having their needs met or addressed in any way, shape or form.

Steve: Lucy, those 3,000 and some Australians who've got approval to use medical cannabis at the moment, how many of those do you think would be having supply issues?

Lucy Haslam: Oh, look, I think a great number of them are having supply issues, but the biggest one, of course, as I just mentioned, is the cost. The sheer cost is just ridiculous. Something really has got to be addressed. You'll probably notice that the politicians are all staying incredibly silent on this, even though we have state and federal elections coming up. There's not a peep out of them on medical cannabis and we're looking for a hero at this point, someone who's actually going to do something meaningful and realistic for patients who are already suffering from whatever their conditions are, and we're talking about some really sick people here, people with terminal illness, end of life sort of stuff; we're talking about children with intractable epilepsy. These are people whose lives depend on medical cannabis and I just can't believe the lack of humanity around this.

Steve: Our show, Lucy, as you probably know, is called *Future Sense* and we're focused on global change and the dynamics of change and particularly the role of human values and changing human values in that process, and I think this is a really interesting issue to look at in terms of people whose values might stop them from being open to even looking at the possibility of changing to a medicine, or accepting a medicine, like medical cannabis. I'd be interested in your opinion as to what you think the major obstacles have been at a human level when you talk to politicians and other people who have the potential to make change in society. What do you see as the key aspects of their behaviour and personality which seem to be creating speed bumps or roadblocks?

Lucy Haslam: Oh, look, I think the *War on Drugs* definitely plays a huge role. I mean, cannabis was vilified for over 100 years so the only research into cannabis has been on the harms of cannabis. It's been very difficult to study cannabis for any other purpose other than that. Myself, I considered cannabis was a dangerous gateway drug because

that's what I'd been taught, so I had my own personal biases that I had to get over, and the only way to get over those is through education. We have this education vacuum and that's why I fight so hard to put on things like these symposiums with little funding. Really, it's because I need to change opinions and you can only do that through educating about the science, but at the moment, we have this denial of the science, which is quite deeply entrenched in our bureaucrats and our politicians; and even in our medical profession, sadly. They don't know what they don't know, but not only that, they don't want to know what they don't know.

I just think that patients should always be at the core of this. We should be thinking about what is the best for the patients, and surely it is not sticking your head in the sand and denying that this is going on. It's actually recognising and reacting and being compassionate around the need. At a political level, it's all just about getting re-elected, but somebody hasn't actually switched the light on and realised this is politically very popular. The Australian people, by and large, are right behind this and there's so many other benefits for Australia, I just don't understand, really, what the holdback is, apart from ignorance.

Steve: We've run into very, very similar issues with the organisation that I'm co-founder of, *Psychedelic Research In Science and Medicine (PRISM)*; <https://www.prism.org.au>, in our campaign to try and have some formal research initiated here in Australia around psychedelic and psychoactive medicines. We have had some recent successes, as I also mentioned to you off air, with a psilocybin study that will be going ahead very shortly in Melbourne with *St Vincent's Hospital*, which is a great breakthrough, but from a human values perspective—this is something that I've studied for many, many years and we talk about regularly on the show—there are a couple of different values sets at play here, so it's not just one blanket reason that the resistance is this occurring. One of the issues is that people who have absolutistic values often latch on to a truth—a classic example can be like a religion where there's a set of rules that you must follow in order to live a good life, and anything that sits outside that ruleset they can't even consider—so it's not about rationalising, it's not about explaining the science, it's just that it doesn't fit with their rules set for life and so they can be very, very resistant to changing that attitude.

Another one stems from the more contemporary Modern Scientific-Industrial era values, which are about personal agendas and personal success. Often when people are pursuing their own success, it's a little bit like playing a poker game where you keep your cards held close to your chest and you don't necessarily reveal what cards you have or even what your real intentions are. We see that in politics where politicians are unduly influenced by corporations, for example, and then they pursue an agenda which is not explicit. Often they'll show up looking very strange and ignorant in public because they've got an underlying agenda that's not being expressed that they won't talk about, and something I'd be interested in hearing your opinion on is the possibility—well, I think it's a certainty, to be honest with you—but how much do you think lobbying is

influencing this resistance, for example, from industry like Big Pharma and also the drinks lobby, which have a very serious interest in resisting other recreational drugs coming onto the market?

Lucy Haslam: Yes, look, I don't doubt that for a minute. I mean, obviously, I can't prove it, but if you go back to 2014 when Mike Baird [then-NSW Premier] met Dan and very quickly wanted to change things in New South Wales—and I believe he was very genuine in that—it was like this sort of rollercoaster took off. We had lots of media attention and there was a lot of public opinion and conversations happening, and it became clear that the Australian public were behind this and therefore it looked like the political wave was moving forward very quickly. But then all of a sudden we went through this transition where things started to slow down and there was no obvious reason for it. I can only imagine now that it was what was going on in the background; it was the backroom conversations that were probably being held by these lobbyists with the politicians who, like you say, had a vested interest in slowing this down.

