"We The Undersigned Have a Human Sovereign Right to Cannabis"

Preliminary Evidence Bundle Against the Political Policy Called "The War On Cannabis"

SEPTEMBER 23, 2020

WE THE UNDERSIGNED HAVE A HUMAN SOVEREIGN RIGHT TO CANNABIS

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Section 1: Introduction - WTU Case Outline

"The War on Cannabis"

The Government's so called "War on Cannabis" is actually a war on the way of life of the oppressed "CannaCommunity" in our pursuit for health, well-being and happiness, in the manner which we have determined for ourselves.

For over 90 years, members of our generally peaceful community have suffered from the Police violent attack in the streets, or in our own homes, with violent kidnapping, unjustified detention, discrimination, eviction and unemployment, resulting in unnecessary pain, suffering, shame and even death. This is a direct result of a political policy, based not on truth and justice, but bias, ideology and lies. (WHO 2018).

This Government response was given on 9 January 2019

"This Government has no plans to legalise cannabis for recreational use, or to hold a vote on the legalisation of cannabis.

Read the response in full

Cannabis is a Class B Drug under the Misuse of Drugs Act 1971. There is a substantial body of scientific and medical evidence to show that controlled drugs, such as cannabis, are harmful and can damage people's mental and physical health, and our wider communities. Evidence from the Government's independent experts, the Advisory Council on the Misuse of Drugs ("ACMD"), is that the use of cannabis is a 'significant public health issue and can unquestionably cause harm to individuals and society'.

Given these harms, the Government does not intend on legalising the recreational use of cannabis and the penalties for unauthorised supply, possession and production will remain unchanged.

The legalisation of drugs in the UK would not eliminate the crime committed by the illicit trade nor would it address the harms associated with drug dependence and the misery this can cause to families and society. Legalisation of recreational use of cannabis would send the wrong message to the vast majority of people who do not take drugs, especially young and vulnerable people, with the potential grave risk of increased misuse of drugs."

Home Office

Date closed 19 March 2019

The "War on Cannabis" is a war against those who choose to ignore government rhetoric by recognising and utilising cannabis, whether for:

- Nutritional
- Industrial/environmental
- Therapeutic
- Relaxational/recreational
- Creative or spiritual purposes

Practiced by humanity for millennia, until decades of wilful propaganda and misinformation from the enforcers and profiteers of the political policy of cannabis prohibition.

This has been enacted upon The People through the misapplication of MODA 1971, with the discriminatory licensing practices, through the unjustified criminalisation of those who possess, cultivate, prepare or share cannabis, without having purchased a special license from the Home Secretary.

WTU believe that in practise, the political policy of cannabis prohibition (MODA 1971) infringes several fundamental human rights; namely the rights to:

- a private life
- development of personality
- the freedom of consciousness
- self-determination
- autonomy of health
- private beliefs and practises
- freedom of association
- the expression of identity
- pursue health, well-being and happiness

All of which are fundamental human rights. Rights which should know no boundaries, boarders nor territories and all should be free from the risk or fear from societal prejudices, civil or legal sanctions or the arbitrary interference of The State **Until** such time as those beliefs and practices **infringe upon** the rights of other human beings **and** cause harm, injury or loss of life or property to another.

In 2015, Mexicans had their human rights recognised for the development of personality and to self - determination, thus are free to recognise, utilise, cultivate and prepare cannabis for adult purposes, in their pursuit of health, well-being and happiness.

Are we British less human then Mexicans?

Consequently, WTU seek to assert our **Inalienable Sovereign Human Rights**, as defined by the **UN**, **EU** and **UK** human rights **legislation** listed above, also supported by **Magna Carter**, **Henry the VIII's Herbalist Charter** and **Common Law** – to cause no harm or loss to another, and finally for those who believe, **the Law of God**, specifically through **Genesis 1:29**; which is, all have the God given right to sow any of the planet's seeds, to nurture, cultivate, prepare and share any nutritious herb, which WTU believe should include the now proven to be non-toxic recreational drug, traditional herbal health remedy, creative and spiritual aide cannabis, which was present in the Holy anointing oil according to the Bible (Exodus 30:23; Sula Benet 1975).

WTU assert our rights to a private life and self-determination to recognise and utilise cannabis, in whatever varieties and manner as we determine best for ourselves or our loved ones, and claim our actions should be free from the fear of arbitrary State interference, criminal or civil prosecution, insofar as much that there is no commercial activity and nor do our actions cause harm to others or their property.

Previous Human Rights Cannabis Cases have been denied under certain caveats of law- e.g. Quayle- stating that our fundamental rights and freedoms can be overruled as cannabis was believed to be a threat to individuals, community, health, morality or The State.

In light of Global developments, research and reforms, this assertion should now be challenged, as it is quite demonstrable that:

- There has never been the foundation evidence for the Schedule 1 status of cannabis
- Cannabis holds profound nutritional and therapeutic benefits in its traditional form and usage

- Is generally not harmful to health but promotes health, well-being and happiness by maintaining homeostasis through the regulatory effects of the endocannabinoid system
- Consuming cannabis is no less moral in action than the action of consuming of the poisonous recreational drug alcohol
- Cannabis can be a safer consumer choice for some, as cannabis is 114x less toxic than alcohol, which is proven to cause cancer, addiction, many diseases, violence, depression and death.
- The legal regulation of the cannabis market for adult purposes could have great societal benefits from regulating cannabis cultivation and sales, protecting our vulnerable, respecting Human Rights, thereby raising revenues for reinvestment in infrastructure and reducing harms.
- The policy of prosecuting people for choosing cannabis has long been condemned with UN and WHO recommendations against criminalisation yet ignored.
- Democracy has been denied countless times with numerous petitions being refused and debates barely attended or filibusted.
- Criminalisation of cannabis consumers has destroyed millions of lives through criminal records, eviction, loss of employment, opportunities, family and friends.
- Many risk persecution and prosecution for choosing to replace frequently side effect ridden pharmaceutical drugs or the highly toxic recreational drug alcohol with traditional herbal cannabis flowers and health remedies.

Given there has never been the foundation evidence for the prohibition of cannabis, as now confirmed by both the WHO and UN in 2018, prohibition has been proven to be an ideologically motivated policy based not on fact but bias, pseudoscience and corporate-political invested interests, which have caused far more harm to society and individuals than the substances from which they purport to protect us, through the means of mass criminalisation for this fundamental health choice. It is obvious this legislation has failed.

WTU believe that Prohibition is a form of domestic State driven fraud and terrorism, to protect political invested interests in a variety of business. Publicly available information indicates a long-game of political deception of the Global Population since Anslinger's 1937 USA Marijuana Tax Act and the British Public since at least the 1998 Robson Report, influenced by political conflicted interests and the corporate capitalisation of humanity's most traditional and ancient resource.

In 1996 the Department of Health commissioned Philip Robson to investigate the therapeutic aspects of cannabinoids. In 1998 Philip Robson returned his results to the Department of Health and in short made 3 findings:

- herbal cannabis is remarkably therapeutic and safe with a long history of use
- Time was needed to develop marketable cannabis-based products
- Government should cease the criminalisation are peaceful people seeking to assuage their symptoms with natural herbal cannabis

The government of the day and ever since decided to shelve the findings of the Robson report in the Library of Science and not to share it with the British public and to continue the rhetoric that cannabis is a harmful Schedule 1 drug warranting Class B sentencing, which has no recognised therapeutic value, until November 1st 2018 legislation change to allow cannabis for medical purposes.

Philip Robson was then licenced to become the medical director of GW Pharmaceuticals, allowing him the time requested to develop the marketable cannabis-based products that we now see being launched on the market. Government ignored the recommendation to cease the criminalisation of people utilising cannabis in the management of their conditions and millions have been prosecuted under false premise ever since.

Since 1998, despite the known relative safety and therapeutic potential of cannabis, consecutive governments have criminalised millions of the Cannabis Community upon the basis that cannabis is harmful for our health and we must be protected from these potential harms by prosecution.

Furthermore, it has since come to light that Theresa May and Victoria Atkins indirectly profit from the UK medical cannabis company GW Pharmaceuticals, through their husbands' business affiliations and contracts.

Philip May is business relationship manager in Capital Group, which own Monsanto, which own Bayer, which is contracted to grow cannabis through Paul Kenward, husband to Victoria Atkins previous Drugs Minister and director of British Sugar, that is then sold internationally as a cannabis derived medicine Sativex and Epidiolex, which are mostly denied to British patients due to the exorbitant cost.

Furthermore, any Public Servant with pension investments in the so called "medical cannabis industry" have a conflict of interest, thereby removing all impartiality and integrity in the maintenance and enforcement of this socially destructive yet highly lucrative political policy.

This evident conflict of interests flies in the face of Truth and Justice, condemning an estimated 10% of British people to unnecessary, unwarranted and unjustified persecution that only serves to compromise the reputation of Justice, Law and Order in the UK.

Due to these discrepancies in fact and law, WTU have been corresponding with the Drugs Legislation Team regarding UK cannabis policy but without adequate response and believe it is high time we get to the root of the matter.

1. WTU: Open Letter Jan 2020

"*We the Undersigned Have a Human Sovereign Right to Cannabis*", also known as WTU, are a community group of 5700+ members and growing every day. WTU have united to raise a legal challenge against the Government to fight for our shared beliefs in the fundamental human rights to a private life, beliefs and practices, self-determination and the development of personality, as we so choose, insofar as no harm is caused to others. Many of WTU have made the fundamental health choice to recognise and utilise cannabis for either its therapeutic, nutritional, relaxational, spiritual and creative benefits or to avoid serious injury or death from side effect ridden pharmaceutical drugs or the poisonous recreational drug alcohol [1]. WTU believe people should not be criminalised for this fundamental health choice.

TO: Max Hill QC, Director for Public Prosecutions, Kit Malthouse MP, Policing Minister and Rt Hon Priti Patel MP, Home Secretary

WTU respectfully ask you to consider and respond fully to the following points **within 14 days** of receiving this letter:

1. On 6th January, 2020, at Carlisle Crown Court, Lezley and Mark Gibson were acquitted of the charges of the unlicensed cultivation of cannabis and possession of cannabis-laced chocolate, after the CPS decided to offer no evidence as it "**was not in the public interest to prosecute**", so long as they purchase an expensive private cannabis prescription [2]. Lezley Gibson uses cannabis to alleviate some of the terrible symptoms of her illness, Multiple Sclerosis, and was previously prescribed Sativex, which was then withdrawn several years ago due to NHS guidelines. She admitted that she had then begun cultivating cannabis to treat her symptoms, which no other prescribed drugs achieved, out of necessity and due to the potential threat to her wellbeing and person through accessing cannabis of unknown quality from the unlicensed cannabis market; the home cultivation of organic cannabis was safer, quality assured and sustainable.

a) **In light of the above case, do the CPS intend to review their charging decisions in other cases where individuals have been cultivating their own cannabis purely to manage symptoms of a medical conditions?**

b) **Does this mean that the CPS recognises that prosecuting individuals who use cannabis for the above purpose is not in the public interest and will they issue guidance to prosecutors to that effect?**

c) **Will the CPS clarify when it is in the Public Interest to prosecute individuals who simply choose cannabis to alleviate the exigencies of daily life?**

2. More than an estimated 1,400,000 British people are using cannabis for medical purposes [3]. The Government estimates that 7.18% of UK adults have used cannabis in the past year. This accounts for approximately 4.7 million people who use cannabis and an estimated unlicensed market value of up to £6 billion per year [4]**.**

As an alternative to the estimated total £31m or 1,044,180 police hours [5] spent on persecuting cannabis consumers, as in 2015, would it not be in the interest of the taxpayer if the existing cannabis market was legalised, regulated and taxed, thereby redirecting revenues from the uncontrolled market to The State, so that finite Police funds and resources could be redirected towards investigating crimes that cause real harm to the public?

3. Both Home Office [6] and global research [7] has shown harsh drug laws do not yield the desired outcomes and have in fact generated harm, such as "County Lines" gangs [8] and high mortality rates [9]. Government has been accused of "*clinging to their failing policies on "drugs*" after data published by the Office for National Statistics (ONS) revealed there were 4,359 deaths related to drug poisoning in 2018, the highest number since records began in 1993.

Cannabis is one of the oldest traditional herbal health remedies, food supplements, and non-toxic recreational drug [10]. It is over a hundred times safer [11] than the Government's preferred and regulated recreational drug of alcohol.

In view of this evidence, does the Government agree that these harms could be reduced or mitigated by decriminalisation, regulation and taxation?

4. Funding these cases against otherwise law-abiding citizens is an unnecessary waste of tax-payers money, even more so because evidence exists of financial links between parliamentarians and the licensed cannabis market [12]. Corporations, such as GW Pharmaceuticals, can purchase a license to cultivate cannabis to patent a product (over 100 patents at last count) to then sell for great profits [13], whilst ordinary citizens are denied the right to home grow for choice, independence and sustainability. This is economic discrimination with one rule for the rich and powerful and another rule for the poor.

How does the Government justify allowing large, multinational companies to profit from growing cannabis while prosecuting individuals like the Gibson's for seeking sustainability?

5. We believe that all should have the right to home cultivate cannabis, for their own non-commercial uses, in their homes, according to their beliefs and as they have determined for themselves in the development of their personality or maintenance of health. These fundamental human rights were recognised by the Supreme Court in Mexico 2015, and human rights should know no boundaries, borders, nor territories [14], with the right to free access to cannabis also being recognised in the states of Colorado, Nevada, Massachusetts and Illinois as well as in Canada and other jurisdictions.

WTU believe that all should have the right to home cultivate cannabis, parallel to non-commercial home brewing rights for alcohol or home cultivation rights for all other nutritious herbs, fruit and vegetables. It is time the UK recognised these rights as well and the benefits to the public of legalising and regulating the already existing market in cannabis cultivation and use.

6. Finally, given all of the above WTU respectfully ask whether you are willing to work together, within your respective roles and responsibilities, to end the ideological war against cannabis, which is really a war against cannabis consumers, the vast majority of whom are otherwise law abiding citizens.

Signed: We The Undersigned community group

Date: 4/2/2020

References:

[1] We The Undersigned Have a Human Sovereign Right to Cannabis-
www.wtuhq.org
https://www.crowdjustice.com/.../no-more-government-war.../

[2] Gibson's acquittal-
https://www.cdprg.co.uk/press-releases/gibsons-not-guilty

[3] 1.4 million use illicit cannabis for therapeutic purposes-
https://www.thecmcuk.org/1-4-million-uk-adults-self...

[4] 7.18% British utilise cannabis-
https://www.consultancy.uk/.../legal-cannabis-market-of...

[5] Police expenditure-
https://www.independent.co.uk/.../legalise-cannabis-lib...

[6] Punitive drug laws failed-
https://www.gov.uk/.../drugs-international-comparators

[7] Failed drug war
https://www.cato.org/.../four-decades-counting-continued...

[8] County lines-
https://www.nationalcrimeagency.gov.uk/.../county-lines

[9] High mortality rates-
https://www.independent.co.uk/.../drug-death-toll-england...

[10] Cannabis- traditional resource
https://www.researchgate.net/.../316545890_History_of...

[11] Alcohol 114x more harmful than cannabis

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311234/

[12] Parliamentary conflict of interest
https://www.rt.com/uk/429637-may-husband-capital-cannabis/

[13] Corporate GW cannabis patents

https://patents.justia.com/assignee/gw-pharma-limited?fbclid=IwAR0ILG-bVIU7xGRWfJnZlMzXdI420qXkFG0vCxdvy7Y_-PS8npj9YRd0w9U

[14] Mexico Human Rights to cannabis

https://www.independent.co.uk/news/world/americas/cannabis-mexico-supreme-court-marijuana-weed-ban-legalisation-decriminalisation-a8612911.html

2.

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Mr
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Reference: TRO/0002260/20

13 February 2020

WTU responses are added in this style.

Thank you for your email of 4 February about cannabis. Your email has been forwarded to the [(1)] Drugs Legislation Team, which has responsibility for policy in this area.

[(1)] Who are the individual staff members of the Drugs Legislation Team and do they have any potential conflict of interest and do they have any expertise in the area?

[(2)] The interpretation of legislation is ultimately a matter for the courts. However, the Home Office can set out the Government's position on the legal status of cannabis in general terms.

[(2)] If courts interpret legislation lets mount a WTU due diligence campaign aimed at judges and magistrates to inform them of the truth about cannabis policies and with the aim to alter their interpretation of legislation and its application.

[(3a)] This Government has no plans to decriminalize cannabis. [(3b)] Cannabis is controlled under Class B of the Misuse of Drugs Act 1971 as there is [(3c)] clear scientific and medical evidence that cannabis is a harmful drug which can [(3d)] damage people's mental and physical health, and harms individuals and communities.

[(3a)] Government clearly do not understand law. Law controls, punishes and profits from the actions of people, not plants. Cannabis can be neither legalized, nor criminalized nor decriminalized. Cannabis is NOT criminalized, the government does not criminalize cannabis, rather destroys the lives of cannabis consumers with criminalization. This statement should say the government plans to continue criminalizing peaceful cannabis consumers.

Please can you confirm whether the British government intend to destroy the lives, through criminalization, of the estimated 5,000,000 British citizens who currently recognize and utilize cannabis to manage their health, wellbeing and happiness?

(3b) ***Please provide evidence of controls for cannabis, as it is ubiquitously available on almost every British street to anybody with a £10 note, regardless of age or vulnerability. Why has the Drug Legislation Department failed to refer to the scheduling status of cannabis? Please provide evidence for the scheduling of cannabis as a schedule one harmful drug. Furthermore, cannabis does not and has not ever met the criteria to warrant class B sentencing, therefore, please provide evidence of cannabis meeting the criteria for class B sentencing.***

(3c) ***We have evidence that cannabis is humanity's most ancient and traditional sustainable industrial resource, herbal health remedy, food supplement, non-toxic recreational drug, spiritual and creative aid.***

Please can you present your evidence that cannabis is a harmful Schedule 1 drug warranting class B sentencing?

(3d) ***Whilst WTU recognize that CANNABIS CAN be potentially harmful for a MINORITY of the population, there is absolutely no doubt that CRIMINALIZATION DOES damage people's mental and physical health, and HARMS individuals, families and communities. The Government's OWN evidence has highlighted the significant HARMS of the criminalisation of cannabis consumers. The enforcement of this law IS causing more harm to individuals, society and the environment than cannabis has EVER caused to an individual. Harvard University research shows that 1 in 4000 people, with a genetic predisposition, MAY develop a cannabis induced transient schizophrenic episode; therefore, the lives of 3999 people must be destroyed by criminalization to protect 1 person from potential harm.***

Moreover, the same cannot be said for Pharmaceutical drugs. As a prime example, the global evidence of the current opioid crisis it is clear that narcotic pharmaceutical drugs are responsible for killing thousands of people daily, making them dependent addicts and increasing their risk to society. Combined with the fact that ALL pharmaceutical drugs carry SIGNIFICANT side effects, from which many millions never fully recover; thereby, making cannabis the less harmful health choice than pharmaceutical drugs, for those who choose cannabis to manage their health autonomously. At a human rights level their autonomy to choose what they put into their bodies should be paramount. Currently the most dangerous risk of cannabis is being found in possession of cannabis without a license or private prescription, which many cannot sustainably afford or would not be able to access as their particular reasons for utilizing cannabis would not qualify according to current NHS guidelines, which deny what the law allows.

