



SOUTH AFRICAN CANNABIS COMMUNITY & REGULATORY ASSOCIATION

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S.A.C.C.R.A. OPEN LETTER TO THE PORTFOLIO COMMITTEE ON HEALTH; HONOURABLE MINISTERS; DIRECTOR GENERAL OF THE DEPT. OF HEALTH; AND THE BOARD OF DIRECTORS OF THE MEDCINES CONTROL COUNCIL AND TO WHOSOEVER IT MAY CONCERN

Distribution:

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RE: THE CONTINUED PROHIBITION OF CANNABIS SATIVA L. AND THE SUGGESTED POLICY AMENDMENTS OF THE M.C.C. WITH REGARD TO THE LICENSING OF THE POSSESSION, CULTIVATION, BENEFICIATION AND USE OF CANNABIS TO SELECT PEOPLE.

The prohibition of Cannabis Sativa L, both locally and via International agreements (UNSCND) was originally, and continues to be, a gross violation of the human rights declared and protected under the **Bill of Rights, Chapter 2 of the Constitution of South Africa**,⁽¹⁾ as well as the **Universal Declaration of Human Rights**.

Specifically, we refer primarily to **the constitutionally protected rights in Sections 10 and 11**, that is the right to **dignity and the right to life, which are non-derogable rights, protected under the Constitution in their entirety**. We also refer to the **right to bodily and psychological integrity**, and the right to **equality under the law** which is protected to the extent that it prevents **unfair discrimination** solely on the grounds of race, colour, ethnic or **social origin**, sex, religion or language. We further refer to the **right to just administrative action** and many other rights as noted in the SACCRA Petition to Constitutional Court.⁽²⁾

All of the above rights are violated by the perpetuation of prohibition in the M.C.C.'s proposed licensing policy, as well as in the **promulgation of the Medicines & Related Substances Amendment Act of 2015**. This, despite the prolific evidence available that the Cannabis plant in its **raw, natural form** whether **smoked, eaten, drunk as tea, or benefited into simple, safe balms and tinctures** has been proven to be a **safe, effective treatment** for a whole host of diseases.⁽³⁾

We, as human beings, are **inherently free to choose** whether to put often toxic **pharmaceutical drugs** into our bodies or whether to choose a **safe, natural alternative** such as Cannabis.⁽⁴⁾

The fact that Cannabis sativa grows **naturally and prolifically** in South Africa, means that it is possible for most people, with just a little knowledge and training, to be almost **completely independent in our individual medical sovereignty** and in the **treatment and maintenance of our health**, if we so choose, **for virtually no cost or for free if we choose to grow and use the plant raw**.⁽⁵⁾



To continue to treat Cannabis as a dangerous drug is ludicrous since it is not in any way manufactured, but a natural plant which is cured, and which has been used globally for millennia in the maintenance of human health without any scientific input whatsoever.

In fact, science in its **quest to monopolise and dominate human medical sovereignty** has created the **monster of synthetic cannabinoids**. These are ineffective and have severe side effects. Much research on “cannabis” has actually used these **toxic, synthetic versions of cannabinoids in their trials**, and thus have produced **skewed results**.⁽⁶⁾ The effects of the cannabinoids in responsibly made **natural plant extracts** and in the raw plant itself, are **only beneficial**.

A database of over 400 abstracts comparing the use of nabilones, dronabinol, natural extracts and raw herbal cannabis is available. This is only a small representation of actual research already done internationally.

It is widely acknowledged that the **worst possible side effect** of the use of smoked **herbal cannabis, which has very powerful therapeutic effects**, is anxiety or paranoia which passes reasonably quickly and seldom has a severe effect. These minor side effects, in the words of Dr. Joey Gouws, Registrar of Medicines, MCC, “are a common reason for discontinuation of use”,⁽⁷⁾ showing that the **natural version of Cannabis is even self-regulating**.

For those **who don't wish to smoke** the cured flowers to gain some of the benefits of the plant, there are many other **simple, yet highly effective ways** to benefit medically from Cannabis Sativa L. These include **simple, non-psychoactive tinctures, balms and teas**. **THC causes no less than FOUR systemic functions** which treat cancer⁽⁸⁾

When treating cancer, or other **serious medical conditions** the **activated** medicine is taken in higher doses until the body is saturated, and low maintenance doses taken thereafter. Supplementary protocols such as those described in the M.O.N.T.H. Protocols available from S.A.C.C.R.A. and fully informed medical supervision are essential to a lasting result.



Everyone we have encountered who has **engaged all proper protocols with decent Cannabis oil** in beating cancer naturally has only experienced **pleasant effects** and has experienced **NONE of the suffering** caused by chemo therapy, radiation and worst of all yttrium.

