

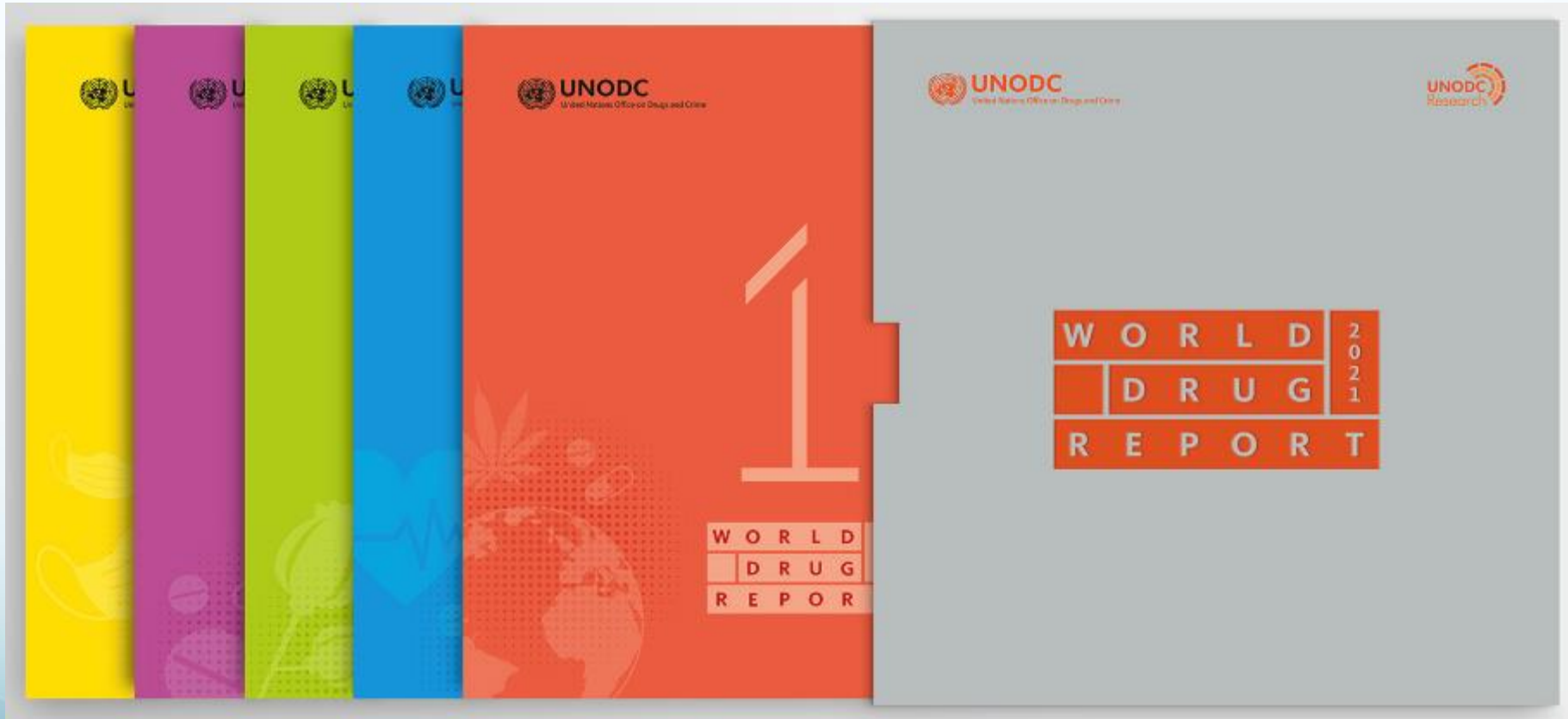
關於大麻的迷思

Dr Albert CHUNG Kar-kin
Clinical Assistant Professor
Department of Psychiatry
The University of Hong Kong

Today:

- What is Cannabis “Nowadays” ?
 - Is Cannabis a “Drug” ?
 - Cannabis species and products
 - Cannabis viable seeds vs 火麻仁
- THC? CBD? So confusing...
- Is cannabis less harmful than other drugs?
 - Mental health
 - Physical health