Paradoxically, the enforcement of this unfounded, bigoted and racist law is causing more harm that it seeks to prevent and is inadvertently responsible for destroying the lives of otherwise law-abiding citizen cannabis consumers and also the lives of their families. Therefore, WTU urge the government to reconsider maintaining the political policy of criminalizing cannabis consumers for their fundamental health choices. Given

the fact that stress is a major cause of disease and illness, combined with many adults choosing cannabis, often in place of government's preferred, protected and promoted recreational drug alcohol, or pharmaceutical drugs, to manage their health, relax, unwind and relieve their stress, without causing harm or loss to others.

For example, the epidemiological and social science-based drug ranking approaches used by the researcher Dirk W. Lachenmeier proved that "especially in regard to the positions of alcohol and tobacco (high risk) and cannabis (low risk)." cannabis is the least harmful recreational drug which carries a low risk, and therefore, such actions should not warrant the harms of criminalization.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311234/

(4a) The decriminalisation of cannabis would not eliminate the crime committed by the illicit trade, nor would it address the harms associated with drug dependence and the misery this can cause to families and society. (4b) Decriminalisation or legalisation would send the wrong message to the vast majority of people who do not take drugs, especially young and vulnerable people, with the potential grave risk of increased misuse of drugs.

(4a) ***Global evidence shows the decriminalization of cannabis consumers' actions WOULD eliminate the harm caused to individuals and their families by criminalization. Furthermore, the legal regulation of the cannabis market for adult purposes, whilst not eliminating crime completely, would reduce the resulting crime of the currently unregulated, unlicensed and uncontrolled cannabis market. Moreover, a legally regulated market would allow for revenue to be raised, which could then be reinvested into education, treatment and rehabilitation centers for the minority of people who develop cannabis misuse problems. Consequently, the political policy of criminalizing cannabis consumers fails to address the harms of drug dependence and causes untold misery to the individual, their families and society through criminalization, discrimination and prejudice.***

(4b) ***WTU assert that It SHOULD NOT be the role of government to dictate people's health choices, enforced by fear of legal consequences, in order to send public health messages, especially ones so factually incorrect, with no foundation evidence, nor based on science, but based on racism and greed. It SHOULD be the government's role to reduce harm, protect the vulnerable and respect human rights. Cannabis is currently EASILY available, especially to young and vulnerable people, with only the legal regulation and control of the market ever having potential to reduce harms, protect our vulnerable and respect human rights. Evidence is available from progressive countries that confirms adolescent consumption of cannabis reduces after legislation changes. In a truly democratic, tolerant and fair country it should be the RESPONSIBILITY of the government to FACTUALLY and OBJECTIVELY inform The People whom they serve, not to dictate our health choices upon pain of criminalization and not to willfully misinform the public in order to protect corporate financial interests.***

In regard to your questions around cultivation of cannabis. [5a] As cannabis is a Class B drug it is unlawful to possess, supply, produce, import or export this drug without Home Office licence. [5b] The Home Office would not issue licences for personal cultivation. The Home Office receives and considers licensing applications from companies and individuals in England, Wales and Scotland if they wish to produce, possess, supply, import or export controlled drugs. Each application is considered carefully on its merits, taking account of the ability of the applicant to comply with regulatory standards in order to be issued with a licence under the terms of the Misuse of Drugs Regulations 2001.

[5a] ***WTU community can present evidence that cannabis is not in fact a harmful Schedule 1 drug warranting Class B sentencing, but is in fact humanity's most ancient and traditional sustainable industrial resource, food supplement, herbal health remedy, spiritual or creative aid and non-toxic recreational drug, that is IN FACT less harmful than government's preferred, promoted and protected poisonous recreational drug alcohol.***

Given the fact that cannabis is NOT a harmful drug but is a NUTRITIOUS HERB that maintains HOMEOSTASIS, whilst promoting HEALTH and WELLBEING, which has global evidence for its PROPHYLACTIC, CURATIVE, and RESTORATIVE BENEFITS, WTU Community assert that cannabis has been inappropriately scheduled and classified for political, racist, financial and ideological purposes and, therefore, should not be controlled by license when being possessed, supplied, cultivated, produced, imported or exported by an individual for private, personal, non-commercial purposes.

Can you please provide evidence that cannabis meets the criteria specification for Schedule 1 and Class B sentencing and evidence that cannabis has not been reclassified to class B for Political, racist and ideological purposes?

[5b] ***Under traditional UK Common Law, if there is neither victim, harm nor loss, then no crime has occurred. Therefore, WTU Community assert that that the prohibition of cannabis, prosecution of its consumers and denying personal licenses is unlawful. Furthermore, WTU Community assert that family members, friends and community groups, sharing their produce amongst themselves for non-profit purposes, should also be exempt from commercial licensing laws and regulations. The current licensing regime for the cultivation of cannabis constitutes consumer, financial, social and medical discrimination, whilst also denying the Common People our rights to a private life, autonomy of health, and to seek self-sufficiency and independence from, nor be beholden to, any corporation or capitalist market. ESPECIALLY, given that private individuals have the right to seek self-sufficiency through the home cultivation of other varieties of nutritious or indeed POISONOUS PLANTS and have the right to produce, brew or ferment alcohol, without requirement for license, until such time as making their produce commercially available to others.***

Can you please provide evidence or reasoning to justify the policy of denying equitable licensing rights to personal cannabis cultivators for private, adult, non-commercial purposes?

[6a] Cannabis and cannabis extract products will also need to satisfy other regulatory requirements if they are presented as having medicinal benefits. [6b] The Medicines and Healthcare Products Regulatory Agency (MHRA) are responsible for determining the safety, quality and efficacy of products used for medicinal purposes.

[6a] ***Private individuals seeking to cultivate and produce cannabis for their own private, non-commercial use should not be bound nor prosecuted by commercial regulations, until such time as they choose to seek to market their produce commercially for medical purposes.***

[6b] ***Any individual seeking to cultivate and produce cannabis for their private use in order to improve their own health, wellbeing and happiness, or that of their loved ones, as they have determined best for themselves, should not be beholden to the MHRA regulations, as they are NOT marketing their cannabis for commercial medical purposes, but producing for their own adult purposes to reduce expenditure and are seeking independence, self-sufficiency and sustainability from the currently unlicensed, unregulated and uncontrolled cannabis market or from the EXPENSIVE industry of private pharmaceuticalised cannabis for medical purposes.***

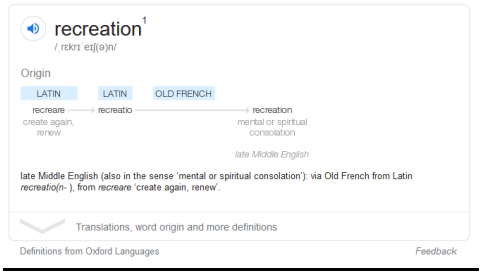
In regard to your point regarding the Crown Prosecution Service (CPS), you may wish to contact the CPS directly for questions specific to their department. However, the CPS provides information on its website about how decisions are made as whether it is in the public interest to prosecute. This information is available at:

https://www.cps.gov.uk/legal-guidance/drug-offences

On your point about "county lines" gangs, [7a] the Government acknowledges that county lines gangs have a devastating impact on our communities and is working to disrupt these gangs and put an end to the exploitation of children and vulnerable adults. In October 2019 the Home Secretary announced an additional £20m of targeted investment to increase our efforts against county lines activity over this financial year and next. £5m of this investment is already in operational use supporting activity across three pilot force areas in the largest county lines exporting regions and supporting and developing a number of wider national capabilities.

[7a] ***Government has failed to acknowledge that County Lines is the direct result of their prohibitionist policies, which are proven to have caused more harms than they have prevented. Evidence from some progressive UK counties and other countries shows that the decriminalisation of the consumer and the legal regulation of the market has reduced harms, protected the vulnerable, respected Human Rights and generated vast revenues which have been diverted from the criminal cartels to government treasuries enabling reinvestment into community infrastructure to reduce homelessness and improve access to education, treatment and health facilities. Consequently, reducing harms and improving the quality of life for the individuals, community and wider society. Your additional £20 million pounds into policing against county lines will simply represent more lives destroyed by prosecution for fundamental health choice for choosing and alternative to governments preferred, promoted and protected poisonous recreational drug alcohol.***

WTU assert that it is the illegality of the cannabis market that causes the majority of the harms, so throwing more of taxpayers' money at a failed policy will not likely yield different results, and some would say is the definition of insanity. Government's own research has proven its own policy has caused more harm that it has prevented. Therefore, it is time for the government to stop dictating people's health choices, which are based upon false assertions and enforced upon The People with threat of criminalisation. WTU Community have made our best efforts to better inform your position and we finally assert that maintaining your political policy constitutes a denial of our fundamental rights to the freedom of consciousness, beliefs and practices. Government should fulfill its responsibility of reducing harms and honoring fundamental Human Rights, by fully repealing the prohibition of cannabis, with immediate decriminalisation and the legal regulation of the cannabis market for adult purposes.



The Government is responsible for creating a false, divisive, binary paradigm of MEDICAL versus RECREATIONAL cannabis, resulting in much unnecessary suffering, confusion, fear and hate in society. Medical cannabis products derive from recreational cannabis varieties and it is only the intent of the consumer that is different. The Government refusal to legislate for so called recreational purposes implies some form of immorality for those who choose cannabis. An estimated a 5,000,000 British Citizens choose to recognize and utilise cannabis for its medical and recreational properties in order to 'create themselves again', and to renew their mental, spiritual or physical constitution. According to traditional UK Common Law, so long as the individual is not causing harm, injury or loss to another or their property there should be no requirement for legal interference or punishment of these actions.

Can the Drug Legislation Department clarify EXACTLY and SPECIFICALLY how the action of consuming a substance to alter one's state of consciousness, to celebrate, mourn or alleviate the demands of life, whilst causing no harm to another constitutes a crime?

Yours sincerely,

Drugs Legislation Team

Email: Public.Enquiries@homeoffice.gov.uk

3. WTU FOI to Drugs Legislation Team – copy of

To whom it may concern,

My thanks for your response to the WTU Open Letter (attached). Apologies for the delay, we shall be formulating our response in due course.

Meanwhile, WTU would like to submit an FOI for the following information:

1. Exactly who are the members of the Drug Legislation Department?
2. Are they elected or selected and by what process?
3. Exactly what is the decision-making process applied when determining Cannabis Prohibition Policy?

We will anticipate your response within the appropriate timeframe.

4. Drug Legislation Reply to WTU FOI

Home Office

Home Office
2 Marsham Street, London, SW1P 4DF
FOIRequests@homeoffice.gov.uk
www.homeoffice.gov.uk

FoI 59582
18 August 2020

Dear Mr Monk
philmonk@wtuhq.org

Thank you for your email of 22 July 2020, in which you ask for information about the structure and recruitment of the Drugs Legislation Team at the Home Office, and information about the formation of government policy on cannabis.

Your request has been handled as a request for information under the Freedom of Information Act 2000.

This response will answer each of your questions in turn.

1. *Exactly who are the members of the Drug Legislation Department?*

The Drugs Legislation Team is part of the Drugs Misuse and Firearms Unit, part of the Commodities, Borders and International Directorate of the Serious and Organised Crime Group in the Home Office.

The Annex (below) shows an organogram of the Drugs Misuse and Firearms Unit, which denotes the structure of the team. Names of staff below Senior Civil Servant level have been redacted, in accordance with section 40(2) of the FOI Act, because of the condition at section 40(3A)(a). This exempts personal data if disclosure would contravene any of the data protection principles in Article 5(1) of the General Data Protection Regulation and section 34(1) of the Data Protection Act 2018.

General information about the work of the Home Office is available at: https://www.gov.uk/government/organisations/home-office/about. Further information on the workforce of the Home Office can be accessed at: https://www.gov.uk/government/collections/structure-and-salaries-series

2. *Are they elected or selected and by what process?*

Members of the Drugs Legislation Team are civil servants. Information on the Civil Service and the routes through which its staff are recruited is in the public domain and available at https://www.civil-service-careers.gov.uk/ and https://www.gov.uk/government/organisations/civil-service/about/recruitment. Vacancies within the Civil Service are advertised at: https://www.civilservicejobs.service.gov.uk/csr/index.cgi

Home Office

Civil Service recruitment is overseen by the Civil Service Commission, established by statute to provide assurance that civil servants are selected on merit on the basis of fair and open competition; and to help safeguard an impartial Civil Service. Further details on the Civil Service Commission are available at: https://civilservicecommission.independent.gov.uk/.

Standards of behaviour expected of civil servants and information on the core Civil Service values of integrity, honesty, objectivity and impartiality are detailed in the Civil Service Code, available at: https://www.gov.uk/government/publications/civil-service-code/the-civil-service-code

3. Exactly what is the decision making process applied when determining Cannabis Prohibition Policy?

Government policy on cannabis, as for policy on any other issue, is formulated by Ministers informed by evidence and advice from officials, experts and others. For example, the Misuse of Drugs Act 1971 ("the 1971 Act") established the Advisory Council on the Misuse of Drugs (ACMD) to provide independent expert advice to the Government on the operation of the Act. Ministers are subject to a duty to receive advice from, or consult with, the ACMD prior to controlling drugs under, or making regulations under, the 1971 Act. The working protocol between the Home Secretary and the ACMD is in the public domain and available at: https://www.gov.uk/government/publications/working-protocol-between-the-home-secretary-and-the-advisory-council-on-the-misuse-of-drugs

An example of the ACMD providing advice to government is the advice they gave in 2018 on the scheduling of cannabis-based products for medicinal use. The advice is available at: https://www.gov.uk/government/publications/advice-on-scheduling-of-cannabis-based-medicinal-products.

General information on how government operates, including information on how the Civil Service supports the work of government, is detailed in the Cabinet Manual, available at: https://www.gov.uk/government/publications/cabinet-manual.

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to foirequests@homeoffice.gov.uk, quoting reference 59582. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you

Home Office

with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

Yours sincerely,

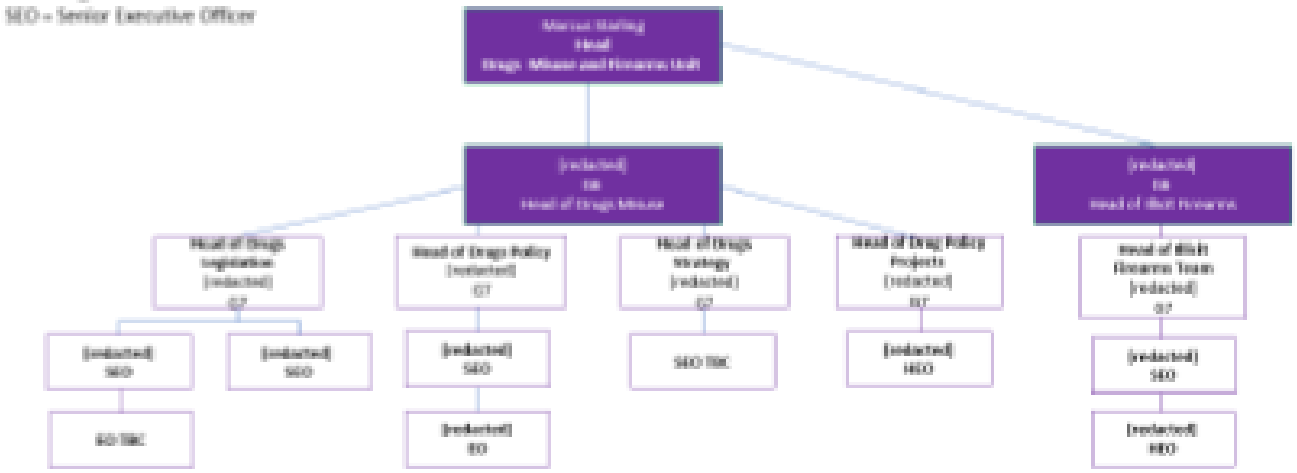
Freedom of Information
Home Office

Home Office

ANNEX

Drugs Misuse and Firearms Unit

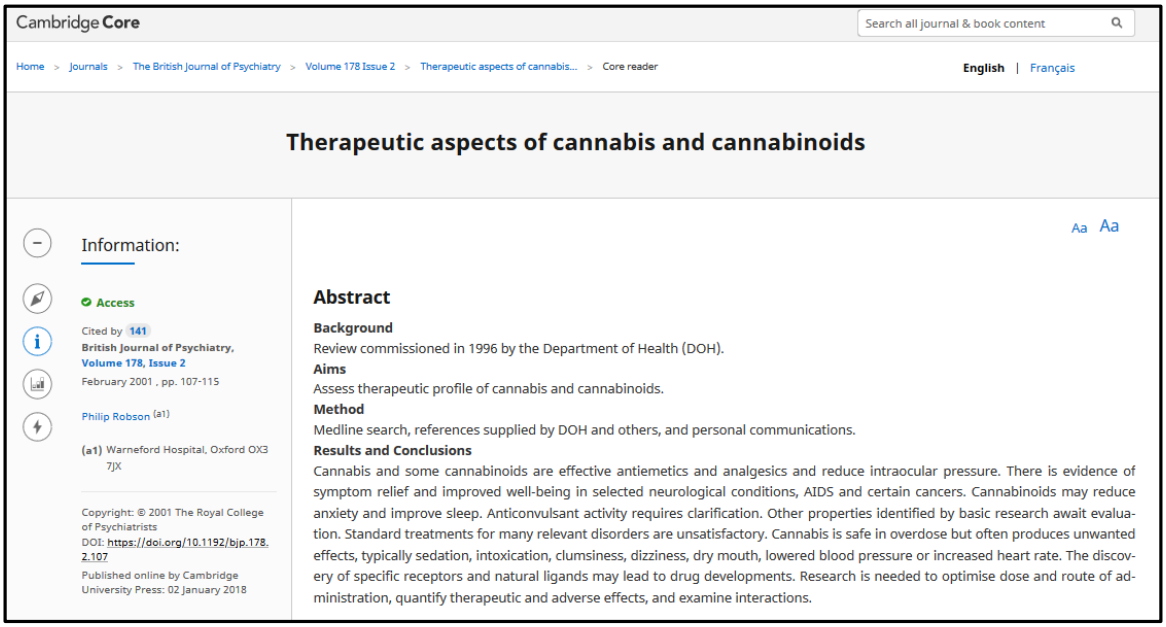
EO = Executive Officer
HEO = Higher Executive Officer
SEO = Senior Executive Officer



Section 2 - Evidence List:

1. Phillip Robson Report 1998 – Therapeutic aspects of cannabis and cannabinoids.

This paper highlights when the British Government was informed in 1998 about the traditional usage, relative safety and therapeutic potential of cannabis, including recommendations to cease criminalising cannabis consumers and indirectly soliciting the time required to develop marketable, profitable and patentable cannabis-based products. The author quickly became Medical Director of G.W. Pharmaceuticals, who now hold more than 100 cannabis patents and have become worth multi-billions on the international stock exchange.