To date the State has still not satisfactorily proved harm ⁽⁷⁾ from the **use of the raw plant that can not immediately be repudiated with recent research.**

Claims of addiction are always produced by institutions with **vested interests**, and as long as this beneficial plant is allowed to **remain illegal** and thus in the **hands of drug dealers**, the establishment is **literally channelling its vulnerable** into the hands of the unscrupulous. Surely, the administrators **MUST** know that prohibition will only **maintain the illegal market.**

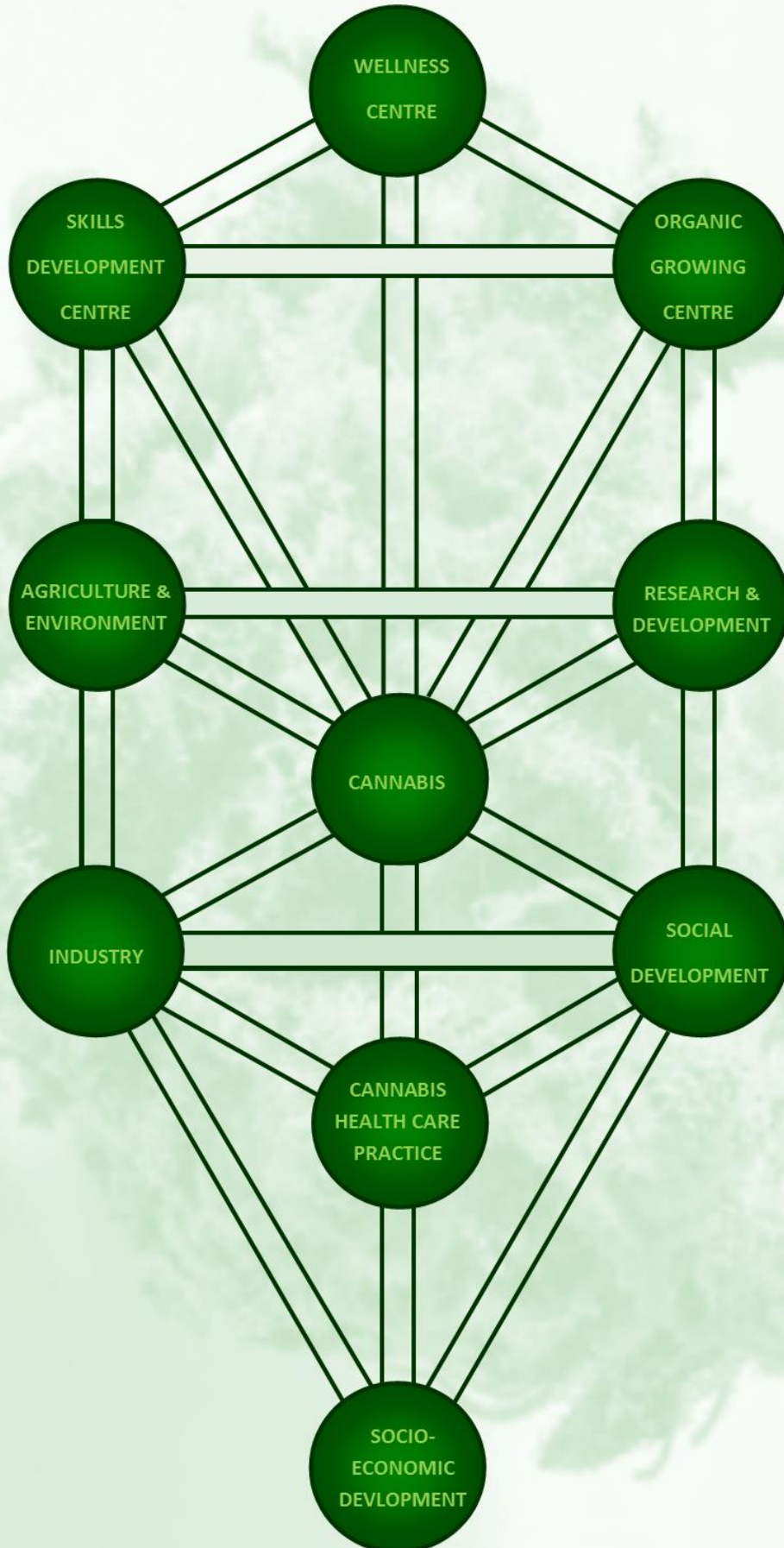
The fact is that this beneficial plant is distributed by the **same people who push highly addictive and destructive chemicals** (drugs) without discrimination or scruples. The people who trade in often highly addictive and toxic chemical drugs **legally**, the medical industrial complex, are the very same people who are attempting to keep all of us from **safe, effective, freely available natural alternatives** via the **prohibition of Cannabis and by co-opting legislative control of ALL natural substances** that treat human and animal health, via the **2015 Medicines & Related Substances Amendment Act and S.A.H.P.R.A.**

