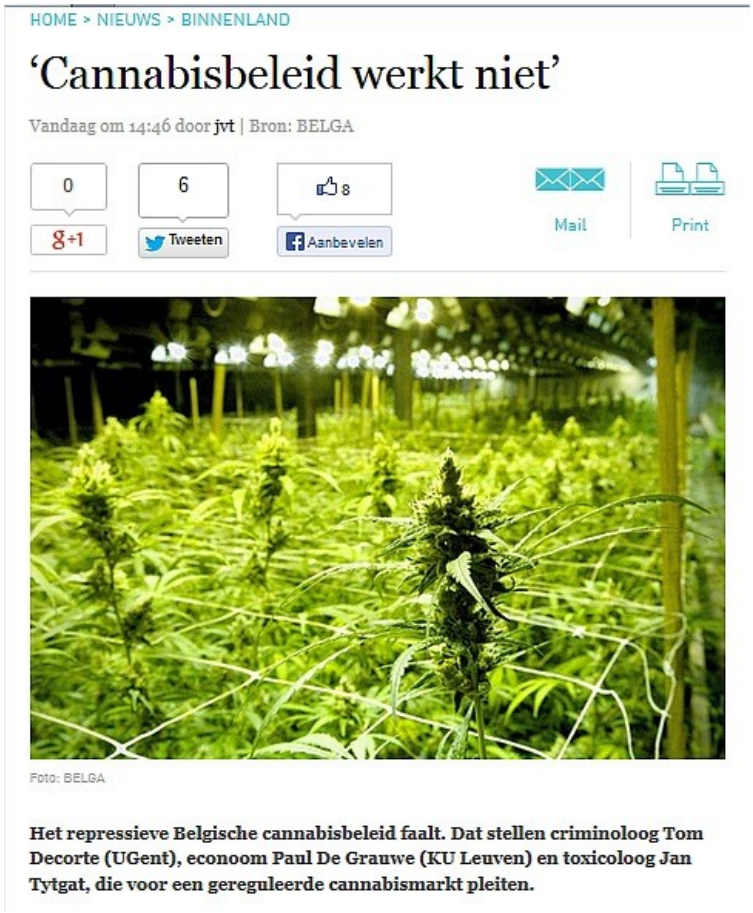
Blog op seniorennet
Blog op adhdfraude
www.haesbrouck.be
www.megablunder.net
Jaargang 7 nr. 746
18 november 2013

http://www.youtube.com/watch?v=cpmlEwPlJEo

Pleidooi om cannabis net als Rilatine te gedogen

http://www.standaard.be/cnt/dmf20131113_00836778

http://www.standaard.be/cnt/dmf20131118_00844080



Geef die materie in handen van artsen, die net als bij Rilatine de werking ervan als onbekend zullen uitroepen, nieuwe ziekten zullen uitvinden en op slag raakt de maatschappij bevrijd van de overlast van dit drugsgebruik.

In België wordt bovendien het illegaal gebruik van methylphenidaat (Rilatine, Concerta) door het ministerie van Volksgezondheid achtergehouden en zelfs niet meer doorgegeven naar INCB, de VN-organisatie, die wereldwijd het harddrug-gebruik in kaart wil krijgen.

Nu komen er professoren, waarvan de maatschappij een zekere mate van kennis verwacht, met argumenten, die inspelen op de maatschappelijke zucht naar genotsmiddelen.
Terwijl het basis-argument (farmacologische kennis) in de discussie wordt verzwegen.

Zelfs vraag ik mij af, of een van die geleerden een discussie aandurft over de farmacologie en de werking van die stoffen.

Het gedoogbeleid tegenover Rilatine steunt op de onbekend te houden werking ervan.
Vandaar mijn aanvoelen, dat we hier dezelfde weg opgaan.

Van de vier groepen sterk gereglementeerde chemische stoffen, die psychotisch maken, komt cannabis in de groep van de prodrugs.
De andere groepen zijn indolen (LSD), phenylalkylamines (amfetamines) en de benzylpiperidines (cocaïnes).

Die vier groepen zijn recreatief sterk gegeerd omwille van de manier waarop het lichaam reageert wanneer het zenuwstelsel ermee dosis per dosis irreversibel wordt kapotgemaakt.
Precies DE reden, waarom internationaal zo streng gereglementeerd.

