

Statement of Michael Krawitz as delivered to the World Health Organization, Expert Committee on Drug Dependence, 16 November 2015.

I am a disabled United States Air Force disabled Veteran. I am a volunteer and I am here on my own time. Besides being executive director of Veterans For Medical Cannabis Access I am also on the board of the International Alliance of Cannabis as Medicine and an advisor to Patients out of time and I sit on the Executive Council of the New York NGO Committee on Drugs, my organization is member of several coalitions. I am not a medical doctor.

I would like to start out by saying that although I have tried very hard to follow the process, I find it very cryptic with regard to cannabis. It is unfortunate that, I mean I am not a medical doctor, the doctors that I work with actually represent some of the world's greatest expertise in this area. Dr. Raphael Mechoulam for example whose team was first to isolate THC are affiliated with the International Alliance For Cannabis as Medicine. This process is sufficiently cryptic that I have not been able to follow it though I have been trying for years and because I haven't been able to inform my colleagues or furnish them a copy of your draft cannabis document I haven't been able to prepare properly for this meeting. Again I am not a medical doctor so I am not going to try and teach you all medicine since I do believe that you all are some of the world's leading authorities in the subject matter of your particular fields of interest.

If I understand correctly the last critical review of cannabis was carried out nearly one hundred years ago. This is inexcusable, absolutely inexcusable. I would refer you to the same legal procedural issues that Dr. Nickerson brought up earlier about this ECDD updating what? What are we updating?

I want to give you a little bit of a history. Our US military veterans returned from World War 1 to find pharmacy shelves well stocked with a variety of effective whole cannabis medicines. World War 2 veterans came home to find empty shelves.

I will read for you the American Medical Association testimony before Congress at the time that the Marihuana Tax Act was passed. Dr Woodward says:

Dr. Woodward, AMA :

"I say the medicinal use of Cannabis has nothing to do with Cannabis or marihuana addiction. In all that you have heard here thus far, no mention has been made of any excessive use of the drug by any doctor or its excessive distribution by any pharmacist. And yet the burden of this bill is placed heavily on the doctors and pharmacists of the country; and I may say very heavily, most heavily, possibly of all, on the farmers of the country.

The medicinal use has greatly decreased. The drug is very seldom used. That is partially because of the uncertainty of the effects of the drug. That uncertainty has heretofore been attributed to variations in the potency of the preparations as coming from particular plants; the variations in the potency of the drug as coming from particular plants undoubtedly depends on variations in the ingredients of which the resin of the plant is made up. To say, however, as has been proposed here, that the use of the drug should be prevented by a prohibitive tax, loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis. "

This was 1937! We are hear now in the future Dr. Woodward spoke of. We have identified the active components. We have resolved the botanical techniques to return a cannabis plant that be of benefit to individual patients. This is the future he described and I just ask why is it 2015?

Why did this not happen in 1970, 1980, 1990? In fact I'll make a note that Parke Davis and Eli Lilly had actually figured out a way to ensure physiological activity early in the 1900's so indeed there were preparations on the pharmacy shelf that were consistent at that time.

I want to read you a bit of your own history here. Quoting from my mentors at the Trans National Institute:

Quoting the Trans National Institute paper: "Rise and Decline of Cannabis Prohibition."

““The secretary of the 1952 Expert Committee was Pablo Osvaldo Wolff, Wolff, described as an American protégé, was part of that “inner circle” of control advocates and was made the WHO’s resident cannabis expert due to vigorous U.S. sponsor- ship. ¹³¹

Wolff’s booklet *Marijuana in Latin America: The Threat It Constitutes*:

Rather than a credible study, it is a pamphlet admonishing cannabis’ menacing effect. “With every reason, marihuana [...] has been closely associated since the most remote time with insanity, with crime, with violence, and with brutality,” Wolff concludes. The bombastic language discredits any scientific reliability and impartiality. For example, cannabis: “changes thousands of persons into nothing more than human scum,” and “this vice... should be suppressed at any cost.” Cannabis is labelled as a “weed of the brutal crime and of the burning hell,” an “exterminating demon which is now attacking our country.” Users are referred to as addicts whose “motive belongs to a strain which is pure viciousness.” ¹³⁴ “”

My colleagues add:

““We live in 2015, not in 1961. The convention was ratified before we even fully understood how neurotransmitters like dopamine and the endocannabinoid system actually work in our brains. Before we even knew the psychoactive nature of ingredients like cannabidiol (CBD) and delta-9-tetrahydrocannabidiol (THC) and the importance of the ratio between them.””

