Abbreviated Transcript of presentation by Dr Lochan Naidoo to the Parliamentary Portfolio Committee on Health – Medical Innovation Bill. June 2015

(Dr Naidoo's words verbatim in italics)

Dr Naidoo introduces himself as the Founder of the Jullo Foundation.

http://www.jullo.co.za/julloHome.html

(from Jullo Foundation website)

Dr Lochan Naidoo is an Internationally recognised addiction medicine professional who is a Founder member of the International Society of Addiction Medicine.Dr Naidoo is trained in the medical,psycho-social and 12 step model . Internationally trained Dr Lochan Naidoo served on the Central Drug Authority of South Africa as a drug expert and has been elected to the International Narcotics Control Board in Vienna. He has established and nurtured the Serenity Model from 1992 to today's leading comprehensive treatment model. Dr Naidoo is a medical doctor with counselling and business managerial skills. Together with his wife, Julie Naidoo B.Nurs. (Adv Practice), they have commited their resources to the destigmatisaton of Addiction and Emotional Health conditions.

From about 6 minutes in, Dr Naidoo talks about the bigger picture, a good place to start.

"The big picture is not medical cannabis, the big picture is legalisation. And in every country, it has always started with medical cannabis."

He then goes through a long list of ways that medical marijuana laws contravene federal laws in the USA. He uses this as a way to show that mmj laws are "bad".

Then he goes on to The Netherlands… ***"The idea was harm reduction, logic was to allow cannabis use then maybe reduce heroin use but they are looking at the folly of their policy."*** This makes a sweeping statement that the Dutch policies are failing, which they are not. It is a lot more complex than that.

Uruguay is next up as Dr Naidoo points out that this country's new laws for Adult Use are in contravention of the 1961 Single Convention. The USA also technically in contravention and has obvious difficulty in managing its own states. SA is a signatory to this convention so we must behave and not even think of legalising Cannabis. He refers to his speech to the International Narcotics Control Board in Vienna last year and you can read it here. We are pleased that his term as president is over but it also means that he is back in town and influencing our policy makers.

http://www.incb.org/documents/Speeches/Speeches2015/CND_2015_-_Presidents_Statement_on_the_Annual_Report_12.3.15.pdf

Dr Naidoo is trying to fit medical cannabis into a 60 year old convention. Read what the Independent Drug Policy Consortium, at the forefront of reform on the international level, have to say about his speech. Quote: "Is the INCB is firing blanks…?"

http://idpc.net/incb-watch/updates/2014/12/is-the-incb-taking-pot-shots-at-the-united-states

"As a South African I would not want to see my country being used. At this moment there is a major major lobby throughout the world which is influencing the academics and influencing various significant personalities to be able to look at the end result. Unfortunately the academics and other personalities are really being recruited for an endgame which I am going to describe to you just now. Unfortunately they come in with good intention so…"

Here Dr Naidoo is accusing Cannabis Actvists of having an agenda! Of course we have! He goes on to pick some holes in the Medical innovation Bill, which is understandable. He points out the focus on Cannabis legalisation… "***Using the medical use as a Trojan horse. It confuses cannabis as being similar to bicarbonate of soda. Cannabis is a dangerous drug… that is why it is controlled. It's not bad because it is controlled. It is controlled because it is dangerous."***

As the UN laws stand today, they are good. Dr Naidoo blames the fact that, since the days of Nixon, everyone has misinterpreted the conventions and thus created the war on drugs. He then reads through the single convention, control measures, reporting, licensing, specific obligations, a mountain of red tape for all signatories to the convention to adhere to. Cannabis agencies to control, supervise and license, designation of areas, physically removing crops and selling them, etc. Destruction of illicit crops, etc governments must adopt such measures and make sure that there is absolutely no personal medical use. Such cultivation does not meet the minimum requirements as set out in the convention. The doctor goes on to point out that control measures in existing countries ALL fall short of the requirements at the moment. So? He says that an invitation has been extended to the WHO to evaluate the potential medical utility of Cannabis and the extent to which Cannabis poses a danger to human life. Off you go WHO… do the studies…!!! WHO has set up a committee to come under review soon, we've heard it all before. We are sure that the WHO has its hands full with much more pressing issues.

"There is another issue. Proponents of making Cannabis available also bring up the issue that there are many users who are languishing in jails. And they say it is about vulnerable populations and I am going to point something out. Many countries are misinterpreting the conventions (heard this somewhere before?) ***and spend disproportionately more on supply reduction where they are neglecting the drug problem as a health issue. (Yes, the government should be sending more people MY way.. rehab etc). This proportionality has been the argument of legalisation lobbies that use the ill-defined term, the war on drugs, to vilify the violence and incarceration***

of vulnerable people. Now, one of the places that I visited is Venezuela… 2nd highest homicide rate in the world. They don't grow much drug…"What follows is a very vague description of what is happening on the ground there with little indication of his point.