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Therapeutic aspects of cannabis and cannabinoids

Information:

Access

Cited by 141

British Journal of Psychiatry, Volume 178, Issue 2

February 2001 , pp. 107-115

Philip Robson (a1)

(a1) Warneford Hospital, Oxford OX3 7JX

Copyright: © 2001 The Royal College of Psychiatrists

DOI: https://doi.org/10.1192/bjp.178.2.107

Published online by Cambridge University Press: 02 January 2018

Aa Aa

Abstract

Background
Review commissioned in 1996 by the Department of Health (DOH).

Aims
Assess therapeutic profile of cannabis and cannabinoids.

Method
Medline search, references supplied by DOH and others, and personal communications.

Results and Conclusions
Cannabis and some cannabinoids are effective antiemetics and analgesics and reduce intraocular pressure. There is evidence of symptom relief and improved well-being in selected neurological conditions, AIDS and certain cancers. Cannabinoids may reduce anxiety and improve sleep. Anticonvulsant activity requires clarification. Other properties identified by basic research await evaluation. Standard treatments for many relevant disorders are unsatisfactory. Cannabis is safe in overdose but often produces unwanted effects, typically sedation, intoxication, clumsiness, dizziness, dry mouth, lowered blood pressure or increased heart rate. The discovery of specific receptors and natural ligands may lead to drug developments. Research is needed to optimise dose and route of administration, quantify therapeutic and adverse effects, and examine interactions.

"….search for a way to avoid criminalising those who seek only to assuage their own suffering."

"…In 1996 I was commissioned by the Department of Health (DOH) to review the scientific literature regarding the potential therapeutic utility of cannabis and its derivatives. The review was based upon primary sources (identified from a Medline literature search, reference lists supplied by the DOH and the Institute for the Study of Drug Dependence, and personal communications with relevant academics and clinicians). This paper is a greatly shortened version of the review. The 4 years which have elapsed have seen little in the way of new clinical results but considerable advances in cannabinoid basic science (Institute of Medicine, 1999). Government licences have recently been granted for several controlled trials of both synthetic and plant-derived cannabinoids in multiple sclerosis and chronic pain. ***In January 2000, I was appointed Medical Director of GW Pharmaceuticals, a company established to derive medicinal extracts from standardised cannabis plants.*** *"*

https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/therapeutic-aspects-of-cannabis-and-cannabinoids/A6F35FDD2868806FD91F0F215B24736C/core-reader

2. Shelving the truth – Moment of political decision to shelve the Robson Report.

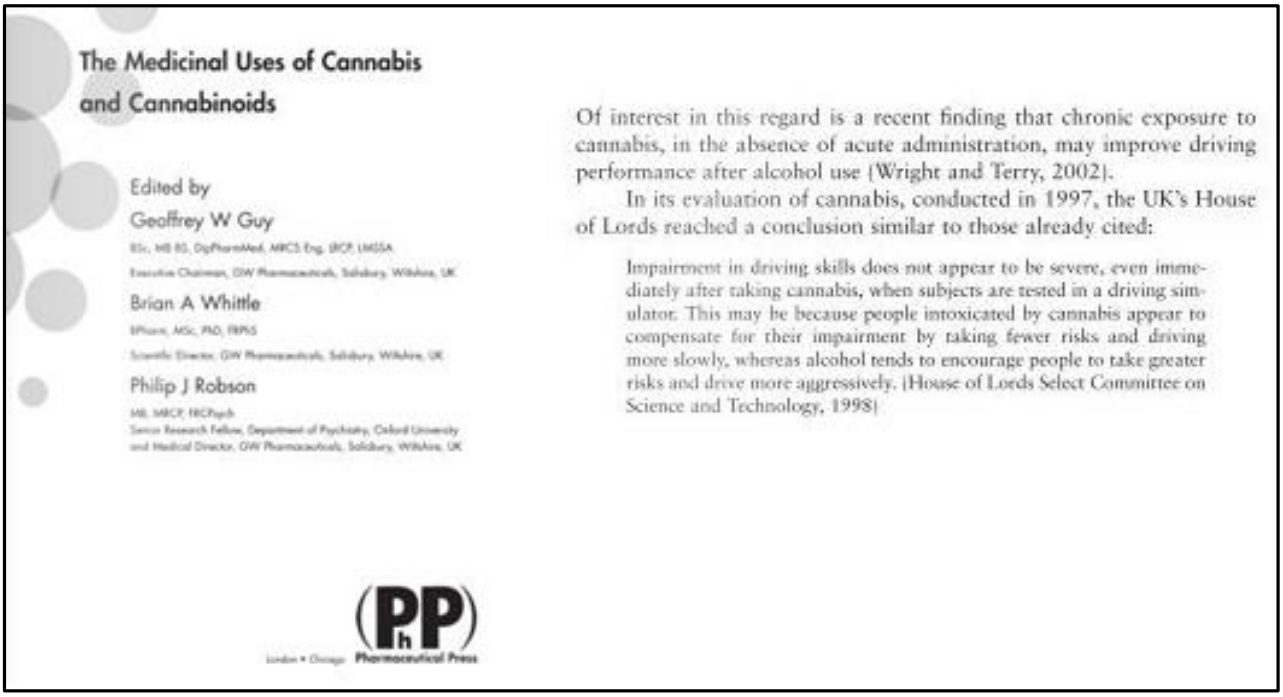
This extract highlights the moment the political decision was taken to shelve Robson's findings, instead of sharing with the British Public nor amending legislation to represent the fact that cannabis is not a harmful Schedule 1 Drug warranting Class B sentencing but is in fact a relatively benign, safe and therapeutically effective traditional herbal health remedy.

https://hansard.parliament.uk/Lords/1998-06-16/debates/d989a1a6-1663-44c9-b0cf-0f6ecf7ab285/WrittenAnswers

3. Cannabis Driving Hadorn - (House of Lords Select Committee on Science and Technology, 1998).

This research from the founders of G W Pharmaceuticals highlights how cannabis impacts driving ability. Although they found that cannabis could impair novice consumers' driving performance, they also found that for the casual, experienced and veteran consumers the degree of impairment diminished with the greater level of exposure to cannabis of the driver.

Indeed, the founding member of We The Undersigned, Phil Monk, in his pursuit of protecting his own health, safety and wellbeing, that of his loved ones and those surrounding him, he undertook to pass his advanced driving licence with the Institute of Advanced Motoring, whilst secretly managing his pain in the manner that he had found most effective for his chronic myofascial pain from joint hyper mobility syndrome, bilateral ulnar impaction syndrome and arthritis. However, due to his experiences of suffering 4 life threatening hospitalisations from the effects of prescribed pharmaceutical drugs, the method Mr Monk finds most effective happens to be traditional water bongs and pure cannabis blunts. On the day of the IAM test, Mr Monk consumed his usual 2 bongs and 2 blunts of high THC and low CBD cannabis in the hour before driving. After waiting the hour and determining he was fit to drive he then sat his advanced driving test, which he passed with a first!



The Medicinal Uses of Cannabis and Cannabinoids

Edited by

Geoffrey W Guy

Brian A Whittle

Philip J Robson

Pharmaceutical Press

Of interest in this regard is a recent finding that chronic exposure to cannabis, in the absence of acute administration, may improve driving performance after alcohol use (Wright and Terry, 2002).

In its evaluation of cannabis, conducted in 1997, the UK's House of Lords reached a conclusion similar to those already cited:

> Impairment in driving skills does not appear to be severe, even immediately after taking cannabis, when subjects are tested in a driving simulator. This may be because people intoxicated by cannabis appear to compensate for their impairment by taking fewer risks and driving more slowly, whereas alcohol tends to encourage people to take greater risks and drive more aggressively. (House of Lords Select Committee on Science and Technology, 1998)

https://www.yumpu.com/en/document/view/35276584/hadorn-cannabisdrivi-parliamentary-copyright-1998

4. GW Pharmaceutical's 134 patents for cannabis-based products.

In response to the 1998 Phillip Robson report and [1]The House of Lords Open Select Committee findings, Robson was appointed as Medical Director of the UK's first cannabis research company GW Pharmaceuticals. At today's count (24th August 2020) GW Pharmaceuticals now hold [2]134 patents for cannabis-based products. A result of 21 years of R&D, knowledge suppression and false prosecutions! During these 21 years of R&D, millions of unjustified cannabis convictions have been enforced, whilst Dr Guy and Dr Robson and their shareholders have personally profited by millions of pounds. Whilst they have been profiteering and capitalising upon the dogmatically refused and denied therapeutic value of cannabis, all other Common Folks of the Land have been denied their autonomous right to seek benefit from and self-sufficiency with this traditional and nutritious therapeutic herb. Prohibited access and prosecutions have been made on the basis of a lie. This is an impressive feat for a plant with an alleged Schedule 1 status warranting Class B sentencing, with no therapeutic value. 21 years of billions of cannabis prosecutions resulting in 134 patents, worth hundreds of billions of dollars. This equation just does not add up!

The actions of all involved in the creation and maintenance of the GW Pharmaceuticals company, cannabis for medical purposes monopoly, should be considered tantamount to misconduct in public office through fraud and deception, not to mention withholding information that is in the public interest in order to secure personal gain.

This raises the question, in whose interest are cannabis prohibition laws maintained? The Public, political or corporate?

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[1] https://publications.parliament.uk/pa/ld199798/ldselect/ldsctech/151/15101.htm

[2] https://patents.justia.com/assignee/gw-pharma-limited

5. MP's conflicted interests with cannabis.

- Our government's cannabis corruption laid bare

https://www.exponentialinvestor.com/technology/governments-cannabis-corruption/

- Theresa May's husband Philip May works for Capital Group

http://uk.businessinsider.com/who-is-philip-may-theresa-may-husband-closest-advisor-capital-group-paradise-papers-2017-11

- Capital Group majority share owner of Bayer Pharma.

http://www.dw.com/en/capital-group-gets-biggest-stake-in-bayer/a-1696323

- GW Pharma contract Bayer to market their cannabis medicines.

https://www.gwpharm.com/about-us/news/gw-and-bayer-announce-marketing-agreement-pioneering-new-cannabis-based-treatment

- British Sugar contracted to grow cannabis for GW

https://www.telegraph.co.uk/business/2016/10/25/british-sugar-to-cultivate-cannabis-plants-in-norfolk-for-gw-pha/

- UK largest grower and distributor of medical cannabis in the world.

https://www.independent.co.uk/news/uk/home-news/cannabis-legal-uk-worlds-largest-producer-marijuana-weed-un-body-findings-a8243921.html

- Viktoria Atkins, now Policing Minister, then (In)justice Minister is married to Paul Kenward the director of British Sugar.

www.theloncomdoneconomic./news/uk-drugs-minister-opposes-cannabis-law-reform-husband-profits-license-grow/15/02/

- 100,000 signature petition

Government responded

This Government has no plans to legalise cannabis.

Read the response in full

Cannabis is a Class B Drug under the Misuse of Drugs Act 1971. There is a substantial body of scientific and medical evidence to show that controlled drugs, such as cannabis, are harmful and can damage people's mental and physical health, and our wider communities.

"Raw cannabis has no recognised therapeutic value"

https://petition.parliament.uk/petitions/214030

- 1964 private members bill prohibiting synthetic cannabis. Has cannabis prohibition been based on the dangers of synthetic cannabis?

http://www.legislation.gov.uk/uksi/1970/1796/made

- article from Leafly considering hemp not cannabis the original motivation for prohibition

https://www.leafly.com/news/politics/did-the-industrial-value-of-hemp-spark-cannabis-prohibition

- the following link details historical changes to dangerous drugs act including 1928 amendment which was asked for by Turkey and Egypt, the Egyptian delegate mentioning Hashishism. cannabis prohibition has ever been based upon falsehoods, bias and ideology and never science. How is this just in a liberal, tolerant and democratic society?

http://www.idmu.co.uk/historical.htm

6. WAR ON DRUGS – Evidence of a failed policy Theresa May Calls for Continued "War against Drugs", Despite Her Own Research Indicating its Failure

The research contained within this article highlights the lack of evidence-based practice and conflicted interests which dictates UK cannabis policy

"UK Prime Minister Theresa May has vowed to continue fighting the country's war on drugs, despite the approach having contributed to the country's highest rate of drug-related deaths on record, and exorbitant financial costs."

"A more recent publication, the government's evaluation of its *own* drug strategy, yet again found that drug law enforcement has "little impact on availability", and that punitive policies actually worsen problems that they supposedly intend to solve by bringing "potential unintended consequences including unemployment and harm to families"."

"The horrific social harms wrought by the UK's war on drugs – from the criminalisation of over 40,000 people a year for drug possession, to the disproportionate targeting of black people and young adults in drugs policing – are compounded by the huge financial cost of drug law enforcement: around £1.6 billion annually. This enormous figure is particularly significant as May's prohibitionist declaration coincided with the UK's economic growth forecast plummeting, and within the context of public services facing severe budget cuts."

https://www.talkingdrugs.org/theresa-may-calls-for-continued-war-against-drugs-despite-her-research-indicating-its-failure

7. Home Office - Drugs: International Comparators - 2014

This is the above-mentioned research in which the right honourable MP (then PM) Theresa May attempted to censor information to justify the continued enforcement of failed prohibition policies.

*The unfortunate consequences of this undemocratic denial of evidence to inform policy has created an unfounded punitive framework, which fails in its primary purpose: that being, to reduce or prevent harm. The UK's current legislative framework is based upon the flawed, unfounded and ideological **OPINION** that **ALL** drug use causes harm, whilst WHO research indicates that a minority of 11.27% of the worlds drug consumers ever develop problematic drug use. This translates to almost 89% of all global alternative substance consumers having a positive experience, with the worst consequence being the risk of criminalisation and discrimination of their health choice.*

Whilst current UK policy reflects the potential harms of drugs, it is simultaneously failing to recognise or acknowledge the very real harms wrought upon individuals' lives and that of their loved ones, ironically by criminalisation rather than by cannabis itself.

The British Government state that drugs cause harm, so people must be prosecuted to protect them from the potential harm of drugs, whilst Government completely fail in their responsibility to protect The People, or respect Human Rights, by treating all consumers equally under the law, through the legal regulation of all consumables.

Current cannabis policy is disproportionate to the potential level of harm that cannabis presents. Government asserts that cannabis is a Schedule 1 drug warranting Class B Sentencing, when in reality it is a mostly benign, nutritious and remarkably therapeutic herb, which can be consumed as a non-toxic recreational drug or spiritual and creative aid.

Proportionally speaking, cannabis is less harmful than the Home Office preferred, promoted and protected recreational drug alcohol, resulting in the discriminatory and disproportionate application of the law against otherwise generally law-abiding consumers.

---

*"As in Sweden, the UK's legislative framework **reflects the fact that drugs cause harm** to individuals and wider society. Possession of any amount of a controlled drug is treated as a criminal offence in the UK. **The UK's classification system aims to ensure penalties are proportionate to the amount of harm associated with a substance."***
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalComparators.pdf

https://www.who.int/substance_abuse/facts/psychoactives/en/?fbclid=IwAR2o6gTOUaS7aNjbCj7-a7a4Bb4Clt7nfK8pv1KKJJoZ_AkBsFJ8s45Jnks

8. The corporate Capitalisation of the therapeutic potential of cannabis
BH Synergy Group

BH Synergy intends to establish a first class, Israeli based seed to sale cultivation, processing, export and R&D facility complying with **IMC, GAP, GMP, GLP** highest standards, utilizing Israel's existing ecosystems, to become a recognized name brand in the industry. Our leadership team has strong proven **Bio Pharma experience** providing us with cutting edge technology, put in place **a pipeline of clinically proven medical cannabis**, placing us as leaders in the industry.

The cannabis (THC and CBD) **global market** is expected to exceed **$120 billion** in 2026. The true success stories, come from seed to sale grows, well financed, high top quality cannabis products, with good service. Our R&D center in Israel, the **world's most advanced biotech R&D market**, as well as our experience in the design and construction of turn-key cultivation facilities across North America, gives us access to advanced technologies including but not limited to agro, bio and **medical devices** for the industry.

BH Synergy is positioning itself to take a portion of the Israel and international cannabis grow and oil market. Israel with **decades of research and data** leads the world on medical cannabis. **BH Synergy** has access to clinical trials in Israel, as well as an **NGO**, with data from hundreds of patients with a history of medical cannabis use. This data is of extreme importance and value. With the use of **AI artificial intelligence** collecting research using **DNA physically and mentally challenged, ailments** matching that with known medical cannabis formulas will lead us to EBM composite data.

http://bhsynergygroup.com/about/?fbclid=IwAR0f5mPM1gtDw--0TnH_zL7iwePMV1XKIqeuB0kXR-GXdXVgs6iAG54qcXE

9. Monsanto & Bayer Are Maneuvering To Take Over The Cannabis Industry BH Synergy Group

"It has been rumored for years that Monsanto plans to take over the cannabis industry with genetic engineering just as they've taken over the corn and soy industries. Although they have always denied having any intentions to do so, at this point it is unlikely that anybody really believes them. In contrast, many in the cannabis sphere are prepared to resist any kind of GMO takeover of marijuana by Monsanto or any of their cohorts.

Evidence is mounting, though, which points strongly to the notion that Monsanto does indeed plan to take control of the cannabis plant, and it doesn't look good for medical users, or anyone planning on getting into the industry."

http://bhsynergygroup.com/monsanto-bayer-are-maneuvering-to-take-over-the-cannabis-industry/?fbclid=IwAR1vFtFB13U1hD0A5lbBOMxcu0icYCJUj2g_1p4eVjGnQ2UFXbqk6gRtCJQ

10. ACMD Reports 2002, 2005, 2008

The following ACMD Reports highlight how politics have once again trumped science. The Class B Sentencing status of cannabis is not warranted as currently legislated and has been legislated according to political ideology and greed rather than objective science and fact.

Evidence of this are the three ACMD reports on Cannabis commissioned by the home secretary at the time.

In 2001/2 David Blunkett, 2004/5 Charles Clark, 2007/8 Jacqui Smith. All labour home secretaries.