Epidemiology of Cannabis Misuse Worldwide

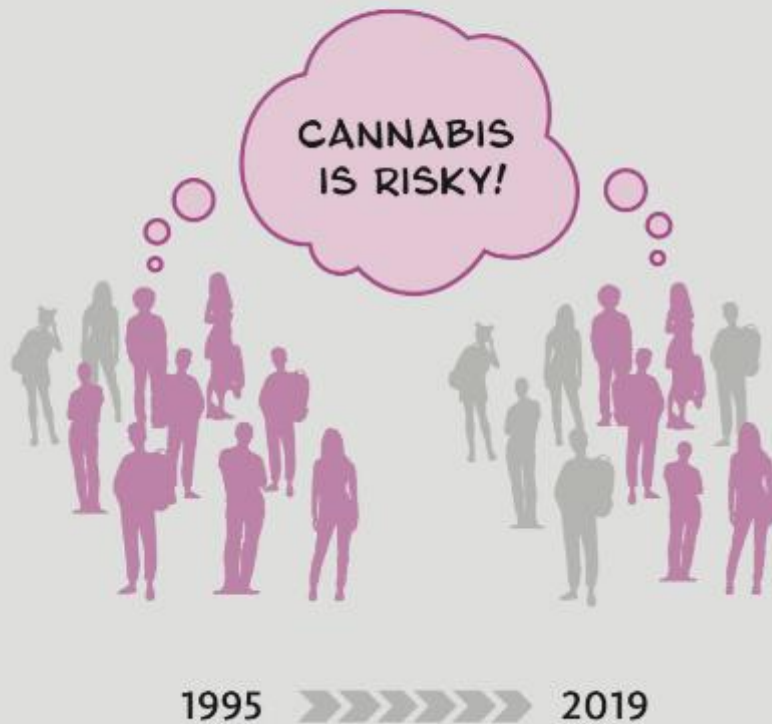


World Drug Report 2021

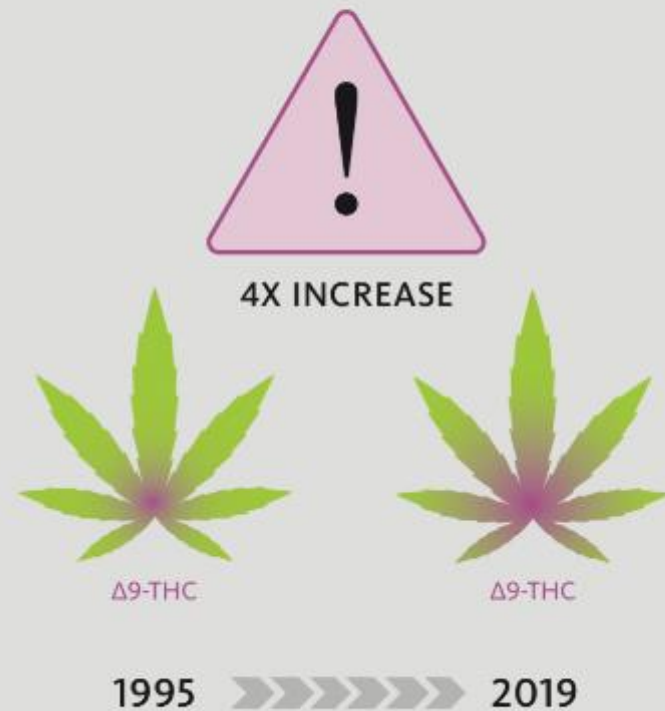
Epidemiology of Cannabis Misuse

CANNABIS IS MORE POTENT BUT FEWER
YOUNG PEOPLE SEE IT AS HARMFUL

PERCEPTION AMONG ADOLESCENTS

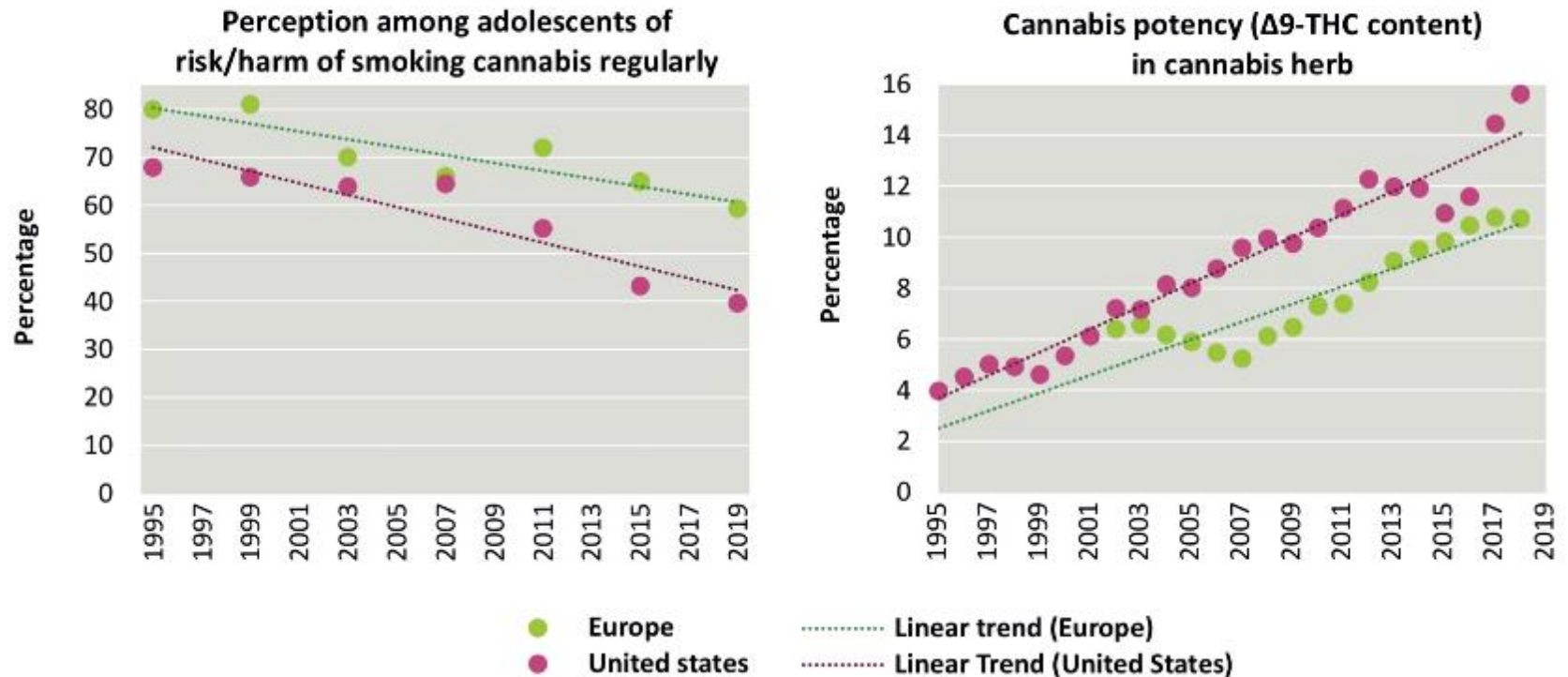


CANNABIS HERB POTENCY



Epidemiology of Cannabis Misuse

FIG. 27 Potency of cannabis and perception of risk from cannabis use among adolescents, Europe and United States, 1995–2019



Sources: University of Mississippi, National Center for Natural Products Research, Research Institute of Pharmaceutical Sciences, Quarterly Report No. 140, Potency Monitoring Program (June 2019); EMCDDA, Statistical Bulletin 2000; UNODC, annual report questionnaire; EMCDDA and European School Survey Project on Alcohol and Other Drugs, *ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs*, EMCDDA Joint Publications Series (Luxembourg, Publications Office of the European Union, 2020); and United States, National Institute on Drug Abuse, Monitoring the Future, "2020 data from in-school surveys of 8th-, 10th-, and 12th-grade students" (December 2020).

Note: For Europe, the Δ -9-THC potency is presented as an unweighted average of 26 European countries, including data from the countries of the European Union (excluding Denmark, Greece and Lithuania), as well as from Norway and the United Kingdom.

Myth 1:
What is Cannabis
“Nowadays” ?

Cannabis



Cannabis...

