


NEITHER POLICE NOR DELUSIONS: THE MEDICINAL USE OF CANNABIS SATIVA

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ABSTRACT

Our research work seeks to problematize the use of Cannabis sativa as medicine. Over time and due to the geographical region, it received several names, such as: marijuana, maria joana, pito de pango, diamba among others. The names may be different; however, medical and legal discourses appropriated its manipulation, use and exposure, until we reached the first drug law in Brazil, in 1921, as recorded by Silva (2010). Not only was a war beginning in the field of discourse about the alteration of consciousness by psychoactive substances; a customs police process was initiated (Silva, 2010; 2015) that collaterally criminalized the substance and the individuals who used it in different circumstances. We conducted a literature review of articles published by physicians to learn about the current debate on the use of Cannabis sativa as a medicine. Our main source of research was the Report for Recommendations for Medicines and Technologies, released in February 2021, prepared by the National Commission for the Incorporation of Technologies (Conitec) in the SUS. This commission of the Ministry of Health brings together various sectors of the ministry, the municipal health secretariats and the National Health Surveillance Agency (Anvisa). Although the Report did not veto the use in children and adolescents refractory to other antiepileptic drugs, one of the indicators indicated a reduction in seizures in individuals with other syndromes. How would the working class pay for the medical consultation and medicine? To learn about the long history of drugs, we dialogue with Caneiro (2018), who discusses prohibitionism; Bensimon (2017), which shows the struggle of individuals, who patiently needed to use medicine, could not and were criminalized; Hari (2018), which presents a broader horizon of the war on drugs, the difficulty of conducting research, and the racial cut; Torcato (2014), which talks about North American efforts to contain alcohol consumption and the Temperance movement; Zaccone D'Elia Filho (2008), who shows the criminalization of drugs and the fight against drugs, especially in the lower classes. We conclude our work by presenting the harm reduction policy, based on the text by Alarcon (2012). As a result, our work informs the possibility of medicinal use of cannabidiol; however, not all individuals can use it in the same way, once again presenting the endemic social inequality in Brazil.

Keywords: Cannabis Sativa. Cannabidiol. Psychoactive. War on drugs.

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INTRODUCTION

Drugs have been part of our lives since childhood. This does not mean that we are encouraged to make use of them. Cartoons helped to build in our imagination that some substances confer superpowers. Popeye the Sailor could be an example. He dates the so-called Olivia, who, at the same time, feels some charm for another sailor, Brutus.

Throughout the cartoon, Olivia and Popeye fought. Brutus starts to invest in Olivia, who ends up giving in, although she misses the delicacy of her former boyfriend. When the rudeness reaches its peak, Olivia tries to get rid of Brutus and get back together with her old boyfriend, Popeye. They fight, in the face of Brutus' aggressiveness, Popeye gets the worst of it. Until he eats a green substance that he keeps in a can.

This substance increased his strength, gave him more courage. Finally, he made him fight. Popeye won the fights. His girlfriend was proud, as he was able to free her from the clutches of the evil Brutus. In the cartoon, the substance is spinach. But is it really? Why does he need to use it only at the time of the fight with Brutus?

Far from the cartoons of our childhood, there is a debate for the legalization of drugs. In Brazil, there is widespread illegal sale and consumption of marijuana, indicating that it is the most consumed drug. With the arrival of crack, there was a change in the urban landscape, especially in large centers, such as São Paulo and Rio de Janeiro. In this way, "mules and planes", "stretchers, endolators and soldiers, rocketeers", consumers, traffickers and state security forces began to act in different areas of the cities, within a new logic, in which criminalization is selective.

DRUGS: PROPOSAL FOR EDUCATION, HISTORY AND USES IN DIFFERENT CIVILIZATIONS

We could talk about drugs as if everyone knew what we are discussing. However, to eliminate the polyphony of the word, we resort to a concept that can be expanded and even questioned. Caneiro (2018) says that:

Drugs are subjective objects, which produce subjectivities, they are techniques of the self, humoral, cognitive or sensorial modulators, they are shapers of mental and bodily states, thus serving, in the history of civilizations, as some of the most efficient instruments for the creation of experiences and experiences, whose contents, far from being just an objective pharmacological determination, are vehicles for deep senses, symbolic and imaginary meanings – in addition to the "pure" effects of the drug, there is a set of culturally significant effects (CARNEIRO, 2018, p. 38-39).

Marijuana is made up of two compounds: THC – tetrahydrocannabinol and CBD;

Let's look at the definition:

Tetrahydrocannabinol is responsible for the psychoactive and neurotoxic effects and the other principle has several therapeutic possibilities and even protective effects against the damage of THC itself, including antipsychotic effects. The problem is that the beneficial effects of CBD do not outweigh the harms of THC when marijuana is smoked. The way in which CBD protects neurons from THC-induced degeneration remains uncertain, but this potential has aroused interest in studying CBD for the treatment of various diseases (SILVA; CHEVARRIA, 2016, n.p.).

Jewish researcher Raphael Mechoulam, who survived the Holocaust, paved the way for research into the biochemical principles of marijuana, CBD and THC. This Israeli researcher, who died recently, was able to develop his research because he had friends in his country's police. The police knew that his interest was clinical and the basis of his scientific research. The large amount handled by him was not for his own consumption or for sale, which the legislation would typify as drug trafficking. But the war on drugs was far from being won.

