



THE STATUS OF OPIATES (CANABIS) IN REGARDS TO HEALTH AND HALAL

Emilija Spaseska Aleksovska¹ , Stela Jokić² , Benjamin Muhamedbegović³

¹Skopje, Macedonia

²Faculty of Food Technology, University of Osijek, Franje Kuhaca 18, 31000
Osijek, Croatia

³Faculty of Technology, Tuzla University, Univerzitetska No. 8, 75000 Tuzla,
Bosnia and Hercegovina



Name: Emilija Spaseska Aleksovska

Profession: Mpharm spec.

Organization: NYSK Holdings

Phone: +389221 698

E-mail:emilija.spaseska@gmail.com

Cannabis haram/halal status

- Everything that intoxicates our bodies is forbidden for Muslims to consume, so this especially applies to narcotic or stimulating substances.
- Are the medicines which are approved by competent authorities and prescribed by doctors for the purpose of treating diseases, for the benefit of humans, halal, if they contain haram ingredient?
- Whether patients of the Muslim religion can use drugs containing cannabis and are relieved that it is haram

Cannabis, through the history

- The medicinal use of Cannabis sativa plant and preparation derived from the plant has a long history
- There is evidence that the plant has been known for more than 5000 years
- In the book of the mythical Chinese emperor Shing Jong, the father of Chinese medicine, 2700 BC
- Traces of THC have been found in mummified remains in Egyptian tombs
- Galen recommended cannabis for pain relief
- Used in religious and spiritual ceremonies of many religions

Cannabis use

The written record reports on cannabis for the treatment of various health problems, including:

- arthritis,
- depression,
- amenorrhea,
- inflammation,
- pain,
- lack of appetite
- asthma.

Except for medical use, it was also used/abused due to its psychotropic, hallucinogenic effects:

- changes in perception, consciousness
- an unrealistic feeling of satisfaction
- Increased sensitivity
- escaping from reality

Cannabis use, recent dates

- 1841 William Brooke O'Shaughnessy introduced cannabis to Western medicine, he described a case where cannabis stopped convulsions in a child.
- In 1850 the plant was described in the US Pharmacopoeia.
- 1898 Dunstan and Henry isolated Cannabinol (CBN).
- 1940 Cannabidiol (CBD) was discovered by Adams and Todd
- 1964 Mechoulam isolated THC
- 1988, ...endo cannabinoid receptors are discovered

Cannabis restrictions

- Discovery of new synthetic molecules, easier and more precise dosing
- 1937, restriction of use in the US, by passing the Marijuana Tax Act
- 1942, the monograph of cannabis from the United States Pharmacopoeia was withdrawn
- 1961, cannabis was classified in the Single Convention on Narcotic Drugs as a drug with no medical use.
- 1970, the Controlled Substance Act was passed in the United States, excluding the medical use of cannabis

Cannabis destigmatization

- Interest in Cannabis potential medical use was revived in the 1990s after the discovery of the endo cannabinoid system and the knowledge that cannabinoids could be used to treat chronic pain and neurological disorders such as multiple sclerosis and epilepsy.
- ECS participates in numerous neurological and immunological processes it is a kind of multi-tasker in the human body, which is involved in almost all functions of the human organism.
- In 2012, CBD was shown to alleviate symptoms of schizophrenia in patients comparable to conventional antipsychotics.
- In 2017, CBD was shown to reduce seizures in childhood epilepsy in a placebo-controlled trial

Endocannabinoid system - ECS

- Endocannabinoids are naturally-occurring fatty acids found in mammals that interact with cannabinoid receptors.
- Mammal bodies were made to react to endocannabinoids.
- In some pathological conditions the body lacks the normal function of endocannabinoids
- Phyto cannabinoids can replace the lack of physiological cannabinoids
- Any plant-based molecules the body interacts with is purely supplemental.