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屯院醫生疑當值吸食大麻被捕

屯門醫院爆出醫生吸毒被捕驚人事件。一名醫生當值期間一度「暈厥」，同事其後發現他身體有異樣徵候，竟揭發他的尿液中驗出含有大麻成份。警方接獲院方報告後，探員昨日在沙田一單位拘捕一名醫生。

被捕醫生年約四十歲，涉嫌吸食毒品。據悉，為屯門醫院急症科的副顧問醫生。案發於本周二晚十一時許，在屯門醫院當值期間，同事發現其工作崗位「失蹤」，同事透過廣播及致電其手機未能聯絡上；直至午夜時份該名醫生才返回工作崗位，但同事發現其精神及情緒有異。

消息指，同事發現他身體有問題，遂為其進行身體檢驗。尿液快速測試，發現其尿液驗出含有大麻，立即通知院方。同事隨即帶同該名醫生到急症室，發現其精神有異，同事檢查揭發。

警方表示，昨下午接獲一相關機構舉報，指其機構一名男醫護人員懷疑早前曾吸食大麻。警方初步調查後，昨午拘捕該名醫生，並將一名四十九歲疑男子帶走。案件由屯門警區重案組跟進調查。

屯門醫院發言人稱，該院已暫停有關醫生的臨床職務，亦已安排急症科部門主管及資深醫生檢視該醫生於三月份當值期間的診症紀錄，確定所有病人均得到適當治療。為確保沒有其他病人受影響，部門亦正檢視該名醫生過去三個月處理過的個案。



An Illegal Drug?

The Washington Post

Democracy Dies in Darkness



Canada's pot consumers are given fresh burdens as well. A person cannot possess more than 30 grams in any public place, and one can't possess *any* amount of illicit cannabis, which is to say, cannabis obtained someplace other than a government-approved store. The Non-smokers' Health Act has been updated to ban smoking pot in all the same places as tobacco — i.e., basically everywhere.

Depending on the offense, the cost for breaking these rules can rise as high as 5 million Canadian dollars (around \$3.7 million in U.S. dollars) or 14 years in prison for vendors, and 5,000 Canadian dollars or “five years less a day” in prison for individuals.

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暴風雨下的
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2018.10.17 | 第156期

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商業周刊/中文版

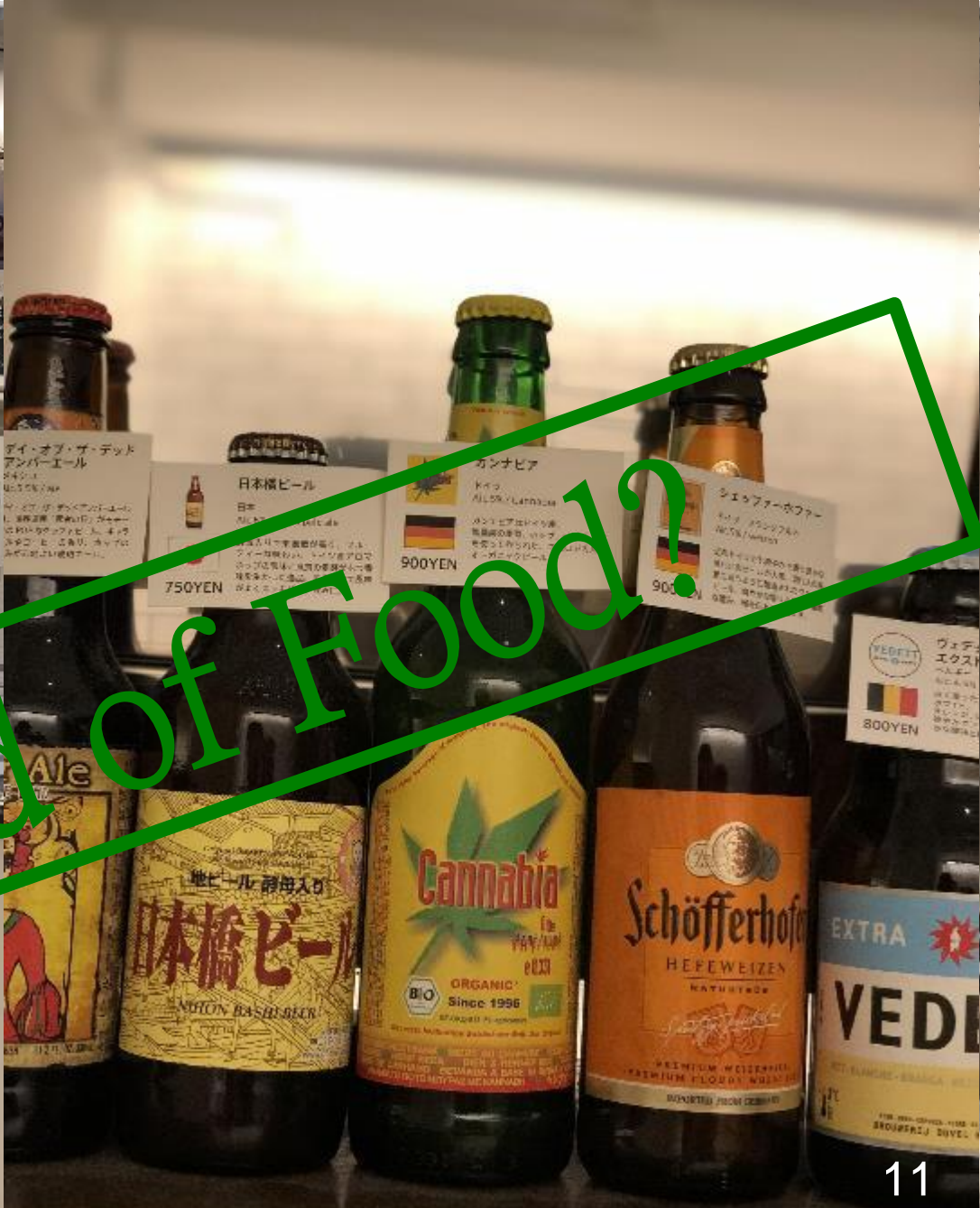
大麻是新的黃金？



在股市大跌
時提升你的
投資組合

An Investment?