In New South Wales, I'm going to stick my head on the chopping block here and say that it was a very deliberate attempt from within the government by certain senior ministers to go against the Premier's wishes and to slow it down. I've heard of this firsthand now from somebody who was there, who felt it was important that I understood why things very quickly came to an abrupt halt. At that time, I used to be saying to the Premier, 'what's going on, Mike? Why isn't this happening?' and he would be reassuring me that they're working hard behind the scenes, but unbeknownst to him and myself, yes, they were working very hard behind the scenes, but they were working on how they could stop it, how they could slow it down. It came down to things as sinister as insisting on evidence proved through RCTs [Randomised Controlled Trials], wrapping it up in clinical trial evidence, and we all know that clinical trials take a lot of money, they take a lot of time, and if you make those trials unpalatable to patients, it takes a long time to recruit and as it has played out, that's exactly what was happening. I can say that, unbeknownst to me at the time, that was very definitely actions that were put in motion by senior bureaucrats and senior ministers in New South Wales government. With that knowledge now, I just—oh, gosh, it's a bitter pill. It's a really bitter pill to swallow and I think it's time that the Australian public and New South Wales public, ahead of the election, know what's been going on. We've had to fight hammer and nail for patients in New South Wales to be approved and we did that by bringing to public attention some of the situations that were going on with people being denied access. Things are a little bit better in New South Wales now, but mainly because we highlighted the injustices that were being done—the cruel injustices that were being done on a personal level.

Nyck: Indeed. We're talking to Lucy Haslam who a prime advocate for medicinal cannabis in Australia. Most of you probably have heard of Lucy and heard her interviewed before I expect, but it's a very important time, as you said, Lucy, with the elections coming up.

I'm wondering, you mentioned there about some of the methods, the recourse that people have to go to when they cannot get approval through the many hoops that you're describing here, and the obvious political roadblocks that are occurring. When we talk about the black market that many people—perhaps up to 50-100,000 people in Australia, maybe; a very large number—access the black market to receive the medicinal cannabis. Can you give us a bit of a sketch about what the problems with that are for a start?

Lucy Haslam: For me personally, I've always felt that for sick people, it's not really a good spot for them to be having to grow their own medicine. I'm not averse to people growing their own medicine but I just think if you're really ill—and I've got to admit, we tried it and we didn't do it very successfully, so that's one of the things. You don't know what strain you're growing, you don't know what cannabinoid profile you're growing in your vegetable patch, you don't know if your soils are contaminated with heavy metals or pesticides; if you live on the coast the chances are you're growing something that might be contaminated with mould or mildew—these are not great options for people that are really sick.

Having said that, for most people at the moment, that's the only option, so I'm not saying I'm against it, I'm just saying that we shouldn't be in a position where people are having to rely on that. I guess the biggest factor, of course, is that in doing so, you're putting yourself into the realm of criminality, and if you've already got the burden of disease or pain or illness, you don't want to add criminality to the mix, because let me tell you, I get contacted by a lot of patients who've had that knock on the door from the police and it just puts their lives into a completely different state. They're already stressed enough. This is adding massively to the mental health issues of many really sick people, and while it's all lovely to say that police can exercise discretion, let me tell you that discretion is not being exercised by a lot of police, and that's really unfortunate.

Nyck: On that topic, there's a current issue with a veteran in Townsville, Lee Donnollan. Can you give us a bit of a sketch about what's happened for Lee up there?

Lucy Haslam: Oh, look, he's had a really rocky road. He's a war veteran with service in Afghanistan, he has PTSD and he began medicating himself quite well. Using cannabis, he was able to get off a lot of the opiates that he had become addicted to through his war service. He basically wanted to go down the legal route, he tried very hard for 18 months to get approval through the regulated system, he got given that approval as I think the first veteran in Australia, saw the price of the product and then obviously couldn't afford it as a pensioner.

Nyck: It's like \$1,800 a month or thereabouts, isn't it? I think I read that.

Lucy Haslam: I'm not exactly sure, but it wouldn't surprise me. He's fought very hard. He's a gold card holder, DVA [Department of Veteran Affairs] pay for all his other medications yet they're not wanting to approve the payment of his cannabis because it's an unregulated product, so he's been trying to do that for a long time. Before Christmas, he couldn't get his supply because of supply issues with the importer, and then I think the floods played a part in him not being able to access it through the local pharmacy, so in desperation, he started growing it himself. This is a man who needs to keep himself stable, and this has been proven to be the best source of treatment for him. Unfortunately, he got the knock on the door from the police on Friday, growing a small amount of medicine for himself, and here we go again. This man has already got PTSD; he's a war hero and we're treating him as a criminal.

Nyck: Yes, indeed.

Lucy Haslam: I think we can do a lot better than that in this country. Over the weekend, I specifically contacted a doctor from America who is doing this massive study on PTSD with war veterans over there and I told her the situation. She's absolutely willing and available to lend her expert advice should that be required in Australia. This is something that's helping veterans all around the world—in Israel, for goodness sake, it's supplied by the government for the veterans for PTSD.

Nyck: What was her name again?