Cannabis use and “abuse” is most often cited as a problem amongst **socio-economically challenged and vulnerable communities**, and it is no wonder that people in such challenging circumstances **seek some relief from grinding poverty.** It is our suggestion that Cannabis can be the **SOLUTION** to these very social problems, instead of erroneously being blamed as a cause, in so many ways.

Cannabis is the perfect sustainability basis for a truly free market based on self-employment and individual economic sovereignty.



S.A.C.C.R.A. SOCIAL DEVELOPMENT MODEL



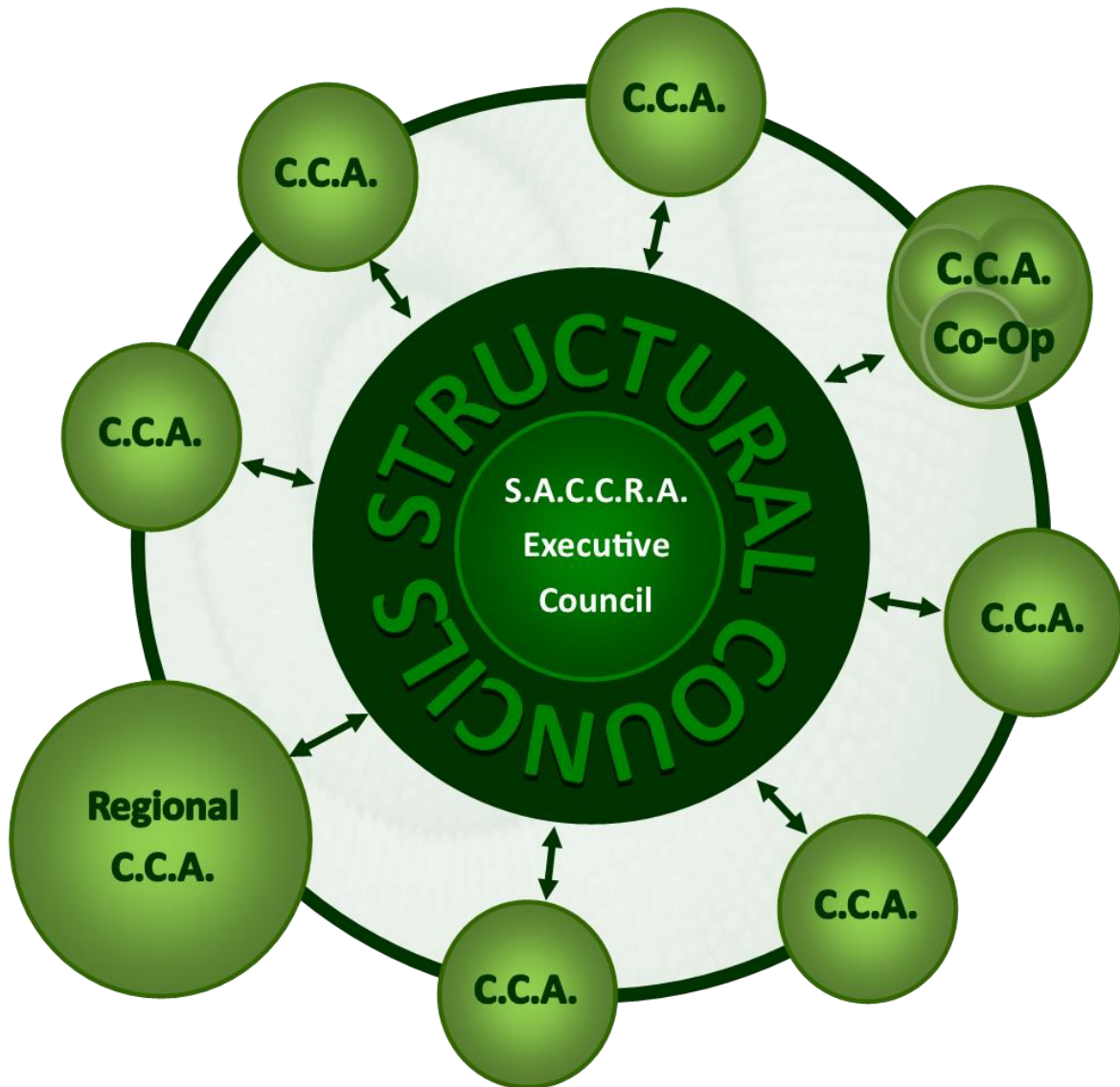


We all agree that medicine beneficiated from the plant into concentrated forms needs regulation. However, the proposed license criteria to be imposed by the M.C.C. are **far too restrictive and complicated,** and **serve no other purpose** than to **exclude the man in the street** from accessing **free medicine without increasing the burden on taxpayers,** and to **millions of small operators** from **responsibly participating** in the Cannabis medicine revolution.

