

Prohibition and its War on Ganja and Ganja Users: Myths and Reality of Ganja

T&T is a signatory to the international agreement that insists that Ganja is a dangerous drug in spite of the decriminalization of 30 grams and less of ganja in your personal possession in 2019. This article deals with the issue of what is a dangerous drug under the law and the current discourse of ganja in the North Atlantic. After millions of dollars of taxpayers' money have been spent on ganja research by the state in the North Atlantic, no scientific evidence is forthcoming, that ganja changes the chemistry of the brain by stimulating the production of dopamine by the brain, to the point where the brain becomes addicted to the tsunami of dopamine. To maintain this tsunami, dopamine utilizes its impact on reward and reinforcement, by having the human repeat the action of ingesting the product that stimulates the brain to produce the flood of dopamine. Cocaine, heroin, nicotine, meth are potent examples of chemicals that trigger the brain to produce tsunamis of dopamine and dopamine rewards and reinforces the ingestion of these chemicals by the human, to ensure the brain gets its high. The addicted brain creates the addicted human and both go into crisis when dopamine production collapses in the brain, pushing the brain and the human into bouts of craving and the sickness of withdrawal where addicted brain and the human are now de-socialized, asocial capable of doing anything for a fix.

Ganja does not stimulate the production of dopamine to the point where the brain is addicted to it, as a result and demands more and more of ganja creating and addicted brain and an addicted human. Why then is ganja banned as a dangerous drug when it does not impact the brain as cocaine, heroin, meth which are all illegal and nicotine which is perfectly legal? The white supremacist history of the USA provides the answer where with the end of African enslavement in 1865 there was a need for race/social control of the now freed Africans. The politicians of the South invested in an assault on ganja then cocaine, as drugs particularly favored by African men who when intoxicated were raping white women, and posed grave threats to the white social order as ganja then cocaine made them violent, uncontrollable, potent threats to white society. In the US House of Representatives the southern politicians forced the issue by invoking the white peril at the hands of the free African which then became law. The war on drugs in the US is then premised on race/social control and in the geo-political context on imperial power.

The failure of research to prove that ganja is a dangerous drug, heightened the drive to create a science of the dangerous nature of ganja to humans by any means necessary. The basis of this science remains in the 21st century the moral panic evoked by ganja use. This science has created the scientific concept of: "ganja use disorder" where ganja use especially chronic ganja use results in a disorder of the body, but what is chronic use remains diverse as the research to define it only generates a diversity of opinion. Using ganja for twelve months consecutively now constitutes chronic use in the official addiction intervention literature and ganja users in this category are supposed to show evidence of the disorder. The grave problem of this concept shows the game that created

it, for if ganja use creates a disorder in the human body where then is the disease that drives the disorder? Using ganja is then a disease, a moral disease, indicative of moral decay and this is the only reason why it is a dangerous drug! The science of ganja as a dangerous drug has never dropped the moral panic of reefer madness as the prime justification for insisting that ganja is a dangerous drug. The white supremacist reason for banning ganja in the USA is still operative in the 21st century and applied in countries where the population is predominantly non-white by non-white politicians to indicate that they are good servants of massa, yessum massa sah, no sah massa sah! The science of ganja use disorder states that chronic use results in a human devoid of reinforcement and reward, a human de-socialized, lacking in motivation, social skills and the wherewithal to conform with hegemonic norms, mores and values. Ganja use then contributes significantly to the erosion of the social order and the generation of deviance and criminality making ganja users criminogenic, bringing us right back to the white supremacist discourse of the freed African and ganja in the southern US states. A new definition and concept of addiction is invented to fit into the concept of ganja use disorder which insists that ganja users are in fact addicts. Ganja addiction is then defined as psychological dependence which is as broad as it is wide granting huge swaths of space for the state to intervene into the daily life of ganja users as taking their children from them and making them wards of the state. The sick irony of this process is revealed when you study the protocols for intervention into cocaine, meth, opioid intervention and the ganja intervention protocol. Since there is no addiction of the brain with ganja, the intervention is in fact is not an intervention but an attempt at social control, of state power applied to a deviant as defined by power. The most disturbing development is the willingness of the state even when they have decriminalized small amounts of ganja possession to now target ganja users through their interaction with their children. Using ganja in the presence of their children, being a ganja addict, planting ganja plants in the presence of their children is enough to lose their children to the state, even though they are within the limits of the decriminalization clauses of the law. Decriminalization is an instrument of power which deepens social control over the ganja user especially when they are parents raising their children in a family structure.

A publication of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US federal government titled: "Preventing the Use of Marijuana: Focus on Women and Pregnancy" reveals the inherent contradictions of the discourse of ganja as a dangerous drug. In this case the document is insisting on the risks posed to the unborn child by the pregnant mother using ganja during pregnancy as verified fact, but instances of the discourse of harm to the unborn present copious use of the word "may". The document states: "Socioeconomic conditions and other risk factors such as those listed below may contribute to the same pregnancy outcomes otherwise attributed to marijuana. As a result, it is difficult to assess how much of an effect is specifically due to marijuana exposure." (Page 5). In spite of the uncertainty expressed, the document follows with the presentation of "facts," the prime fact being the birth outcomes of babies born to ganja using mothers during pregnancy. The document states on birth

outcomes: “Women who frequently or regularly use marijuana during their pregnancy may be more likely to experience worse birth outcomes, including low birth weight and preterm delivery compared to a pregnant woman who do not use marijuana.” (Page 8). This statement hinged on uncertainty is then enough to intervene into the life of a marijuana using mother and her child by the state taking custody of the child. The document then emphatically states that studies have proven as fact that marijuana use during pregnancy results in low birth weight and preterm birth. Following this statement of fact the document states as follows: “Not all studies, however, have found this association between marijuana use and preterm birth, due to other confounding factors as tobacco or other substance use. This is also likely the result of differing methodologies, including poor quantification of marijuana exposure and a lack of documentation for preterm birth in many studies.” (Page 8). There are then serious methodological issues with the studies that link marijuana use during pregnancy to preterm births, which amounts to junk science, where a discourse of power determines the outcome of the research. This is the underlying reality of all state sponsored and accepted studies on ganja which makes all of them suspect as the discourse of prohibition has shown its unhesitating willingness to insist that myth is fact and intervene in persons lives, changing its nature drastically, based on myth. The issue is power.