Cannabis-plant with more than 500 bioaktivne substances

CANNABINOIDS, more than 100

- Cannabigerol (CBG)
 - Cannabichromene (CBC)
 - Cannabidiol (CBD)
 - Tetrahydrocannabinol (THC)
 - Cannabinol (CBN)
 - Cannabinodiol (CBDL)
 - Cannabicyclol (CBL),
Cannabielsoin (CBE),
Cannabitriol (CBT)
- Cannabinoids differentiation is based on their degree of psychoactivity.
 - CBG, CBC and CBD are not known to be psychoactive agents
 - THC, CBN and CBDL along with some other cannabinoids are known to have varying degrees of psychoactivity.
 - The most abundant of the cannabinoids is CBD, which is thought to have anti-anxiety effects, possibly counteracting the psychoactive effects of THC.

Cannabis-plant with more than 500 bioaktívne substances

- Terpenes contribute to cannabis' unique flavor and aroma. Found in the plant's trichomes, Scientists have identified at least 100 different
- Flavonoids are responsible for each cannabis strain's unique flavors and the pigmentation of the plant. Cannflavins A, B and C are unique to cannabis.

Cannabis-de stigmatization

Reasons that had forced the need to take steps to legalize cannabis

- discovery of the endocannabinoid system
- discovery of a huge number of bioactive substances
- synergy of high-value substances
- extensive investigation and proving the pharmacological effects of the main ingredients
- respectable number of publications have been published, increasing the number of clinical studies
- therapeutic efficacy based on scientific evidence

Cannabis-legalization

- Only Lebanon legalized cannabis for medical purposes
- UAE Cannabis possession is illegal, article 11 of the Anti-Narcotic Psychotropic Substances Law lists the entities which may authorise narcotic drugs, including but not limited to, government bodies, state or licenced hospitals, clinics and sanatoriums, licenced chemical analysis laboratories or medical, scientific and industrial research laboratories

Cannabis-legislation

- Well regulated on national levels, both cultivation as well as production of FDF based on cannabis
- Regulated, strict GACP and GMP standards for cultivation, processing and production of finished forms of medicines, distribution and use.
- Regularly monitored by EMCDDA (EU center for Drug and Drug Addiction)
- DAB monograph for Cannabis floss and Cannabis extractum normatum
- PhEur and USP prepared draft versions of monographs for Cannabis plant and extracts
- National bodies encourages and enables the conduct of quality clinical studies
- Maze of regulatory requirements , absence of harmonized EU regulations

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Cannabis-legislation

Disease/symptoms	Strength of evidence	Limitations
Nausea and vomiting associated with cancer chemotherapy	Weak	Few studies testing against newer, more effective anti-emetics. Newer chemotherapy regimens produce less nausea. Little evidence available about use in other types of nausea.
Appetite stimulant in patients with AIDS-related wasting	Weak	Fewer AIDS-related cases available to treat now. Little evidence available about use to stimulate appetite in people with other conditions
Muscle spasm in patients with multiple sclerosis	Moderate	Patients report reductions, but more limited impact on clinician ratings.
CNCP, including neuropathic pain	Moderate	Small (but statistically significant) effect compared with placebo
Palliative care for cancer	Insufficient	Larger, better-designed trials are needed.
Intractable childhood epilepsy	Moderate	Evidence for use in adjunctive therapy in people with Dravet or Lennox-Gastaut syndrome. More studies are needed to look at dosage, interactions and use in people with other forms of epilepsy
Other medical uses, such as sleep disorders, anxiety disorders, depression, degenerative neurological disorders, and inflammatory bowel disease	Insufficient	Some evidence for short-term effects in some conditions (e.g. sleep disorders) but larger, betterdesigned trials are needed, with longer follow-up.

Conclusions

Countries where opiates (cannabis) have been legalized for medical use have created a medical and regulatory environment that encourages and enables the conduct of quality clinical studies based on evidence of health effects.

Medicinal use is placed in a strictly defined legal framework that prevents abuse and gives the possibility of controlling the cultivation, processing and production of finished forms of medicines, distribution and use. From this point of view, when used to treat diseases, the use of opiates is justified.

THANKS