不妨投資大麻……



大麻啤酒來了

● 在更廣泛的大麻合法化過程中，酒類和汽水飲料公司都把目光轉向了大麻



對於大型飲料公司來說，投身大麻領域只是因為擔心錯過機會。在手工精釀啤酒、椰子水和調味蘇打水等潮流領域遭遇打擊後，飲料巨頭們不想錯過下一個時尚因子——大麻。無論是讓你亢奮的四氫大麻酚（THC），還是不作用於精神的大麻二酚（CBD），大麻的成份都在被注入飲料中，瞄準著大眾市場。

隨著消費者開始迴避含糖汽水，百事可樂（PepsiCo）正面臨增長的困境。在其財務總監告訴分析師該公司沒有大麻計劃後，其股價最近受到打擊。可口可樂（Coca-Cola）最近承認，它正在考慮將大麻二酚注入「功能性和保健飲料並投放世界各地市場」的可能性。可口可樂的興趣更加證實了大麻產業的興起，該產業已從黑市轉向股市，現在似乎正在前往超市。

20%，達到6億美元。科羅拉多州是美國第一個娛樂大麻合法化的州，追蹤大麻銷售數據的Flowhub LLC稱，該州2017年大麻飲料的銷售幾乎翻倍，今年上半年又增加了18%。

Robert Mondavi 葡萄聞名的 Constellation Brands 公司向加拿大安大略省的大麻公司 Canopy Growth 投資38億美元。Molson Coors Brewing 也已對該行業進行了投資，傳聞酒業巨頭帝亞吉歐（Diageo）對此也感興趣，這些幫助推動了至少10家加拿大公司的市值增加了逾10億美元。酒類公司擔心，年輕的專業人士可能會換掉他們常用的葡萄酒或雞尾酒，改喝大麻啤酒或一些注入四氫大麻酚的飲用水——這就是所謂的替代效應（substitution effect）。



Canabia® First legal hemp beverage of mankind

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The real story of Cannabia® and more...

In Switzerland as well as in Germany is the production of food and drinks with a contents of THC lower than 0,005% allowed.

Since in Japan, for the Shinto-Religion, Cannabis Sativa L. is the holliest plant, now the Japanese beer lovers finally may drink maybe the most balanced and perfect drink in the world for what we have become the circulation permit in that country.

Cannabia® first legal hemp drink is harmonized with the holly hemp plant!. And this is what really hemp does in beer: it harmonizes it!

In few years from now, many beers in the world will content hemp, or will be brewed exclusively with hemp and no hops, we guess...

Cannabia® is accepted as the newest and interesting drink, not only by young people, but also by beer knowers and fans of new old tastes...

Cannabia® is produced now also as an alcohol free beverage too!

<http://www.cannabia.de/english/page1.html>

Actualized:
28/08/2013



Buy Cannabis® Perfume by dupetit®
The real thing since 1994



Skin Care Product?



Beauty Serum | 30ml

500mg of full spectrum CBD with 0% THC

A powerful face serum, this award-winning, multi-corrective, blend balances the most stressful skin issues. Each bottle is packed with 20 potent botanicals to intensely hydrate and boost glow. Ideal for ageing skin and combating redness. Full spectrum CBD found in the formulas at Saint Jane is obtained by Supercritical CO2 extraction, concentrated as high as 250 times compared to the raw material, guaranteeing the most nutritious form of CBD.

Blind study conducted with 100 consumers under doctor supervision shows

- 100% said dry skin improved
- 99% saw visibly improved redness
- 99% saw an overall improvement in their skin
- 88% said they had more radiance
- 82% had improved appearance of fine lines.

6 Jun · 🌐

香港首間 hemp spa... See more

Message

👍 575

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Cannabis

FDA Role in Marijuana Regulation

Douglas C. Throckmorton, M.D.
Food and Drug Administration (FDA)

A Medication?

FDA
July 29, 2017



Cannabis



Cannabinoids: just like any other medication?



More than 17 countries permit the medicinal use of cannabis, but the UK is not one of them. Cases of children with severe epilepsy who have seen benefit with cannabinoid derivatives from the cannabis plant but cannot access the medication have reignited the debate over medicinal cannabis. The UK's legislative policies and intense bureaucracy over individual licensing are a source of inertia for clinicians and distress for patients. Part of the problem is the confusion between medicinal cannabis using the whole cannabis plant and cannabinoid derivatives, of which there are over 100. The most commonly studied cannabinoid is cannabidiol—a non-psychoactive derivative, which differs from the psychoactive cannabinoid Δ -9-tetrahydrocannabinol (THC). Cannabis oil usually contains a high ratio of cannabidiol to THC.

Humankind's experience with cannabis has been long and relatively benign. Written evidence for medicinal uses of cannabis dates back to around 1700 BC. 3000 years later, William O'Shaughnessy studied the medicinal uses of *Cannabis indica* in the 1840s and the drug gained traction in modern medicine. *The Lancet* published a

series of articles documenting the use of Indian hemp in conditions from dental operations to tetanus during this period. In the 1970s, preclinical epilepsy studies started exploring cannabinoids. Since 2015, one open-label study and two randomised controlled trials have shown a benefit of cannabidiol in treatment-resistant epilepsy and two complex forms of childhood epilepsy—Dravet and Lennox-Gastaut syndromes. In these three studies, adverse events were reported in 75–93% of participants. Conflicting legislature of psychoactive constituents and differing pharmaceutical formulations have made research into side-effects inconsistent. The evidence for cannabinoids in focal epilepsy, chronic pain, autism, and psychiatric disorders is preliminary and mixed.