2002 Covering letter:

"*Last October you asked the ACMD to review the classification of cannabis preparations in the light of current scientific evidence. I have pleasure in enclosing the councils report.*

The council recommends the reclassification of all cannabis preparations to Class C. The council believes the current classification of cannabis is disproportionate in relation both to its inherent toxicity, and to that of other substances (such as amphetamines) that are currently within Class B.

In making this recommendation, however, the council wishes it to be clearly understood that cannabis is unquestionably harmful. Furthermore, the council is anxious that the dangers associated with the use of cannabis preparations are widely known. For this reason, this report has been written in a style that, we hope, is accessible to the public at large. A selected bibliography, from which the full bibliography and the underpinning scientific evidence has been adduced, can be found at the end of the report."

2005 Covering letter:

"*In March 2005, you asked the Council to review the classification of cannabis products that are controlled under the Misuse of Drugs Act 1971. In particular, you asked the Council to examine recent evidence (published since our last report in March 2002 on this issue) about the effects of cannabis on mental health. You also sought the Council's advice on the alleged increase in the potency of cannabis products currently available. On behalf of the Council, I have pleasure to enclose its report on both these matters. The Council's report has been prepared after extensive consideration and discussion. This included a special day and a half meeting at which the Council (Annex 1) had an opportunity to consider and discuss oral evidence from a wide range of external experts with special knowledge of the field. The Council would like to record its appreciation to those experts and others (see Annexes 2–4) who so generously assisted its deliberations. After a detailed scrutiny of the evidence, the Council does not advise the reclassification of cannabis products to Class B; it recommends they remain within Class C. While cannabis can, unquestionably, produce harms, these are not of the same order as those of substances within Class B. Nevertheless, the Council wishes to emphasise that cannabis is harmful. We therefore recommend that: a) further efforts are made to discourage consumption through the development and delivery of a sustained education and information strategy; b) the availability of appropriate treatment services, for those individuals who are experiencing difficulties arising from the use of cannabis, is reviewed by the Health Departments; and c) research into the relationship between cannabis use and mental health problems continues to be supported by public and private funds. The extent to which the potency of cannabis products, as used by consumers, has increased over the past few years is unclear. The available evidence is based solely on material seized by law enforcement* officers. *This suggests that, while the potencies of cannabis resin and "traditional" imported herbal cannabis have remained unchanged over the past 10 years, the average potencies of sinsemilla seizures have increased more than two-fold. There is, however, too little information about the*

potency and pattern of use of cannabis products by consumers. Further research in this area is also urgently needed. "

2008 Covering letter:

In July 2007 you asked the Advisory Council on the Misuse of Drugs to review the classification of cannabis in the light of real public concern about the potential mental health effects of cannabis use and, in particular, the use of stronger strains of the drug. I have pleasure in enclosing the Council's report. You will note that, after a most careful scrutiny of the totality of the available evidence, the majority of the Council's members consider – based on its harmfulness to individuals and society – that cannabis should remain a Class C substance. It is judged that the harmfulness of cannabis more closely equates with other Class C substances than with those currently classified as Class B. In providing this advice, however, the Council wishes to emphasise that the use of cannabis is a significant public health issue. Cannabis can unquestionably cause harm to individuals and society. The Council therefore advises that strategies designed to minimise its use and adverse effects must be predominantly public health ones. Criminal justice measures – irrespective of classification – will have only a limited effect on usage. We therefore urge you to invite the UK's Chief Medical Officers to develop, on behalf of the government, a public health strategy that will meet our shared goals. Anything less will prejudice the health of future generations. The report also includes various research recommendations which we believe to be important to commission. We are confident that the government, with the Research Councils and the National Institute for Health Research, will wish to consider these very carefully. In producing this report, the Council has had an extraordinary amount of valued help from various organisations as well as from members of the public. The Council is also very grateful to the clinicians and scientists who gave written and oral evidence. Some of them travelled a long way to do so.

11. WTU Response to ACMD Reports:

Firstly, we have highlighted the above claim in red because everyone who has ever had a reply from an MP (of whatever hue) to a question about the legal status of cannabis and its effects will recognise that statement.

It has become obvious to WTU over the last 10 years or so, based much correspondence with MPs and cabinet members and correspondence received by others, that there exists a library of stock answer documents available to all MPs to copy and paste at will. That statement

"*… the use of cannabis is a significant public health issue. Cannabis can unquestionably cause harm to individuals and society."*

appears with monotonous regularity repeated time and time again. But WTU are pretty certain most have absolutely no idea where this assertion comes from and most have never seen, let alone read, any of the ACMD reports.

If they actually read any of the reports (they're all very similar, repeatedly going over the same ground, but slightly expanded on each occasion), they would see pretty quickly that none of the contents of any of them support that assertion. In the opinion of WTU, this is a deliberately exaggerated claim to mollify certain members of the ACMD.

Furthermore, the above statement is not even a line from the report itself, but mere an unqualified opinion in the covering letter from the chair!

WTU find it quite cynical, patronising and lazy of any **public servant** to blindly quote from a report of which they probably never had sight; using a quote taken out of context, which is not even from the report itself, on a subject they know very little about. Even more galling is the fact that none of the recommendations, from a report upon which they rely so heavily to back up their intransigence, flagrant disinterest and malfeasance, have ever been fully implemented.

In fact, nearly every observation in the reports is qualified by statement like

"not found a major cause for concern"

"suggest that"

"may"

"As well as the personal costs to individuals, there are unquantified, but real, economic costs to society"

Moreover, every single one of the reports actually paints a pretty positive overall picture about cannabis and cannabis use, but some important and highly significant statements get lost in the noise.

"cannabis use does not commonly produce the mental states leading to violence to others; but the illegal market does contribute to violence in some parts of our cities." 2002

"The high use of cannabis is not associated with major health problems for the individual or society" 2002

"These harmful effects of cannabis, however, are very substantially less than those associated with similar use of other drugs," 2002

"It is not possible to state, with certainty, whether or not cannabis use predisposes to dependence on Class A drugs such as heroin or crack cocaine. Nevertheless, the risks (if any) are small and less than those associated with the use of tobacco or alcohol." 2002

"The Council does not consider the risks of progression to Class A drugs as a consequence of using cannabis to be substantial" 2008

"On balance, the Council considers that the evidence points to a probable, but weak, causal link between psychotic illness and cannabis use" 2008

"The evidence available to the Council does not suggest that cannabis use is a substantial cause of acquisitive crime"2008

But some comments seem to be more opinion rather than backed up by any significant empirical scientific evidence:

"Even the occasional use of cannabis, however, poses significant dangers for people with disorders of the heart and circulation, and for those with mental health problems such as schizophrenia." WTU assert there is a big difference between 'risks' and 'dangers'.

The real question is, how much harm is caused by criminalisation of the fundamental health choice to utilise cannabis, for whatever purpose?

The conclusions of each of the reports make interesting reading:

Conclusions (2002 report)

"6.1 Cannabis is not a harmless substance and its use unquestionably poses risks both to individual health and to society.

6.2 Cannabis, however, is less harmful than other substances (amphetamines, barbiturates, codeine-like compounds) within Class B of Schedule 2 to the Misuse of Drugs Act 1971. The continuing juxtaposition of cannabis with these more harmful Class B drugs erroneously (and dangerously) suggests that their harmful effects are equivalent. This may lead to the belief, amongst cannabis users, that if they have had no harmful effects from cannabis then other Class B substances will be equally safe.

6.3 The Council therefore recommends the reclassification of all cannabis preparations to Class C under the Misuse of Drugs Act 1971. 6.4 If this recommendation is accepted, the Council has identified a number of issues that it believes, while not directly related to the scientific consideration, to be relevant and/or merit consideration. These are outlined in Annex A of this Report."

The 2005 report:

In his letter to the ACMD, Charles Clark was suggesting moving cannabis back to Class B because of the prevalence of high THC hydroponically grown "skunk" but the ACMD quite rightly stuck to their guns:

"After a detailed scrutiny of the evidence, the Council does not advise the reclassification of cannabis products to Class B; it recommends they remain within Class C."

But then, just to cover their backs, add:

"While cannabis can, unquestionably, produce harms, these are not of the same order as those of substances within Class B. Nevertheless, the Council wishes to emphasise that cannabis is harmful".

Conclusions of the 2005 report:

7. Conclusions and recommendations

7.1 Cannabis is harmful, and its consumption can lead to a wide range of physical and psychological hazards. Nevertheless, the Council does not advise that the classification of cannabis-containing products

should be changed on the basis of the results of recent research into the effects on the development of mental illness. Although it is unquestionably harmful, its harmfulness does not equate to that of other Class B substances either at the level of the individual or of society.

7.2 Rather than reclassify cannabis-containing substances, the Council urges the development of a sustained public education and information strategy about the hazards of cannabis (building on the "Frank" campaign). This strategy should, in particular, be focused on children, adolescents and young adults across the UK. It should emphasise: • that the cultivation, supply and possession of cannabis is illegal • that cannabis is harmful and its consumption is associated with both physical and psychological harms • that because of the variable potency of cannabis products, individuals should be made aware that previous exposure to cannabis, without apparent ill effect, does not mean that subsequent exposure will be equally "harmless".

7.3 The Health Departments should review the services to individual's dependent on cannabis and consider the extent to which further developments might be needed. Research to identify effective means for assisting those with cannabis dependency should be promoted.

7.4 Individuals with schizophrenia are particularly vulnerable to the deleterious effects of cannabis on their mental health. Measures to protect them from exposure as in-patients, as well as to help them avoid illicit drug use in the community, should be strengthened.

7.5 A substantial research programme into the relationship between cannabis use and mental health should be instituted. This should not only seek to improve the evidence base for determining the contribution that the use of cannabis makes to the causation of psychotic symptoms (especially schizophrenia); it should also provide a better basis for the development of preventative measures. Specifically, the programme should include the following:

• further research, based on experience in the UK, into the relationship between the use of cannabis and the later development of mental illness. This must address the methodological limitations of previous studies and seek to identify factors that predispose cannabis users to develop psychotic symptoms • work to establish, in the UK, both the incidence and prevalence of schizophrenia and the contribution(s) of potential risk factors such as cannabis • further work to assess the potency of cannabis products currently used by consumers. More research into the consequences of consuming high potency preparations is also required.

The 2008 report:

In 2007 seems that the government were again pushing for a move back to Class B but, again, the ACMD stuck to its guns:

"…. after a most careful scrutiny of the totality of the available evidence, the majority of the Council's members consider – based on its harmfulness to individuals and society – that cannabis should remain a Class C substance. It is judged that the harmfulness of cannabis more closely equates with other Class C substances than with those currently classified as Class B."

But again, covered their collective backs by repeating verbatim what they had said back in 2002:

"…. however, the Council wishes to emphasise that the use of cannabis is a significant public health issue. Cannabis can unquestionably cause harm to individuals and society"

Recommendations of the 2008 report:

15. Recommendations

Recommendation 1: In the face of the widespread use of cannabis, a concerted public health response is needed to drastically reduce its use.

Recommendation 2: Special emphasis should be placed on developing effective primary prevention programmes, directed at young people.

Recommendation 3: Cannabis should remain a Class C drug.

Recommendation 4: The Council should convene a further review of cannabis in two years' time.

Recommendation 5: A public health strategy, designed to minimise the harms from the use of cannabis, should be developed under the auspices of the Chief Medical Officers.

Recommendation 6: A well-resourced campaign alerting young people to the dangers of cannabis should be developed.

Recommendation 7: Schools and higher education establishments should develop and publish policies on substance misuse.

Recommendation 8: Credible and consistent advice and support should be available for parents and families about the appropriate action(s) they should take if their child is in possession of an illegal drug.

Recommendation 9: Health professionals should be encouraged to identify, and offer help to, people dependent on cannabis. The health departments should consider making recommendations for combining cannabis treatment programmes with those of tobacco, alcohol and other substances.

Recommendation 10: The Council strongly supports the police in being able to devote greater resources to reducing cannabis supply, particularly through restricting the domestic cultivation of cannabis.

Recommendation 11: The Home Office should assess the extent to which the trade in cannabis paraphernalia might be more effectively regulated.

Recommendation 12: Additional aggravating factors should be introduced into legislation concerning the seriousness of offences involving the supply of controlled drugs.

Recommendation 13: Warnings regarding cannabis among particular at-risk groups should be emphasised.

Recommendation 14: The scale and public health significance of cannabis use in the UK require further research.

Recommendation 15: The Home Office should extend the British Crime Survey to the under-16s and the survey should include drug use.

Recommendation 16: Further research is required into the pattern of the use of cannabis, dependency and the resulting physical and physiological complications, particularly to assess how users react to more potent forms. CANNABIS: CLASSIFICATION AND PUBLIC HEALTH 39

Recommendation 17: Continued monitoring of the market share of cannabis and its potency should be undertaken.

Recommendation 18: Research is required into the clinical and cost effectiveness of measures designed to help cannabis-dependent users recover from their addiction.

Recommendation 19: Further research should be aimed at identifying young people who may be at risk of developing enduring psychoses from the use of cannabis.

Recommendation 20: Data on the incidence and prevalence of schizophrenia should be obtained in order to better estimate the risks to young people when they smoke cannabis.

Recommendation 21: Further research on the biological mechanisms involved in cannabis addiction, and the consequent potential treatments, is needed.

However, unlike the previous report the government (Jacqui Smith) decided this time to ignore recommendation 3 above and move cannabis back to Class B. Interestingly she later stated:

"Knowing what I know now, I would resist the temptation to resort to the law to tackle the harm from cannabis. Education, treatment and information, if we can get the message through, are perhaps a lot more effective."

She also described legislation as a "blind alley" that prompted discussion of the law rather than the impact of the drugs themselves and acknowledged that some people could use cannabis without harm. Bit of a pathetic excuse because, had she met Prof Nutt, and spoken to him, she could easily have avoided that blind alley that has brought utter misery to so many. But she never met or spoke to him.

But apart from ignoring recommendation 3 neither that government nor any subsequent government has implemented any of those recommendation in any meaningful way.

Unfortunately, recommendation 4 is now 9 years late.

2002 report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/119126/cannabis-class-misuse-drugs-act.pdf

2005 report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/119124/cannabis-reclass-2005.pdf

2008 report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/119174/acmd-cannabis-report-2008.pdf

1. WHO - Pre-review: Cannabis plant and resin - Section 3: Toxicology

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The below extract taken from the World Health Organisation records serves to highlight that although the prohibitionist propaganda machine has gone to great lengths to convince the world that cannabis causes psychosis and will drive you mad, there is no foundation of scientific evidence for this political policy.

Indeed, no causal relationship has ever been proven and the highlighted statements below referencing the 4700 individuals should be translated into real terms that 4700 people would need to have their lives destroyed by prosecution to protect one person from a potential transient cannabis induced schizophrenic episode. This creates a criminalisation ratio of 4700:1 yet fails to consider the harms caused by enforcing the law through criminalisation upon the non-psychotic cannabis consumer.

Regardless of the questionable relationship between cannabis and mental health, the harms of the law cannot be questioned and are very real to the individual in terms of reduced life chances, loss of home, family, reputation and liberty. This is a disproportionate and harmful application of an unfounded law, despite the fact that the vast majority of cannabis consumers will not experience any negative impact upon their mental health, nor will the vast majority experience a transient cannabis induced schizophrenic episode.

This begs the question, of whether it is just, democratic and righteous to prosecute and criminalise millions of otherwise law-abiding citizens, upon the premise of protecting them from experiencing the potential 4700:1 chance of experiencing a cannabis induced schizophrenic episode.

"Essential medicines and health products, Fortieth meeting of the Expert Committee on Drug Dependence

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The Fortieth meeting of the Expert Committee on Drug Dependence (ECDD) was held in Geneva, Switzerland, **4-7 June 2018.**

The 40th ECDD was a specially convened session dedicated to carrying out pre-reviews of cannabis and cannabis-related substances"

"1.8 Mental health

A frequently cited adverse effect of cannabis use is increased risk of psychosis, where the user experiences disordered thinking, hallucinations and delusions. There are frequent reports of acute cannabis intoxication precipitating a short-lasting psychotic state that reverses once the effects of the drug have abated (37). Human population studies have

linked cannabis use to schizophrenia, which is characterized by hallucinations, delusions and cognitive dysfunction, with cannabis increasing the risk of developing the disorder by around 2-fold (1, 37). The relationship between cannabis use and risk of schizophrenia appears to be dose-dependent: heavier cannabis use increases the risk of developing schizophrenia (1). There is also some evidence that cannabis use during adolescence may bring forward the age of schizophrenia onset (38). It has been argued that reducing the incidence of cannabis-induced schizophrenia would be difficult, because it has been estimated that 4700 young people would need to be dissuaded from cannabis use to prevent a single case of schizophrenia (42). [Our emphasis added]

The argument that cannabis causes schizophrenia is contentious, however, as some have observed that sharp increases in global cannabis use in recent decades has not increased the incidence of schizophrenia (39). However, other studies have linked increased prevalence of cannabis use in specific localities with increased incidence of schizophrenia (40, 41).

Importantly, most of the evidence that cannabis causes schizophrenia comes from studies of during-adolescence users, and adolescence is the period of highest risk for developing schizophrenia. The rates of cannabis-induced psychosis may be lower in patients who commence cannabis use in adulthood. The vast majority of people who use cannabis will never develop a psychotic disorder, and those who do are likely to have some genetic vulnerability to cannabis-induced psychosis (43).” [Our emphasis added]

https://www.who.int/medicines/access/controlled-substances/ecdd_40_meeting/en/

2. Harvard: Marijuana Doesn't Cause Schizophrenia

Further confirmation of the above findings [3] that cannabis does not cause schizophrenia and may well only induce it in individuals with a genetic predisposition.

"New research from Harvard Medical School, in a comparison between families with a history of schizophrenia and those without, finds little support for marijuana use as a cause of schizophrenia."

"The results of the current study suggest that having an increased familial morbid risk for schizophrenia may be the underlying basis for schizophrenia in cannabis users and not cannabis use by itself," note the researchers."

"While cannabis may have an effect on the age of onset of schizophrenia it is unlikely to be the cause of illness," said the researchers, who were led by Ashley C. Proal from Harvard Medical School."

https://psychcentral.com/news/2013/12/10/harvard-marijuana-doesnt-cause-schizophrenia/63148.html?fbclid=IwAR1mj9jBrz_M4vmorE8q9ispnqdtOO0AQR4sz-JT6oJlpRcagQlGdpzuVck

3. What is the lethal dose of marijuana?

"In summary, enormous doses of Delta 9 THC, All THC and concentrated marihuana extract ingested by mouth were unable to produce death or organ pathology in large mammals but did produce fatalities in smaller rodents due to profound central nervous system depression.

