

Cannabis Round Table Discussion

Kopanong Hotel and Conference Centre

9-10 April 2015

Central Drug Authority

Human Sciences Research Council

Contents

Page number

Comment [PPN1]: Ngomso to format and add numbers at the end.

	Acronyms	
	Executive Summary	
1.	Introduction and background	
2.	Participants	
3.	Plenary presentations	
	Deputy Minister of Social Development, Ms H Bogopane-Zulu: keynote address	
	Dr L Naidoo: Global perspective on cannabis impact and policies	
	Mr L Mtshothisa: Current South African legislative position on cannabis	
	Dr Solomon Rataemane: The medicinal use of cannabis	
	Dr Andrew Scheibe: Evidence-informed cannabis policy: bio-psycho-social and economic considerations	
	Dr R Eberlein: Economic consequences of substance use and abuse	
	Mr A du Plessis: Impact of cannabis in South Africa	
	Dr Keith Scott: A case for the legal regulation of cannabis	
	Mr Quentin Ferreira: Harm reduction approaches to cannabis	
4.	Track sessions	
	Track 1: The pros and cons of the use of cannabis for medicinal purposes and research	
	Track 2: Bio-psycho-social aspects of cannabis	
	Track 3: Religious perspective on cannabis	
	Track 4: Cultural/traditional perspectives on cannabis use	
	Track 5: Cannabis use and economic implications	
	Track 6: The current South African legislative position on cannabis	
5.	Conclusions	
	References	
	Appendices	
	Appendix 1: Programme	
	Appendix 2: Attendance List	
	Appendix 3: Dr L Naidoo: Global perspective on cannabis impact and policies	
	Appendix 4: Mr L Mtshothisa: Current South African legislative position on cannabis	
	Appendix 5: Dr Solomon Rataemane: The medicinal use of cannabis	
	Appendix 6: Dr Andrew Scheibe: Evidence-informed cannabis policy: bio-psycho-social and economic considerations	
	Appendix 7: Dr R Eberlein: Economic consequences of substance use and abuse	
	Appendix 8: Dr Keith Scott: A case for the legal regulation of cannabis	
	Appendix 9: Mr Quentin Ferreira: Harm reduction approaches to cannabis	

Acronyms

ARVs	<u>Anti-Retro Virals</u>
CDA	Central Drug Authority
HSRC	Human Sciences Research Council
INCB	International Narcotics Control Board
MCC	Medical Control Council
NDMP	National Drug Master Plan
NGO	Non -governmental organization
THC	Tetrahydrocannabinol
UN	United Nations
UNODC	United Nations Office on Drugs and Crime

Executive Summary

The cannabis round table was convened by the Central Drug Authority (CDA) and organized on the CDA's behalf by the Human Sciences Research Council (HSRC). It brought together South African and international medical, legal, economic and other experts to consider issues relating to cannabis, in particular its medicinal uses and the issues that flow therefrom.

The Deputy Minister of Social Development gave the keynote address, emphasizing the complexity of the South African environment, the country's international obligations in the area of drug policy, and the need for caution in policy-making in this area. Other plenary speakers discussed the medical, social, ethical, cultural, legal and economic dimensions. Some speakers argued for liberalizing the laws on cannabis, for medical use, or for a more general legal regulation that it was argued would control use of the drug on the lines of tobacco or alcohol.

The round table concluded that there is a need to strengthen community education and awareness on cannabis for medicinal use; that more research about different cultural, traditional and religious perspectives on the use of cannabis in South Africa is needed to inform a common position paper; that the effectiveness of existing cannabis related treatment programmes must be critically assessed; that accurate information about cannabis should be disseminated through the media; that consideration should be given to obliging traditional, religious and cultural groups to obtain a license for possession and use of cannabis; that access by vulnerable groups to cannabis should be monitored; that scientific investigation needs to be conducted to develop medication using cannabis without Tetrahydrocannabinol (THC); that a comprehensive cost analysis should be conducted in South Africa on the economic implications of cannabis use, and that alternative uses of cannabis should be explored, with a view to seeing how they can contribute to the economy. It was noted that currently there are well articulated and divergent views on criminalisation, decriminalisation and legalisation of cannabis, and that there is a need for more conversations and better understanding of these views. It is necessary to commission an evidence-based position paper on cannabis use and abuse, informed by international, national and regional developments. The National Drug Master Plan (NDMP) which guides the country on substance use and abuse should be the foundation of the position paper.

1. Introduction and background

Institutional context

The CDA, an entity of the Department of Social Development, was established as an advisory body in terms of the Prevention and Treatment of Drug Dependency Act (Act No. 20 of 1992) and is mandated to assist in the fight against substance abuse in South Africa. The CDA's guiding document is the National Drug Master Plan (2013-2017), approved by Cabinet on 26 June 2013. The Master Plan serves as the country's blueprint for preventing and reducing alcohol and substance abuse and its associated social and economic impact on South African society, and builds on the foundation laid down by government's Programme of Action on Alcohol and Substance abuse. As part of a broad-based enquiry into the medico-scientific, social and legal contexts of substance dependency, and in an attempt to separate its medical from its recreational uses, on 9-10 April 2015 the CDA held a roundtable discussion on cannabis at the Kopanong Hotel and Conference Centre, Gauteng (for programme, see appendix 1). A wide variety of stakeholders ranging from government departments, non-governmental-organizations (NGOs) and XXXX participated. Need to name the stakeholders/sector representatives.