S.A.C.C.R.A. has created **realistic regulatory agreements** based on the **actual scientific evidence presented** over the last few decades and based on **common law history** as described in the prospectus.



These will allow Cannabis to be **regulated responsibly at community level** and will thus allow **everyone to benefit** from the Cannabis plant either **directly or indirectly** and in so doing create **real transformation in impoverished communities**.



The cannabis plant has **multiple beneficial, eco-friendly, industrial applications** beyond medicine such as **food (seeds), fodder (leaves), fuel, fibre and fabric, paper, building materials (hempcrete), plastic, environmental rehabilitation** as well as a myriad **spin off industries**.



To prohibit responsible people from access to this plant which has the **capacity to empower millions through micro and cottage industries**, is nothing short of treasonable action as it is **in no way beneficial** to the **majority of people** in this country (and the world).

S.A.C.C.R.A. EXECUTIVE COUNCIL

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SACCRa SOUTH AFRICAN CANNABIS COMMUNITY & REGULATORY ASSOCIATION

The infographic features a central cluster of green hexagons, each containing a benefit of hemp. The benefits listed are:

- Multiple industrial uses - job creation
- Affordable, carbon negative, fire-retardant housing,
- Open market, eco-friendly textiles
- Easy to grow for industrial purposes
- Massive global demand
- SOCIO-ECONOMIC BENEFITS
- Supplementary income for SAASSA beneficiaries
- Self-empowerment through self-employment
- Increase tax revenue for government and municipalities through income tax and licenses
- Eliminate poverty by developing a truly free and fair market

At the bottom of the infographic, contact information is provided:

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(1) Excerpt from the S.A.C.C.R.A. Petition to Constitutional Court.
Unconstitutional Administrative Procedure involved in Cannabis law:

“South Africa was the first country to make marijuana illegal in 1870. Right from the beginning the law was **inherently racist, applying only to one population group**, and then was rolled out to other population groups when in 1928, it was found “to make mine workers lazy”. ⁽²⁰⁾ **Our government claims to have the most progressive constitution in the world, and yet still perpetuates the blatant racism of an old, archaic and outdated law, which had nothing to do with science, but more to do with control.** Because of this prohibitionist outlook, we now **stigmatize and criminalize a massive section of our population** for simply believing differently. We stand at the precipice of a massive decision in this country.” *Quentin Van Kirken*

Globally, the Law as it relates to Cannabis is extremely outdated and is undergoing major revision in many countries. The administrative process that was followed originally in the **criminalisation of Cannabis** locally and internationally can be seen over time to have been essentially flawed as it was **based on prejudice and assumption, and imposed on people who had no political say, and against their will and the better judgement of opponents of prohibition**, making the application of such laws **unconstitutional and a contravention of basic human rights (See Annexure A).**

In 1920, the **Dangerous Drugs Act** which sought to regulate the **transport and dispensing by prescription of opiate-based chemically formulated drugs** in certain strengths, but **not to prohibit them**, was published. In 1928, The **Hague Convention** extended the scope of the drug control system from the **opiates to Cannabis**. Then followed **Reefer madness** and the **United States Marijuana Tax Act of 1937**.

The comprehensive **La Guardia** report of 1944 concluded that **“the plant was harmless and not worth the time and effort the New York police department put into its prohibition”** and was not considered.

In 1951, the report of the **Interdepartmental Committee on the Abuse of Dagga** (Cannabis Sativa L.), reported that the **quick and lucrative returns of Cannabis production** attracted growers of all races, and large hauls of dagga crops periodically made by the police indicated the readiness of even well-established agriculturists to **risk the penalties of the law to grow this valuable and beneficial crop**.

In **Dr. Francis Ames’** 1958 study ***Acute Intoxication with Cannabis Sativa*** she says “Any attempt to explain the pathogenesis of the symptoms and signs seen in acute cannabis intoxication is purely speculative.” She also recognised the anti-epileptic effects and the **abundance of study which had already been done on Cannabis and “cannabinols”**.