The non-fatal consumption of 3000 mg/kg A THC by the dog and monkey would be comparable to a 154-pound human eating approximately 46 pounds (21 kilograms) of 1%-marihuana or 10 pounds of 5% hashish at one time. In addition, 92 mg/kg THC intravenously produced no fatalities in monkeys. These doses would be comparable to a 154-pound human smoking at one time almost three pounds (1.28 kg) of 1%-marihuana or 250,000 times the usual smoked dose and over a million times the minimal effective dose assuming 50% destruction of the THC by smoking.

Thus, evidence from animal studies and human case reports appears to indicate that the ratio of lethal dose to effective dose is quite large. This ratio is much more favorable than that of many other common psychoactive agents including alcohol and barbiturates (Phillips et al. 1971, Brill et al. 1970)."

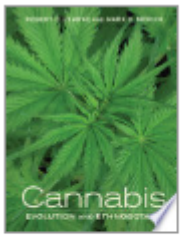
http://www.druglibrary.org/SCHAFFER/LIBRARY/mj_overdose.htm?fbclid=IwAR2Wda7a1FD9Ej2IexZbd-Pwc5jy6P74u8tTIbeUPtuaFEbhEOWXC5JaGk0

Section 4: Humanity's Coevolution With Cannabis

1. Coevolution of Cannabis with humanity – Robert Clarke & Mark Merlin.

Due to the inappropriate scheduling and prohibition of cannabis humanity has been deprived our most ancient resource. Research shows humanity has utilised cannabis for thousands of years and some hypothesise that THC could be responsible for elevating consciousness and facilitating social and linguistic development. Given humanity's inextricably entwined history with cannabis as a sustainable industrial resource, food supplement, herbal health remedy, non-toxic recreational drug, spiritual or creative aid how can the prohibition thereof not be a Human Rights Issue?

Mutualism is the condition whereby two species benefit reciprocally from their symbiotic interaction. Throughout this book we have described a wide variety of relationships between humans and *Cannabis* that can be interpreted as mutually beneficial, for instance, the widespread dissemination of hemp as a fiber crop. Biological coevolution is the expansion of a mutually beneficial relationship through enhancement of each other's fitness for survival and the eventual alteration of both species' genomes through natural selection, and in many cases of mutual relationships between humans and other species, this has involved artificial selection. Coevolution can and often does occur between differing taxonomic groups such as flowering plants (e.g., *Cannabis*) and mammals (e.g., *Homo sapiens*). The essence of coevolution is not simply the phenotypic change that we can perceive and measure but lies more fundamentally in the allelic changes in the genes themselves. The evolutionary interaction between *Cannabis* and humans investigated by McPartland and Guy (2004a/b) rests at the gene level, through the interaction of two gene products—THC synthase enzymes in *Cannabis* and cannabinoid receptor proteins in humans.



★★★★★

1 Review

Write review

Cannabis: Evolution and Ethnobotany

By Robert Clarke, Mark Merlin

https://books.google.co.uk/books?id=poenY6QMq8UC&pg=PA374&lpg=PA374&dq=humanity+cannabis+co+evolution&source=bl&ots=dSUqlhPsT_&sig=ACfU3U22yolfUglBiu2dLtdCs0dKi4gPfg&hl=en&sa=X&ved=2ahUKEwi_0deo-b3qAhULUBUIHa2OBt4Q6AEwCXoECAoQAQ#v=onepage&q=humanity%20cannabis%20co%20evolution&f=false

2. 'Tis in our nature: taking the human-cannabis relationship seriously in health science and public policy - Sunil K. Aggarwal

This paper highlights the substantial evidence regarding the efficacious use of cannabis for medical purposes and the convincing evidence for the low potential for addiction and non-problematic use of cannabis for non-medical purposes.

"To find clearheaded scientific perspective on cannabis use through the prevailing thick smokescreen requires recognizing just what sort of smoke obscures our better understanding. In the United States, in large part, the smokescreen is made up of culture war-charged political rhetoric and obstructionism from those in positions of authority setting up a prejudicial ideological framing for cannabis use."

" Despite the Commission's recommendations to the contrary, cannabis was nevertheless maintained in the most restrictive category under federal law, Schedule I, where it has remained alongside heroin for 42 years, officially deemed to be devoid of medical utility, or safety."

"Substantial evidence has been gathered regarding the efficacious use of cannabis as a medicine to treat specific conditions. Additionally, convincing evidence regarding the use of cannabis as a non-problematic "recreational" psychoactive substance with a low potential for addiction has been collected and become increasingly accepted in the US and abroad."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3581812/#__ffn_sectitle

Section 5: THE FRAUDULENT AND RACIST FOUNDATION OF PROHIBITION

1. Fraudulent & Racist Foundation & Enforcement of MODA 1971

The according to Blacks Dictionary Maxims of Law "an act invalid from the start cannot be validated by subsequent acts" These historical facts and links demonstrate the fraudulent and racist foundation and enforcement of the Misuse of Drugs Act 1971.

For the purpose of this exercise, cannabis will be the sole focus, although this will be transferable to other scheduled substances.

Under MODA 1971, cannabis is considered as schedule 1 for the plant, schedule 2 for preparations and Schedules 4 and 5 for some approved preparations.

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https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html

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The scheduling system is an American import from the 60's, but its foundations go back to the original court case in 1937.

Harry Anslinger, the head of the FBI at the time, sat in a court room and told a jury that just one marijuana would make white women want to sleep with black and Latino jazz musicians.

Anslinger's racism in court that day was founded in the religious bigotry of the KKK. That misinformation was spread around the world by one William Randolph Hearst, whose timber interests were being threatened by the cannabis industry and financed by the likes of the DuPont's and Rockefellers, giving rise to big pharma, the fossil fuel lobby and mass deforestation.

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https://www.cbsnews.com/news/harry-anslinger-the-man-behind-the-marijuana-ban/

Under current legislation, this small piece of history would be considered a breach of section 32 of the Crime and Disorder act 1998;

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https://www.legislation.gov.uk/ukpga/1998/37/section/32?fbclid=IwAR3YRG8kbmNjLRS8CbjqSQAee0VIHAlVJQk--gA0GRo0FN1t8T_-3MBz4qA

Also, The Criminal Act 1977 for conspiracy;

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https://www.legislation.gov.uk/ukpga/1977/45/part/I?fbclid=IwAR25v2gGjIpbxe5n2xEf_931j48IgTlYLmy_c6Pyy7pyc8p98V1BD_xUUfA

Also, in breach of The Fraud Act 2006, as statements were made that were false by representation with the intention of millions of people making financial losses while powerful political figures made a lot of gains;

https://www.legislation.gov.uk/ukpga/2006/35/section/2?fbclid=IwAR1dhwGnEZrAHd0Mzok_CLZMNm5zvCntnBM3ghPEZCQv4TM2Wx1u_wxt1yE

And the Terrorism Act 2000 for intimidating the public with the use or threat of force made for the purpose of advancing a political, religious, racial or ideological cause.

https://www.legislation.gov.uk/ukpga/2000/11/section/1?fbclid=IwAR2eA-vb__TnvxsADKYb5_d37wrcUVYT7iVXxR0xSsHjm9fsuMweQirRhUY

30 years later this was the foundation of the Nixon administrations 'War On Drugs'. John Ehrlichman who was an advisor to Nixon gave an interview some years later with Rolling Stone magazine where he is quoted as saying;

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the anti-war left and black people," "You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin. And then criminalizing both heavily, we could disrupt those communities."

"We could arrest their leaders. raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did."

https://edition.cnn.com/2016/03/23/politics/john-ehrlichman-richard-nixon-drug-war-blacks-hippie/index.html

That single quote under current legislation should be considered criminal conspiracy, fraud and terrorism.

Therefore, the police are supporting and maintaining industrial scale fraud and terrorism, to the letter of the law.

2. Marijuana Laws in America: Racial Justice and the Need for Reform.

Links to the witness statements received by the United States House Committee on the Judiciary which reference the unevidenced, ideological and racist foundation of cannabis prohibition laws in the United States and which greatly influenced the law changes in the UK, which are reflected in the racially and disproportionately enforced British cannabis prohibition laws.

WTU move to submit the entire hearing held in the United States House Committee regarding the fraudulent and racist foundation, enforcement and maintenance of cannabis prohibition laws.

Link to the full hearing in video format - https://www.youtube.com/watch?v=MYfE7j0wBMs#action=share

Marilyn Mosby Esq. - State's Attorney for Baltimore City, Baltimore, MD

Dr. G. Malik Burnett MD, MBA, MPH
COO, Tribe Companies, LLC, Washington, DC

> Drug policy in America is, and has always been, a policy that is based on racial and social control. From the passage of the Marijuana Tax Act in 1937, with its race-based motivations, to the passage of the 2018 Farm Bill, legalizing commercial hemp cultivation and production; the laws and policies created in the legislative body have the power to shape the social determinants of health for every American. With

Quote taken from witness statement

Dr. David L. Nathan MD DFAPA
Doctors for Cannabis Regulation Princeton NJ

> As physicians, we believe that cannabis should never have been made illegal for consenting adults. It is less harmful to adults than alcohol and tobacco, and the prohibition has done far more damage to our society than the adult use of cannabis itself.
>
> However, cannabis is not harmless. People who are predisposed to psychotic disorders should avoid any cannabis use. Also, as with alcohol and other drugs, heavy cannabis use may adversely affect brain development in minors.[5] But cannabis prohibition for adults doesn't prevent underage use nor limit its availability. The government's own statistics show that 80-90% of eighteen-year-olds have consistently reported easy access to the drug since the 1970s.[6] For decades, preventive education has reduced the rates of alcohol and tobacco use by minors,[7] At the same time, underage cannabis use rose steadily despite its prohibition. In the past several years – as more states legalize cannabis for adults – the rate of underage cannabis use has stopped increasing.

Quote taken from witness statement

https://judiciary.house.gov/calendar/eventsingle.aspx?EventID=2262

3. Freedom of Information request proving the racially disproportionate application of cannabis laws in the UK. - information-rights-unit---ethnic-minorities-arrested-for-possession-of-cannabis-from-2016---2018.

The below tables are taken from FOI evidence of the racially disproportionate application of cannabis laws in the UK. Prohibition laws inadvertently permit, enable and facilitate the institutionalised racism through the enforcement of this unfounded law, which serves as an example of how harmful its enforcement has become in comparison with cannabis.

information-rights-unit---ethnic-minorities-arrested-for-possession-of-cannabis-from-2016---2018

Arrests (Detainee Count)

[see Notes]

Offence Title	Ethnicity	2016	2017	2018
Possession of Cannabis	BME	10,022	8,889	8,013
		67.2%	67.9%	69.7%
	White	4,900	4,199	3,484
		32.8%	32.1%	30.3%
	Total	**14,922**	**13,088**	**11,497**
Supply of Cannabis	BME	3,235	2,895	2,961
		74.3%	72.6%	74.6%
	White	1,121	1,092	1,008
		25.7%	27.4%	25.4%
	Total	**4,356**	**3,987**	**3,969**

Arrests (Offence Count)

[see Notes]

Offence Title	Ethnicity	2016	2017	2018
Possession of Cannabis	BME	10,244	9,042	8,115
		67.2%	67.9%	69.7%
	White	4,996	4,274	3,520
		32.8%	32.1%	30.3%
	Total	**15,240**	**13,316**	**11,635**
Supply of Cannabis	BME	3,510	3,162	3,074
		74.4%	73.1%	74.7%
	White	1,207	1,164	1,039
		25.6%	26.9%	25.3%
	Total	**4,717**	**4,326**	**4,113**

Charges (Offence Level) for Possession and Supply of Cannabis

[see Notes]

Offence Title	MSD Offence	Ethnicity	2016	2017	2018
Possession of Cannabis	Charged and Bailed To Court	BME	4,451	2,866	2,365
			72.0%	72.2%	74.1%
		White	1,735	1,106	828
			28.0%	27.8%	25.9%
		Total	**6,186**	**3,972**	**3,193**
	Charged and Detained For Court	BME	1,248	1,182	1,181
			68.7%	67.5%	70.7%
		White	569	569	490
			31.3%	32.5%	29.3%
		Total	**1,817**	**1,751**	**1,671**
	To Court (Postal Requisitions)	BME	143	650	656
			74.5%	70.0%	72.1%
		White	49	278	254
			25.5%	30.0%	27.9%
		Total	**192**	**928**	**910**
Supply of Cannabis	Charged and Bailed To Court	BME	579	155	76
			72.6%	69.2%	80.9%
		White	219	69	18
			27.4%	30.8%	19.1%
		Total	**798**	**224**	**94**
	Charged and Detained For Court	BME	306	422	299
			73.4%	77.9%	73.8%
		White	111	120	106
			26.6%	22.1%	26.2%
		Total	**417**	**542**	**405**
	To Court (Postal Requisitions)	BME	43	196	80
			67.2%	72.1%	67.2%
		White	21	76	39
			32.8%	27.9%	32.8%
		Total	**64**	**272**	**119**

Section 6: COMPARATIVE RECREATIONAL DRUG HARMS – Freedom of consciousness denied

1. Classification of Psychoactive Substances: when science was left behind – Global Commission on Drug Policy

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Cannabis has always been legislated for inappropriately. Research has shown that cannabis is actually a nutritious and therapeutic herb which has been utilised by humanity for millennia for nutritional, therapeutic, industrial, recreational, creative and spiritual purposes. Thereby, proving it is not the harmful Schedule 1 Drug carrying Class B sentencing, as alleged by government. Cannabis is less harmful than alcohol and consumers should have the right to choose how they alter their state of consciousness, to celebrate, mourn or alleviate exigencies of daily life. Government should not dictate by law a person's preferred recreational pastime, whether drinking alcohol or consuming cannabis. Government responsibility should be to protect all consumers' rights, protections and responsibilities equally and without discrimination nor prejudice through the legal regulation of the consumer market in order to reduce harms, protect our vulnerable and respect Human Rights. The prohibition of cannabis denies our Human Rights to the freedom of consciousness under the false assertion that cannabis is harmful to health when it is in fact less harmful than alcohol. Adult consumers should have the right to make such health choices free from the fear of prosecution or arbitrary state interference.

2019

In *Classification of Drugs: when science was left behind*, the Global Commission on Drug Policy explains how the biased historical classification of psychoactive substances has contributed to the "world drug problem". It is the first-ever comprehensive report providing a political reading of the current evaluation and classification, or "scheduling" of drugs according to their harms.

Psychoactive substances should be classified with regard to their potential for dependence and other harms. This is not the case today, where some substances are legally available because they are considered beneficial (medicines) or culturally important (alcohol), while others are seen as destructive, and are strictly prohibited. The classification of drugs is at the core of the international drug control system. As such, governments must ensure that such a classification is pragmatic and based on science and evidence, makes clear the benefits and harms of drugs, and allows for responsible legal regulatory models to control drugs.

VIEW the public presentation in Lisbon, June 2019, with Commissioners Dreifuss, Sampaio, Cardoso, Arbour, Clark, Grover, Santos, Zedillo, and Lagos.

https://www.globalcommissionondrugs.org/reports/classification-psychoactive-substances

2. Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach - Dirk W. Lachenmeier and Jürgen Rehm

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WTU assert that our fundamental Human Rights grant us the Inalienable Sovereign right to our freedom of consciousness, private beliefs and practices. However, current acts of Parliament, namely The Misuse of Drugs Act and Psychoactive Substances Act, infringe upon these established fundamental Human Rights to the freedom of consciousness by dictating that the only permissible alternative state of consciousness maybe achieved through the consumption of alcohol.

*Research shows that the recreational drug alcohol is 114 times more harmful than cannabis. The current policies deny the autonomy of health, freedom of consciousness and the free development of personality. The sanctity, dominion and exploration of **OUR** consciousness should be **OURS** to determine, free from the fear or arbitrary interference by the State **UNTIL** such time as such actions infringe upon the fundamental rights or cause harm to another.*

Currently government are dictating a poisonous recreational drug over a non-toxic, nutritious and therapeutic traditional herbal health remedy and recreational drug, which maintains homeostasis, improving mental and physical health, wellbeing and happiness.

SCIENTIFIC REPORTS
nature research

Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach

Dirk W. Lachenmeier and Jürgen Rehm

Additional article information

Associated Data

- Supplementary Materials

Abstract

A comparative risk assessment of drugs including alcohol and tobacco using the margin of exposure (MOE) approach was conducted. The MOE is defined as ratio between toxicological threshold (benchmark dose) and estimated human intake. Median lethal dose values from animal experiments were used to derive the benchmark dose. The human intake was calculated for individual scenarios and population-based scenarios. The MOE was calculated using probabilistic Monte Carlo simulations. The benchmark dose values ranged from 2 mg/kg bodyweight for heroin to 531 mg/kg bodyweight for alcohol (ethanol). For individual exposure the four substances alcohol, nicotine, cocaine and heroin fall into the "high risk" category with MOE < 10, the rest of the compounds except THC fall into the "risk" category with MOE < 100. On a population scale, only alcohol would fall into the "high risk" category, and cigarette smoking would fall into the "risk" category, while all other agents (opiates, cocaine, amphetamine-type stimulants, ecstasy, and benzodiazepines) had MOEs > 100, and cannabis had a MOE > 10,000. The toxicological MOE approach validates epidemiological and social science-based drug ranking approaches especially in regard to the positions of alcohol and tobacco (high risk) and cannabis (low risk).

Compared to medicinal products or other consumer products, risk assessment of drugs of abuse has been characterised as deficient, much of this is based on historical attribution and emotive reasoning[1]. The

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311234/

Section 7: GLOBAL CANNABIS HUMAN RIGHTS RULINGS

1. Drug Policy and Deprivation of Liberty 2019 Paper – Global Commission on Drug Policy

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The political policy of criminalising people who choose alternative substances to the state sponsored recreational drug alcohol has never been mandated by the 1961 UN Single Convention. This political decision to criminalise alternative substance consumers has now lost all credibility due to the collateral damage caused to the front-line victims and their families in the so called 'War on Drugs'. In fact, both the UN and the World Health Organisation now advocate against widespread criminalisation of alternative substance consumers. It is time the UK adopted an evidence-based approach to policy rather than the outdated, ineffective, harmful and draconian approach utilised thus far.

RECOMMENDATION 1: States must end all penalties – both criminal and civil – for the possession and cultivation of drugs for personal consumption. Millions of people around the world use drugs and do so without causing any harm to others. To criminalize people who use drugs is ineffective and harmful, and undermines the principle of human dignity and the rule of law. States must implement alternatives to punishment, such as diversion away from the criminal justice system, for all low-level, non-violent actors in the drug trade, such as those engaging in social supply, drug couriers, user-dealers, and cultivators of illicit crops.

RECOMMENDATION 2: States must end disproportionate sentencing and punishment for drug-related offenses, and recognize that over-incarceration impacts negatively on public health and social cohesion. The never-seen-before level of overreliance on incarceration observed globally in the last decades has negatively impacted public health, social cohesion, and many other global development objectives. Deprivation of liberty is the wrong response to drug use and to non-violent petty crime generated by the illegal market.