Fundamentally, cannabinoids are like any other medication and should follow a regulatory pathway, based on clinical evidence, to licensing. In the interim, a risk balance approach is justified. In severe epilepsy, where a child might be on different medications with cognitive and physical side-effects and still having several seizures a day, cannabinoid derivatives should be available. ■ *The Lancet*

For more on cannabinoids see
Personal View *Lancet Psychiatry*
2017; 4: 643–48

For the study on treatment-
resistant epilepsy see Articles
Lancet Neurol 2016; 15: 270–78

For the study on Lennox-Gastaut
syndrome see Articles
Lancet 2018; 391: 1085–96

Status of Marijuana at the Federal Level

- Controlled Substances Act of 1970:
 - Marijuana regulated under **Schedule I**, defined as having:
 - High potential for abuse
 - No currently accepted medical use
 - Lack of accepted safety for use under medical supervision

Cannabis

Criteria for Scheduling and Schedules under the Controlled Substance Act (CSA)

C R I T E R I A	Abuse Potential		Low relative to CII	Low relative to CIII	Low relative to CIV
	High	High			
	No Medical Use	Medical Use			
S C H E D U L E S	SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV	SCHEDULE V
		Severe Psych or Physical	High Psych or Moderate to low Physical	Ltd Psych or Physical relative to CIII	Ltd Psych or Physical relative to CIV
	Heroin Hallucinogens Marijuana Others	Opioids Barbiturates Cocaine Amphetamine Methylphenidate Methamphetamine PCP	Opioids (Codeine combinations, Buprenorphine) Barbiturates (combinations and products) Ketamine GHB Marinol Anabolic Steroids	Benzodiazepines and other depressants (Zaleplon, Zolpidem, Eszopiclone) Fenfluramine Modafinil Butorphanol Tramadol	Opioids in limited quantities and in combinations (Codeine, Dihydrocodeine, Difenoxin) Pregabalin Lacosamide

Cannabis

So...

Cannabis (*Marijuana*)

remains as a

Drug of Abuse

Cannabis...

- Leaves and flowers from the plant
- *Cannabis Sativa*
- Street name: “hemp”, “hash(ish)”, “blunts”, “marijuana”, “spice”, “joints”, “牛, 草, 大麻”
- Half-life: ~7 days
- Psychoactive components: Δ 9-tetrahydrocannabinol (Δ 9-THC, or THC)
- Onset of effects within **MINUTES!!**
- *Cannabinoid Medication* \neq “Medical”
Marijuana \approx *Cannabis*

So...this is “Cannabis” !!

84

John M. McPartland & Ernest Small / *PhytoKeys* 144: 81–112 (2020)

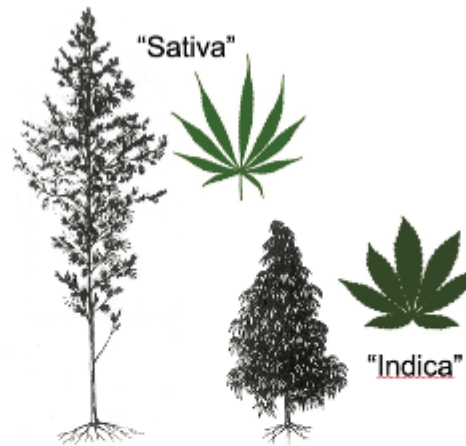


Figure 1. Line drawing adapted from Anderson (1980), courtesy of the Harvard University Herbaria and Botany Libraries.

fiber-type hemp). Lamarck described *C. indica* for drug-type plants from India, and progenies in Southeast Asia and Africa – now counterintuitively called “Sativa” (logically, “Indica” should be reserved for the drug plants described by Lamarck).

The erroneous equivalences of vernacular “Sativa” (denoting plants with cannabinoids mostly or entirely THC) with “*C. sativa*” (in the narrow nomenclatural sense, denoting low-THC hemp forms), and vernacular “Indica” (denoting plants with substantial THC but also often substantial CBD) with “*C. indica*” (in the narrow nomenclatural sense, denoting high-THC, low-CBD forms) have appeared in taxonomic studies and legal documents. Even the pages of “Nature” have been problematically adorned with “Sativa” and “Indica”, accompanied by a version of Fig. 1 (Gould 2015). Those unfamiliar with the complexities and subtleties of biological classification can be misled, but in principle the issue is simple: the terms “Sativa” and “Indica” have been employed ambiguously and contradictorily.

So...this is “Cannabis” !!



WHO Expert Committee on Drug Dependence

Δ^9 -THC content variation between the plant parts has been reported in “Recommended methods for the identification and analysis of cannabis and cannabis products” by the United Nations Office on Drugs and Crime (UNODC) (6) as follows:

- 10–12% in pistillate flowers;
- 1–2% in leaves;
- 0.1–0.3% in stalks;
- < 0.03% in the roots.

Δ^9 -THC concentration increases from the seedling to the flowering stage, then cannabinoids start to degrade. Determining the optimum harvesting stage is a critical step in cannabis cultivation since it significantly affects the yield of cannabinoids (24).

Resin production and Δ^9 -THC content are affected by cultivation conditions such as plant density, supplies of essential factors including light, warmth, water, nutritional elements and carbon dioxide (CO₂) (3).

decisions or the stated policy of the World Health Organization



Fig. 1. Cannabis sativa L. A) Flowering male staminate. B) Fruiting female pistillate plant: 1 male staminate flower; 2 stamen (anther and short filament); 3 stamen; 4 pollen grains; 5 female pistillate flower with bract; 6 female flower without bract; 7 female flower showing ovary, longitudinal section; 8 fruit (the fruit is

So...this is “Cannabis” !!

Cannabis strains

96% of all UK
police seizures



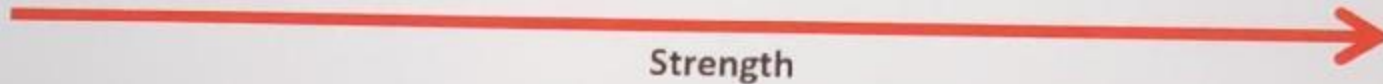
Hash/Resin
~5% THC



Herbal/Thai
~8% THC



Skunk/High-grade
≥ 15% THC



So...this is “Cannabis” !!