Steve: Sue Sisley. Our organisation, *PRISM*, has been working very, very closely with *MAPS* in the US [Multidisciplinary Association for Psychedelic Studies, <https://maps.org>], and of course, Dr. Sisley is, as I understand it, doing her study through and with MAPS; and I think she'll be at the symposium in Tweed Heads, is that right?

Lucy Haslam: Unfortunately, she couldn't make it this year because of her trial. Her reporting period is just about here so she has a lot on her plate at the moment, but we really are looking forward to hearing the results of that trial. That will be one of the biggest trials ever on PTSD, and even though I haven't heard the results, by all accounts, anything that she's given away so far is very favourable. This is something that she feels completely passionate about, and like so many of us, she started out with this opinion of, you know, 'what are they talking about when they're saying they're getting benefit from cannabis? They're just a bunch of stoners', but she's been humane enough to want to look beyond the anecdote and translate that to absolute research, and lo-and-

behold, what her patients have been saying has been validated by the research. But here in this country, we don't even want to hear that there's research going on in other parts of the world, you know?

Steve: That's right, and yet there's been cannabis research happening in Australian hospitals for many, many years, which has been absolutely under the radar, which I'm sure you're aware of. It's being done through ... I think it's *GQ Pharmaceuticals* from the UK?

Lucy Haslam: Oh, *GW Pharmaceuticals*.

Steve: *GW Pharmaceuticals*, yes. They've had clinical trials happening in numerous Australian hospitals for many, many years, haven't they?

Lucy Haslam: Well, they have supplied the New South Wales trials and I believe the Queensland trials now, but can I say one other thing about *GW Pharmaceuticals*? The products that they make, such as *Epidiolex* which is being used in the paediatric epilepsy trial—they also produce *Sativex* for multiple sclerosis—those products work for some people but not for everybody. What actually has happened is that the deals that have been done at a government level with *GW Pharmaceuticals* is actually being very detrimental to a lot of Australian patients, because if you look at it *Epidiolex*, for example, there are children that won't respond to *Epidiolex* but will respond to other cannabis products, but because of the deals at high levels, those children are excluded from accessing anything other than *Epidiolex*. Now, that makes absolutely no sense whatsoever.

Steve: Is that is it because it's a plant extract and not the full range of compounds that you find in the plant? Do you think that's the reason why they're not responding?

Lucy Haslam: Well, I think *GW* do have a lot of clinical trials under their belt, to their credit, and that's a great thing; and the government, like I said, they want to hide behind the idea that you must have evidence and you must have trials. *Sativex* is the only product that's registered as being available on the *ARTG* in Australia [Australian Register of Therapeutic Goods], so for them that's a safe option, but every other cannabis product is an unapproved medicine. Basically, the way Australia chosen to regulate cannabis has really put all of these products into a regulatory limbo, so they approved unapproved medicines and that plays into the cost factor because they're never, ever going to be available on the *PBS* [Pharmaceutical Benefits Scheme] because they are unapproved.

Steve: For listeners who might not be aware, one of the key issues behind all of this is that cannabis can't be patented because it's a plant and it's in the public domain, so big pharmaceutical companies generally have not been interested in producing and marketing cannabis products because they can't exclusively market them and make money out them—they can't own the intellectual property. *GW Pharmaceuticals* have got around this by patenting a delivery system and getting around it that way. They've been pioneering in terms of big pharmaceutical companies pushing into the medical cannabis market but it's been problematic, as you say.

Lucy Haslam: Yes, and also the cost of a product is very high. There's just so many problems in this space; that's why I say we need a hero—a political hero—to try and sort this out. I think really the push is going to come from the independents and the minor parties, people like Richard Di Natale who really has recognised the problem. The way he sought to set this up in the beginning was through the *Regulator of Medicinal Cannabis Bill*, which he announced back at our 2014 symposium, that recognised that all these potential problems could crop up and hence the need to regulate cannabis independently, separate to the TGA [Therapeutic Goods Administration] model which we use for all other pharmaceutical preparations. My feeling is that at this point in time, we need to go back to where we started. We need to throw out the system that we've got, we need to get back to the idea of an independent regulator and sort this mess out, because just as Richard Di Natale predicted back in 2014, we're going to have issues around access and around cost. We've had to sit back and watch all this play out and be patient and, you know, pray to God that we don't have a lot of patients that are suffering too much in the meantime. But here we are, all these years down the track, we've got a system that's failing and we've got no politicians other than these minor parties and Independents who are prepared to acknowledge that there's a problem.

Steve: One of the ridiculous things is, of course, that Canada, which is a country that we often might compare ourselves to, have recently legalised the recreational use of cannabis. So here we are caught behind all this ridiculous bureaucracy and people saying, at least at surface level, that they're worried about the risks and we need more research and that kind of stuff, and meanwhile it's available recreationally in Canada.

Lucy Haslam: Yes, and look, another thing, too, that really is like salt into the wound of patients and advocates, is the fact that our health minister very quickly announced that Australian companies would be allowed to export to the rest of the world. So on one hand they're saying that it's too risky and we need more research, and we have these very narrow guidances of people that are eligible to meet their very strict criteria; in the next breath he's saying he wants Australia to be a global exporter for the rest of the world.