RECOMMENDATION 3: States must ensure primary health care is available and the right to health is applicable to all people on a non-discriminatory basis, including people detained against their will. Incarcerated people, people who use drugs and drug-dependent people must not be subjected to discrimination in the provision of health care. The right to health extends to assessment and treatment for drug dependence, and harm reduction means have been recognized as part of the right to health for people who use drugs. Health care must be based on confidentiality. People confined in compulsory drug detention facilities should be released and, for those detainees concerned, encouraged to seek evidence-based and tailored treatment for drug dependence in voluntary centers in community settings

RECOMMENDATION 4: Practices that violate human rights of people deprived of liberty must be forbidden, their perpetrators brought to justice, and compensation awarded to victims as provided for in human rights law. These practices include, but are not limited to, torture, cruel, inhumane and degrading treatment or punishment, overcrowding, confinement, forced labor, arbitrary and unlawful detention, and violations of the right to security of the person, the right to be treated with humanity and respect for one's dignity, or the right to adequate food.

https://www.globalcommissionondrugs.org/position-papers/deprivation-of-liberty

2. **PRESS RELEASE** Mexican Supreme Court Ruling Means Recreational Cannabis is Now Legal for Adults

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Are we British less human than our Mexican cousins?

Universal Human Rights should know no boundaries, borders nor territories, irrespective of which tyrannical government maybe in service!

Why does the British Government deny our people our fundamental right to the free development of our personality?

- Explaining the judgement the Supreme Court said in a press release (as translated by Google); *"In these matters, the First Chamber held that the fundamental right to the free development of the personality allows the persons of legal age to decide – without any interference – what kind of recreational activities they wish to carry out and protect all the actions necessary to materialize that choice,"...."Now, it was also clarified that this right is not absolute and that the consumption of certain substances could be regulated, but the effects caused by marijuana do not justify an absolute prohibition on its consumption."*
- The judgement only covers personal possession, use, and home growing for personal use and sharing amongst adults. It does *not* cover commercial production and sale such as recently established in Canada, Uruguay and various US states. When the judgment becomes *de*

https://transformdrugs.org/press-release-mexican-supreme-court-ruling-means-recreational-cannabis-is-now-legal-for-adults/

2. Minister of Justice and Constitutional Development and Others v Prince CCT108/17 – South Africa

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WTU demand equal rights with our Mexican and South African cousins. Therefore, WTU call upon the Home Secretary to respect, protect and uphold our Universal Human Rights to our freedom of consciousness, private life and free development of our personality, by granting special dispensation, under the powers granted in MODA 1971 Section 7.1, for the unlicensed possession, cultivation, preparation and sharing of cannabis for non-commercial adult purposes, so that these actions no longer constitute a criminal offence.

MODA 1971 SECTION 7.1 STATES THAT:

"7 Authorisation of activities otherwise unlawful under foregoing provisions. (1) The Secretary of State may by regulations— (a) except from section 3(1)(a) or (b), 4(1)(a) or (b) or 5(1) of this Act such controlled drugs as may be specified in the regulations; and (b) make such other provision as he thinks fit for the purpose of making it lawful for persons to do things which under any of the following provisions of this Act, that is to say sections 4(1), 5(1) and 6(1), it would otherwise be unlawful for them to do. (2) Without prejudice to the generality of paragraph (b) of subsection (1) above, regulations under that subsection authorising the doing of any such thing as is mentioned in that paragraph may in particular provide for the doing of that thing to be lawful— (a) if it is done under and in accordance with the terms of a licence or other authority issued by the Secretary of State and in compliance with any conditions attached thereto; or (b) if it is done in compliance with such conditions as may be prescribed."

Case CCT 108/17
[2018] ZACC 30
Hearing Date: 07 November 2017

Judgement Date: 18 September 2018

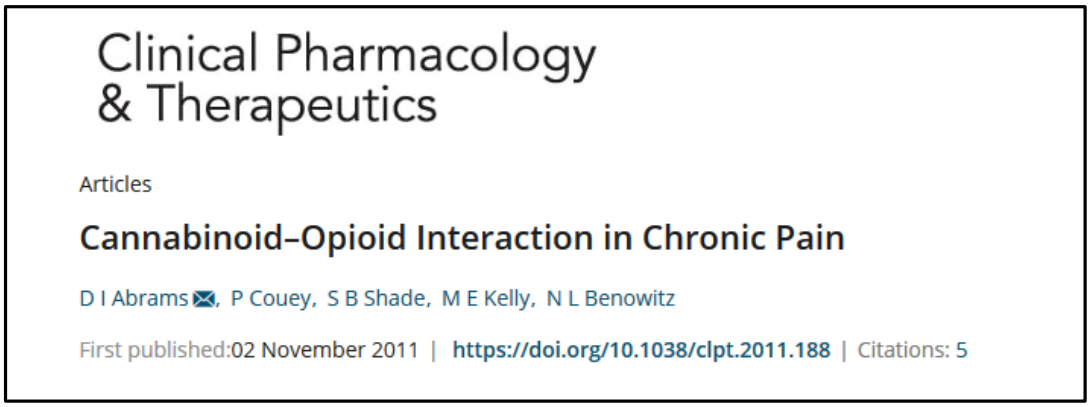
Section 4(b) of the Drugs Act prohibits the use or possession of any dangerous dependence-producing substance or any undesirable dependence-producing substance unless exceptions listed in the provision apply. Section 5(b) of the Drugs Act prohibits dealing in any dangerous dependence-producing substance or any undesirable dependence-producing substance unless exceptions listed in the provision apply. Section 22A(9)(a)(i) of the Medicines Act read with schedule 7 of the Medicines Act prohibits the acquisition, use, possession, manufacture or supply of cannabis and section 22A(10) of the Medicines Act read with schedule 7 prohibits the sale or administration of cannabis other than for medicinal purposes. The High Court declared sections 4(b) and 5(b) of the Drugs Act read with Part III of Schedule 2 to the Drugs Act and sections 22A(9)(a)(i) and 22A(10) of the Medicines Act read with Schedule 7 of the Medicines Act inconsistent with the right to privacy guaranteed by section 14 of the Constitution, but only to the extent that they prohibit the use, possession, purchase or cultivation of cannabis by an adult person in a private dwelling for his or her consumption.

https://www.concourt.org.za/index.php/judgement/260-minister-of-justice-and-constitutional-development-and-others-v-prince-cct108-17

Section 8: THERAPEUTIC ASPECTS OF CANNABIS

1. *D I Abrams* – Cannabinoid-Opioid Interaction in Chronic Pain

Division of Hematology–Oncology, San Francisco General Hospital, University of California, San Francisco, San Francisco, California, USA



Abstract

Cannabinoids and opioids share several pharmacologic properties and may act synergistically. The potential pharmacokinetics and the safety of the combination in humans are unknown. We therefore undertook a study to answer these questions. Twenty–one individuals with chronic pain, on a regimen of twice–daily doses of sustained–release morphine or oxycodone were enrolled in the study and admitted for a 5–day inpatient stay. Participants were asked to inhale vaporized cannabis in the evening of day 1, three times a day on days 2–4, and in the morning of day 5. Blood sampling was performed at 12–h intervals on days 1 and 5. The extent of chronic pain was also assessed daily. Pharmacokinetic investigations revealed no significant change in the area under the plasma concentration–time curves for either morphine or oxycodone after exposure to cannabis. Pain was significantly decreased (average 27%, 95% confidence interval (CI) 9, 46) after the addition of vaporized cannabis. We therefore concluded that vaporized cannabis augments the analgesic effects of opioids without significantly altering plasma opioid levels. The combination may allow for opioid treatment at lower doses with fewer side effects.

Clinical Pharmacology & Therapeutics (2011); ***90*** *6, 844–851. doi:10.1038/clpt.2011.188*

https://ascpt.onlinelibrary.wiley.com/doi/epdf/10.1038/clpt.2011.188

3. I Bab and A Zimmer - Cannabinoid receptors and the regulation of bone mass 2008 paper British Journal of Pharmacology 123 (2) 182-188

(Cannabis and the prevention of Osteoporosis)

Abstract

A functional endocannabinoid system is present in several mammalian organs and tissues. Recently, endocannabinoids and their receptors have been reported in the skeleton. Osteoblasts, the bone forming cells, and osteoclasts, the bone resorbing cells, produce the endocannabinoids anandamide and 2-arachidonoylglycerol and express CB2 cannabinoid receptors. Although CB2 has been implicated in pathological processes in the central nervous system and peripheral tissues, the skeleton appears as the main system physiologically regulated by CB2. CB2-deficient mice show a markedly accelerated age-related bone loss and the CNR2 gene (encoding CB2) in women is associated with low bone mineral density. The activation of CB2 attenuates ovariectomy-induced bone loss in mice by restraining bone resorption and enhancing bone formation. Hence synthetic CB2 ligands, which are stable and orally available, provide a basis for developing novel anti-osteoporotic therapies. Activation of CB1 in sympathetic nerve terminals in bone inhibits norepinephrine release, thus balancing the tonic sympathetic restrain of bone formation. Low levels of CB1 were also reported in osteoclasts. CB1-null mice display a skeletal phenotype that is dependent on the mouse strain, gender and specific mutation of the CB1 encoding gene, CNR1.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219540/

3. Cannabinoid Receptor Type 1 Protects Against Age-Related Osteoporosis by Regulating Osteoblast and Adipocyte Differentiation in Marrow Stromal Cells - Aymen I Idris

Abstract

Age-related osteoporosis is characterized by reduced bone formation and accumulation of fat in the bone marrow compartment. Here, we report that the type 1 cannabinoid receptor (CB1) regulates this process. Mice with CB1 deficiency (CB1(-/-)) had increased peak bone mass due to reduced bone resorption, but developed age-related osteoporosis with reduced bone formation and accumulation of adipocytes in the bone marrow space. Marrow stromal cells from CB1(-/-) mice had an enhanced capacity for adipocyte differentiation, a reduced capacity for osteoblast differentiation, and increased expression of phosphorylated CREB (pCREB) and PPARgamma. Pharmacological blockade of CB1 receptors stimulated adipocyte differentiation, inhibited osteoblast differentiation, and increased cAMP and pCREB in osteoblast and adipocyte precursors. The CB1 receptor is therefore unique in that it regulates peak bone mass through an effect on osteoclast activity, but protects against age-related bone loss by regulating adipocyte and osteoblast differentiation of bone marrow stromal cells.

https://pubmed.ncbi.nlm.nih.gov/19656492/

4. Peripheral cannabinoid receptor, CB2, regulates bone mass

RESEARCH ARTICLE

Peripheral cannabinoid receptor, CB2, regulates bone mass

Orr Ofek, Meliha Karsak, Nathalie Leclerc, Meirav Fogel, Baruch Frenkel, Karen Wright, Joseph Tam, Malka Attar-Namdar, Vardit Kram, Esther Shohami, Raphael Mechoulam, Andreas Zimmer, and Itai Bab

PNAS January 17, 2006 103 (3) 696-701; https://doi.org/10.1073/pnas.0504187103

Edited by Hector F. DeLuca, University of Wisconsin, Madison, WI, and approved November 11, 2005 (received for review May 22, 2005)

Abstract

The endogenous cannabinoids bind to and activate two G protein-coupled receptors, the predominantly central cannabinoid receptor type 1 (CB1) and peripheral cannabinoid receptor type 2 (CB2). Whereas CB1 mediates the cannabinoid psychotropic, analgesic, and orectic effects, CB2 has been implicated recently in the regulation of liver fibrosis and atherosclerosis. Here we show that CB2-deficient mice have a markedly accelerated age-related trabecular bone loss and cortical expansion, although cortical thickness remains unaltered. These changes are reminiscent of human osteoporosis and may result from differential regulation of trabecular and cortical bone remodeling. The CB2–/– phenotype is also characterized by increased activity of trabecular osteoblasts (bone-forming cells), increased osteoclast (the bone-resorbing cell) number, and a markedly decreased number of diaphyseal osteoblast precursors. CB2 is expressed in osteoblasts, osteocytes, and osteoclasts. A CB2-specific agonist that does not have any psychotropic effects enhances endocortical osteoblast number and activity and restrains trabecular osteoclastogenesis, apparently by inhibiting proliferation of osteoclast precursors and receptor activator of NF-κB ligand expression in bone marrow-derived osteoblasts/stromal cells. The same agonist attenuates ovariectomy-induced bone loss and markedly stimulates cortical thickness through the respective suppression of osteoclast number and stimulation of endocortical bone formation. These results demonstrate that the endocannabinoid system is essential for the maintenance of normal bone mass by osteoblastic and osteoclastic CB2 signaling. Hence, CB2 offers a molecular target for the diagnosis and treatment of osteoporosis, the most prevalent degenerative disease in developed countries.

https://www.pnas.org/content/103/3/696.short

5. Involvement of Neuronal Cannabinoid Receptor CB1 in Regulation of Bone Mass and Bone Remodelling

› Mol Pharmacol. 2006 Sep;70(3):786-92. doi: 10.1124/mol.106.026435. Epub 2006 Jun 13.

Involvement of Neuronal Cannabinoid Receptor CB1 in Regulation of Bone Mass and Bone Remodeling

Joseph Tam [1], Orr Ofek, Ester Fride, Catherine Ledent, Yankel Gabet, Ralph Müller, Andreas Zimmer, Ken Mackie, Raphael Mechoulam, Esther Shohami, Itai Bab

Affiliations + expand

PMID: 16772520 DOI: 10.1124/mol.106.026435

Abstract

The CB1 cannabinoid receptor has been implicated in the regulation of bone remodeling and bone mass. A high bone mass (HBM) phenotype was reported in CB1-null mice generated on a CD1 background (CD1(CB1-/-) mice). By contrast, our preliminary studies in cb1-/- mice, backcrossed to C57BL/6J mice (C57(CB1-/-) mice), revealed low bone mass (LBM). We therefore analyzed CB1 expression in bone and compared the skeletons of sexually mature C57(CB1-/-) and CD1(CB1-/-) mice in the same experimental setting. CB1 mRNA is weakly expressed in osteoclasts and immunoreactive CB1 is present in sympathetic neurons, close to osteoblasts. In addition to their LBM, male and female C57(CB1-/-) mice exhibit decreased bone formation rate and increased osteoclast number. The skeletal phenotype of the CD1(CB1-/-) mice shows a gender disparity. Female mice have normal trabecular bone with a slight cortical expansion, whereas male CD1(CB1-/-) animals display an HBM phenotype. We were surprised to find that bone formation and resorption are within normal limits. These findings, at least the consistent set of data obtained in the C57(CB1-/-) line, suggest an important role for CB1 signaling in the regulation of bone remodeling and bone mass. Because sympathetic CB1 signaling inhibits norepinephrine (NE) release in peripheral tissues, part of the endocannabinoid activity in bone may be attributed to the regulation of NE release from sympathetic nerve fibers. Several phenotypic discrepancies have been reported between C57(CB1-/-) and CD1(CB1-/-) mice that could result from genetic differences between the background strains. Unraveling these differences can provide useful information on the physiologic functional milieu of CB1 in bone.

https://pubmed.ncbi.nlm.nih.gov/16772520/

6. The Cannabinoid CB1 Receptor Regulates Bone Formation by Modulating Adrenergic Signaling

FASEB J. 2008 Jan;22(1):285-94. doi: 10.1096/fj.06-7957com. Epub 2007 Aug 17.

The Cannabinoid CB1 Receptor Regulates Bone Formation by Modulating Adrenergic Signaling

Joseph Tam [1], Victoria Trembovler, Vincenzo Di Marzo, Stefania Petrosino, Gabriella Leo, Alex Alexandrovich, Eran Regev, Nardy Casap, Arie Shteyer, Catherine Ledent, Meliha Karsak, Andreas Zimmer, Raphael Mechoulam, Raz Yirmiya, Esther Shohami, Itai Bab

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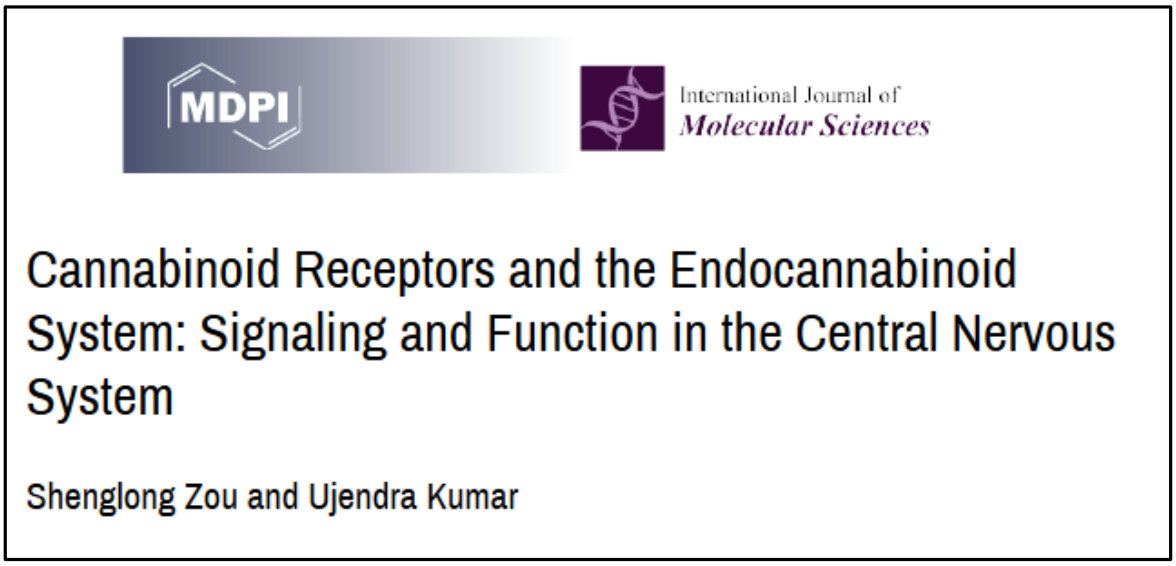
Abstract

We have recently reported that in bone the cannabinoid CB1 receptor is present in sympathetic terminals. Here we show that traumatic brain injury (TBI), which in humans enhances peripheral osteogenesis and fracture healing, acutely stimulates bone formation in a distant skeletal site. At this site we demonstrate i) a high level of the main endocannabinoid, 2-arachidonoylglycerol (2-AG), and expression of diacylglycerol lipases, enzymes essential for 2-AG synthesis; ii) that the TBI-induced increase in bone formation is preceded by elevation of the 2-AG and a decrease in norepinephrine (NE) levels. The TBI stimulation of bone formation was absent in CB1-null mice. In wild-type animals it could be mimicked, including the suppression of NE levels, by 2-AG administration. The TBI- and 2-AG-induced stimulation of osteogenesis was restrained by the beta-adrenergic receptor agonist isoproterenol. NE from sympathetic terminals is known to tonically inhibit bone formation by activating osteoblastic beta2-adrenergic receptors. The present findings further demonstrate that the sympathetic control of bone formation is regulated through 2-AG activation of prejunctional CB1. Elevation of bone 2-AG apparently suppresses NE release from bone sympathetic terminals, thus alleviating the inhibition of bone formation. The involvement of osteoblastic CB2 signaling in this process is minimal, if any.

https://pubmed.ncbi.nlm.nih.gov/17704191/

7. Cannabinoid Receptors and the Endocannabinoid System: Signalling and Function in the Central Nervous System



Abstract

The biological effects of cannabinoids, the major constituents of the ancient medicinal plant Cannabis sativa (marijuana) are mediated by two members of the G-protein coupled receptor family, cannabinoid receptors 1 (CB1R) and 2. The CB1R is the prominent subtype in the central nervous system (CNS) and has drawn great attention as a potential therapeutic avenue in several pathological conditions, including neuropsychological disorders and neurodegenerative diseases. Furthermore, cannabinoids also modulate signal transduction pathways and exert profound effects at peripheral sites. Although cannabinoids have therapeutic potential, their psychoactive effects have largely limited their use in clinical practice. In this review, we briefly summarized our knowledge of cannabinoids and the endocannabinoid system, focusing on the CB1R and the CNS, with emphasis on recent breakthroughs in the field. We aim to define several potential roles of cannabinoid receptors in the modulation of signaling pathways and in association with several pathophysiological conditions. We believe that the therapeutic significance of cannabinoids is masked by the adverse effects and here alternative strategies are discussed to take therapeutic advantage of cannabinoids.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5877694/

8. The Endocannabinoid System as an Emerging Target of Pharmacotherapy

Review > Pharmacol Rev. 2006 Sep;58(3):389-462. doi: 10.1124/pr.58.3.2.