I want to give you a little bit of our experience in the United States with veterans more recently. I took over running Veterans For Medical Cannabis Access in 2007. In 2010 we received a Veterans Affairs policy on medical marijuana as a result of our work that clarified how cannabis was to be handled by the Veterans Affairs hospitals. We looked at and were besieged actually by veterans telling us that cannabis helped for their Post Traumatic Stress symptoms but we proceeded very carefully, we took baby steps because the American Psychiatric Association was adamant that this would be a horrible thing to give veterans, many prone to substance abuse, marijuana. We did proceed very carefully and it wasn’t until we had one state, New Mexico, that had passed a law allowing for cannabis to be used as a treatment for Post Traumatic Stress, we didn’t promote that

rather it was brought forward by local patients and advocates, and we were very careful to watch the early data from New Mexico. Along that same time line there was a double blind placebo based study published in Canada of one of the synthetic copies of THC called Casement which showed very great promise in reducing the nightmares, nightmare cessation, which is one of the key aspects of veterans not getting sleep due to Post Traumatic Stress and leading to a downward spiral. The early data from New Mexico was finally published and now we have a review of New Mexico's patient's experiences published in 2014 that confirms what we had found out earlier in our explorations.

Veterans tell us that they go to the VA and they send them out of the VA with a big bag full of pills and they get told to go home and feel better, well they don't. The psychiatric community has been in charge of these treatments for decades and we have over 20 vets committing suicide each and every day as a result of this treatment!!! The couple of drugs that are approved by FDA, Zoloft and Paxil, they are so ineffective that there is a disastrous cocktail of off label prescriptions that are in that bag that goes home with those veterans.

We constantly hear from veterans that they use less of these prescription pills when they are able to use cannabis. This was confirmed by recent data that shows that overdose rates drop consistently around the use of medical cannabis .

Cannabis was known as a neurological pain medicine back in the days of the 1930's. I stand witness to artifacts of the products that were on the shelf, they were very carefully targeted to particular symptoms. They were not just willy nilly prescribed. And Neurological pain, Post Traumatic Stress, I could list others but I think these are key because there aren't other medicines available that provide the relief cannabis does in these cases there just aren't and cannabis helps, it helps quite a bit.

Thank you.

Statement abstract:

A volunteer patient advocate since 1987 Michael Krawitz has focused primarily on patient medicinal access issues of United States military Veterans.

United States federal government has run a small medicinal cannabis access program since the 1970's however the organization, Patients Out of Time, to which I advise has conducted the only study of the effectiveness and long term side effects of this treatment in these patients.

The study:

<https://www.maps.org/research-archive/mmj/russo2002.pdf>

Since 1996 state laws allowing for the legal use of medicinal cannabis have been enacted. As executive Director of Veterans For Medical Cannabis Access, in 2010, I participated in the creation of national United States Department of Veterans Affairs policy on medical use of cannabis and since then have worked with the VA to see that policy implemented.

In my presentation I plan to afford the expert committee a window into these experiences so that they may see how cannabis has been an essential medicine for many Veterans in the USA and how despite the vast arsenal of medications at the disposal of the VA cannabis remains an indispensable element in treatment.

Link to my recent medical journal article on related subject matter:

American Medical Association Journal of Ethics June 2015, Volume 17, Number 6: 558-561 POLICY FORUM -- Veterans Health Administration Policy on Cannabis as an Adjunct to Pain Treatment with Opiates

<http://journalofethics.ama-assn.org/2015/06/pdf/pfor2-1506.pdf>

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