The discovery of CBD, which can aid in the treatment of various diseases, is the first chapter in an unfinished story. To make the discussion denser, we turn to Bensimon (2017), who also presents the definition of THC. Cannabidiol is a chemical substance to which many medicinal probities are attributed (BENSIMON, 2017, p. 157).

There were still some elements missing in our text about cannabidiol, as the quote made earlier does not explain the chemical properties of THC so that the reader could understand the use of medical marijuana and its compounds. In the following quote, we introduce you to the other chemical substance, CBD.

Unlike THC, CBD has no intoxicating effects. Scientists believe that cannabinoids protect the cannabis plant against insects, bacteria, fungi, and environmental stressors. CBD appears to prevent the breakdown of a chemical in the brain that helps control pain, mood, and mental function. CBD is available in the form of softgels, tablets, capsules, oils, chewing gum, liquid extracts, and vape liquids. The only use of CBD that is generally recognized as being safe and effective is in the treatment of certain seizure disorders. However, some people use CBD to treat many other health problems, such as: bipolar disorder; pain; anxiety; Crohn's disease; diabetes; sleep problems, multiple sclerosis, withdrawal symptoms from heroin, morphine, and other opioid narcotics (McWHORTER, 2024, p8).

Taking the concept as a path and not as an absolute truth, we will think that, throughout the history of civilizations, the sale and consumption of drugs were part of magical practices, sociability, recreation, modulating behavior. Some were part of the prescriptions of apothecaries and healers, who, in the midst of prayers to ward off evil,

indicated smoking or bathing in certain herbs. Later, forbidden by a customs police (SILVA, 2010), this popular knowledge was hijacked, becoming the target of legal and medical discourses that transformed it into a panacea, controlling the possession, quantity and use of these substances. All to maintain social order.

Bensimon (2017) states that in the United States, one of the countries that fomented the war on drugs, there was great influence on international agreements to combat narcotics, especially in the governments of Richard Nixon and Ronald Reagan. However, under Thomas Jefferson (1801-1809) marijuana was planted on small properties.

That's okay, Ray Rapheal, a historian. He believed that marijuana growers in Northern California follow the lifestyle of Thomas Jefferson. They farmed on small farms. The properties needed to be small because the bigger they are, the more they would attract attention and this is not interesting for those who are, in short, acting in a gray area of the law. This is completely different from the logic of today's capitalist agriculture, in which you have larger and larger properties that are constituted by absorbing small ones, ending without any remorse with the idea of millennial agriculture (BENSIMON, 2017, p. 12).

In the United States, the first law voted in Congress prohibiting the use of marijuana/marijuana was the *Tax Act*, in 1937. According to Silva (2010), the criminalization of drugs in Brazil occurred earlier, in 1921. According to Silva (2010), in 1932 a new law was published in Brazil that established a medical monopoly on marijuana, which from that moment on could only be purchased with a medical prescription. We find a paradox: in 1960 the use of marijuana was approved in the State of California, for medicinal use, which makes us think that there was no consensus. In 37 years, there has been repression of use and the discussion about its therapeutic use was also on the agenda.

The criminalization of drugs in Brazil began with Decree 4.294, of July 1921. It is a very general law that, in its first article, determined that it was forbidden at the time "Art. 1 To sell, expose for sale or administer poisonous substances, without legitimate authorization and without the formalities prescribed in the sanitary regulations". The indeterminate nature in relation to the substances targeted by this law was partially corrected by Doc. 14.969 of September 3 of that same year, which regulated the previous law by qualifying as "poisonous or narcotic substances [...] opium and its derivatives, cocaine and its congeners". The decrees in question aim to control the sale and uses not prescribed by doctors (SILVA, 2010, p. 12).

The United States, in the 1930s, tried, through the Temperance Movement, which had the support of religious institutions and housewives, to reduce alcohol consumption. In the 1970s, Richard Nixon tried to contain the demonstrations against the Vietnam War and the hippie culture, which promoted several protests; Among them, civil rights began to be formulated and the war on drugs began. Only this time his fight was against psychoactives.

According to Hari (2018), Nixon's campaigns in the 1970s and Reagan's in the 1980s, with the slogan - Just say no, reactivated the war on drugs. They elected another enemy, which was not alcohol, but opium, cocaine and cannabis derivatives.

Hari (2018) presents nuances of North American society, in which there is an ethnic-racial cut regarding policies on the use of psychoactive substances. Would these nuances be related to the historical process of occupation and formation of American society?

Racism in the United States is a structuring element of society. The war on drugs was not simply an attempt to rid the country of psychoactive substances, which could generate dependence. It was also a form of social segregation, as blacks and white addicts were not treated in the same way. Singer Billie Holliday was spied on by agents of the Bureau of Narcotics and had her life and career destroyed due to her heroin addiction and cocaine use. One of the most beautiful voices in jazz, she was arrested and had her license to sing suspended, while Judy Garland, who was as addicted to heroin as Billie Holiday, did not receive the same treatment from agents of the Bureau of Narcotics.

According to Hari (2018, p. 41-42), one day Anslinger, when there were also white women, as famous as Billie involved with drugs – but he treated them a little differently. Harry asked Judy Garland, also a heroin addict, out on a date. They had a friendly conversation in which he advised her to take longer vacations between films, and then wrote to the studios where she worked assuring her that the actress had no drug problems. When he discovered that a high-society girl from Washington he knew—a woman who was "beautiful and graceful," as he put it—was a drug addict, he explained that he couldn't arrest her because it would "destroy the reputation of one of the best families in the country." He helped her overcome her addiction slowly, without legal constraints.