The Endocannabinoid System as an Emerging Target of Pharmacotherapy

Pál Pacher [1], Sándor Bátkai, George Kunos

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PMID: 16968947 PMCID: PMC2241751 DOI: 10.1124/pr.58.3.2

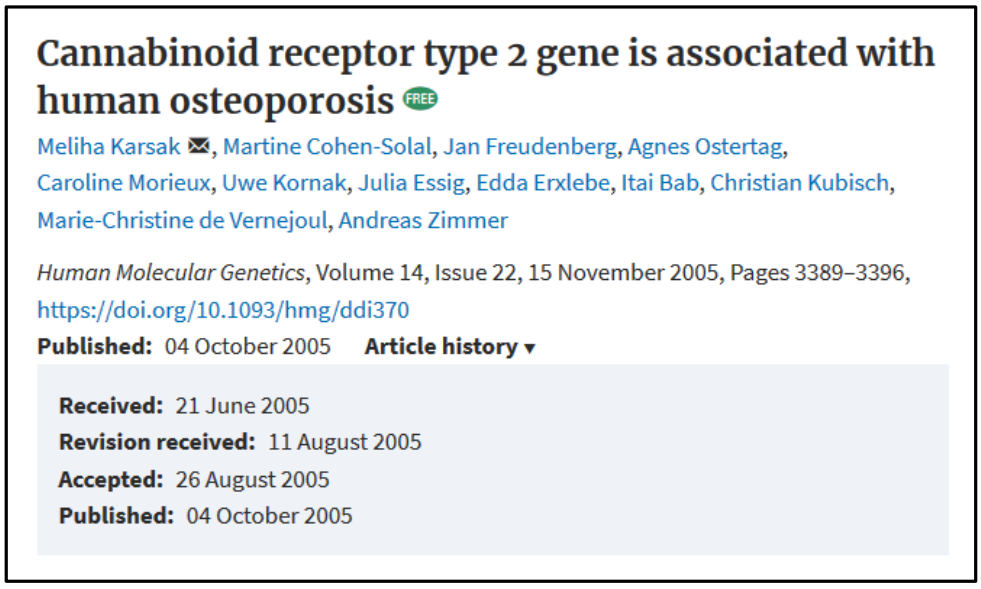
Free PMC article

Abstract

The recent identification of cannabinoid receptors and their endogenous lipid ligands has triggered an exponential growth of studies exploring the endocannabinoid system and its regulatory functions in health and disease. Such studies have been greatly facilitated by the introduction of selective cannabinoid receptor antagonists and inhibitors of endocannabinoid metabolism and transport, as well as mice deficient in cannabinoid receptors or the endocannabinoid-degrading enzyme fatty acid amidohydrolase. In the past decade, the endocannabinoid system has been implicated in a growing number of physiological functions, both in the central and peripheral nervous systems and in peripheral organs. More importantly, modulating the activity of the endocannabinoid system turned out to hold therapeutic promise in a wide range of disparate diseases and pathological conditions, ranging from mood and anxiety disorders, movement disorders such as Parkinson's and Huntington's disease, neuropathic pain, multiple sclerosis and spinal cord injury, to cancer, atherosclerosis, myocardial infarction, stroke, hypertension, glaucoma, obesity/metabolic syndrome, and osteoporosis, to name just a few. An impediment to the development of cannabinoid medications has been the socially unacceptable psychoactive properties of plant-derived or synthetic agonists, mediated by CB(1) receptors. However, this problem does not arise when the therapeutic aim is achieved by treatment with a CB(1) receptor antagonist, such as in obesity, and may also be absent when the action of endocannabinoids is enhanced indirectly through blocking their metabolism or transport. The use of selective CB(2) receptor agonists, which lack psychoactive properties, could represent another promising avenue for certain conditions. The abuse potential of plant-derived cannabinoids may also be limited through the use of preparations with controlled composition and the careful selection of dose and route of administration. The growing number of preclinical studies and clinical trials with compounds that modulate the endocannabinoid system will probably result in novel therapeutic approaches in a number of diseases for which current treatments do not fully address the patients' need. Here, we provide a comprehensive overview on the current state of knowledge of the endocannabinoid system as a target of pharmacotherapy.

https://pubmed.ncbi.nlm.nih.gov/16968947/

9. Cannabinoid receptor type 2 gene is associated with human osteoporosis



Cannabinoid receptor type 2 gene is associated with human osteoporosis FREE

Meliha Karsak ✉, Martine Cohen-Solal, Jan Freudenberg, Agnes Ostertag, Caroline Morieux, Uwe Kornak, Julia Essig, Edda Erxlebe, Itai Bab, Christian Kubisch, Marie-Christine de Vernejoul, Andreas Zimmer

Human Molecular Genetics, Volume 14, Issue 22, 15 November 2005, Pages 3389–3396, https://doi.org/10.1093/hmg/ddi370

Published: 04 October 2005 **Article history ▾**

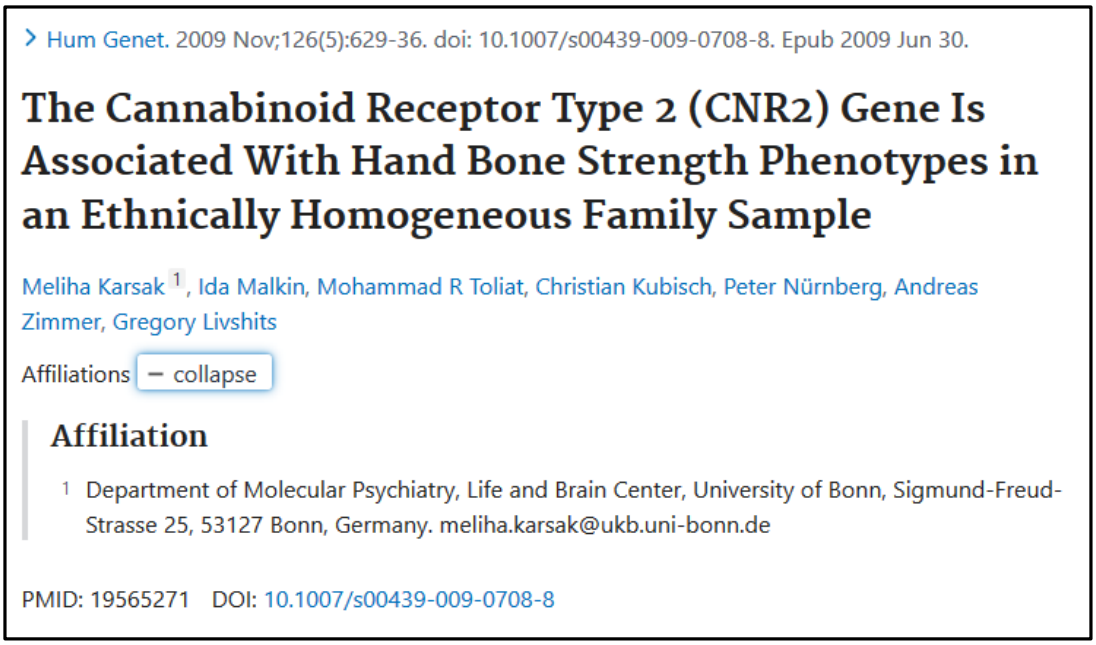
Received: 21 June 2005
Revision received: 11 August 2005
Accepted: 26 August 2005
Published: 04 October 2005

Abstract

Osteoporosis is one of the most common degenerative diseases. It is characterized by reduced bone mineral density (BMD) with an increased risk for bone fractures. There is a substantial genetic contribution to BMD, although the genetic factors involved in the pathogenesis of human osteoporosis are largely unknown. Mice with a targeted deletion of either the cannabinoid receptor type 1 (Cnr1) or type 2 (Cnr2) gene show an alteration of bone mass, and pharmacological modification of both receptors can regulate osteoclast activity and BMD. We therefore analyzed both genes in a systematic genetic association study in a human sample of postmenopausal osteoporosis patients and matched female controls. We found a significant association of single polymorphisms (P=0.0014) and haplotypes (P=0.0001) encompassing the CNR2 gene on human chromosome 1p36, whereas we found no convincing association for CNR1. These results demonstrate a role for the peripherally expressed CB2 receptor in the etiology of osteoporosis and provide an interesting novel therapeutical target for this severe and common disease.

https://academic.oup.com/hmg/article/14/22/3389/614315

10. The Cannabinoid Receptor Type 2 (CNR2) Gene Is Associated With Hand Bone Strength Phenotypes in an Ethnically Homogeneous Family Sample



› Hum Genet. 2009 Nov;126(5):629-36. doi: 10.1007/s00439-009-0708-8. Epub 2009 Jun 30.

The Cannabinoid Receptor Type 2 (CNR2) Gene Is Associated With Hand Bone Strength Phenotypes in an Ethnically Homogeneous Family Sample

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Affiliations – collapse

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PMID: 19565271 DOI: 10.1007/s00439-009-0708-8

Abstract

Genetic variants within the CNR2 gene encoding the cannabinoid receptor CB2 have been shown to be associated with osteoporosis and low bone mineral density (BMD) in case-control studies. We now examined the association of polymorphisms in CNR2 with hand bone strength in an ethnically homogeneous healthy family sample of European origin (Chuvashians) living in Russia. We show that non-synonymous CNR2 SNPs are significantly associated with radiographic hand BMD and breaking bending resistance index (BBRI) by two different transmission disequilibrium tests. For both tests highly significant p values (ranging from 0.007 to 0.008 for hand BMD, and from 0.001 to 0.003 for BBRI) were also obtained with additional SNPs at the CNR2 locus. The associations remained significant after correction for multiple testing. In conclusion, in addition to the association of CNR2 polymorphisms with low BMD at selected clinically relevant skeletal sites, we now report their significant association with hand bone strength phenotypes using a family-based study design implying an even broader impact of genetic variation at the CNR2 locus on bone structure and function.

https://pubmed.ncbi.nlm.nih.gov/19565271/

11. Russo-Hohmann Role of Cannabinoids in Pain Management from Deer 2013

Key Points

- Cannabinoids are pharmacological agents of endogenous (endocannabinoids), botanical (phytocannabinoids), or synthetic origin.
- Cannabinoids alleviate pain through a variety of receptor and non-receptor mechanisms including direct analgesic and anti-inflammatory effects, modulatory actions on neurotransmitters, and interactions with endogenous and administered opioids.
- Cannabinoid agents are currently available in various countries for pain treatment, and even cannabinoids of botanical origin may be approvable by FDA, although this is distinctly unlikely for smoked cannabis.
- An impressive body of literature supports cannabinoid analgesia, and recently, this has been supplemented by an increasing number of phase I–III clinical trials.

Introduction

Plants and Pain

It is a curious fact that we owe a great deal of our insight into pharmacological treatment of pain to the plant world [1]. Willow bark from *Salix* spp. led to development of aspirin and eventual elucidation of the analgesic effects of prostaglandins and their role in inflammation. The opium poppy (*Papaver somniferum*) provided the prototypic narcotic analgesic morphine, the first alkaloid discovered, and stimulated the much later discovery of the endorphin and enkephalin systems. Similarly, the pharmacological properties of cannabis (*Cannabis sativa*) prompted the isolation of Δ^9-tetrahydrocannabinol (THC), the major psychoactive ingredient in cannabis, in 1964 [2]. It is this breakthrough that subsequently prompted the more recent discovery of the body's own cannabis-like system, the endocannabinoid system (ECS), which modulates pain under physiological conditions. Pro-nociceptive mechanisms of the endovanilloid system were similarly revealed by phytochemistry of capsaicin, the pungent ingredient in hot chile peppers (*Capsicum annuum* etc.), which activates transient receptor potential vanilloid receptor-1 (TRPV1). Additional plant products such as the mints and mustards activate other TRP channels to produce their physiological effects.

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The Endocannabinoid System

There are three recognized types of cannabinoids: (1) the phytocannabinoids [3] derived from the cannabis plant, (2) synthetic cannabinoids (e.g., ajulemic acid, nabilone, CP55940, WIN55, 212-2) based upon the chemical structure of THC or other ligands which bind cannabinoid receptors, and (3) the endogenous cannabinoids or endocannabinoids. Endocannabinoids are natural chemicals such as anandamide (AEA) and 2-arachidonoylglycerol (2-AG) found in animals whose basic functions are "relax, eat, sleep, forget, and protect" [4]. The endocannabinoid system encompasses the endocannabinoids themselves, their biosynthetic and catabolic enzymes, and their corresponding receptors [5]. AEA is hydrolyzed by the enzyme fatty-acid amide hydrolase (FAAH) into breakdown products arachidonic acid and ethanolamine [6]. By contrast, 2-AG is hydrolyzed primarily by the enzyme monoacylglycerol lipase (MGL) into breakdown products arachidonic acid and glycerol [7] and to a lesser extent by the enzymes ABHD6 and ABHD12. FAAH, a

T.R. Deer et al. (eds.), *Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches*,
DOI 10.1007/978-1-4614-1560-2_18, © American Academy of Pain Medicine 2013

https://www.scribd.com/document/368583755/Russo-Hohmann-Role-of-Cannabinoids-in-Pain-Management-From-Deer-2013

12. Vaporized Cannabis and Spinal Cord Injury Pain

An Exploratory Human Laboratory Experiment Evaluating Vaporized Cannabis in the Treatment of Neuropathic Pain from Spinal Cord Injury and Disease

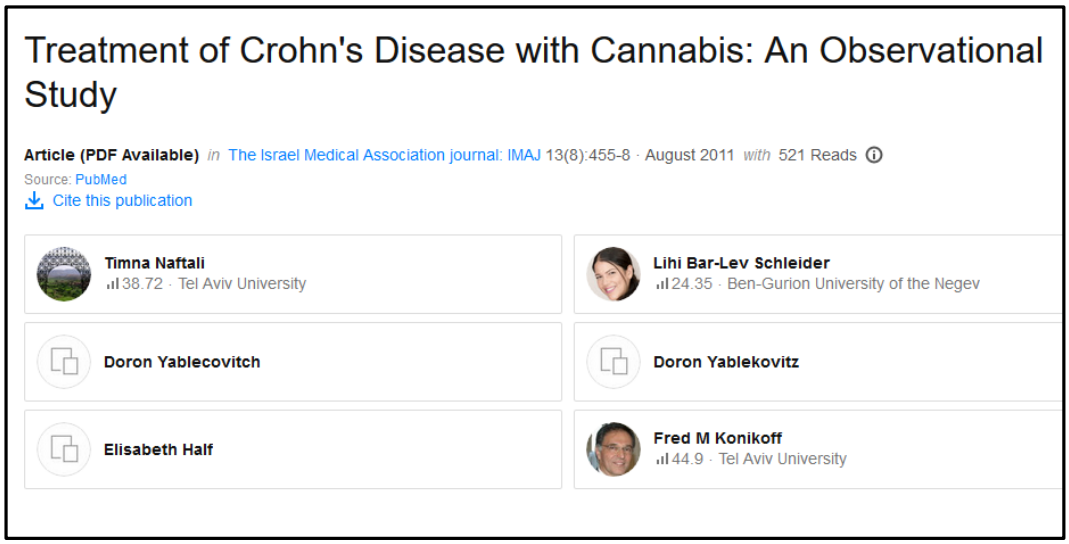
Barth Wilsey, MD, Associate Physician, Thomas D. Marcotte, PhD, Associate Professor, [...], and Amy Phan, Research Associate

Abstract

Using eight hour human laboratory experiments, we evaluated the analgesic efficacy of vaporized cannabis in patients with neuropathic pain related to injury or disease of the spinal cord, the majority of whom were experiencing pain despite traditional treatment. After obtaining baseline data, 42 participants underwent a standardized procedure for inhaling 4 puffs of vaporized cannabis containing either placebo, 2.9%, or 6.7% delta-9-tetrahydrocannabinol on three separate occasions. A second dosing occurred 3 hours later; participants chose to inhale 4 to 8 puffs. This flexible dosing was utilized to attempt to reduce the placebo effect. Using an 11-point numerical pain intensity rating scale as the primary outcome, a mixed effects linear regression model demonstrated a significant analgesic response for vaporized cannabis. When subjective and psychoactive side effects (e.g., good drug effect, feeling high, etc.) were added as covariates to the model, the reduction in pain intensity remained significant above and beyond any effect of these measures (all p<0.0004). Psychoactive and subjective effects were dose dependent. Measurement of neuropsychological performance proved challenging because of various disabilities in the population studied. As the two active doses did not significantly differ from each other in terms of analgesic potency, the lower dose appears to offer the best risk-benefit ratio in patients with neuropathic pain associated with injury or disease of the spinal cord.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007175/#__ffn_sectitle

13. Treatment of Crohn's Disease with Cannabis: An Observational Study

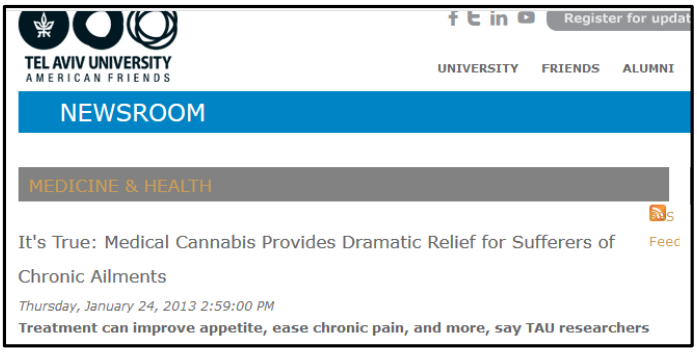


Abstract

The marijuana plant cannabis is known to have therapeutic effects, including improvement of inflammatory processes. However, no report of patients using cannabis for Crohn's disease (CD) was ever published. To describe the effects of cannabis use in patients suffering from CD. In this retrospective observational study we examined disease activity, use of medication, need for surgery, and hospitalization before and after cannabis use in 30 patients (26 males) with CD. Disease activity was assessed by the Harvey Bradshaw index for Crohn's disease. Of the 30 patients 21 improved significantly after treatment with cannabis. The average Harvey Bradshaw index improved from 14 +/- 6.7 to 7 +/- 4.7 ($P < 0.001$). The need for other medication was significantly reduced. Fifteen of the patients had 19 surgeries during an average period of 9 years before cannabis use, but only 2 required surgery during an average period of 3 years of cannabis use. This is the first report of cannabis use in Crohn's disease in humans. The results indicate that cannabis may have a positive effect on disease activity, as reflected by reduction in disease activity index and in the need for other drugs and surgery. Prospective placebo-controlled studies are warranted to fully evaluate the efficacy and side effects of cannabis in CD.

https://www.researchgate.net/publication/51630937_Treatment_of_Crohn%27s_Disease_with_Cannabis_An_Observational_Study

14. It's True: Medical Cannabis Provides Dramatic Relief for Sufferers of Chronic Ailments



Thursday, January 24, 2013 2:59:00 PM

Treatment can improve appetite, ease chronic pain, and more, say TAU researchers

Though controversial, medical cannabis has been gaining ground as a valid therapy, offering relief to suffers of diseases such as cancer, Post-Traumatic Stress Disorder, ALS and more. The substance is known to soothe severe pain, increase the appetite, and ease insomnia where other common medications fail.