"Article 36 recommends less severe sanctions and de-penalisation that is currently legal we can criminalise but we don't have to penalise.

Article 38 recommends treatment prevention, reintegration and training of health professionals in the area of drug treatment .This area has been neglected also, it was one of the resolutions that we passed the CND this year to be able to get countries to be able to set up agencies, to be able to train medical doctors in the fields of Addiction Science, which is not happening in our country." Send them to me and I will train them.?

Goes back to MIB and how it is unenforceable… "***It would allow patients and caregivers to grow and prevent law enforcers to differentiate between licit medical marijuana on the street and illicit, cheaper marijuana on the street. Thus facilitating illicit trafficking and the proceeds of organised crime. And I think that is the end game because if your policeman now knows that marijuana on the street may be legal he has got no right to stop you. And it's happening at the moment that we know that.."*** goes off on a tangent about counterfeit medicines & non-communicable diseases.

"In the United States, medical marijuana schemes evolved into recreational Cannabis legislation in some states. Because it is all about softening the blow. The federal government, which has not agreed to the Cannabis schemes has been forced to issue a directive to the banks to allow cannabis retailers to open bank accounts and that is the whole move so I think we must move out of our naivety, the lobby for the Cannabis legalisation availability is very strong and it is greater than all our whole budget that is looking after substance abuse."

The doctor now mentions that things might change at UNGASS next year but he is vague and moves on to a long diatribe around addiction, his speciality. He clouds the issue completely. That is the agenda. The issue of Cannabis and addiction is the Trojan Horse Dr Naidoo, not Medical Cannabis.

"By far the greatest impact will be to public safety, drug driving and low harm perception among youth. We have a young population which cannot be compared to the young populations of the United States and Europe. Their interpretation of what we are doing and our communication to the young people and our South African public is very poor there is more communication showing that Cannabis is good than any communication that left to one or two NGOs to be able to pass the message using their least qualified staff to pass the message and I think this is really an indictment as to how we are looking after our young people. We are really letting them down because if you are going to measure the wealth of a country you must measure the young person."

Moving into the last 10 mins…

"This is a very simple thing. Addiction is a temporary loss of common sense… The intellect is there and the intellect is preserved and that's why, when you speak to patients with taking Cannabis they have very good intellectual arguments that you may even start believing it. You'll actually go with this flow and then eventually, when you are at home, you'll realise, uh uh, the basic starting point was flawed."

Goes on a tangent about professional people and intellect and ends up at his method of addiction therapy… ***"It is not counselling, counselling is done in the church, it is brain repair. Rehabilitation centres are services to repair the brain. There is a big difference between therapy and counselling."***

Dr Naidoo continues to speak exclusively about addiction until the end where he leaves us with a gem:

"In conclusion… there is a worldwide synchronised and concerted effort to recruit unsuspecting people or to influence and coerce the common man to create political pressure for Cannabis legalisation. The current draft is poorly formulated and confused but rest assured, the pressure for legalisation will mount so this is an opportune time to discuss. We must remember that we have to protect our vulnerable youth and as with tobacco and Cannabis the big Cannabis industry will not subsidise a health budget to deal with the consequences and complications of increased availability. The lay public need more information about drugs and usage, not just the ineffective "Don't Do It", drugs message. Young people are using drugs as a solution for improving mental well-being. Honourable sir, if I have to give someone with that brain, which has hyperactivity if I give him Cannabis it will make that brain work, normal. When the Cannabis wears out those holes get bigger and the next time use a higher dose. That's how addiction works. So Cannabis, in a person who has ADHD, for example and if you give him Cannabis he concentrates but he'll forget next week what he learnt last week (laughing in background) and memory is a big issue and we must worry about the biggest scourge that is coming for mental health which is not major depression and bi-polar, it is the issue of dementia. And dementia is going to cause a major major stress in our life. Last sentence, with regard to Cannabis, research to support medical applications are inseperable tools. So I support medical research so I am quite in support of Professor Parry on this issue and I am available for any comment."

If you really want to know the message that is going forward at the United Nations, and particularly around the issue of youth and drugs, watch this video:

https://youtu.be/RHad4ELARD8

Read about other presentations at the hearings here:

http://www.fieldsofgreenforall.org.za/latest-news