In the United States, blacks are a minority, unlike in Brazil. However, both societies developed racist practices whose roots lie in their colonial past. If the war on drugs that was being waged in American society was a project that sought to keep young people away from drugs, in Brazil it gained another hue, of ethnic cleansing, in which it sought to establish a social hierarchy. After the Abolition of Slavery, the legislation of the First Republic prohibited the entry of immigrants, especially Chinese and Africans.

As expressed in the official documentation of the Canadian government, this is nothing comparable to the sudden changes recorded in Oregon. British Columbia has decades of a significant contingent of users of various substances with a strong geographic concentration and in certain social/ethnic strata.

According to Torcato (2014), while the USA directed its efforts to combat the advance of alcohol consumption, our country was moving towards the adoption of eugenic policies. What this movement advocated was not only the improvement of races to elevate Brazil to the condition of modernity and development, preventing the entry of Chinese and African immigrants. What was said was that there was a need to encourage the immigration of Europeans, bringing Brazil closer to Europe in terms of international phenotypes. What was not said was that in this set of ideas was embedded the prohibitionist thought of the entry of opiates and Cannabis.

Two theses, presented in recent years, have brought new elements that help us rethink prohibitionism in relation to internal dynamics. Silva (2009), working with various types of sources and focusing on the city of Rio de Janeiro, sought to draw attention to the role of some members of the elite in the implementation of drug prohibition, justifying it based on the principles of Social Medicine and, particularly, eugenics. Adiala (2011), in turn, focused on medical scientific production, also in the city of Rio de Janeiro, arguing that the construction of a pathologizing notion of drug use was linked to the rise of a group of intellectuals who were responsible for the affirmation of Psychiatry as a medical science (TORCATO, 2014, p. 142).

Zaccone D'Elia Filho (2008) adopts as the title of his book – Shareholder of Nothing – the phrase of a Norwegian criminologist Nils Christie to express that the amount sold in the suburbs of Rio de Janeiro is so small that it is equivalent to nothing compared to the profit of the big drug traffickers. The latter do not climb hills, they do not take up arms. Away from the war on drugs. They use banking institutions to have the income of their business assured. Their names and families, morally recognized, live far from the shadow of the illicit substance trade.

Saudi banker Gatih Pharaon, at the time one of the fifteen richest men in the world, declared in Buenos Aires that all the major banks launder drug money, including institutions such as First Bank of Boston and Credit Suisse. Pharaon resented the fact that only his Bank of Credit and Commerce International, which sparked a major financial scandal in 1992, was often cited for its links to drug trafficking. [...] All this makes his statements acquire a special importance and allows us to glimpse a bit of hypocrisy on the part of the capitalists who behave, publicly, like outraged maidens against organized crime and drugs (ZACCONE D'ELIA FILHO, 2008, p. 14).

The discussion about drugs returns to the social scene. The increase in the number of deaths, the growing crime, the clashes between criminal factions that challenge the state security forces have brought the debate back to the fore. Jurists, doctors, experts on the

subject are looking for a solution to the problem of the war on drugs. During the debate, some opted for alignment with international agreements prohibiting consumption and criminalizing sales; others preferred to separate them into categories: recreational drugs, religious drugs and finally medicinal drugs.

The discussion extended to the highest courts in the country, seeking to modify articles and even legislation; What was little heard about was the budget and planning for a policy of harm reduction and drug education, involving this educational institution, bringing it as an ally not with a moralizing discourse, but information that could help in the choices that each individual can make with conscience.

A fraction of researchers seek to present the effects of *Cannabis sativa* for medicinal use to the scientific community and civil society. We suspect that the change from the use of the word marijuana to the scientific name has some implications. The first would be to differentiate addicts and patients.

THE MEDICINAL USE OF CANNABIS SATIVA

We find in some social groups with greater economic power a linguistic variation placing a new acute accent on the word Cannabis. It may be a researcher's pet peeve. Once again, we suspect that individuals from upscale neighborhoods, especially in Rio de Janeiro, have adopted this strategy to establish the difference between them, the "mules", the "stretchers" and the "rocketeers" from the black and poor population who, according to the reports of the public security forces, flood the prisons imprisoned as drug traffickers.

This war on drugs has many facets: on the one hand, those who fight for legalization, who use different means to make the use of the substance legal, thus escaping the eyes of the Criminal and Penal Code; on the other, the prohibitionists, who try through research or simple rhetoric to say that other substances could be used and obtain the same effect as *Cannabis sativa* in different medical treatments.

THE USE OF MEDICAL CANNABIS

To overcome Dravet Syndrome, which affects children in the early years, Lennox-Gastaut syndrome and tuberous sclerosis, which cause epilepsy in patients, among other effects, the SUS of São Paulo approved the distribution of medicines. Will the other entities of the federation remain silent?