Al jaren probeer ik die farmacologie maatschappelijk bekend te maken en ondervind jammer genoeg dat overheden verkiezen om als wetenschap te stellen dat die werking onbekend is en zo moet blijven, terwijl het wel bekend maken ervan, als niet wetenschappelijk wordt weggehoond.

Bij deze daag ik de drie professoren uit tot een publiek debat, over alleen de werking van psychotica, waardoor meteen het brede publiek en de overheden KENNIS krijgen over de materie waar het echt om draait.

Alleen maar door bij Rilatine de kennis over de werking als onbekend uit te roepen, werd mogelijk gemaakt dat het gedoogbeleid tot een gigantisch commercieel succes is uitgegroeid.
Iets wat op vandaag met cannabis ook het opzet schijnt te zijn.

http://en.wikipedia.org/wiki/Controlled_Substances_Act

Een omroep schijnt bereid te zijn een debat daarover te willen organiseren.
Ik sta erop dat deze drie heren samen met mij babbelen over: hoe werken deze en andere psychotica en waarom zijn ze zo streng gereglementeerd?

Lees op het volgend blad wat internationaal geldt over sterk gereglementeerde stoffen.

Apotheker Fernand Haesbrouck, 18 november 2013

Schedule I controlled substances [edit]

Main article: List of Schedule I drugs (US)

Schedule I substances are those that have the following findings:

A. The drug or other substance has a high potential for abuse.
B. The drug or other substance has no currently accepted medical use in treatment in the United States.
C. There is a lack of accepted safety for use of the drug or other substance under medical supervision.[25]

No prescriptions may be written for Schedule I substances, and such substances are subject to production quotas by the DEA.

Under the DEA's interpretation of the CSA, a drug does not necessarily have to have the same "high potential for abuse" as heroin, for example, to merit placement in Schedule I:

> [W]hen it comes to a drug that is currently listed in schedule I, if it is undisputed that such drug has no currently accepted medical use in treatment in the United States and a lack of accepted safety for use under medical supervision, and it is further undisputed that the drug has *at least some potential for abuse sufficient to warrant control under the CSA*, the drug must remain in schedule I. In such circumstances, placement of the drug in schedules II through V would conflict with the CSA since such drug would not meet the criterion of "a currently accepted medical use in treatment in the United States." 21 USC 812(b). (emphasis added)[26]
>
> —Drug Enforcement Administration, *Notice of denial of petition to reschedule marijuana (2001)*

Sentences for first-time, non-violent offenders convicted of trafficking in Schedule I drugs can easily turn into *de facto* life sentences when multiple sales are prosecuted in one proceeding.[27] Sentences for violent offenders are much higher [*needs statistics and citation*].

Drugs in this schedule include:

- aMT (alpha-methyltryptamine), an anti-depressant from the tryptamine family; first developed in the Soviet Union and marketed under the brand name Indopan.
- BZP (benzylpiperazine), a synthetic stimulant once sold as a designer drug. It has been shown to be associated with an increase in seizures if taken alone.[28] Although the effects of BZP are not as potent as MDMA, it can produce neuroadaptions that can cause an increase in the potential for abuse of this drug.[29]
- Cathinone, an amphetamine-like stimulant found in the shrub *Catha edulis* (khat).
- DMT (dimethyltryptamine), a naturally-occurring psychedelic drug that is widespread throughout the plant kingdom and endogenous to the human body. DMT is the main psychoactive constituent in the psychedelic South American brew, ayahuasca, for which the UDV are granted exemption from DMT's schedule I status on the grounds of religious freedom.
- GHB, a general anaesthetic and treatment for narcolepsy-cataplexy and alcohol withdrawal with minimal side-effects [30] and controlled action but a limited safe dosage range. It was placed in Schedule I in March 2000 after widespread recreational use led to increased emergency room visits, hospitalizations, and deaths.[31] This drug is also listed in Schedule III for limited uses, under the trademark Xyrem.
- Heroin (diacetylmorphine), which is used in some European countries as a potent pain reliever in terminal cancer patients, and as second option, after morphine (it is about twice as potent, by weight, as morphine).
- LSD (lysergic acid diethylamide), a semi-synthetic psychedelic drug famous for its involvement in the counterculture of the 1960s.
- Marijuana including the cannabis plant and its cannabinoids. Pure (–)-trans-Δ9-tetrahydrocannabinol is also listed in Schedule III for limited uses, under the trademark Marinol. Ballot measures in several states such as Colorado, Washington, Massachusetts and others have made allowances for recreational and medical use of marijuana and/or have decriminalized possession of small amounts of marijuana – such measures operate only on state laws, and have no effect on Federal law. Despite such ballot measures, marijuana nevertheless remains on Schedule I, effective across all U.S. states and territories.[26][27]
- MDMA ("ecstasy"), a stimulant, psychedelic, and entactogenic drug which initially garnered attention in psychedelic therapy as a treatment for post-traumatic stress disorder (PTSD). The medical community originally agreed upon placing it as a Schedule III substance, but the government denied this suggestion, despite two court rulings by the DEA's administrative law judge that placing MDMA in Schedule I was illegal. It was temporarily unscheduled after the first administrative hearing from December 22, 1987 – July 1, 1988.[32]
- Mescaline, a naturally-occurring psychedelic drug and the main psychoactive constituent of peyote (*Lophophora williamsii*), San Pedro cactus (*Echinopsis pachanoi*), and Peruvian torch cactus (*Echinopsis peruviana*).

