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THE EVIDENCE.

In the light of the Rulings of DEA Judge Francis Young (1988) and the Articles of both the United Nations Universal Declaration of Human rights and the European Convention for The Protection of Human Rights and Fundamental Freedoms, the denial of an effective medicine to people is a very serious CRIME AGAINST HUMANITY. All Governments and authorities that participate in this denial are guilty of very serious crimes.

This information should be distributed widely so that the Heads of States and Governments, and the courts, are aware that it is in the public domain.

Here is some of the important SCIENTIFIC EVIDENCE - the sort of thing demanded by the likes of UK Home Secretary Jack Straw. It is followed by an excerpt from the rulings of Judge Young.

1) Cannabis may help prevent lung cancer

"Marijuana Use and Mortality", American Journal of Public Health, April 1997. Table 2 provides data on the relative risk of death for ever users and current users of marijuana, by sex and cause of death: Kaiser Permanente Medical care Program, Oakland and San Francisco, June 1979 to December 1985 (n=65,171), section regarding cancer (Neoplasms) as the cause of death. The table shows that men and women who are or have smoked cannabis but not tobacco have a lesser risk of developing cancer than those who were non-smokers of both marijuana and tobacco. see: <http://www.paston.co.uk/users/webbooks/canpdata.html>

2) Cannabis may help slow down natural cognitive decline

"Cannabis use and cognitive decline in persons under 65 years of age", American Journal of Epidemiology, Vol 149, No 9 pages 794-800, 1999.

Table 3 shows the mean change in Mini-Mental State Examination (MMSE) score between wave 2 (1982) and wave 3 (1993-1996) in men and women, by level of cannabis use, Baltimore Epidemiologic Catchment Area study follow-up.

A deterioration in Mental Functioning occurs in all age groups as a natural function of ageing and exposure to toxins. We see less cognitive decline among marijuana smokers than non-users. The authors also acknowledge alcohol and tobacco as two of the prime causes of cognitive decline. They did not publish their conclusion that cannabis caused a significant difference because the measured values were close, the difference between cannabis smokers and tobacco /alcohol users is undeniable. see <http://www.mapinc.org/drugnews/v99.n1330.a12.html>

3) Cannabis may kill brain tumours

The type of tumour, a glioma, is relatively uncommon but fatal in humans. Dr Ismael Galve-Roperh and his team at Complutense University, Madrid, infused tetrahydrocannabinol (THC) into the rats' brains through tubes. In a third of the rats, the tumour was eliminated. Another third lived for an extra six weeks instead of dying within two to three. Another third gained no benefit. The team reports in Nature Medicine that the treatment works by stimulating the cancer cells to commit suicide in a natural process called apoptosis. The effect occurs in cancer cells but not in normal ones and, they say, "could provide the basis for a new therapeutic approach for the treatment of malignant gliomas". The Times, February 20, 2000

see also

<http://www.mapinc.org/drugnews/v00.n289.a05.html>

<http://www.mapinc.org/drugnews/v00.n289.a09.html>

<http://www.mapinc.org/drugnews/v00.n289.a08.html>

4) Cannabis counteracts the effects of strokes and may help prevent Parkinson's Disease and ALZHEIMER'S

A team led by the British-born biologist Aidan Hampson, at the US National Institute for Mental Health, in Maryland, has discovered that two active components of cannabis - compounds called THC and cannabidiol - will each act to prevent damage to brain tissue placed in laboratory dishes.

The experiments, reported in the proceedings of the National Academy of Sciences, reveal an unexpected potential use for a drug known for centuries to have valuable medical properties. The discovery is likely to increase pressure to make marijuana and its derivatives more widely available for use on prescription.... Dr Hampson's study has focused on cannabidiol, rather than the psychoactive chemical THC, because this substance has no side-effects. ..Stroke victims suffer a blood clot that starves brain cells of glucose and oxygen, and sets off a cascade of chemical reactions which destroys cells. He found that both cannabis compounds seemed to block the destructive process. Some drugs work well in test tubes, but fail in living creatures because they do not reach the target. Cannabis compounds go straight to the brain.

The results suggest that cannabidiol could also become a treatment for other neurological disorders, such as Parkinson's and Alzheimer's diseases. Dr Hampson said: "We have something that passes the brain barrier easily, has low toxicity, and appears to be working in the animal trials. So I think we have a good chance. (The Guardian, July 4 1999)

See

<http://www.paston.co.uk/users/webbooks/guard4jy.html>

5) Cannabis relieves pain.

Cannabis has been used to relieve various types of pain since the time of the Ancient Egyptians and the Ancient China. There have been literally thousands of testimonials claiming relief from pain from everything from spinal injury to menstrual pains. Recently scientists have confirmed the pain-relieving properties of cannabis.

See

<http://www.drcnet.org/wol/060.html#painrelief>

<http://www.mapinc.org/drugnews/v98.n833.a04.html>

<http://www.mapinc.org/drugnews/v98.n834.a04.html>

<http://www.mapinc.org/drugnews/v98.n634.a03.html>

<http://www.mapinc.org/drugnews/v98.n1148.a08.html>

see also: Daily Telegraph, UK, Tuesday, October 12 1999

6) Cannabis eases the symptoms of Multiple Sclerosis

NEW YORK, Mar 01 (Reuters Health) - Add the degenerative neurological disease multiple sclerosis (MS) to the list of ailments that might be relieved by marijuana. On the heels of a report that found THC, the active ingredient in marijuana, holds promise as a treatment for a rare brain cancer, another study shows that THC and other cannabinoid compounds relieve MS-like symptoms in laboratory mice.

The evidence is strong enough to justify the testing of these substances in people with MS, researchers report.