We cannot forget that the pharmaceutical industry, which has a very strong international arm, influencing the domestic markets of different countries, including Brazil, tries to sell the Cannabis flower as a medicinal product to doctors, who prescribe it to their patients, who can buy the medicine or in some cases need to import it to continue their treatment. Regarding medical prescriptions, we turn to Bensimon (2018):

Then she asks Arthur if he can get one of these recipes. They hadn't been talking about it until now and she feels like she could have done a few laps before she got to that point. He takes a sip of coffee while Zanzibar needed to be kicked off the table. It seems that this may be a story syncopated by embarrassment, but Arthur is very comfortable when he starts talking about Venice and the ostentatious way marijuana doctors present themselves by hiring [...] a guy Arthur's age wearing a black T-shirt with nothing written on it, said that the doctor could see him for a hundred and fifty dollars. They argued for a while until they reached eighty. It seemed like the wrong place to bargain for a doctor's appointment. Arthur let them make a copy of his passport, then filled out a form with his details and the reasons why he would like to use cannabis. Cannabis. This was the new name of the plant that was thousands of years from the Earth, being demonized or sanctified according to the economic interests of nations (BENSIMON, 2017, p. 138-139).

The National Health Surveillance Agency (Anvisa) has established different procedures in Brazil for individuals and legal entities. In order to make a request, both must present consistent evidence of the need to use the product. For companies, Anvisa established the need for products to undergo phase 1, 2 and 3 tests. We cannot forget the long list of documents forming a process, which can take a long time and take lives.

Considering the moral judgment inherent in our society, researchers who adopt Cannabis as a research object can be labeled as potheads or vulgarly treated as advocates of drug use indiscriminately. Without seeking information from research on drugs, whether the job is recreational, medicinal or even religious.

Despite the paragraphs above, there are people who need Cannabis as a medicine, but cannot wait for the institution's time to test and ensure the use of the substance as a doctor for the ailments they suffer. Bensimon (2017) presents the individual struggle of a son to get his mother with cancer to be able to eat better to support the medications she used while undergoing treatment. The solution found by the young man was planting at home.

He often thinks of his mother. In her womb. It makes symbolic connections, small dangerous narratives. In simple reasoning, if there was no uterus, there would have been no cancer.

[...] So Arthur doesn't know when he had the idea of growing marijuana for her acting out of legitimate love, if he just tried to free her conscience. And he wanted to do something different (BENSIMON, 2017, p. 126).

Due to the intricacies of the legislation and the control bodies, which have their rules that regulate the functioning of both their activity and internally, we cannot forget the exceptionalities, as there are individuals who need the drug considering the stage of evolution of their disease.

We were far from thinking about the medicinal use of Cannabis and its industrial production for the treatment of diseases such as Lennox-Gastaut syndrome and tuberous sclerosis or even encouraging laboratories to develop research that could indicate treatment with Cannabis in other seizure diseases, which affected neural synapses. Bensimon (2017) brings to light the relationship between the interest of the pharmaceutical industry, the State and its legal framework and, ultimately, the individuals who need the medicines. The author presents the case of the first individual to use marijuana for the treatment of Glaucoma.

It was only while preparing his defense of the case that Robert Randall discovered that he was not the only one benefiting from the effects of marijuana in the treatment of glaucoma; on a visit to *the National Organization for the Reform of Marijuana Laws*, an NGO whose headquarters occupied three interior floors of a building in Washington, D.C., He was informed that a study conducted in 1971 had shown that smoking marijuana causes changes in the pressure of the intraocular globe. The study was conducted in Los Angeles, in the laboratories of the University of California. There are other older scientific articles that dealt with the same topic and reached the very same conclusion. Most importantly, however, the government itself was aware of these findings (BENSIMON, 2017, p. 230).

In 1976, Robert Randhal became the first person legally allowed to use medical marijuana, after proving its necessity. We were left wondering: how many people, with the same need as him, were denied the process, forcing them to conventional treatments that Randhal had already proven with little effectiveness?

The lawsuit presented shows how there is no neutrality in scientific research and that the large laboratories pressure the government so that their patents are protected by the general framework of the State.

Our society is experiencing the trivialization of hunger and the stimulus to consumerism. There are individuals who have devices that can regulate the ambient temperature, changing the feeling of hot and cold, bringing greater well-being and comfort. We forget that the excessive continuous use of these devices can promote alteration in the

immune system, announcing colds and flu. To solve the problem, we buy lytic drugs in drugstores, without any embarrassment: flu syrups, a multitude of pills, food supplements, anti-allergic and anti-inflammatory drugs, with or without a prescription, in search of a cure.

PROBLEMATIZING THE ARTICLES PRODUCED BY DOCTORS

The articles we selected were written by doctors; Most of them are from a literature review. According to Garcia and Barbosa Neto (2023):

Cannabinoids are a heterogenous group of natural, endogenous, or synthetic compounds that are capable of activating receptors that are part of the endocannabinoid system. The first compounds capable of producing clinical effects were obtained from marijuana (*Cannabis sativa*), a plant from which about 60 substances classified as cannabinoids are produced, among which the most relevant is tetrahydrocannabinol (THC), but cannabidiol (CBD) can be found, among others (GARCIA; BARBOSA NETO, 2023, p. 38).

We cannot forget that the use of these substances that alter the state of consciousness is an issue that involves not only the individual, but also the collective, especially the Public Health System. According to Garcia and Santos (2023), the use of these substances can cause acute intoxication, euphoria, and panic attacks and affect memory. One point that the doctors raised was about the poisoning of workers who come into contact with the plant, even if it is for industrial use.

