

Medical marijuana is a scam!
By Mary Brett

The clamour for medical cannabis goes back a long way and has much more to do with self-interest than any empathy with people who are ill. It is emotional blackmail and unfortunately too many people are being hoodwinked.

In 1979, Keith Stroup, an American lawyer and founder of NORML (National Organisation for Reform of Marijuana Laws) said at Emory University, "We will use the medical marijuana argument as a red herring on the road to full legalisation". His successor, Richie Cowan, at a 1993 conference celebrating the 50th anniversary of the discovery of LSD said, "Medical marijuana is our strongest suit. It is our point of leverage which will move us towards the legalisation of marijuana for personal use". This is how it all started.

To be licensed as medicines, substances have to be single pure chemicals, so that their effects are predictable and controllable. Pure heroin and cocaine are in this category. Cannabis contains around 400 chemicals, rising to 2000 when smoked. Some are carcinogenic and the effects of others are unknown. Single substances would have to be extracted, purified and undergo clinical testing on animals and humans. This will take years and is correct procedure.

Synthetic THC (tetrahydrocannabinol – psychoactive - gives the 'high') has been licensed as a medicine to counteract the nausea from chemotherapy and stimulate appetite in AIDS patients, for nearly 30 years as Nabilone in the UK, Marinol and Dronabinol in the USA. It is unpopular with doctors due to its side-effects. The warning on Marinol states: THC causes mood changes, loss of memory, psychosis, impairment of coordination and perception, and complicates pregnancy.

Sativex, a mixture of THC and CBD (cannabidiol), purified extracts of the cannabis plant, has undergone trials in the UK by GW Pharmaceuticals. It was licensed for use in Canada in 2005 and in the UK in June 2010. However its effectiveness is being questioned and some Health Authorities (e.g. Midlands) are refusing to sanction its provision for this reason and because of cost. CBD alone is being investigated for its medical properties.

Bedrocan (which CLEAR is promoting) is a branded form of herbal cannabis and NOT a purified extract. Bedrocan and Bediol are two of the four varieties of medicinal cannabis available from the Dutch Government's official producer. The THC level in Bedrocan is a constant 19% and CBD 1%.

Penicillin is present in the Penicillium mould common on stale bread. No-one would want to eat mouldy bread to get their penicillin. Or for that matter, chew willow bark for aspirin.

Advocating the use of cannabis to get pain relief or reduce the pressure in the eye caused by glaucoma would require taking cannabis every 3-4 hours. This would render them incapable of driving or indeed doing anything productive. And a large British study of multiple sclerosis found that cannabis failed to slow its progression in patients (MRC funded study May 2013). 'There is no scientific study establishing that marijuana is effective as a medicine' said Robert Bonner, former administrator of the DEA (Drug Enforcement Agency) in The United States.

Almost all marijuana cardholders claim they need it for various kinds of pain, but pain is easy to fake and almost impossible to disprove. In Oregon and Colorado, 94 percent of cardholders get their pot for pain. In Arizona, it's 90 percent. Serious illnesses barely register. States with medical marijuana laws have always had much higher rates of teenage marijuana use but now the effect is nationwide. Since 2008, teenage use has increased 40 percent, and heavy use (at least 20 times a month) is up 80 percent. (Dr Ed Gogek, addiction psychiatrist, NY Times 12/11/2012).

The USA Monitoring The Future Report in 2013 found that 6.5% of current high school seniors are using marijuana daily compared to just 2.3% in 1993 – a 300% rise in 20 years. THC persists for weeks in the fatty brain cells so that is 6.5% of future adult Americans who will never achieve their full potential. The normal chemical signalling between the brain cells is impaired.

In the UK from 2012 to 2013, 13,581 young people presented to specialist services with cannabis as their primary substance (68% of all young people receiving help during the year), up from 13,200 in 2011 to 2012 (Public Health England December 2013).

The percentage of USA 12th grade students who perceive a great risk of harm, physical or mental, from regular marijuana use has dropped from nearly 80% in 1991 to 40% in 2013 (Cesar Fox 2013). Children with their immature brains think 'They wouldn't have legalised it if it was so harmful' and 'It must be safe, it's a medicine'. From 1st January 2005 to December 31st 2011, at a hospital for children in Colorado where medical marijuana was permitted in 2009, a total of 1378 patients younger than 12 years were evaluated for unintentional ingestion: 790 patients before September 30, 2009, and 588 patients after October 1, 2009.

The results showed that the proportion of ingestion visits in patients younger than 12 years (age range, 8 months to 12 years) that were related to marijuana exposure increased after September 30, 2009, from 0 of 790 to 14 of

588 . Nine patients had lethargy, 1 had ataxia, and 1 had respiratory insufficiency. Eight patients were admitted, 2 to the intensive care unit. Eight of the 14 cases involved medical marijuana, and 7 of these exposures were from food products.

When I gave evidence to the HASC, I said that skunk, average 16.2% THC, now 80% of the UK market, was a vastly different drug from the old herbal cannabis of the 60s and 70s with around 1-2% THC (unavailable now) – a fact completely ignored by FRANK, wrongly telling people that skunk is about twice as strong as old herbal. Hash (resin, the other 20%) has average 6% THC. CBD, thought to be antipsychotic, was present in equal amounts to THC and helped to counteract its effects in the old cannabis. There is only 0.1% in today's skunk.

Hash and skunk can cause psychosis which can make a person violent and aggressive even homicidal as levels of brain dopamine rise, damage young developing brains, lower IQ permanently, cause depression which may lead to suicides, badly affect the immune, cardiac and reproductive systems, can act as a gateway drug to other drugs, and are responsible for various cancers. Drivers on cannabis double their chance of an accident. If they have also drunk alcohol, the risk goes up by 16 times. In Washington USA incidents of impaired driving rose from -4.6% in 2011-12 to +50.8% in 2012-13 after legalisation.

Psychological and/or physical dependence will occur in about 9-10% of users, 1 in 6 in the case of teenagers. Personalities change – they have fixed answers to questions, can't find words and can't plan their day or reason things out.

It is madness to think that children can be protected from medical marijuana. Age limits for tobacco and alcohol have failed miserably. Youngsters have always managed to get cannabis, medical marijuana would simply make it easier. As adults, we have a duty of care to protect all children against any kind of harm.

MARIJUANA IS NOT MEDICINE!

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