Cannabis strains



Hash/Resin

~5% THC

~5% CBD



Herbal/Thai

~8% THC

<0.1% CBD



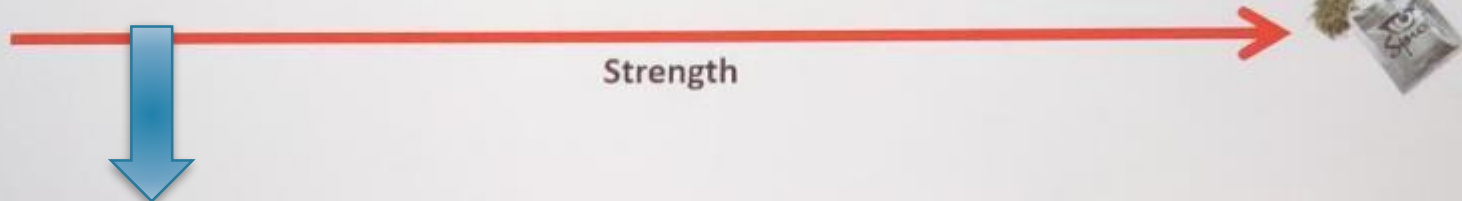
Skunk/High-grade

≥15% THC

<0.1% CBD

Dominate EU and Australian markets

The flowering tops/ buds



cannabis resin differs in colour from sandy to reddish to black.

Darkening may result from oxidation caused by rough handling and/or bad storage conditions. A green colour may be indicative of the presence of unwanted plant material rather than pure resin.

So...this is “Cannabis” !!

Diversification of cannabis products consumed in some jurisdictions that allow the non-medical use of cannabis

mainly cannabis flower

≤ 10% THC

cannabis flower

20% THC

THC contents significantly
↑
INCREASING!

two decades

2017

So... Are these “Cannabis” ???!!!



Figure 3. Repre
B *indica*, Coiml
sis neotype **E** *hi*
Griffith 1835 (C
 1871 (LE) **J** *asp*
 (Kazakhstan), S

THE HONG KONG POLYTECHNIC UNIVERSITY 香港理工大學

School of Nursing

ENG 繁 簡 字型大小 護理學院

認識中藥 搜尋

中藥資料庫

首頁 / 火麻仁

火麻仁	英文 Hemp seed
	拉丁文 Cannabis Fructus
藥性分類	潤下藥
來源	桑科植物大麻 <i>Cannabis sativa</i> L. 的乾燥成熟果實
性味	甘；平
歸經	脾、胃、大腸
功效	潤腸通便

加入比較

So...Are these “Cannabis” ???!!!

Most persistent cannabinoid receptor agonists that were reported to UNODC over the period 2012–2018 and have remained on the market

5F-APINACA; AB-FUBINACA; AB-PINACA;
ADB-FUBINACA; AM-2201; APINACA; JWH-018;
JWH-081; JWH-122; JWH-203; JWH-210; JWH-250;
MAM-2201; PB-22; QUCHIC; RCS-4; UR-144; XLR-11.

Many different names: “Spice”, “K2”, “Kronic”

Myth 2:

THC? CBD? So Confusing...

BRITISH JOURNAL OF PSYCHIATRY (2001), 179, 181-184

Pharmacology and effects of cannabis:
a brief review[†]

C. HEATHER ASHTON

Table 1 Some natural cannabinoids and their properties

Δ^9 -tetrahydrocannabinol (Δ^9 -THC)

Natural plant cannabinoid

Available in synthetic form as dronabinol (THC in sesame oil)

Main psychoactive cannabinoid in *Cannabis sativa*; largely responsible for psychological and physical effects

Δ^8 -tetrahydrocannabinol (Δ^8 -THC)

Natural plant cannabinoid

Also available in synthetic form

Slightly less potent than Δ^9 -THC but otherwise similar. Only small amounts present in plant. Appears to have few psychoactive effects in children

Cannabinol

Natural plant cannabinoid

Less potent than Δ^9 -THC

Cannabidiol

Natural plant cannabinoid

Does not interact with cannabinoid receptors. Lacks psychotropic and most other effects of Δ^9 -THC, but has anticonvulsant activity. May attenuate some unwanted psychological effects of THC

Cannabichromene

Natural plant cannabinoid

Does not interact with cannabinoid receptors. Not psychoactive but may enhance some effects of THC

11-hydroxy- Δ^9 -THC

Natural metabolite of Δ^9 -THC in the body

Psychoactive; may be responsible for some of the psychological effects of cannabis

(-)- Δ^8 -THC-11-oic acid

Natural metabolite of Δ^8 -THC in the body

Does not interact with cannabinoid receptors; not psychoactive but has analgesic activity

Anandamide (arachidonyl ethanolamide)

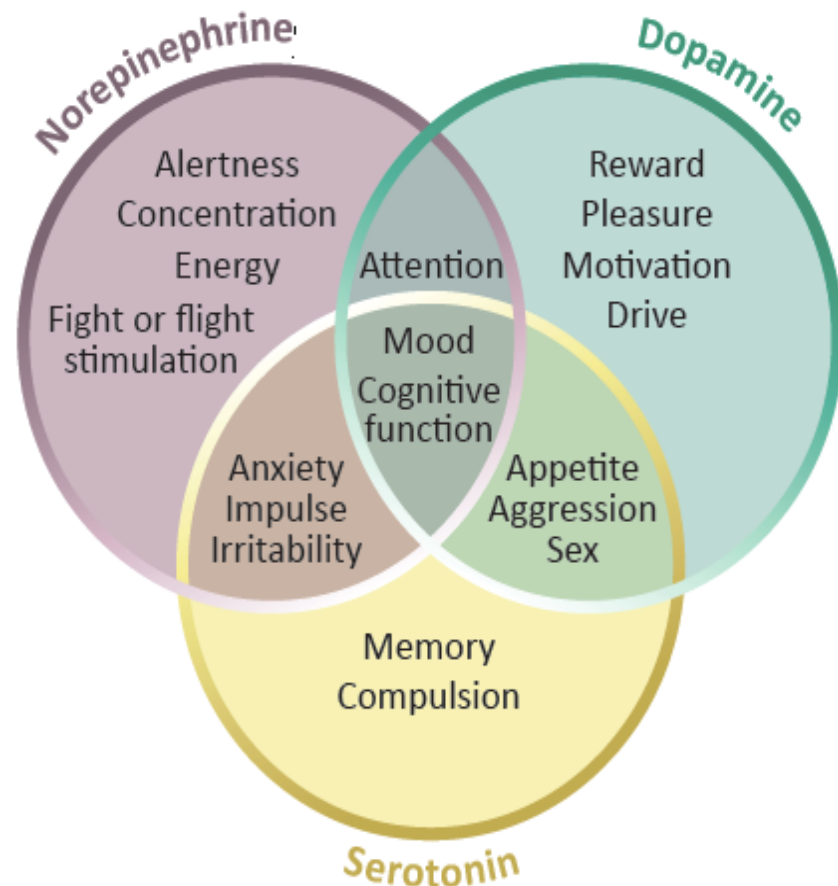
Endogenous ligand for mammalian cannabinoid receptors

Not structurally similar to cannabinoids; related to prostaglandins. Appears to mimic actions of THC and other cannabinoids that interact with cannabinoid receptors

Table 1. Effects of tetrahydrocannabinol and cannabidiol, adapted and updated from Russo and Guy [2006].

