HOW SAFE IS CANNABIS? (compiled and contributed by MCUA member)

Cannabis is not a Drug: Accurate Language Cannabis is a herb benign in effects and results to humans: in all of the long history of cannabis use, of which the written record dates back approximately 5,000 years, cannabis has never been cause to a single fatality.

Although people are revealed by post-mortem (autopsy) examination to have cannabis in their system at the time of death, their deaths were induced by causes not associated with cannabis. Medical records and study of worldwide pertinent writings over the millennia show that at no time has any person died from having smoked or taken any amount of cannabis, ever.*

Cannabis is NON-TOXIC: one hundred per cent of the scores of studies by research and university medical facilities show toxicity does not exist in cannabis. (U.C.L.A., Harvard, Temple, etc) Cannabis at any dose or quantity is incapable of inducing fatality in humans and animals. Details of its Safety, e.g. the Therapeutic Ration (none), Lethal Dose Rating (zero; there is no lethal dose), "Nearly all medicines have toxic, potentially lethal effects. But Cannabis is not such a substance.

There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality." "Drugs used in medicine are routinely given what is called an LD-50. The LD-50 rating indicates at what dosage fifty per cent of test animals receiving a drug will die as a result of drug induced toxicity. A number of researchers have attempted to determine cannabis's LD-50 rating in test animals without success. Simply stated, researchers have been unable to give animals enough cannabis to induce death." Cannabis can have no LD-50 rating as, in any quantity; it is incapable of inducing death in humans and animals, including mice. That cannabis is NON-Toxic is established Empirical Fact.

Judge Young goes on to point our categorically that Cannabis is incapable of inducing lethal response. Veracity requires that cannabis be universally, unequivocally acknowledged to be what it is: NON-TOXIC.¹ "Another common 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.

A commonly used over-the-counter product like aspirin has a therapeutic ration 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." ¹ "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." "There are, of course, prescription drugs which have much lower therapeutic ratios.

Many of the drugs used to treat patients with cancer, glaucoma and MS are highly toxic. The therapeutic ratio of some of the drugs used in anti-neoplastic 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." "By contrast, cannabis' therapeutic ratio, like its LD-50, is impossible to quantify because it is too high." "In strict medical terms cannabis 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 cannabis to induce death. Cannabis, in its natural form, is one of the safest therapeutically active substances known to man.' Cannabis does not, and cannot, do harm to consumers. A harmless substance cannot correctly, truthful or legally, be included in Prohibition legislation controls based on criteria of harm,

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danger, abuse, or misuse, etc. Where cannabis is concerned, the U.K. Misuse of Drugs Act, the U.S Controlled Substances Act, the Australian Narcotic Drugs Act 1967 and all legislation and treaties of control or regulation, are misconstrued and inapplicable.

All the clinical Empirical Studies (for example, the U.S-Jamaican, U.S-Costa Rican, LaGuardia, etc.) confirm cannabis contains no addictive properties in any part of the plant or in its smoke: cannabis does not induce psychological or physical dependence.

The medico-scientific aspect shows cannabis is not only wrongly defined as a "drug" in any meaningful (semantic) definition of the word, but also, by empirical reality, cannabis is wrongly proscribed (prohibited) as a "drug" (or other substance). Although dictionaries vary slightly in their definitions of "drug," virtually all refer to, and rely for definition on, a drug's habit-forming, addictive properties. Webster's New World Dictionary, for example, defines 'drug' as: "a narcotic, hallucinogen, especially one that is habit forming."

To recapitulate: The medico-scientific empirical research confirms cannabis contains no narcotic, no hallucinogenic and no habit-forming properties, neither in the plant itself not in its smoke. Evident from the most fundamental and widely inferred meaning, by definition based on empirical fact, cannabis is not a drug. Most unlike, and in contrast to tobacco, alcohol, tea, coffee, the caffeinecolas, and all legal or illegal 'recreational' substances, cannabis is both non-habit-forming and non-toxic. Cannabis is uniquely safe.