A little-known aspect of poisoning is that which involves workers who handle the plants or who are exposed to them, such as in industries, police officers or forensic technicians. Immediate respiratory symptoms, direct response to exposure are more common and are marked by congestion, rhinoconjunctivitis and/or chest symptoms such as cough, wheezing, chest tightness or shortness of breath, related to bronchial hyperrespiratosis. Cutaneous symptoms such as urticaria (contact), angioderma, and, rarely, late dermatitis-like symptoms are also observed. Up to 20% of affected individuals may also experience anaphylactic-type reactions. Although rare, anaphylactic reactions have been reported in sensitized individuals, associated with the ingestion of hemp seeds, which are marketed as a healthy protein food (GARCIA; BARBOSA NETO, 2023, p. 39).

There are also psychiatric effects; Among them, the doctors cited: greater possibility of developing psychosis and schizophrenia, anxiety and suicidal ideation. The same researchers also said that larger studies are needed on the incidence of cancer in individuals who smoke marijuana compared to those who smoke tobacco.

Considering the cerebral effects of marijuana – the result of neuroimaging studies – the group of doctors formed by Grippa, Lacerda, Busatto Filho, Zunardi and Bressan produced a text that helps to deepen the discussion.

The group analyzed research with individuals who used THC (tetrahydrocannabinol) and CBD, through MRIs and CT scans, using the PET and Spect methodologies. In the first part of the study, they present the concept of Cannabis on which they will focus. In 1960 it was the first time that the substances that make up the drug D9-THC were isolated, allowing the study and the reactions of individuals to each of them.

Cannabis can produce several subjective effects in humans: euphoria, dysphoria, sedation, alteration of time perception, increased interference in selective attention and reaction time, alteration in sensory functions, impairment of motor control, learning, and transient impairment in short-term memory, in addition to neurovegetative effects such as dry mouth, tachycardia, and postural hypertension. Adverse effects include anxiety attacks, panic attacks, and exacerbation of psychotic symptoms [...]. Its influence on the brain is complex, dose-dependent, and seems to be the component responsible for the induction of psychotic symptoms in vulnerable subjects, which is compatible with the effect of increasing the presynaptic efflux of dopamine in the medial prefrontal cortex (GRIPPA; L; BUSATTO FILHO; ZUNARDI; BRESSAN, 2005, p. 2).

Dopamine is a neurotransmitter that acts on specific areas of the brain; It is one of the responsible for the feeling of well-being. Serotonin is also an important neurotransmitter, which acts by regulating mood, sleep and memory. The pharmaceutical market has invested in research that can help produce compounds whose formulas present the appropriate dosage for those who, among other complaints, have lack of sleep and depression.

Lembke (2022) wrote a book – Dopamine Nation: Why Excess Pleasure Is Making Us Unhappy and What We Can Do to Change – which was for a few weeks one of the best sellers in Brazil. He highlights the importance of neurotransmitters:

Our dopamine economy, what historian David Courtwright has called "limbic capitalism," is driving this change, aided by transformative technology that has increased not only access to but also the number, variety, and potency of drugs. The question of how to moderate is becoming increasingly important in today's life, because of the absolute ubiquity of high-dopamine goods, making us all more vulnerable to compulsive hyper-consumption, even when we do not meet the clinical criteria for addiction (LEMBKE, 2022, p. 87).

Lembke (2022) drew our attention to the relationship between neurotransmitters, especially dopamine, demonstrating that its action in our brain is related to levels of pleasure, which are released even when we consume objects that are not necessary at the moment. Faced with stimuli from different media, our brain will ask for the satiety of desire, which will be found in the release of increasingly higher doses of dopamine.

Regarding serotonin, the author was more concise in relating its use in the treatment of individuals with attention deficit disorder (ADD) and generalized disorder (GAD). David went to a psychiatrist, who prescribed paroxetine, a selective serotonin re-elaboration inhibitor for the treatment of depression and anxiety, and an amphetamine-based medication, a stimulant for the treatment of attention deficit disorder. I'm referring to the medicines. "In the beginning, paroxetine helped a little with anxiety. It reduced some of the worst sweats, but it did not cure them (LEMBKE, 2022, p. 38).

Let's go back to the group of doctors who, through neuroimaging studies, analyze the effects of marijuana. Let's get to know the role of Cannabis sativa on the brain and some clinical studies:

D9-THC acts on the cannabinoid system that appears to be modulated by "endogenous cannabinoids." Endocannabinoids act through two recently discovered receptors: CB1 – with distribution in the central nervous system – and CB2 – with peripheral distribution

[...]. The discovery of receptors and their endogenous ligands made possible the existence of a neuromodulatory cannabinoid system (GRIPPA; L; BUSATTO FILHO; ZUNARDI; BRESSAN, 2005, p. 2).

The authors presented several clinical cases related to the use of "heavy patients", as they call those who made prolonged use of D9-THC. Not to be boring, we will present a case and then we will present the use of CBD in the production of medicines, as we still want to hear from other doctors.

Structural neuroimaging

In 1971, Campbell et al. detected cortical atrophy in pneumocephalography examinations, based on measurements of the lateral ventricles and the third ventricle in 19 chronic cannabis users. However, the conclusions of this study were criticized, since the patients included had histories of abuse of several other drugs, head trauma, and epilepsy, and because the ventricular measurement technique was not considered reliable. In addition, these findings could not be reproduced in further studies using computed tomography (CT) and structural magnetic resonance imaging (eMRI) (GRIPPA; L; BUSATTO FILHO; ZUNARDI; BRESSAN, 2005, p. 2).