Steve: It doesn't quite add up, does it?

Lucy Haslam: It doesn't add up. It just adds up to somebody who's actually thinking about the hip pocket and not about the patients that are suffering, and someone who I think needs reminding of that is actually the health minister and not ...

Steve: Not the wealth minister, right?

Lucy Haslam: Yes, absolutely. Absolutely.

Nyck: Well, Lisa, we're going to have to finish up soon. There's so much to talk about here, but the conference or symposium itself, as I've said, is on the 22nd, 23rd and 24th of March, coming up very soon up in Tweed Heads. It's produced by your organisation *United in Compassion*--you can go to the website for that, <https://unitedincompassion.com.au>--and I'm sure there are still some tickets available for those who are interested out there. I guess without going into too much detail about the many amazing guests that are coming, people who want to get interested in this and perhaps attend one or three days or whatever you have on the menu, they can go to your website. Just very quickly, in the last couple of minutes, we've got a bit of a rundown about some of the guests that you have that really stick out because you've got an incredible guest list of very professional and well-known speakers. Can you give us a bit of a sketch of that, please?

Lucy Haslam: Yes, I've got people coming from the US: Olivia Newton-John's husband, John Easterling, who's a plant researcher, dedicated his life to this sort of study and now obviously helping Olivia to battle her cancer; Donald Abrams, a very renowned and senior oncologist from America who made a quote which I heard years ago, saying "there's barely a cancer patient for whom I wouldn't recommend cannabis"—that really stuck in my mind; Mark Ware from Canada, an expert on using cannabis as an opiate replacement—and that's something we need to hear about; and Dedi Meiri from Israel who studied cannabis for the treatment of cancer. I met him years ago in Israel. He was a sceptic, and now he's so excited about what he's able to prove and how cannabis can actually kill cancer, so pretty amazing stuff.

Just finally, I'd just like to say to patients, if there are patients out there who want to come along and learn and who can't afford a ticket, please contact us through the website. We'd love to help you get there.

Nyck: Fantastic.

Lucy Haslam: I think that's really important that we give a voice to patients.

Steve: Thanks, Lucy. We'll both be there so we look forward to seeing you.

Nyck: Yes. Thank you very much, Lucy.

Lucy Haslam: Lovely. Looking forward to it. Thank you.

Nyck: Lucy Haslam, we'll talk again, too. Thank you very much.

Lucy Haslam: Thank you.

Nyck: You are with *BayFM*, here on *Future Sense* with Steve McDonald myself, Nyck Jeanes. We're going to take a little bit of a look at the history of cannabis and with regards to social change, because it's got a chequered history, especially in the last century or so.

Steve: It does; a long and complex history, too. It was first regulated in the early 1900s in the US and eventually they introduced what was called the *Marijuana Tax Act*. I'm not sure of the details of it; being a tax act, it obviously was driven, partially at least, by the collection of revenue around the use of marijuana in the US, and it's long had associations with race issues in the USA.

Nyck: Oh, OK.

Steve: It was closely associated with Mexico and was called the 'dreaded Mexican locoweed'; and also with African-Americans as well, and so the whole issue of cannabis use has been tied up with race. I guess everybody, of course, has heard of the *War on Drugs*. President Richard Nixon played a key role in introducing legislation in 1970, which scheduled cannabis under the most poisonous class of drugs, Schedule 1 in the USA, alongside of a whole lot of other arguably dangerous drugs like heroin and those sorts of things. It wasn't a scientific process at all, and this is part of the unravelling which is taking place at the moment. There has been this long-term social attitude towards scheduled drugs—and in Australia our most serious schedule is 9, which equates to Schedule 1 in the USA—and of course, cannabis was on Schedule 9 here.

Nyck: Along with heroin and the like.

Steve: That's right, and also MDMA. For people like Lucy in the medical cannabis movement—and also the organisation I'm associated with, *PRISM* in the psychedelic movement—who are trying to have the usefulness of these drugs recognised, and also the fact that they are actually scientifically proven to be much less harmful than things like alcohol and tobacco, it's hard to get over this entrenched public attitude which has been fed by government propaganda for many, many years. A lot of money was poured into supporting those legislative changes which were politically driven and not scientifically driven and a lot of money was also poured into scientific research.

As Lucy was saying, when the government or institutions have an agenda to find a particular outcome about a substance, they'll pour money into research and they'll say to scientists 'we will pay you to research this, to look at the dangers of ... you know, Drug X'. Of course, when you are relying on your funding from an organisation and you can't do your research without the funding, there's a terrible amount of pressure there for you to toe the line and follow whatever the guidelines of the funding say, and so we've got a lot of research studies that have been done out there which were specifically funded to find problems. The way that they played out often was that they would be research done on animals—rats and mice—and they would be given extraordinarily high amounts of a particular drug, like ridiculous amounts compared to the amount that a human might ingest.

Nyck: That's science. That's good science, right?