Schedule II controlled substances [edit]

Main article: List of Schedule II drugs (US)

Schedule II substances are those that have the following findings:

A. The drug or other substances have a high potential for abuse
B. The drug or other substances have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions
C. Abuse of the drug or other substances may lead to severe psychological or physical dependence.[25]

Except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance in Schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act (21 USC 301 *et seq.*), may be dispensed without the written prescription of a practitioner, except that in emergency situations, as prescribed by the Secretary by regulation after consultation with the Attorney General, such drug may be dispensed upon oral prescription in accordance with section 503(b) of that Act (21 USC 353 (b)). Prescriptions shall be retained in conformity with the requirements of section 827 of this title. No prescription for a controlled substance in schedule II may be refilled.[33] Notably no emergency situation provisions exist outside the Controlled Substances Act's "closed system" although this closed system may be unavailable or nonfunctioning in the event of accidents in remote areas or disasters such as hurricanes and earthquakes. Acts which would widely be considered morally imperative remain offenses subject to heavy penalties.[34]

These drugs vary in potency: for example fentanyl is about 80 times as potent as morphine (heroin is roughly four times as potent). More significantly, they vary in nature. Pharmacology and CSA scheduling have a weak relationship.

Schedule II substances are typically only given once a month. Federal law does not allow refills to be given. If the doctor thinks it's necessary he/she can write three separate 30-day prescriptions to the patient.[35]

Drugs in this schedule include:

- Cocaine (used as a topical anesthetic): treatment of cancer
- Methylphenidate (Ritalin), Methylphenidate HCL (Concerta), and Dexmethylphenidate (Focalin): treatment of ADHD
- Amphetamines (originally placed on Schedule III, but moved to Schedule II in 1971) and Dextroamphetamine (Dexedrine): treatment of ADHD, narcolepsy
- Methamphetamine and Dextromethamphetamine (Desoxyn): treatment of ADHD, obesity
- Mixed amphetamine salts (Adderall) and Lisdexamfetamine (Vyvanse): treatment of ADHD, narcolepsy
- Opium and opium tincture (Laudanum): treatment as a potent antidiarrheal
- Fentanyl and most other strong pure opioid agonists, *i.e.* levorphanol, opium
- Methadone: treatment of heroin addiction, extreme chronic pain
- Oxycodone (semi-synthetic opioid; active ingredient in Percocet, OxyContin, and Percodan)
- Oxymorphone (semi-synthetic opioid; active ingredient in Opana)
- Morphine
- Hydromorphone (semi-sythetic opioid; active ingredient in Dilaudid, Palladone)
- Pure codeine and any drug for non-parenteral administration containing the equivalent of more than 90 mg of codeine per dosage unit;
- Pure hydrocodone and any drug for non-parenteral administration containing no other active ingredients or more than 15 mg per dosage unit;
- Secobarbital (Seconal)
- Pethidine (USAN: Meperidine; Demerol)
- Pure diphenoxylate