According to the quotation made, we can understand that, due to the fact that it presents other neurological problems in the users, it was not possible to attribute it to changes in the measurements of the lateral ventricles. The study was also strongly criticized for the impossibility of repetition with other individuals using the techniques of computed tomography and magnetic resonance imaging.

About Cannabidiol and Spect:

Each volunteer was studied on two occasions, separated into one week. In the first session, the subjects received an oral dose of CBD (400mg) or placebo, in a double-blind procedure. Spect images were acquired 90 minutes after ingestion using the substance that was not administered in the previous session. CBD significantly reduced subjective anxiety and increased mental sedation. While placebo did not produce significant changes (GRIPPA; L; BUSATTO FILHO; ZUNARDI; BRESSAN, 2005, p. 5).

Considering the quote made, the experience with CBD on individuals has produced satisfactory effects, significantly reducing anxiety and sedation. However, Bueno (2022) warns that CBD-based medicines do not exist in the Public Health System. Individuals who need to use it after diagnosis and prescription provided by doctors, in some cases, need to go to court to buy the drug in the national or international market. This reduces the possibility of treating the working class with the innovations of Medicine.

Facing some challenges for the use of Cannabis also afflicts patients, since some of them are unaware of the therapeutic potential of the drug and others are aware that it can be achieved, but decide not to opt for its use due to the concomitant possibility that this drug provides of misuse or a vicious habit that is harmful to health. In addition, treatment using CBD is expensive, given the high value that has to be paid to purchase the drugs (BUENO, 2022, p. 4).

We understand Bueno's (2022) research, a literature review, in journals in the area, especially articles from the PubMed magazine. However, we found a questionable point regarding the admission of the drug.

The author, in the quote, states that some patients fear the vicious habit that is harmful to health. There are other drugs that can have the same effect and about which we do not find, roughly speaking, the fear of addiction, and, even reading the adverse conditions, patients still make use of them. The way it is written, in the previous quote, leads us to think that the individual chose this therapy alone. It seems that there was no consultation with a specialist who prescribed the drug and provided the prescription, after analyzing the individual's clinical condition.

Before the drug reaches the patient, there is the National Commission for the National Incorporation of Technologies in the Unified Health System (Conitec). The report prepared by this commission, in February 2021, records:

Law No. 8,080/1990, in its article 19-Q, establishes that the incorporation and exclusion of new drugs, products and procedures, as well as the constitution or alteration of clinical protocol or therapeutic guideline are attributions of the Ministry of Health (MS). To fulfill these duties, the Ministry of Health is advised by the National Commission for the Incorporation of Technologies in the Unified Health System (Conitec) (BRASIL, 2021, p. 1).

The commission writes both technical reports and recommendations for medicines and technologies. In our text, we will use the first, from 2021, which, among the medications, discusses the use of Cannabidiol 200 mg/ml for the treatment of children and adolescents with epilepsy refractory to antiepileptic drugs. How is Conitec formed?

The structure of Conitec's operation is composed of a Plenary and an Executive Secretariat, defined by Decree No. 7,646 of December 21, 2021, which also regulated its scientific competences, its operation, and its administrative process. The management and coordination of Conitec's activities, as well as the issuance of the recommendation report on the technologies analyzed, are the responsibility of the Executive Secretariat, exercised by the Department of Management and Incorporation of Technologies and Innovation in Health (DGTI/SCTI/MS). The Plenary is composed of 13 (thirteen) members: representatives of each of the 07 (seven) Secretariats of the Ministry of Health (SCTIE) – and 01 (one) representative of the following institutions: National Health Surveillance Agency - Anvisa; National Supplementary Health Agency – ANS; National Health Council – Conass; National Council of Municipal Health Secretariats – Conasems; and the Federal Council of Medicine – CFM (BRASIL, 2021, p. 1).

With this quote, we were able to understand the structure of the commission and its capillarity, reaching the municipal health secretariats of the municipalities, which are part of the Plenary. We would like to highlight the presence of the National Health Surveillance Agency (Anvisa), due to its nature and its role in society. During the Covid-19 pandemic, it was very much in evidence due to the tests and release of vaccines to combat the virus and its mutations. Considering the presentation of the structure, it is worth mentioning the performance of Conitec.

The Commission's analysis should be based on scientific evidence, published in the literature, on the efficacy, accuracy, effectiveness and safety of the technology, as well as the comparative economic evaluation of the benefits and costs in relation to the technologies already incorporated. It is essential that the health technology be registered with the National Health Surveillance Agency (Anvisa) and, in the case of medicines, a price set by the Medicines Regulation Chamber (CMED) (BRASIL, 2021, p. 1).

In this quote, we find Anvisa's performance, as medicines must be registered with the agency, but also set at the Drug Regulation Chamber (CMED). Among other factors, due to its price set by the CMED, the drug may or may not be incorporated into the Unified Health System (SUS) by Conitec, which has not only the price as a criterion, but other criteria that are part of the citation.