Effect	THC	CBD
<i>Receptor/nonreceptor effects</i>		
CB1	++	±
CB2	+	±
Anti inflammatory	+	+
Immunomodulatory	+	+
<i>CNS effects</i>		
Anticonvulsant	+	++
Muscle relaxant	++	+
Anxiolytic	±	++
Psychotropic	++	-
Antipsychotic	-	++
Short-term memory problems	+	-
Distortion of perception of time	++	-
Neuroprotective antioxidant	+	++
Antiemetic	++	++
Sedation	+	-

FIG. 1 Behavioural effects mediated by the three main neurotransmitters



Source: Terminology and Information on Drugs (United Nations publication, Sales No. E.16.XI.8).

Myth 3: Cannabis and Your Health



《史記•補三皇本紀》：「神農始嘗百草，始有醫藥。」根據中國傳說，神農氏發現大麻的治療功效，最古老的書面記錄大麻是《神農本草經》，記載著對大麻「多食令人見鬼而狂走……久服通神明輕身」。《爾雅翼》、《詩疏》亦都有記載，李時珍《本草綱目》更寫道：「大麻即今火麻，亦曰黃麻，處處種之。剝麻收子，有雌有雄，葉狹而長，狀如益母草葉，枝七葉或九葉，五六月開細黃花成穗，可取油剝其皮作麻，其梗白而有稜，輕虛可為燭心」。



全國傳統文化協會
National Heritage Cultural Association
<http://www.nhca.org.hk/>

2019年10月

主題：大麻
介紹



神農氏畫像



头条号 / 诧异历史

Mental Effects of Cannabis...

Neocortex

Basal Ganglia

Cannabis affects
ALL
important parts of the
brain!

Brain Structure	Function	Effect on User
Amygdala	emotions	paranoia
Basal Ganglia	motor control	slowed reaction time
Cerebellum	balance and coordination	antinausea effects
Hippocampus	learning and memory	impaired coordination
Hypothalamus	hormone release and sexual behavior	impaired memory
Neocortex	complex thinking, feeling, and movement	increased appetite
Nucleus Accumbens	motivation and reward	altered thinking, judgment, and sensation
Spinal Cord	transmission of information between body and brain	euphoria (feeling good)
		altered pain sensitivity

The brain structures illustrated above all contain high numbers of CB receptors.

Cannabis and Health (summary)...