Steve: To give an analogy, it's like saying, 'OK, we want to fund some research into salt so we'll pay you, Nyck Jeanes, salt scientist, to do this research for us and we're going to give you \$100,000 dollars for the research, but you have to look at how dangerous salt is' and so you end up replacing the water container with salt, forcing it down the mouths of rats and mice and they all die. What relationship does that have to the fact that salt is actually quite useful and relatively harmless when you sprinkle a tiny amount on your food at dinnertime? It's just a ridiculous situation, and the same thing has happened with drugs like MDMA and also cannabis. Cannabis is more problematic in that sense because it's very, very hard to kill something with cannabis—in fact, I'm not sure it's ever been done.

Nyck: And as most of you would know, a history of medical cannabis going back to ancient times, ancient physicians in many parts of the world mixed cannabis into medicines to treat pain and other ailments. It's been known for a very long time, of course, amongst many other amazing uses of this particularly extraordinary plant. How

many compounds does it have? Because the two classes of compounds, there's hundreds of compounds in it. It's a very complex plant, isn't it?

Steve: Yes, it's not my field. I'm not an expert on cannabis but I if I remember correctly, I think there are over 300 different components in the plant, which is extraordinary, and it explains why it is so useful. It has so many uses because there are so many different compounds in there. The other thing that some people might not know of course, is that we actually have cannabinoids in our body naturally, which are called endocannabinoids—'endo' meaning that they're produced internally—and so we have naturally-occurring cannabis receptors that are just sitting there waiting to accept a cannabinoid. This is why, of course, it can be such a useful substance for humans to use also.

Nyck: Our good friend Ross Hill, who's been a guest on this show a couple of times, just sent us a thing. I haven't had a good look at the whole piece. It's a study from the *Journal of Psychoactive Drugs* comparing mental health across distinct groups of users of psychedelics—MDMA, psycho-stimulants and cannabis (https://www.researchgate.net/publication/331547254_Comparing_Mental_Health_across_Distinct_Groups_of_Users_of_Psychedelics_MDMA_Psychostimulants_and_Cannabis). I gather that the result has come out that users of these particular substances have no less baseline mental health issues than anybody else—they're not less mentally healthy, let's put it that way—whereas apparently those users of legal substances such as alcohol, in certain demographics, tend to have mental health problems already and probably in some ways, arguably in my opinion, aggravated by the excessive use of alcohol and other stimulants. Of course, we mentioned opiates there with Lucy Haslam and the replacement of medicinal cannabis over opiates.

Steve: Prescription opiates.

Nyck: Prescription opiates, which we have a serious problem with in this country and certainly in America. Even Trump has mentioned about the opiate epidemic.

Steve: Yes, if I remember correctly, I'm pretty sure that more people die from misuse of prescription drugs in Australia than illicit drugs. The numbers are extraordinarily high with prescription drugs, and prescription opiates are a big issue. The bottom line is that you really can't argue with the science. I mean, you just look at the facts of how many people are harmed from alcohol use in Australia, for example. On average, 15 people die every day in Australia from alcohol-related illnesses and issues. How many people die every day from marijuana in Australia? None, probably.

Nyck: And as Lucy has also indicated, the politicians, other than the Greens and the minor parties, are suspiciously quiet over this. Without actually directly touting alcohol or other substances, they're basically by their side in advocating for the status quo, essentially.

Steve: Yes, and if you put yourself in the shoes of the alcohol industry, for example, it must be a tremendous risk to their bottom line—their income, their profits—to have another drug entering into their marketplace, and I guess they see it as a slippery slope. While the introduction medical use for cannabis in Australia is a very controlled and limited issue, it's the thin end of the wedge, I guess, from the point of view of these lobby groups, that if it does become socially acceptable as a medicine, then the next step, logically—and looking historically at places like Canada and the USA—is eventually accepting its recreational use because it is a very harmless drug relative to things like alcohol and tobacco. That is going to cost some people a lot of money in the long run and so I guess for them strategically, it makes sense for them to throw money at trying to resist change around this, and I'm sure that's what they're doing. And not only the drinks lobby, of course, but the pharmaceutical industry as well, because if people are using medical cannabis instead of other drugs, then again, it's going to eat into their profits and market slice.

Nyck: Indeed. You are tuned to *Future Sense* with Steve McDonald and myself, Nyck Jeanes, here on *BayFM*. Let's take a little break here.

Nyck: You are on *Future Sense* here on 999 and we played a track there from the *Red Hot Chilli Peppers*. The *Chilli Peppers* have been in the news just now because they've been in Australia, and Flea, the bassist from the *Chilli Peppers*, was actually was born in Melbourne—I did not know that—but he's come out on stage and had a bit of a go at the New South Wales Berejiklian government over their pill testing position. As he says, "they tried to pass a law so it's impossible to put on a concert. They make it hard for people to go out and see live music? This is the stupidest f...ing thing I have ever heard of in my whole life." It just goes to this incredible position with regards to these kind of substances and the obvious results that are occurring across the board with regards to social cohesion and disruption in society, and not actually listening to the people, not actually looking at the evidence of things. But there you go.

Steve: Yes, we have an election coming up, haven't we?