This 1961 United Nations Single Convention on Narcotic Drugs charter successfully aligned the majority of the world’s governments in a **single drug policy treaty which included Cannabis**.



This treaty still exerts a great deal of pressure in international law. At a 2014 forum on the effect of the legalisation of Cannabis on International Treaties, **Sandeep Chawla, Former Executive Director of the U.N. Office on Drugs and Crime** said the following:

“We may eventually get to the first step to **remove what was quite clearly the weakest and most vulnerable point of the whole [International Control System]** which was something that has been **obvious for thirty years**, but that nobody has ever been able to do anything about because of the **dead-weight of multi-lateral consensus**, and that was **to include Cannabis** in the same control regime as heroin and cocaine and methamphetamine. **That auditing needs to be removed from the system.**”

He goes on to say: “and what we have to I think guard against, is that there are **too many vested interests** in the world in favour of keeping the present system ticking over as it is, and those vested interests need to be tackled.” This can be achieved under **Article 2 of the UNSCND** by acknowledging that the prohibition of Cannabis is not in the best interests of the health and welfare of the **majority of the population in South Africa**. (See debate on U.S. Foreign Policy)

Article 2 of the UNSCND provides for the following, in reference to **Schedule IV drugs**:

“**A Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug** except for amounts which may be necessary for medical and scientific research only, including clinical trials therewith to be conducted under or subject to the direct supervision and control of the Party.”

The official Commentary on the UNSCND indicates that parties are expected to make this judgment *in good faith*.

In 1964, at the Weizmann Institute of Science in Rehovot, Israel, **Dr. Raphael Mechoulam** – along with his colleagues, Dr. Yehiel Gaoni and Dr. Haviv Edery – succeeded in the very first **isolation and elucidation** of the **most prolific active constituent of Cannabis**, D9-tetrahydrocannabinol, also known as **THC**.

Act 101 of 1965, The Medicines & Related Substances Control Act was promulgated in 1965 in South Africa. It is not easy to establish for certain, but most likely Cannabis was included in the Schedules (Schedule 7 – No accepted Medical Value) relating to this Act in accordance with UNSCND.



Existing criminal legislation in South Africa came into effect with the promulgation of the **Drugs and Drug Trafficking Act (Act 140 of 1992)** assented to on 2 July 1992. **The prohibition on Cannabis applies to the whole plant** as provided for in the definition namely: “Cannabis (dagga), the whole plant or any portion thereof, except” processed hemp fibre and seed products with specific restrictions; and “dronabinol [(-)-transdelta-9 tetrahydrocannabinol]” which was **excluded** through an amendment for pharmaceutical purposes, and **both appear in the Schedules of the Medicines & Related Substances Act.**

Four things are abundantly clear when looking at major influential events on the Law as it relates to Cannabis:

1. The **value of the crop**, both financial and cultural, was **well known before** prohibition.
2. The plant was **prohibited in its entirety** to benefit a few i.e. those who *could* process the plant into either fabric, medicine or any of its other beneficial end products, and **keep it financially viable** by keeping it out of the hands of the general population.
3. It was necessary to **demonise the plant** to convince enough people that the plant was bad in order to **justify its prohibition and tight control**, which stigma has persisted into the present day.
4. The **administrative process was consistently flawed**, and the laws imposed unilaterally at international level which made it very difficult for them to be **opposed by the average citizen**, leaving the people little choice other than to **ignore the law which made no sense in light of the traditional beneficial use of the plant**, and millions of people’s lives have been negatively affected.

The date of commencement of the Drugs and Drug Trafficking Act (Act 140 of 1992) **30 April 1993**, was **before the commencement of the Constitution of the RSA, and is therefore eligible for review by a court or impartial tribunal to establish whether it reflects the spirit of the constitution or not.**

Since then, the **“worldwide patent on cannabinoids”** was granted to the “United States of America as represented by the Dept. of Health and Human Services” in **2003**.

In **2014**, the E.F.F. proposed a motion to **nationalise Cannabis** in order to protect it as a national natural resource belonging to the people of South Africa. **This motion was approved in a plenary session of Parliament with no objections.**

Subsequently, the **Medical Innovations Bill** was introduced in Parliament by private member Mario Ambrosini using the **Cannabis Position Paper produced by the S.A.N.C.W.G.** **The applicants respectfully submit that the Medical Innovations Bill does not reflect the ethos of the Cannabis Position Paper or the people who developed it.** After Mr. Ambrosini’s death, the Bill was re-introduced by the **Inkhata Freedom Party** and is **currently under Parliamentary review by the Portfolio Committee on Health.**



The applicants also herewith submit substantial evidence that the current legislative process relating to legalising cannabinoids via the Medical Innovations Bill currently under review in Parliament in South Africa is designed to unfairly favour a single foreign owned and controlled company, Plandai Biotechnology, to the detriment of all responsible South African citizens, who remain bound under the excessive restrictions placed on this universally beneficial plant; or face humiliation, degradation, often violent perpetration of excessive force, arrest, incarceration, lengthy court proceedings, and risk their children's lives and safety, or pay large fines, bribes or ignorantly sign admissions of guilt only to be saddled with a criminal record for life, even for possession of as little as 1 gram of a plant.