We will continue the discussion of the report, based on the criteria established by Conitec: effectiveness and comparative economic evaluation of the benefits and costs in

relation to the technologies already incorporated. The committee mentions in the report on the first criterion the effectiveness:

The available evidence for the efficacy, effectiveness and safety of cannabidiol in children and adolescents with epilepsy refractory to antiepileptic drugs is based on three randomized controlled trials (RCTs), with placebo control, and their open-label extensions, which included patients with specific refractory epilepsy syndromes: Lennox-Gastaut syndrome (LGS) and Dravet syndrome (DS). Six observational studies without a control group and a systematic review with meta-analysis of RCT results were also included. In all, 1,487 patients were included, and follow-up between 12 and 144 weeks. Statistical benefits in quality of life (QOFCE) were observed after three months of treatment with cannabidiol (mean difference = 8.12; standard deviation = 9.85 $p < 0.001$, $n = 48$) and a reduction of about 50% in the frequency of total epileptic seizures for up to 2 years (BRASIL, 2021, p. 7).

In the quote made earlier, among the criteria that guide Conitec's performance, efficacy was not chosen randomly. It was chosen because it meets other criteria: accuracy, scientific evidence, effectiveness, and safety of the technology. Considering the citation, cannabidiol, after tests were carried out in two groups and including individuals with other syndromes, refractory to antiepileptic drugs, presented satisfactory results, reducing the seizures of the participants who received it. Thus, we can think that, for the treatment of individuals refractory to other antiepileptic drugs, cannabidiol will receive a positive opinion, recommending the incorporation of the drug into the Unified Health System.

Economic evaluation: the use of cannabidiol as an adjuvant therapy in Lennox-Gastaut and Dravet syndromes results in clinical benefit to patients, through an increase in expenses considered average parameters, resulting in ICRs per avoided crisis and QALY gain of, respectively, R\$ 1.6 thousand and R\$ 3.6 million, very high values considering the low estimated cost for crisis treatment or even threshold values usually adopted for QALY (0.7 to 3% GDP per capita). In addition, considering the uncertainty, the clinical benefit is not confirmed both for avoided seizures and for QALY gained (BRASIL, 2021, p. 7).

Taking this quote as a starting point, the Conitec report considers that, even after the drug has passed the accuracy tests, it will not be incorporated into the SUS. In order to understand more fully the reasons that allow inclusion, the key to our understanding is the term QALY - Quality Adjusted Life for Years to measure the quality of life adjusted over the years. It is necessary to make another calculation to propose the inclusion of the suppression of the drug in the SUS.

There are four types of economic analyses in health: cost-benefit, cost-minimization, cost-effectiveness, and cost-utility. The most commonly used approaches in the healthcare industry today are the last two. Cost-effectiveness analysis (ACE) is a form of complete economic evaluation in which both the costs and the consequences (outcomes) of health programs or treatments are examined. The

result of the ACE is expressed, for example, in cost per year of life gained. The cost-utility analysis is particularly focused on the quality of the health outcome produced or avoided and introduces the concept of QALY – *Quality-Adjusted Life Years* (DRUMMOND et al., 1997).

When we conduct research, we cannot be tied to a single source; we must seek information that can shed light on it. The Conitec Plenary is qualified when it discusses the incorporation of medicines and technologies into the Ministry of Health, which takes into account the accumulation of knowledge produced in the area. For those who are outside the area, the only assessment we make is that people who were able to use this drug had a reduction in epileptic seizures and, with that, a gain in quality of life for both the individual and the family.

We cannot forget the social factor: cannabidiol was not prohibited, it just was not incorporated into the Unified Health System, which leads us to think that it can be acquired by doctors in private consultations. Considering the economic inequality that exists in the country, we know which class will be able to make use of the drug.

PROHIBITIONISM AND THE HARM REDUCTION POLICY

If in the previous section we listened to doctors and their studies on drugs, now we will deal mainly with prohibitionism and harm reduction policy; we will dialogue with historian Felipe Carneiro, and psychiatrist Sergio Alarcon. Other authors will also be invited, to the extent that their texts contribute to the proposed compression.

There are loopholes in prohibitionism. Mendocino, California County, was one of them. Formed by beautiful forests of huge sequoias, the city still hovered the atmosphere of the counterculture, the hippies and some soldiers who returned with traumas from the Vietnam War. In the forests of Mendocino other vegetables grew, the seeds of which were chosen and harvested. No one talked openly about marijuana plantation; It was a profitable trade that involved several residents. Some foreigners came from far away, with the promise of earning and selling the herb. All of this happened right under the eyes of the state security forces.

Cannabis, from a therapeutic plant of wide and diversified use, became another prohibited plant, with its industrial and food uses equally suppressed, and already mentioned since the first treaties, but whose global prohibition was consolidated in the second half of the twentieth century - declining in the new century with the legalization conquered by plebiscites in a growing number of North American states and countries such as Uruguay (CARNEIRO, 2018, p. 43).

In 1960, in the State of California, in the United States, there was approval for the medicinal use of Cannabis (SINMON, 2007, p. 170). Alarcon (2012) states that in Brazil the

prohibitionist policy is supported in the same way as in other countries; at one end, security forces, who carry out the repression, and at the other the health sector.

Certainly, it is precisely the relations between the health and security sectors (woven by the prohibitionist logic) that remain a better kept secret than the Eleusinian mysteries. Relationships that confuse the formulation of new health policies that seek to reduce the poisonous or toxic potency not only of pharmacological molecules, but, in particular, of the relationships in which these molecules are inserted (ALARCON, 2012, p. 47).

It may seem that there is a paradox: involving public security forces in the formulation of public policies for harm reduction when they do not have health or even medical issues in their final action. The mistake lies in the criminalization of the substance and the user. They consider that this substance cannot be used in the treatment of diseases either. In its initial training, there was no discussion that presented this drug from the drug point of view. As a consequence, we have, in the customs police, a legacy from the beginning of the twentieth century, with the laws that prohibited the sale, use and exhibition (SILVA, 2015).