Nyck: We have. We have a couple of elections coming up. 23rd of March for the state election, and it's going to be a tight one, possibly. It looks like the Daley Labor opposition is positioned to possibly take government—it's going to depend on a lot of things—and also, of course, the vote for the minor parties, in particular the Greens, how that's going to fall out.

Steve: Exactly, and we were talking earlier on the show today to Lucy Haslam, and medical cannabis issues were the centre of the conversation. Of course, she's organising another symposium and has organised a number of symposiums since 2014 on the issue of medical cannabis, trying to promote its acceptance as a legal medicine in Australia.

Cannabis is a really interesting drug in terms of social change. If we look back to the last big wave of changing values that came through in the 60s and 70s, which was an early wave of what we're revisiting now but in a more widespread and a stronger way—the shift from the Modern Scientific-Industrial, very rational, materialistic worldview, to a much more humanistic, community-oriented way of seeing the world and way of valuing things—cannabis has been central to that in many, many ways. If you read stories about the hippie movement, flower power, the *Summer of Love* and all that kind of stuff in the 60s, you can't read too much without somebody mentioning cannabis. And we were just talking in the break about the different terms that can be used for it—cannabis or marijuana, which, of course, is a Spanish word—I guess the use of that and the uptake of that term instead of cannabis is tied to politics and social attitudes in America.

Nyck: Yes, was it in the 1930s or so, that the change from the word 'cannabis', which is the more correct botanical term for the plant species, to the word 'marijuana', as you said, which is a Spanish word?

Steve: I'm looking at the website here of *NPR, National Public Radio* in the US, and they ran a story a while back on cannabis (<https://www.npr.org/sections/codeswitch/2013/07/14/201981025/the-mysterious-history-of-marijuana>). They're quoting a few books and historical facts here and in relation to this issue, they said: "Suddenly the drug had a whole new identity", and they quote a *New York Times* headline from 1925 saying, "Mexican, Crazed by Marihuana, Runs Amuck With Butcher Knife." It's interesting, actually, because it's tempting to think that the US kind of twisted the language, but he said that the rise of the use of the term 'marijuana' instead of 'cannabis' actually started in Mexico and was tied to a lot of social fear that emerged in Mexico around that time and prior to that.

Nyck: And again now. How curious—not particularly about marijuana, but certainly partly about supposed drug trafficking as one aspect, and the danger of these criminals and rapists crossing the border and stuff.

Steve: It is interesting. As I mentioned earlier, any time when there's a lot of change happening, people tend to increase their drug use. The underlying psychology of that is that when we go through change, in order to be open to and accept the change and enact it in our own world, we have to be able to see different perspectives, and one of the most effective ways of seeing the world differently is to alter our consciousness. This is why we tend to drink alcohol or smoke marijuana or do whatever it is that you might do when we feel under a bit of tension, pressure, stress and there's a lot of change happening around us.

Nyck: I wonder, in that particular era in the US—which is, of course, in the era of the 20s, the era of prohibition of alcohol—whether or not that facilitated in some sense a rise in the use of marijuana, cannabis, at which point of course, prohibition was broken because people wanted to drink and that didn't last very long, but perhaps that was also the moment when they realised, 'oh, there's not going to be as much money in cannabis and we need to get the alcohol back on the road. Let's make marijuana a bad thing, an evil thing.'

Steve: It's an interesting question. What we can say for sure is that prohibition of alcohol didn't work, and in fact it increased the harm because when people couldn't buy properly produced alcohol in the shops, they started brewing their own in the back shed. Of course, often that process went wrong and they would occasionally poison themselves and sometimes die from drinking their homemade 'moonshine', as it was called. The same thing has happened with prohibition of drugs in the present day. It has actually created more harms than it addressed constructively, and by making it illegal, in that it can't be produced legally and it can't be regulated—you can't go to a shop and buy one of these psychoactive drugs and get a little booklet of instructions saying 'don't operate heavy machinery' and that kind of thing—it's left to the people to do it illegally, and of course, they're automatically criminals when they do that and they're often people who can be motivated by many, many different things. Some of them are motivated by pure goodness and wanting to help people, but others are motivated by money, don't really care what it is that they put out there in the market, and of course, occasionally it kills people.

Nyck: And that also goes back to the values systems, doesn't it? That approach to things like this and whether people are facilitating the use, one way or the other, for money, or

for the benefit of freedom and for compassion, for empathy, especially when it comes to medicinal cannabis.

Steve: Yes, that's right. What we're motivated by is shaped by our values and our values change as we develop through the various layers of consciousness. At the earlier layers, which are less complex, we can be very egocentric and just thinking about what we want, and literally we don't have the capacity to be aware of and sense and think about the impact that we're having on other people; we're just focused on what we want to get. But it's amazing to look at how these values change as the dominant values system shifts from one thing to another thing—one layer to another layer in society—and how radically attitudes towards certain things, including attitudes toward cannabis, can change. I've got a couple of little examples here which I'd like to read.

Nyck: Yes, please do.

Steve: They're from the *NPR* website.

Nyck: I love the *NPR* website.