(2) Excerpt from the S.A.C.C.R.A. Petition to Constitutional Court.

We respectfully submit that the current Bill [and proposed license restrictions] under Parliamentary review is unconstitutional itself as it seeks to legalise only "cannabinoids" for tightly controlled medical, industrial and commercial use, whilst totally restricting use of the plant by citizens; perpetuating criminalisation for the vast majority of the South African population currently using it, and thus severely restricting all our rights under Sections:

(9) to equality; (10) to human dignity; (11) to life; (12) to freedom and security of the person; (14) to privacy; (15) to freedom of religion, belief and opinion; (16) to freedom of expression; (18) to freedom of association; (22) to freedom of trade, occupation and profession; (24) to healthy environment; (25) to property; (27) to health care, food and social security; (28) the rights of children; (29) to further education; (30) to cultural expression; (31) to cultural community development; (32) access to information to protect the right to equality, human dignity, life, freedom and security of the person, the rights of children, and arrested, detained or accused persons ; (33) just administrative action; (34) access to hearing before an independent and impartial tribunal; (35) for arrested, detained and accused persons to not to be compelled to make any confession or admission that could be used in evidence against that person; and (36) not to have laws limit any right entrenched in the Bill of Rights when (36)(1)(e) less restrictive means to achieve the purpose of free and fair access to responsible use of the Cannabis plant for all, and preventing the abuse of Cannabis by drug dealers and other unscrupulous people exists in the form of the S.A.C.C.R.A. model.

Prohibition under current law severely limits the development of less restrictive means to achieve the purpose of a legal, responsibly regulated Cannabis industry in South Africa which is unconstitutional.

In the words of Dr. Lester Grinspoon, International expert on the Cannabis plant and its legalisation:



“It is also clear that the realities of human need **are incompatible with the demand for** a legally enforceable distinction between medicine and all other uses of cannabis. Marijuana simply does not conform to the conceptual boundaries established by twentieth-century institutions. It is truly **a sui generis substance**; is there another relatively non-toxic drug which is capable of heightening many pleasures, has a large and growing number of medical uses and has the potential to enhance some individual capacities?

The only workable way of realizing the full potential of this remarkable substance, including its full medical potential, is to free it from the present dual set of regulations - those that control prescription drugs in general and the special criminal laws that control psychoactive substances. These mutually reinforcing laws establish a set of social categories that strangle its uniquely multifaceted potential. The only way out is to cut the knot by giving marihuana the same status as alcohol - legalizing it for adults for all uses and removing it entirely from the medical and criminal control systems.”

(3) Excerpt from Expert Testimony Dr. Lester Grinspoon, Associate Professor (emeritus) of Psychiatry, Harvard Law School Boston where her has taught for more than 40 years, and whose area of research is psychoactive drugs.

17. I have conducted an extensive review of the literature concerning medical uses of cannabis and I am familiar with studies on the topic. Review of medical literature is a commonly used research tool. I have also studied clinically many patients who have used cannabis for the relief of a variety of symptoms; this clinical experience forms the basis of my book, *Marihuana, The Forbidden Medicine*. In my book I provide first-person accounts of the ways that cannabis alleviates symptoms of cancer chemotherapy, multiple sclerosis, osteoarthritis, glaucoma, AIDS and depressions, as well as symptoms of such less common disorders as Crohn's disease, diabetic gastroparesis, and post-traumatic stress disorder. The patient



One example is skin cancer lesions treated topically with a home-made balm over a few weeks:



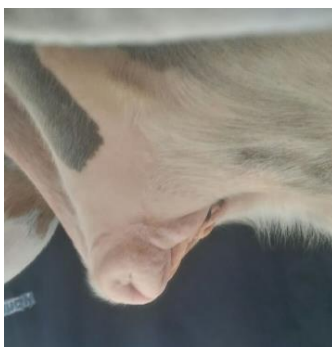


Cannabis extracts in the form of **simple topical balms** also work excellently on **animals**. The following tumour had previously been removed twice by veterinarians. Six weeks of topical application of balm produced the following result:

TREATMENT OF TUMOUR ON A PONY'S SHEATH OVER SIX WEEKS – TOPICAL BALM



FINAL RESULT





(4) One example is Parkinson’s disease

| SINEMET | NON-PSYCHOACTIVE HERBAL CANNABIS TINCTURE |
|---|--|
| <p>“The most common adverse reactions reported with SINEMET have included dyskinesias, such as choreiform, dystonic, and other involuntary movements, and nausea.</p> <p>The following other adverse reactions have been reported with SINEMET:</p> <p>Body as a Whole Chest pain, asthenia.</p> <p>Cardiovascular Cardiac irregularities, hypotension, orthostatic effects including orthostatic hypotension, hypertension, syncope, phlebitis, palpitation.</p> <p>Gastrointestinal Dark saliva, gastrointestinal bleeding, development of duodenal ulcer, anorexia, vomiting, diarrhea, constipation, dyspepsia, dry mouth, taste alterations.</p> <p>Hematologic Agranulocytosis, hemolytic and non-hemolytic anemia, thrombocytopenia, leukopenia.</p> <p>.../</p> | <p>Improved mood stability Improved sleep Reduction in/cessation of tremoring Improved clarity of thinking Calmness Improved general health Improved immune system function Possible hypotension where blood pressure is a pre-existing condition</p> |



Hypersensitivity

Angioedema, urticaria, pruritus, Henoch-Schönlein purpura, bullous lesions (including pemphigus-like reactions).

Musculoskeletal

Back pain, shoulder pain, muscle cramps.

Nervous System/Psychiatric

Psychotic episodes including **delusions, hallucinations, and paranoid ideation**, bradykinetic episodes (“on-off” phenomenon), **confusion, agitation, dizziness**, somnolence, dream abnormalities including nightmares, **insomnia**, paresthesia, headache, **depression with or without development of suicidal tendencies, dementia**, pathological gambling, increased libido including hypersexuality, impulse control symptoms. Convulsions also have occurred; however, a causal relationship with SINEMET has not been established.

Respiratory

Dyspnea, upper respiratory infection.

Skin

Rash, increased sweating, alopecia, dark sweat.

Urogenital

Urinary tract infection, urinary frequency, dark urine.

.../



Laboratory Tests

Decreased hemoglobin and hematocrit; abnormalities in alkaline phosphatase, SGOT (AST), SGPT (ALT), LDH, bilirubin, BUN, Coombs test; elevated serum glucose; white blood cells, bacteria, and blood in the urine.

Other adverse reactions that have been reported with levodopa alone and with various carbidopa levodopa formulations, and may occur with SINEMET are:

Body as a Whole

Abdominal pain and distress, fatigue.

Cardiovascular

Myocardial infarction.

Gastrointestinal

Gastrointestinal pain, dysphagia, sialorrhea, flatulence, bruxism, burning sensation of the tongue, heartburn, hiccups.

Metabolic

Edema, weight gain, weight loss.

Musculoskeletal

Leg pain.

Nervous System/Psychiatric

Ataxia, extrapyramidal disorder, falling, anxiety, gait abnormalities, nervousness, **decreased mental acuity, memory impairment, disorientation, euphoria,**

.../



blepharospasm (which may be taken as an early sign of excess dosage; consideration of dosage reduction may be made at this time), trismus, **increased tremor**, numbness, muscle twitching, activation of latent Horner's syndrome, peripheral neuropathy.

Respiratory

Pharyngeal pain, cough.

Skin

Malignant melanoma (see also CONTRAINDICATIONS), flushing.

Special Senses

Oculogyric crises, diplopia, blurred vision, dilated pupils.

Urogenital

Urinary retention, urinary incontinence, priapism.

Miscellaneous

Bizarre breathing patterns, faintness, hoarseness, malaise, hot flashes, sense of stimulation.

Laboratory Tests



Decreased white blood cell count and serum potassium; increased serum creatinine and uric acid; protein and glucose in urine.

Read the Sinemet (carbidopa-levodopa) Side Effects Center for a complete guide to possible side effects”

There is an **extensive body of evidence** available to show the **positive effects of responsibly medicating with Cannabis**, and many, many people willing to testify to their success related to Cannabis based treatment. There are also **detrimental effects to unregulated commercial Cannabis production and distribution** as the protocols are varied depending on the condition being treated, so experienced practitioners are essential for training both western medical and traditional healers.

The possibilities for research are extensive but the **research to date** has established a **sound platform for safety and efficacy** of raw Cannabis.