In 2009, Zach Klein, a graduate of Tel Aviv University's Department of Film and Television Studies, directed the documentary Prescribed Grass. Through the process, he developed an interest in the scientific research behind medical marijuana, and now, as a specialist in policy-making surrounding medical cannabis and an MA student at TAU's Porter School of Environmental Studies, he is conducting his own research into the benefits of medical cannabis.

Using marijuana from a farm called Tikkun Olam — a reference to the Jewish concept of healing the world — Klein and his fellow researchers tested the impact of the treatment on 19 residents of the Hadarim nursing home in Israel. The results, Klein says, have been outstanding. Not only did participants experience dramatic physical results, including healthy weight gain and the reduction of pain and tremors, but Hadarim staff saw an immediate improvement in the participants' moods and communication skills. The use of chronic medications was also significantly reduced, he reports.

Klein's research team includes Dr. Dror Avisar of TAU's Hydrochemistry Laboratory at the Department of Geography and Human Environment; Prof. Naama Friedmann and Rakefet Keider of TAU's Jaime and Joan Constantiner School of Education; Dr. Yehuda Baruch of TAU's Sackler Faculty of Medicine and director of the Abarbanel Mental Health Center; and Dr. Moshe Geitzen and Inbal Sikorin of Hadarim.

Cutting down on chronic medications

Israel is a world leader in medical cannabis research, Klein says. The active ingredient in marijuana, THC, was first discovered there by Profs. Raphael Mechoulam and Yechiel Gaoni. Prof. Mechoulam is also credited for having defined the endocannabinoid system, which mimics the effects of cannabis and plays a role in appetite, pain sensation, mood and memory.

In the Hadarim nursing home, 19 patients between the ages of 69 and 101 were treated with medical cannabis in the form of powder, oil, vapor, or smoke three times daily over the course of a year for conditions such as pain, lack of appetite, and muscle spasms and tremors. Researchers and nursing home staff monitored participants for signs of improvement, as well as improvement in overall life quality, such as mood and ease in completing daily living activities.

During the study, 17 patients achieved a healthy weight, gaining or losing pounds as needed. Muscle spasms, stiffness, tremors and pain reduced significantly. Almost all patients reported an increase in sleeping hours and a decrease in nightmares and PTSD-related flashbacks.

There was a notable decline in the amount of prescribed medications taken by patients, such as antipsychotics, Parkinson's treatment, mood stabilizers, and pain relievers, Klein found, noting that these drugs have severe side effects. By the end of the study, 72 percent of participants were able to reduce their drug intake by an average of 1.7 medications a day.

Connecting cannabis and swallowing

This year, Klein is beginning a new study at Israel's Reuth Medical Center with Drs. Jean-Jacques Vatine and Aviah Gvion, in which he hopes to establish a connection between medical cannabis and improved swallowing. One of the biggest concerns with chronically ill patients is food intake, says Klein. Dysphagia, or difficulty in swallowing, can lead to a decline in nutrition and even death. He believes that cannabis, which has been found to stimulate regions of the brain associated with swallowing reflexes, will have a positive impact.

Overall, Klein believes that the healing powers of cannabis are close to miraculous, and has long supported an overhaul in governmental policy surrounding the drug. Since his film was released in 2009, the number of permits for medical cannabis in Israel has increased from 400 to 11,000. His research is about improving the quality of life, he concludes, especially for those who have no other hope.

https://www.aftau.org/weblog-medicine--health?&storyid4704=1276&ncs4704=3

Section 9: DIETARY ASPECTS OF CANNABIS

1. Dr William Courtney – *Cannabis Nutrition*

- Cannabis the (Essential) Superfood
- Cannabis is high in dietary fibre
- Cannabis contains 33% protein
- Cannabis contains 35% ESSENTIAL fatty acids Omega 3, 6, 9 in perfect ratios for human absorption
- Cannabis contains all 9 amino acids
- Cannabis contains 6 times more Omega 3 than tuna.
- Cannabis maintains homeostasis so could be an essential nutrient for good health, well-being and happiness.

"seek[s]to consolidate the science regarding the essential nature of the phyto-cannabinoid contributions to health maintenance and restoration. That akin to Essential Fatty Acids and Essential Amino Acids, there needs to be Minimum Daily Requirements established to guide worldwide adoption of raw cannabis as the single most important dietary element."

https://www.cannabisinternational.org/about.php

2. Dr Ethan Russo – Clinical Endocannabinoid Deficiency Syndrome

Given the nutritional properties of cannabis listed above, in consideration with the research of Dr Russo highlights that phytocannabinoids nourish and maintain our endocannabinoid system, which in turn maintains homeostasis resulting in improved mental and physical health, wellbeing and happiness. The manner in which we pursue our own health, wellbeing and happiness is a fundamental human right, perhaps even more so for this remarkably nutritious herb.

The work of Dr Ethan Russo highlights that many illnesses could be attributed to an endocannabinoid deficiency and "suggests that a clinical endocannabinoid deficiency might characterize their origin. Its base hypothesis is that all humans have an underlying endocannabinoid tone that is a reflection of levels of the endocannabinoids, anandamide (arachidonylethanolamide), and 2-arachidonoylglycerol, their production, metabolism, and the relative abundance and state of cannabinoid receptors. Its theory is that in certain conditions, whether congenital or acquired, endocannabinoid tone becomes deficient and productive of pathophysiological syndromes." These findings reinforce the belief that cannabis is an essential nutrient for the maintenance of health through plant cannabinoids interacting with the endocannabinoid system, thereby regulating homeostasis.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576607/

Section 10: SPIRUTUAL ASPECTS OF CANNABIS

1. Sula Benet – *Early Diffusion and Folk Uses of Hemp.* 1967 Cannabis in the Holy Anointing Oil

"Exodus records Moses receiving the instructions for making and distributing the holy anointing oil, as follows:

Then the LORD said to Moses, "Take the following fine spices: 500 shekels of liquid myrrh, half as much of fragrant cinnamon, 250 shekels of kaneh bosm, 500 shekels of cassia - all according to the sanctuary shekel--and a hind of olive oil. Make these into a sacred anointing oil" (Exodus 30: 22-33)

The Hebrew term kaneh (קָנֶה) is the standard Hebrew word for "cane" or "reed," occurring 62 times in the Masoretic text of the Hebrew Bible It usually occurs without the adjective "sweet," and is translated "reed," though twice as calamus (Song of Songs 4:14 and Ezekiel 27:19 KJV). It occurs with the adjective "sweet" in three places (Exodus 30:22-33, Isaiah 43:24, Jeremiah 6:20), where kaneh bosm is typically translated as "calamus," "sweet cane" or "fragrant cane" in English versions."

http://www.liquisearch.com/sula_benet/early_diffusion_and_folk_uses_of_hemp_1967

2. Smoking as Communication in Rastafari: *Reasonings* with 'Professional' Smokers and 'Plant Teachers'

ABSTRACT

In Rastafari smoking *herbs* (cannabis) and tobacco is central to spiritual practices, including *grounding* (the process of initiation into Rastafari) and *reasoning* (ritual discussions). This paper presents ethnographic research with Rastafari smokers in England. It shows that smoking is considered a 'professional' activity that communicates dedication to the movement, aids in learning different dialects, and facilitates experiences of communication with *herbs* herself'. Through rituals that 'professional' smokers engage in *herbs* becomes a 'plant teacher', which Tupper [2008. The Globalization of Ayahuasca: Harm Reduction or Benefit Maximization? *International Journal of Drug Policy*, 19:300] defines as 'a natural divinatory mechanism that can provide esoteric knowledge to adepts skilled in negotiating its remarkable effects'. Appreciation of smoking as a form of multispecies communication between 'professional' smokers and 'plant teachers' recasts the role of agency in anthropological studies of smoking and contributes to our understanding of consciousness and intentionality in both humans and plants.

KEYWORDS: Multispecies ethnography, ethnobotany, cannabis, agency, consciousness

https://www.tandfonline.com/doi/full/10.1080/00141844.2019.1627385

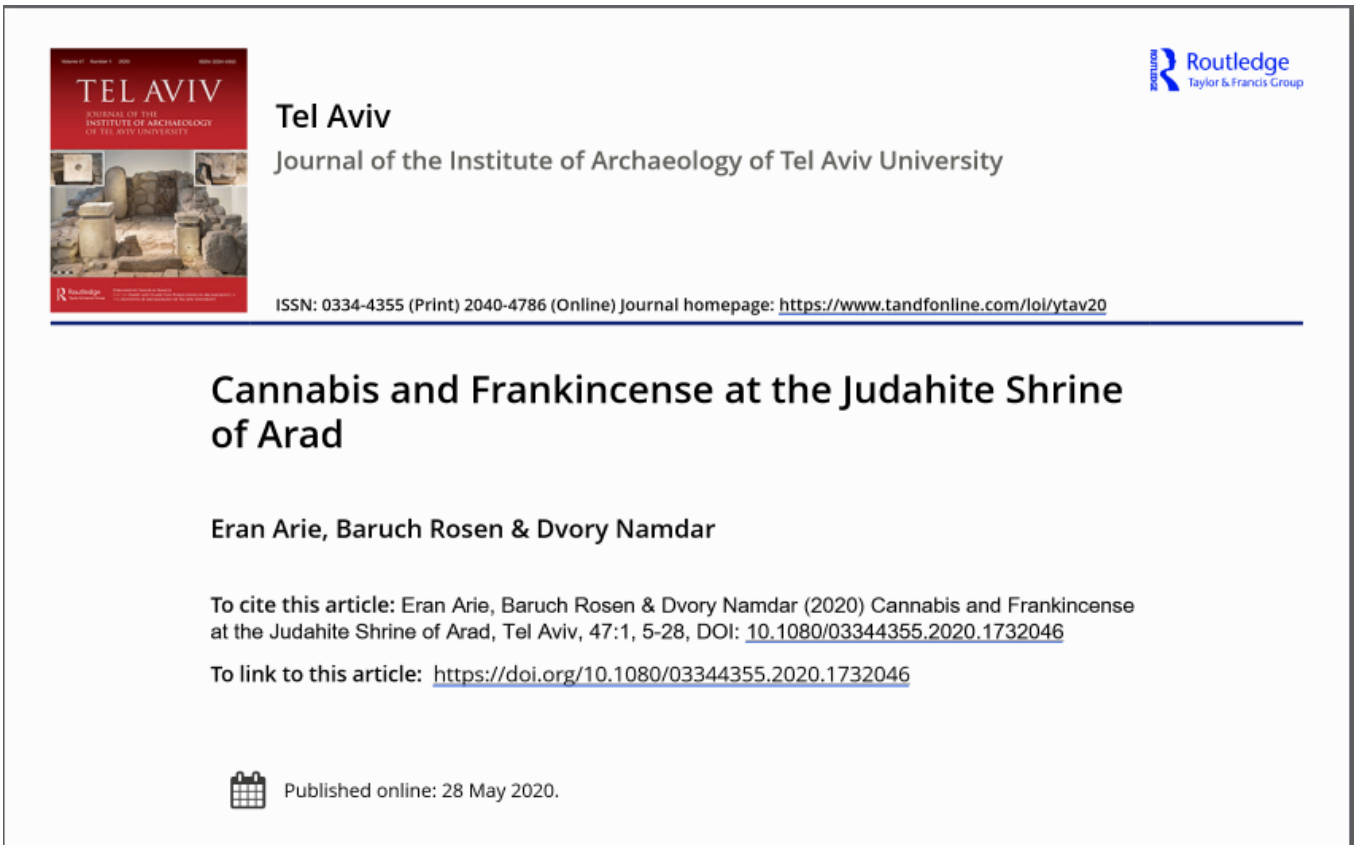
3. Chris Bennett – The Historical use of cannabis for spiritual purposes

"For more than a quarter century, I have been writing about a theorized role of cannabis in ancient Judaic temple worship. Cannabis Culture published one of my first articles on this in 1996, Kaneh Bosm: Cannabis in the Old Testament. Many disputed these claims, and rejected my work, others however embraced it, and word spread around enough on this, that the work took on a life of its own. Now the theory, has become a historical reality, through new archeological evidence.

The Journal of the Institute of Archaeology of Tel Aviv University, Volume 47, 2020 – Issue 1, published the paper Cannabis and Frankincense at the Judahite Shrine of Arad, by Eran Arie, Baruch Rosen & Dvory Namdar, wrote about the analysis of unidentified dark material preserved on the upper surfaces of two monoliths that were used in a jewish Temple site. The residues were submitted for analysis at two unrelated laboratories that used similar established extraction methods."

Chris Bennett – Cannabis Historian and author of Cannabis and the Soma Solution (Social Cultural Anthropology).

https://www.cannabisculture.com/content/2020/05/29/ancient-judaic-use-of-cannabis-for-shamanic-ecstasy-verified-by-archeological-evidence/



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Cannabis and Frankincense at the Judahite Shrine of Arad

Eran Arie, Baruch Rosen & Dvory Namdar

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https://www.tandfonline.com/doi/full/10.1080/03344355.2020.1732046?needAccess=true#aHR0cHM6Ly93d3cudGFuZGZvbmxpbmUuY29tL2RvaS9wZGYvMTAuMTA4MC8wMzM0NDM1NS4yMDIwLjE3MzIwNDY/bmVlZEFjY2Vzcz10cnVlQEBAMA==

Concluding Statements from We The Undersigned Have a Human Sovereign Right to Cannabis

The above collated evidence serves to document the history of the unwarranted so called "War on Cannabis", that was evidently founded and maintained for Political and Corporate gains, whilst inadvertently causing great harm, discrimination and injustice in British society, when cannabis is in fact humanity's most ancient and traditional herbal health remedy, food supplement, non-toxic recreational drug, spiritual or creative aide and sustainable industrial resource.

Since 1998, GW Pharmaceuticals have made 134 patents for "cannabis based medical products", generating millions in profit, whilst millions of British people have been falsely prosecuted on the basis that cannabis is a Schedule 1 drug, with no therapeutic value, warranting Class B sentencing. Cannabis has been inappropriately legislated for decades and the law has been manipulated for political and corporate purposes. Cannabis prohibition is based upon lies, misinformation and greed, bringing the Great British Legal System into disrepute, so long as it continues to be a political tool to protect invested interests.

WTU believe that the continued prohibition of cannabis infringes several of our inalienable human rights. Specifically, our rights to our freedom of consciousness, freedom of association, free development of personality, autonomy of health, rights to a private life, beliefs, and practices, insofar as much, our actions cause no harm to others.

History proves that humanity has a far more complex relationship with cannabis than the government created binary paradigm of cannabis for medical or recreational purposes. Many British adults recognise and utilise cannabis for a broad range of purposes to improve their quality of life. Often WTU members have chosen to replace Government's preferred, promoted and protected poisonous recreational drug alcohol or side effect ridden pharmaceuticals with home grown or illicit cannabis. These health choices should not see our lives destroyed by criminalisation.

WTU believe that cannabis consumers should be treated equally by Law and Society. WTU should have equal rights, responsibilities and protections as are granted to the consumers of the recreational drug alcohol.

Those being specifically:

- the right to seek self-sufficiency with our preferred cannabis varieties and preparations (home brewers & home grower's rights)
- the right to share with friends and family
- the right to possess quantities of cannabis as preferred
- the right to purchase from licensed vendors with clubs to socialise, whilst having the consumer protections of an accountable, licenced, and regulated market
- the right to become a licensed cannabis entrepreneur
- the responsibility not to cause harm to another whilst consuming cannabis

As fully informed, autonomous adults, We The Undersigned believe WE should all have FULL autonomy over our body health choices and preferred beliefs and practices in our pursuit of health, well-being and happiness, as WTU have determined best for ourselves and our loved ones. Moreover, our health choices should not be dictated by Government nor coerced through intimidation with fear of the Law. It is not Government's right nor responsibility to dictate people's available states of consciousness or health choices upon pain of prosecution.

Therefore, We the Undersigned Have a Human Sovereign Right to Cannabis hereby declare that the Political Policy of the "War on Cannabis", enforced through the Misuse of Drugs Act 1971 (and all

subsequent amendments) are incompatible with the UN, EU and UK Human Rights Acts, as its enforcement infringes upon our aforementioned inalienable human rights.

Consequently, WTU withdraw consent to be governed by all Acts of Parliament that are evidently based upon lies, misinformation and conflicting political interests, as to abide by said Acts could be detrimental to our mental and physical well-being. WTU cannot abide by laws that deny our freedom of consciousness and may harm our health were WTU to abide by them.