Steve: The first one is an excerpt from the *Western Journal of Medicine and Surgery* from May 1843. The title of the article is *The Indian Hemp*, and I'm quoting now: "The resin of the cannabis Indica is in general use as an intoxicating agent from the furthestmost confines of India to Algiers. If this resin be swallowed, almost invariably the inebriation is of the most cheerful kind, causing the person to sing and dance, to eat food with great relish, and to seek aphrodisiac enjoyment. The intoxication lasts about three hours when sleep supervenes; it is not followed by nausea or sickness, nor by any symptoms, except slight giddiness, worth recording" (<https://www.npr.org/sections/codeswitch/2013/07/14/201981025/the-mysterious-history-of-marijuana>). So there you go. That was from an official medicine journal, 1843.

Nyck: That sounds actually quite scientific. Very well done.

Steve: It does, actually.

Nyck: Observation science.

Steve: Yes, and they say here: "Most of the pre-1900 press references to cannabis relate either to its medical usage or its role as an industrial textile", and of course, famously, many people may have heard that the first Ford Motor car, its body work was made out of hemp.

Nyck: That's right. Not to mention before that, most of the sails and most of the sailing ships and all of the rope.

Steve: Absolutely. I've got another expert here, which is from a news article from the *Chicago Tribune* in 1874 and it's just a great example of how the public attitudes shifted in that intervening time—30 odd years or so. Here we go, and I'm quoting now: "Not long ago, a man who had smoked a marihuana cigarette attacked and killed a policeman and badly wounded three others. Six policemen were needed to disarm him and march him to the police station where he had to be put into a straitjacket. Such occurrences are frequent. People who smoke marihuana finally lose their mind and never recover it, but their brains dry up and they die most of times, suddenly." There you go.

Nyck: Six policemen. Boy, it must have been a bit like Popeye spinach, this particular strain of marijuana. Six policemen to restrain the man.

Steve: I think so, yes. Isn't it amazing how opinions can shift? And you've got to ask yourself what was driving the change in attitudes that led to that very, very different perspective on cannabis use?

Nyck: Indeed.

Nyck: Here on *BayFM*, the last fifteen minutes of *Future Sense*, and we've been talking mostly today, it turns out, about cannabis—medicinal cannabis—but also the history of cannabis, also known of course as marijuana. Fascinating how it fits into the cultural changes as we see them pass by and we should factor that in terms of how we approach it right now.

Steve: Yes, and I quoted a couple of articles just before that music break talking about cannabis, and one article from a medical journal from the 1840s and another article from a paper in Chicago in 1870 with two radically different attitudes towards cannabis,

one pro and one anti. One of the things to keep in mind is often these reports, particularly media reports about people taking a drug, are simply an assumption based on someone's rough idea or hearsay about what's been taken. Rarely is there actually any scientific evidence that somebody took a substance, and no information about whether it was pure or mixed with 13 other substances or whatever, and so when we see these news articles—and it still happens right to the present day and most commonly around music festivals, which are a huge issue here in New South Wales with the election coming up, of course, and the Berejiklian government's seemingly hard line and ignorant attitude towards opening up to pill testing—often when there is an injury or a death at a music festival from a drug, the media will come out and say 'this person died from taking this', without any evidence whatsoever. Somebody heard or somebody estimated or somebody thought that they took that, but there's actually no scientific evidence. Even if the person thought they were taking something, there's no evidence that the person was correct in knowing what they took because they bought it illegally and they had no label and no guarantee of what it was.

Nyck: It's very interesting, because I've never seen a report post a death or serious injury with what is being claimed to be Ecstasy, for example, never seen a report on actually what was contained in the particular thing that they've taken. I'm sure they do a test after someone dies.

Steve: Yes, sometimes the police will issue a report after the fact, after testing, and I'm sure sometimes that it's not necessarily communicated well—well, I know for sure. I think they're starting to open up on that, but in the past, they've actually restricted that information.

So, cannabis and social change. I know we've only got a few minutes left, but I'd really love just to talk briefly about music and cannabis.

Nyck: Absolutely.

Steve: It is something that Nyck and I have read a bit about, both being musicians. Of course, cannabis was famously associated with jazz musicians, and I'm randomly pulling quotes and things off the internet here, but there's an article about jazz and cannabis and it says that, as far as marijuana and jazz musicians were concerned, the interesting thing was "it lengthens the sense of time and therefore they could get more grace beat into their music than they could if they simply followed the written copy." In other words, if you're a musician, you're going to play the thing the way it's printed on a sheet if you're not on marijuana or cannabis, but "if you're using marijuana, you're going to work in about twice as much music between the first note and the second note. That's

what made jazz musicians. The idea that they could jazz things up, liven them up" (<https://www.cannabisculture.com/content/2004/09/08/3434/>).

Nyck: Hallelujah.

Steve: Exactly, and so it's had, of course, a radical impact on the development of music and the human relationship with music over the years. Most psychoactive things, apart from changing our perspective on the world generally, they will specifically impact our relationship with time, and often it's about slowing time down and extending it, which gives us very different perspectives.

Nyck: Basically activating more of the right-brain, essentially, which is arguably something we should be doing much more of over the practical, logical mathematical aspect of the left-brain.