"For some years there has been anecdotal evidence that some people with multiple sclerosis have found relief from symptoms such as painful spasms by using cannabis," one of the study's authors, Dr. Lorna Layward, of the MS Society of Great Britain and Northern Ireland, said in a statement.

"This research sets that evidence in context."

"The study provides a firm basis for the human trials of cannabis in MS that will commence shortly," she said.

In studies of mice with an MS-like disease, Layward and colleagues found that tremors in the mice improved within 10 minutes of being treated with a man-made cannabinoid that attached to structures in the brain called cannabinoid receptors. Reuters, March 1 2000 see:

<http://www.mapinc.org/drugnews/v00.n302.a02.html>

<http://www.mapinc.org/drugnews/v00.n302.a08.html>

<http://www.mapinc.org/drugnews/v00.n302.a05.html>

<http://www.mapinc.org/drugnews/v00.n302.a09.html>

<http://www.mapinc.org/drugnews/v00.n302.a11.html>

<http://www.mapinc.org/drugnews/v00.n302.a12.html>

7) Cannabis helps the eyesight and help prevent Glaucoma

Scientists have found a family of chemicals that includes the "psychoactive" ingredients of marijuana plays a role in vision. For the first time, "receptor" proteins activated by these compounds - cannabinoids - - have been reported in the eye, providing a missing link in the understanding of the retina. "The scientific literature on marijuana, the known effects of cannabinoids in other parts of the brain and the places we find the receptor in the retina all make plausible the notion that cannabinoids may well have an effect on light sensitivity or light-dark adaptation," said Alex Straiker of the University of California, San Diego. However the retina is "incredibly complex", so this remains only a possibility, said Straiker, principal author of the report on the prevalence of receptors - docking points for cannabinoids - in the retina. The paper appears today in the "Proceedings of the National Academy of Sciences". It is co-authored by scientists from the Neurosciences Institute in San Diego and the University of Washington in Seattle. - National Post (Canada), December 7 1999

see also: The Daily Telegraph (UK), Tuesday 7 December 1999

<http://www.mapinc.org/drugnews/v99.n1326.a12.html>

<http://www.mapinc.org/drugnews/v99.n1321.a09.html>

This list is not exhaustive. However, it does provide powerful and irrefutable evidence that

- 1) Cannabis has many uses as a medicine,
- 2) The prevention of the use of cannabis is of detrimental effect on the health on almost every person in the world, resulting in unnecessary pain, debilitation, and premature death,
- 3) The classification of cannabis in national law or international treaty as a drug with no medicinal value is at best a grave error.

THE JUDGE'S RULING

This is what the USA's own Drug Enforcement Administration's Judge, Francis Young, said in 1988 about marijuana (cannabis):

"In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death. "Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care." see Judge Young's Rulings

From: OPINION AND RECOMMENDED RULING, FINDINGS OF FACT, CONCLUSIONS OF LAW AND DECISION OF Administrative LAW JUDGE, DATED: SEP 6 1988. Findings of Fact:

"4. Nearly all medicines have toxic, potentially lethal effects. But marijuana is not such a substance. There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality.

"5. This is a remarkable statement. First, the record on marijuana encompasses 5,000 years of human experience. Second, marijuana is now used daily by enormous numbers of people throughout the world. Estimates suggest that from twenty million to fifty million Americans routinely, albeit illegally, smoke marijuana without the benefit of direct medical supervision. Yet, despite this long history of use and the extraordinarily high numbers of social smokers, there are simply no credible medical reports to suggest that consuming marijuana has caused a single death.

"6. By contrast aspirin, a commonly used, over-the-counter medicine, causes hundreds of deaths each year.

"7. Drugs used in medicine are routinely given what is called an LD-50. The LD-50 rating indicates at what dosage fifty percent of test animals receiving a drug will die as a result of drug induced toxicity. A number of researchers have attempted to determine marijuana's LD-50 rating in test animals, without success. Simply stated, researchers have been unable to give animals enough marijuana to induce death.

"8. At present it is estimated that marijuana's LD-50 is around 1:20,000 or 1:40,000. In layman terms this means that in order to induce death a marijuana smoker would have to consume 20,000 to 40,000 times as much marijuana as is contained in one marijuana cigarette. NIDA-supplied marijuana cigarettes weigh approximately .9 grams. A smoker would theoretically have to consume nearly 1,500 pounds of marijuana within about fifteen minutes to induce a lethal response.

"9. In practical terms, marijuana cannot induce a lethal response as a result of drug-related toxicity.

"10. Another common medical way to determine drug safety is called the therapeutic ratio. This ratio defines the difference between a therapeutically effective dose and a dose which is capable of inducing adverse effects.

"11. A commonly used over-the-counter product like aspirin has a therapeutic ratio of around 1:20. Two aspirins are the recommended dose for adult patients. Twenty times this dose, forty aspirins, may cause a lethal reaction in some patients, and will almost certainly cause gross injury to the digestive system, including extensive internal bleeding.

"12. The therapeutic ratio for prescribed drugs is commonly around 1:10 or lower. Valium, a commonly used prescriptive drug, may cause very serious biological damage if patients use ten times the recommended (therapeutic) dose.

"13. There are, of course, prescriptive drugs which have much lower therapeutic ratios. Many of the drugs used to treat patients with cancer, glaucoma and multiple sclerosis are highly toxic. The therapeutic ratio of some of the drugs used in antineoplastic therapies, for example, are regarded as extremely toxic poisons with therapeutic ratios that may fall below 1:1.5. These drugs also have very low LD-50 ratios and can result in toxic, even lethal reactions, while being properly employed.

"14. By contrast, marijuana's therapeutic ratio, like its LD-50, is impossible to quantify because it is so high."