Restricting the prescription of these drugs to doctors, doctors who are hardly found in the public health system, makes access for the low-income population something far from their horizon due to the lack of knowledge of their rights, and of the substances that form drugs and how they can help improve health. We still have people who write on the medicine box the time it should be consumed; if they need this aid to take it, how much more to know its composition.

Alarcon (2012) draws attention to a racial profile in the formulation of harm reduction policies and in the repression of drug use, targeting the poor and black population.

In an equation that combines the myth of the 'certainty of impunity' (in fact, Brazil has the largest prison population in the Southern Hemisphere and the second largest on the planet), with a racist distribution of what our society understands as human rights (COIMBRA, 2003).

[...] Immediately, we could ask ourselves in the first analysis what justifies the number of homicides in Brazil directly linked to the war on drugs if we are neither large producers nor large consumers (ALARCON, 2012, p. 52).

We cannot forget two central issues in harm reduction policy: total abstinence and the fear that people will irresponsibly use psychoactive substances, overdose and occupy the few vacancies in the public health system, which could be destined for other patients affected by other ailments.

We found in the Virtual Health Library a pamphlet that presents the definition of Harm Reduction:

It is a public health strategy that seeks to control possible adverse consequences of the consumption of psychoactive drugs – illicit or licit – without necessarily interrupting this use and seeking social inclusion and citizenship for drug users (BRASIL, undated, p. 1).

As far as it was possible to follow the debate, we found Bill No. 1,340/23, authored by Colonel Meira, federal deputy, Deputy Leader of the Liberal Party, member of the Permanent Commission on Public Security and Combating Organized Crime, pending in the National Chamber; In it, harm reduction is under discussion. However, what we could perceive is: there was no substantial change in the definition presented.

Resuming the dialogue with Alarcon (2012), we are not the main producers, nor even the consumers of psychoactive substances on the planet. What exists in our society is a moralizing discourse forged in the past about the use of these substances and the criminalization of users.

There is no way not to see the war on drugs in the streets, favelas, hills of peripheral areas of the city of Rio de Janeiro.

One of the consequences of this war is necropolitics (MBEMBE, 2018) put into action, that is, the right to choose who can and should die: operations close to the exit and entry times of public schools interrupt classes. The Municipal and State Education Secretariats have the numbers of classes suspended due to clashes. How to think about what to learn and what to teach when the confrontation occurs during the class period? How to leave to go to work and find the public security forces ready to start operations?

The excess of connections to the job causes layoffs, in a country in a faltering economic recovery. Individuals have no other option but to try to get through the confrontation, putting their lives at risk, in the statistics, many ended up elsewhere: in the hospital, in search of medical help, and there is not always time to save lives in the face of the lethality that has hit them.

How can we talk about total abstinence in the harm reduction policy, when it has already proven to be a real failure in other countries that have adopted it? We need programs similar to those that want to stop using tobacco, which, with the monitoring of a multidisciplinary team, monitors the effects of removing the substance from the body and seeks alternatives, such as the administration of others that may be less harmful to health,

promoting care for the individual and his or her family. But when we criminalize addicts, we practice a summary rite in which they and the substance are criminalized.

FINAL CONSIDERATIONS

There is still a lot to study on the subject; I dedicated almost a year to writing this article, reading who is producing within the area, reflecting on what I read and finally looking for a way to think that the inequality of the medicinal use of *Cannabis sativa* reproduces the spatial inequality, because smoking marijuana in Leblon is not the same thing as in Chapadão or Complexo da Maré.

The other day, sitting in a shopping mall in the South Zone, an individual saw the title of the book I was reading and unceremoniously approached me saying: "here in the South Zone our discussion has already advanced". I thought: "two cities within the same city, the economic inequality of an area makes an individual say, without any embarrassment, that he does not fear the security forces of the State, that is, sale, consumption and exposure are possible".

These substances are purchased; Those who have money buy, those who don't owe until they accumulate debts, which are paid with their life or that of a family member. At the same time, solidarity with the family of the dead has to be contained, because helping with the burial and being present at the wake, when there may be scouts, puts other families at risk.

The indignation and tears stamped on their faces reflect the unspeakable pain. Morrison (2011) elaborated on the concept of *unspeakable* – things that cannot be said about. However, it is possible to feel it. We made a choice not to present the latest discussions of the Supreme Court of Justice; were collected and read, but I wondered if I was not following the same path that other researchers have already taken when they presented their dissertations, theses, articles. Not that they are not important. They are important when thinking about the inclusion of the drug in the SUS.

Conitec prepared a report that we used as a source of research. Although the report does not prohibit the use of Cannabidiol in children, adolescents refractory to antiepileptic drugs, it will not be incorporated into the Unified Health System. This does not mean that it cannot be consumed as medicine.

The way to acquire the drug passes through private interests, private doctors with consultations with prices that are not popular; The medication itself also does not have a price that the working class can afford monthly.

The discussion about decriminalization involving the individual and possession is transversal to the use of Cannabidiol as a medicine. It is of great value, but we will be ensuring democracy, not only with decriminalization, but with the possibility of using it in the Public Health System, which generally serves the poorest population, who cannot afford expensive consultations to obtain prescriptions and thus continue their treatment.

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