Steve: That's right, and I know when Nixon was famously enacting his crackdown on drugs around the 1970 time period, there was specific mention made to Afro-American musicians and the use of marijuana, particularly jazz musicians, and so you can see how the race issues were brought into it there; and also, I guess, the fact that jazz was a radical departure from conventional music at the time, wasn't it?

Nyck: Yes, absolutely. In the 20s, for sure.

Steve: And so, you've got to factor in also this resistance to change and being afraid of something new and something that sounds a bit weird, something that we're not used to hearing. It's all very, very complex, but very interesting.

Nyck: And of course, the Nixon era. I just recently saw a documentary on John Lennon who moved to New York, of course, around the time in the 70s of the Nixon era. And of course, there was Vietnam and it was the end of the *Summer of Love* or that era, that period—Timothy Leary, the other substances which were under research, and Harvard and other major colleges and universities around America under Timothy Leary and Richard Alpert (Ram Dass) and the like. All of that was closed down by the Nixon administration because of its association with the revolutionary movement against the Vietnam War. John Lennon was completely caught up in that as well, and Malcolm X and many others who seemed to be radicals; and often, of course, as you're saying, black Americans, African-Americans, so there was a whole project, clearly, that went on at that

time, to stifle, to suppress and stymie any openness in culture, of creativity and a different sort of political movement of the times.

Steve: The Vietnam War was a major, major political issue, and Nixon was pushing it, and the last thing he wanted was opposition to that. He saw the use of cannabis and also, in particular, LSD by these hippies—and jazz musicians, obviously—as a key influence on the perspective of the world in their anti-drug attitudes. Of course, that was, I think, a big part of the motivation for him to crack down on it.

And just while we're on musicians, I'm just reading an article here about Louis Armstrong, who most people would have heard of.

Nyck: Oh what a wonderful world.

Steve: Famous brass player. "He first tried cannabis in the 1920s and used it throughout his career, including before performances and recordings. He referred to cannabis affectionately as 'the gage', a common parlance at the time" (<https://www.leafly.com/news/lifestyle/louis-armstrong-and-cannabis>).

Nyck: The gage! Interesting.

Thanks for your texts here: "Wonderful chat. Happy to hear about the progress being made in the cannabis field by such wonderful people. Education is definitely the key and communication with the right language is essential. We must change our values and become open to new medicines moving into the future. Thanks for sharing." Well, thank you.

Another text here on a different topic, and we have talked about this a number of times, but not a whole thing because we were looking into this as part of everything here and there. Someone has written also: "Australia needs urgent warning of the imminent 5G rollout. Can that be a future programme?" We have mentioned that before and perhaps will come back to it again.

Steve: Yes, it's a very tricky issue, because it's very hard to get reliable scientific information about the radiation issues around 5G, and from my fairly shallow reading of it, it looks like commercialism is driving the rollout. It's basically the same issue that we are encountering with medical cannabis, is that there are commercial lobby groups that stand to lose money if these things don't happen and so they actually don't want research being done, and if there is research there, they don't want it being communicated, so that makes it problematic for us to have a discussion about it. It's quite possible that there are serious risks and issues around 5G and we may not know,

unfortunately, until it gets rolled out in places and those problems start showing up and we get reliable reports about it.

Nyck: Indeed. We've also been talking a little bit—and I may have him on my Friday show, or possibly this Monday show—the former head of the Federal Police, Mick Palmer, because he's got an interesting quote regarding racial, or certainly socioeconomic profiles of people. What was that about that?

Steve: Yes, I tried to track it down, but I couldn't actually find it. If my memory serves me correctly, he's been very outspoken about drug law reform for many years, and he's part of the *Australia 21* think tank, along with Dr Alex Wodak and a bunch of other folks. If my memory serves me correctly, I remember him saying that if he was policing a town, he would much rather that the people had been taking MDMA than alcohol because it would be a much easier process to keep them in line on a Saturday night—something along those lines.

Nyck: Yes, indeed. Well, that's all we've got time for.

Steve: I just found a really interesting little article here, which I'd like to squeeze in, on this article where I was reading about Louis Armstrong and cannabis.

Nyck: Oh go, please.

Steve: This may not be true, but it says: "The most often told fable from Armstrong's relationship with 'Tricky Dicky', (Richard) Nixon, who was then the vice president", this was in 1953. After Armstrong flew to Japan, he encountered Vice President Nixon at the airport. Nixon was surprised to see the trumpeter and said, "Satchmo, what are you doing here? And Armstrong explained that he just finished a goodwill ambassador's tour of Asia and was now headed toward customs. Nixon scoffed and grabbed my suitcases, saying 'ambassadors don't have to go through customs' and the jazz legend's suitcase, filled with nearly three pounds of cannabis, was carried by Vice President Richard Nixon through the airport, bypassing customs". Nixon unknowingly smuggled cannabis into the United States. I wonder if that's true. I mean, it's a good story.

Nyck: It's a good story. Fantastic. Thanks, Steve. We'll be back next week, Monday morning, on *Future Sense*. Thanks for joining us. Bye bye.

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