The word "safe" in the context of cannabis use, by definition, means: "free of danger, risk or injury." Referring to cannabis as a "drug" is misleading, and untruthful. In the context of evidence, where accuracy and veracity are paramount, to do so is both inept and unacceptable.

The invalidity of linking cannabis with "drugs" is further demonstrated by the U.S. government's Bureau of Mortality Statistics: refer above*, shows that cannabis by any meaningful definition is not a drug. Cannabis cannot correctly be categorised or referred to as a drug of any type.

The biochemistry of cannabis is as follows: molecules of cannabis temporarily attach to compatible receptors on cells such as those situated on the outer surface of the brain, the meninges, this gently bringing about a feeling of well-being. When the cell's receptors are replete, increasing the amount (dose) of cannabis does not and cannot lead to progressive intensification of the mild sensation of well-being experienced.

Regular users generally smoke decreasing quantities until finding their own level of sufficiency and no 'tolerance syndrome' occurs. Tolerance syndrome is the term used to denote the body's physical acclimatisation to the ingestion of a drug resulting in larger quantities being required to experience the same subjectively desired effect.

Users of the drug alcohol call this learning to "hold your liquor." Drug addicts reach tolerance levels to the degree of craving doses simply to maintain an ability to function.] Tolerance is a fundamental characteristic of a drug. Cannabis not being a drug does not possess this characteristic. Although it is sometimes asserted that skills, or using heavy machinery and driving a car would be adversely affected by cannabis use, this is the unscientific voice of prejudice speaking.

This damaging fiction about cannabis is widely promulgated, premeditated misrepresentation, for official tests and studies have demonstrated that, with cannabis use, no deterioration of manual dexterity or mental adroitness occurs. The opposite is established: with the use of cannabis heightened awareness is reported an increase in skills is observed. Clinically tested, cannabis is shown not to induce functional impairments. Rather the reverse is confirmed: improvements in the ability to concentrate and perform are demonstrated by recorded results.

The tests of skills in simulated driving performance of the U.S. Official Cancer Studies demonstrate that any quantity of cannabis, even huge amounts consumed by test subjects, is unable to cause the slightest impairment of brain function. Crancer finds: "Simulated driving scores for subjects

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experiencing a normal social cannabis 'high' and the same subjects under control conditions are not significantly different. However, there are significantly more errors for alcohol intoxicated than for control subjects." Moreover, increased quantity does not have deleterious results. to quote Crancer again, both regular and novice smokers smoking three times effective dose: "showed either no change or negligible improvement in their scores." Thus, 'acute' effects (i.e. current or short-term use) show no maltreatment, no abuse of the cannabis consumer.

It cannot be discerned by looking at, talking to or testing the abilities of a person that they have taken cannabis. Cannabis has no effect on brain mechanisms controlling consciousness, speech, co-ordination, etc.: a person functions normally.

See official empirical research: 'The effects of Marijuana on Human Beings,' by Professor A.T. Weil, M.D., Arizona College of Medicine and Professor N.E. Zinberg, M.D., Harvard. Weil and Zinberg relate how, on occasion, some research subjects enjoying effects, thinking themselves "too stoned" to perform adequately, would ask to be excused the tests, which were nevertheless insisted upon. Then, on testing, subjects were surprised and pleased to find themselves able to perform as well as, or better than without cannabis.

This finding proved to be replicable. 1. Excerpts (Transcript) Judge Young's Ruling of the 6th of September, 1988. 2. The word 'drug' derives from Old Dutch droog meaning dried herbs, as used in food, for healing and in the dyeing of textiles; viz: The Wealth of Nations, 1776, Adam Smit; Book One, Chapter One. There was no connotation of addiction. That meaning was transformed in the Twentieth Century, by the specious pseudo-philosophy of money-motivated Prohibitions.