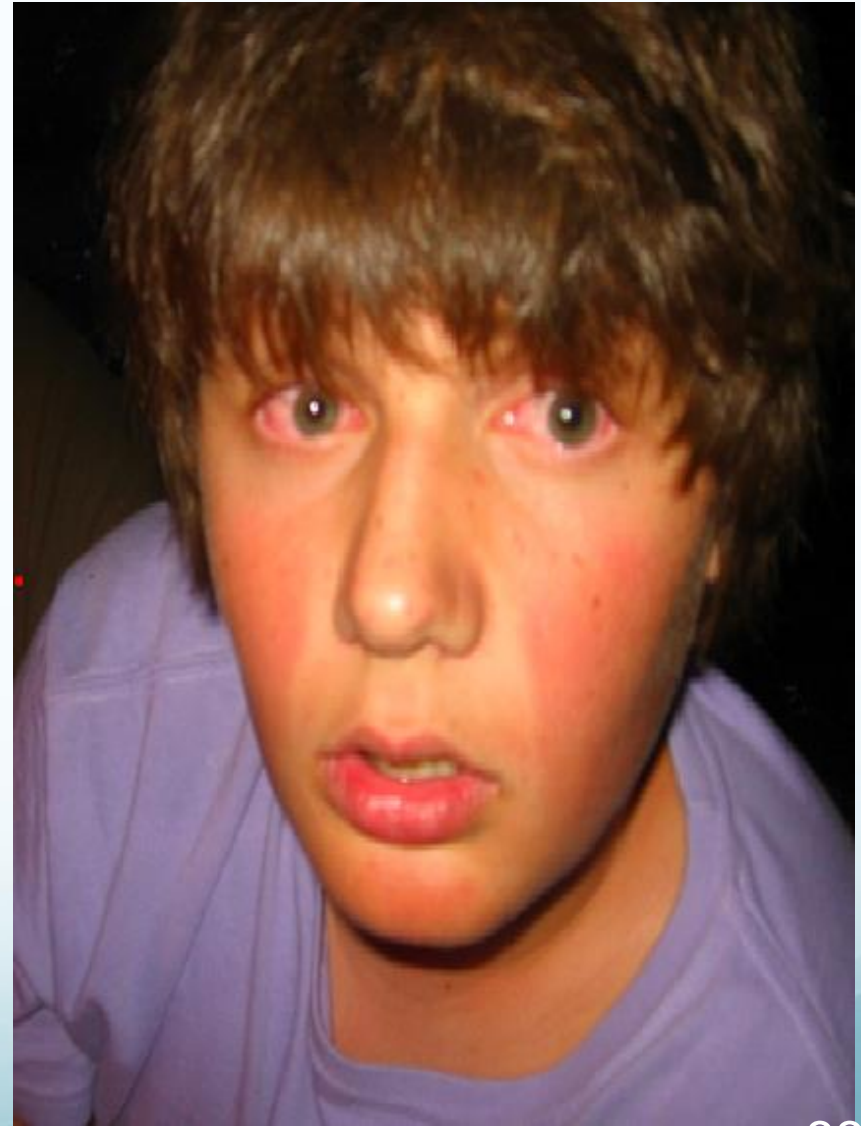
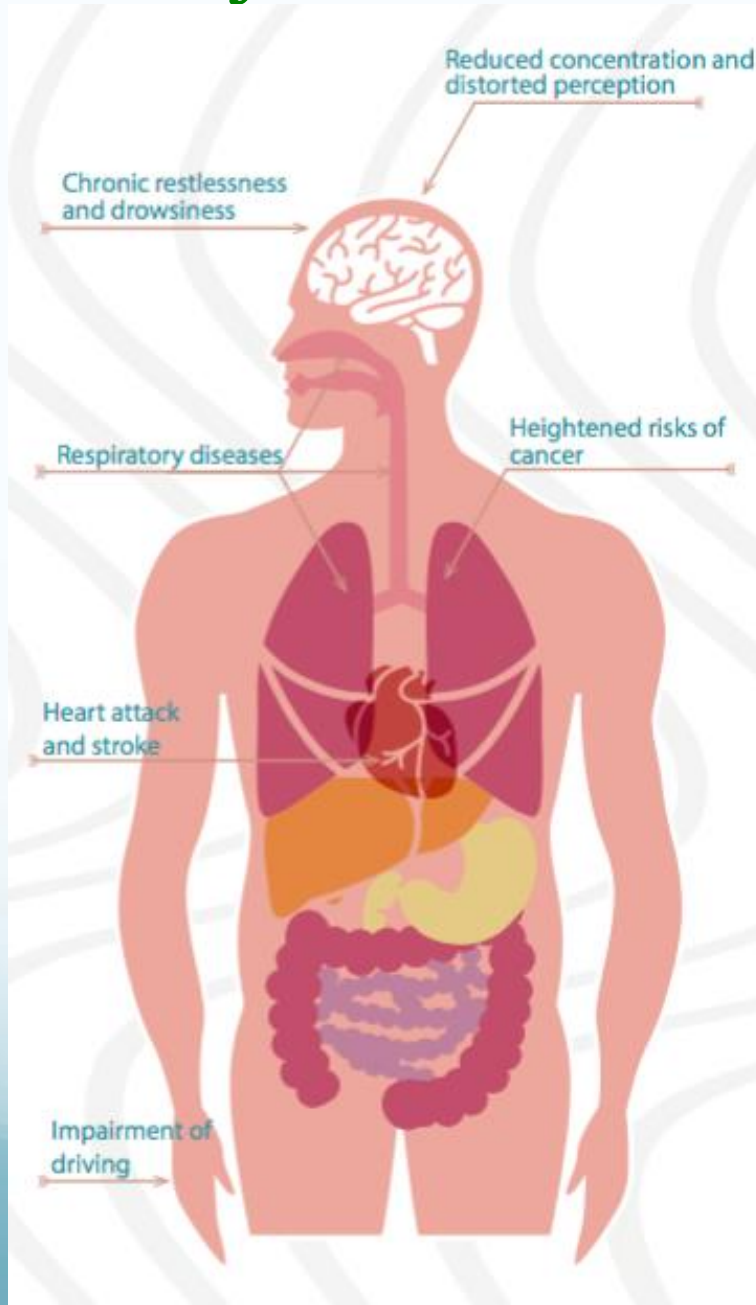
Table 2. Level of Confidence in the Evidence for Adverse Effects of Marijuana on Health and Well-Being.

N ENGL J MED 370;23 NEJM.ORG JUNE 5, 2014

Effect	Overall Level of Confidence*
Addiction to marijuana and other substances	High
Abnormal brain development	Medium
Progression to use of other drugs	Medium
Schizophrenia	Medium
Depression or anxiety	Medium
Diminished lifetime achievement	High
Motor vehicle accidents	High
Symptoms of chronic bronchitis	High
Lung cancer	Low

* The indicated overall level of confidence in the association between marijuana use and the listed effects represents an attempt to rank the strength of the current evidence, especially with regard to heavy or long-term use and use that starts in adolescence.

Physical Effects of Cannabis...



Cannabis and Cognition...



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Review

The Effects of Cannabinoids on Executive Functions: Evidence from Cannabis and Synthetic Cannabinoids—A Systematic Review

Table 1. Common clinical adverse effects induced after consuming synthetic cannabinoids.

Type of Effects	Symptoms
Psychosis	Recurrent psychosis episodes [9,14–16].
Agitation	Last for several hours after intoxication of SC [16–18].
Affect disturbance	Severe anxiety symptoms and panic attacks shortly after consuming SC [14,17–20].
Cognitive alterations	Impairment in memory and attention deficits [14,20–22]
Cardiovascular effects	Both tachycardia, tachyarrhythmia and cardiotoxicity were reported after exposure to SC [14,23].
Gastrointestinal effects	Nausea, vomiting and diarrhea after severe exposure to SC [14,24,25].

were employed using multiple keywords (e.g., “synthetic cannabinoids AND cognition,” “cannabis AND cognition” and “cannabinoids AND cognition”). Results—The search has yielded 160 eligible studies including 37 preclinical studies (5 attention, 25 short-term memory, 7 cognitive flexibility) and 44 human studies (16 attention, 15 working memory, 13 cognitive flexibility). Both pre-clinical and clinical studies demonstrated an association between synthetic cannabinoids and executive-function impairment either after acute or repeated consumptions. These deficits differ in severity depending on several factors including the type of drug, dose of use, quantity, age of onset and duration of use. Conclusions—Understanding the nature of the impaired executive function following consumption of synthetic cannabinoids is crucial in view of the increasing use of these drugs.

Cannabis is *better* than tobacco??

REVIEW ARTICLE



Cannabis Use, Lung Cancer, and Related Issues



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compounds in cannabis and derivative products. Smoking cannabis has not been proved to be a risk factor in the development of lung cancer, but the data are limited by small studies, misclassification due to self-reporting of use, small numbers of heavy cannabis smokers, and confounding of the risk associated with known causative agents for lung cancer (such as parallel chronic tobacco use). Cannabis and

these studies does not suggest an association with lung cancer.

These studies are limited by the relatively small numbers of individuals who were heavy and chronic users and the other limitation of cannabis use as out-

Thank You!