(5) DOMESTIC VS PHARMACEUTICAL PRODUCTION

| | | |
|--|--|------------------------------------|
|  |  | MCC approved pHARMa |
| R145 /g | R800 /ml | R210/ml |
| 20 DOSES | 40 DOSES | 10 DOSES |
| THC = 40mg | THC = 200mg | THC = 27mg |
| TREATS: 700 ailments including pain, spasticity, epilepsy, MS, asthma, TB, bipolar, Tourette's, HIV, AIDS and cancers | | TREATS: Pain and spasticity |
| HOME GROWN CANNABIS LEMON SOUR DIESEL - R0.00 | | SATIVEX™ |

(5A) SIMPLE RECIPE FOR CANNABIS BALM (GREEN PROTOCOL USE)

Treats pain, inflammation, gout, arthritic pain, insect and spider bites, sun spots, small lesions, antiseptic for small wounds, promotes healing of minor injuries, breast and ovarian cysts and lumps, acne, eczema, fungal and bacterial infections (external). No reported side effects when used topically (on the skin).



Can be safely ingested in small doses or used in suppository form to treat a variety of conditions – side effects of *ingestion* include euphoria, expanded consciousness, may affect attention, may induce anxiety in certain people. Can be ingested by dogs, cats and other animals. Has been successfully used to treat external cancer tumours and lesions in animals and people.

Ingredients:

10g Organically grown, dried and cured Cannabis flowers well covered in resin

100ml Organic virgin coconut oil

Decarboxylate the cannabis by heating gently in an ovenproof glass or ceramic dish; Crush the flowers and place in a clean glass or ceramic container in a double boiler; Add coconut oil; Simmer gently for several hours over low heat or a slow fire, stirring occasionally with a wooden implement. Strain well into a sterile glass jar. Keep refrigerated.

(6) The Dangers of Synthetic Cannabinoids

“These findings of low to moderate quality evidence supporting the use of cannabinoids are based on the *standard practice use of isolated, single isomer cannabinoids such as dronabinol (THC) which do not take into account the entourage effect found in whole plant extract* i.e. they use one extracted medicinally active compound as opposed to the several hundred occurring naturally in the plant, which work synergistically with each other, and the enormous complexity of the human endocannabinoid system which consists of cell receptors located prolifically throughout the human body.

When asked in an interview about the difference between cannabinoids found naturally in the plant and natural oil extracts vs synthetic cannabinoids, Professor Raphael Mechoulam had this to say:

“**Raphael Mechoulam:** The 'natural cannabis flowers' contain precursors of THC and CBD, which have to be heated or to stay around for some time to convert into THC and CBD. Hence, if consumed without heating (or smoking) they *may* be inactive. Oils for oral consumption are usually heated, hence they are active, but the effects come on much later than when smoked.

Specific cannabinoids (CBD, for example) are very valuable compounds.



'Synthetic cannabinoids' are compounds different than those in the plant (or the brain) and may be toxic. A person should be crazy to test on himself a compound of this sort."

(7) Excerpt from Case No 7295/13 - Answering Affidavit of the Minister of Health by Pharmacologist Dr. J.C. Gouws regarding the "side effects" of Cannabis. She is the Registrar of Medicines and the Director of Inspectorate and Law Enforcement within the National Department of Health.

62. The psychoactive effects of cannabis, known as a "high", are subjective and can vary, based on the person and the method of use. Cannabis produces euphoria and relaxation, perceptual alterations, time distortion, and the intensification of ordinary sensory experiences, such as eating and listening to music.²¹ When used in a social setting it may produce infectious laughter and talkativeness. Short-term memory and attention, motor skills, reaction time, and skilled activities are impaired while a person is intoxicated.

63. The most common unpleasant side-effects of occasional cannabis use are anxiety and panic reactions. These effects may be reported by naïve users, and they are a common reason for discontinuation of use; more experienced users may occasionally report these effects after receiving a much larger than usual dose of THC.²²



(8) CANNABINOID MECHANISMS OF ACTION AND THEIR EFFECTS ON TUMOURAL CELLS:

The main psychoactive cannabinoid THC has the following scientifically identified and researched properties:

- Apoptotic** i.e. induces abnormal cancer cell to die off naturally without disturbing normal cells
- Anti-proliferative** i.e. prevents cancer cells from reproducing by preventing mitosis in tumour cells
- Anti-angiogenic** i.e. prevents the formation of new blood vessels needed by tumour to grow, and is therefore
- Anti-metastatic** i.e. blocks the ability of the cancer cells to spread, therefore preventing the cancer from spreading to other organ

Refer: Dr. Christina Sanchez, Dr. Donald Tashkin, Dr. Lester Grinspoon, Dr David Bearman, Dr. William Courtney, Dr. Sanjay Gupta.