The article titled: “Marijuana use during pregnancy and breastfeeding: implications for neonatal and childhood outcomes by Ryan et al is listed in the references of the Samhsa study. In Ryan et al. the two systematic reviews and meta-analyses of the research literature that are the foundation of the assault on ganja and its use during pregnancy are presented, but the words of the researchers in both studies are signal lessons in the use of lies to trump fact. On the Gunn et al study, Ryan et al points out: “The authors pointed out, however, that a major limitation of their study was their inability to determine the independent effect of marijuana, given that most of the studies assessed did not exclude individuals with polysubstance use, including tobacco or alcohol, or measure use of those substances. The authors also cited additional limitations, such as how the use of marijuana was identified mainly by self-report, and few of the outcomes were standardized across studies.” (Page 4). The conclusions of this systematic review is then premised on junk science which presented evidence that marijuana posed a risk to the unborn readily accepted and utilized by the discourse of science of ganja prohibition for its political agenda to this day. Junk science used as an instrument of power in the war on ganja. The next study Conner et al. is even more revealing as follows: “women who smoked marijuana only were not at risk for preterm delivery, but those who smoked both tobacco and marijuana did experience higher rates of preterm delivery compared with those not using either marijuana or tobacco.” “They concluded that maternal marijuana use during pregnancy was not an independent risk factor for several outcomes, given the confounding effect with factors such as tobacco use.” (Page 4). Conner et al insisted that maternal marijuana use pregnancy was more likely to deliver underweight and still born children, but what is alluded to as fact is rooted in limitations of the study as follows:

“but these results were unadjusted, because the authors were limited in their analytic ability to provide adjusted relative risk rates for these outcomes.” (Page 4). In light of this chronic limitation on a meta-analysis why then make such a definitive statement? To advance your career by dancing in the prohibition conga line.

Ryan et al reveals that the position of fact that ganja use by the mother during pregnancy negatively impacts the long term development of the child is based on two studies. Ryan et al states: “Two longitudinal studies have been used to observe cohorts of prenatally exposed individuals from infancy to adolescence and early adulthood, and these provide most of the limited evidence on the long-term advanced neurodevelopmental effects resulting from prenatal exposure to marijuana.” (Page 5). These two studies are: the Ottawa Prenatal Prospective Study (OPPS) and the Maternal Health Practices and Child Development Study (MHPCD) provide the limited evidence now available justifying the removal of children by the state from parents or a parent who expose/s their children to ganja, have used ganja during pregnancy thereby blighting the child with arrested development and give ganja to their children. Both studies were done by prohibitionist institutions funded by prohibitionist money with their findings yet to be replicated by independent research. It is then the mantra of prohibition to write into all child protection laws of all signatories of the treaty prohibiting ganja, the discourse of ganja and the arrested development of fetuses and children exposed to it. Power defines truth not science. The grave lesson then is that what is deemed fact to justify the prohibition of ganja and its use, amounts to the product of highly questionable research, very limited research used as the platform of truth to justify prohibition and as an instrument of power by which to police the population, this is social control. Prohibition refuses to enable all research on ganja with the necessary volume and diversity that has the potential to falsify its discourse of ganja. Ganja prohibition then has something to hide! Ganja is then a potent, credible pain reducer without the grave risk of addiction as opioids, which is a threat to the multi-billion dollar opioid industry of the North Atlantic, until such time that the billionaire oligarchs move into ganja pain relief, when suddenly federal law will change on ganja. Until such time the new line of attack is ganja is causing disease in the human body especially to children and unborn babies. The move now is to classify ganja as a disease with a series of disorders presenting from its use, with an intense predilection to use questionable science which is sensationally repeated uncritically over the North Atlantic media as scientific fact. The US and EU continue to refuse to pump money into research that proves the medical potency of ganja for this erodes their position that ganja has no medical use. Money is coming from ganja entrepreneurs for research, but the regulatory agencies of the North Atlantic all push the prohibition discourse as a result signal research for the benefit of mankind on ganja is starved as the politics of ganja is hegemonic.

Signal research in the following areas are suffering under the domination of prohibition: ganja and the alleviation of PTSD, ganja and its rejuvenating effects on damaged neurons, which will throw light on the position that exposure to ganja in the womb results in arrested neuron development in children, ganja and the alleviation of chronic

pain without risk of addiction, ganja and seizures, ganja and auto-immune diseases, ganja and interventions into addiction. This is a short list of pressing research issues all being squeezed by the politics of prohibition married to the politics of oligarchic hegemony which worsens the quality of human life on this planet. There is an agenda to suppress as far as possible all research on ganja and the human body through myth, lies and innuendo. Why? The answer lies in the reality that it is a plant available for all of us to grow, reap and partake of, unlike cocaine, heroin, meth, molly etc, it is liberatory! I wrote this article as someone trained in addictionology and addiction intervention by the New England Addiction Technology Transfer Center and Brown University, not as an “expert” based on a Google search!