Comment [PPN2]: Name the stakeholder groups. Awaiting attendance register

Research context

Cannabis (*Cannabis Sativa*) has long been used medically in different societies in various parts of the world. In the western world it entered the pharmacopeia in the nineteenth century, but thereafter fell into disuse, largely because of the difficulty in obtaining consistent results from batches of plant material of different potencies. However, there has been renewed medical interest in the drug since the 1960s, and especially since the 1990s (Zuardi, 2006).

There is a vigorous international debate about legalization of cannabis for medical, and indeed recreational, uses. This is set against the undoubted fact that control efforts have largely failed, and the need to adopt a more realistic approach to the drug. There have been moves in some countries to decriminalize the use of cannabis, with differing approaches to growing, using and selling the drug. The most outstanding experiment of this kind is in the state of Colorado, in the United States. A recent major study of the experiment however does not pronounce unambiguously on the medical, legal or commercial merits or otherwise of the experiment. It

calls for further research and evidence-based policy, stresses that data is recent and often ambiguous, and notes that it is too early to give definitive answers on the possible long-term effects of cannabis use (Colorado Department of Public Health and Environment, 2014).

Uncertainty and inconclusiveness indeed characterise the debate about legalizing cannabis. Some are vehemently opposed, for instance South African commentators van Eeden and Muller, who claim that there are no demonstrable medical benefits from use of cannabis, and that there should therefore be no change in the current legal status of the drug (Van Eeden, no date [2015?]; Muller, no date [2015?]). Others present evidence, sometimes more sociological than medical, claiming medical benefits and arguing in favour of legalization (Gorter *et al.* no date [c. 2000?]). While a journalist may say that 'it is absurd that dagga is still illegal in SA' (Sboros, 2015), more cautious and perhaps informed commentators say that while it is obvious that current policy on cannabis has long failed (Room *et al.*, 2010), and 'in the grand scheme of risky health behaviours cannabis use has a modest contribution', the specifically medical benefits of legalization are probably negligible (Van Ours, 2012: 873). To take some other contributions, MacCoun and Reuter, in 1997, and Reuter again in 2010, argued that there is not much evidence as yet, even in the Netherlands where cannabis has long been available, on the effects of legalization of the drug on consumption (MacCoun and Reuter, 1997; Reuter, 2010). In 2004, Joffe and Yancy urged that research should focus on the medical uses of the substance, not smoked cannabis, and considered that legalization might well increase use of the drug, especially when commercialized (Joffe and Yancy, 2004). In 2010, MacCoun stated that there was as yet no basis for confident prediction, but that legalizing the use of cannabis might plausibly be argued to encourage an increase in consumption (MacCoun, 2010). In short, the international debate on the medical benefits of cannabis, and its legalization, is by no means concluded. Some of the many advantages of medicinal cannabis include its therapeutic effects in conditions such as asthma, glaucoma, epilepsy among others (Zuardi, 2006)

Formatted: Highlight

Comment [PPN3]: Nwabisa please check these references?

Comment [NB4]: This was extracted from the Dr's presentations at the CDA roundtable, not a peer reviewed journal. I am assuming that these presentations were specially prepared for the roundtable discussion. Therefore not sure how to reference it.....?

Formatted: Highlight

2. Participants

Participants were drawn from a range of national and international bodies with expertise in different aspects of the debate about the medical uses of cannabis and possible legalization of the drug (appendix 2). The aim was to provide policy-makers with current information so as to facilitate informed, evidence-based decision-making and formulate a position paper. The following areas were represented:

- **Government: political leadership.** The Deputy Minister of Social Development gave the keynote address. Her presence ensured that the round table was linked to the representative institutions of South Africa and to the democratic process.
- **Government: officials.** Officials from the departments of Social Development and Health participated, ensuring that those involved with policy development and subsequent implementation were part of the round table process.
- **The CDA.** As the body initiating the round table, and as the guardian of the NDMP, the CDA was central to the proceedings. It is this body that will consider and take forward the findings of the round table.
- **International bodies concerned with narcotics control.** The United Nations Office on Drugs and Crime (UNODC) and its affiliate, the International Narcotics Control Board (INCB) were represented. South Africa policy in the field of cannabis use and control clearly must be developed with international legal obligations, and in relation to worldwide good practice.
- **Non-governmental organizations (NGOs).** NGOs are sometimes seen as a surrogate for the amorphous concept of 'civil society', in that they are organized expressions of civic approaches and activities that are not part of government. Various NGOs concerned with cannabis use and its legal status were present at the round table, representing the varied concerns of civil society.
- **Legal experts.** Use and control of cannabis is a legal as well as a socio-medical issue. It is essential that legal issues pertaining to the drug are understood and that policy is legally sound. Thus legal expertise in the area was available to the round table.
- **Medical experts, including those in psychiatry.** Medical opinion is divided on the question of the medical utility of cannabis, and the legalization of its use, though all would claim that an evidence-based approach is necessary. A range of inputs from medical and psychiatric experts were presented.

Comment [Ngomso5]: I do not have a list of participants, so my formulation in this section is based on what I can deduce from the documents available to me, and on extrapolation from what I would consider necessary for a well-rounded discussion. Please verify and add (or subtract) categories as necessary.

Formatted: Font: Bold

Comment [Ngomso6]: Were other government departments represented? I can only see references to these two. Add others if necessary.

Comment [PPN7]: Will against attendance list

Formatted: Font: Bold

- **Representatives of traditional authority.** Traditional authorities are influential in some rural areas of South Africa, where cannabis is widely used. It is important that voices from this area of national life should be heard in debates on the use and possible legalization of cannabis.
- **Representatives of religious bodies.** The use of cannabis is seen by many as a moral as well as a health and legal issue. It is therefore important that religious leaders, often seen as guardians of morality, should be heard on the cannabis issue.

Formatted: Font: Bold

Formatted: Font: Bold

3. Plenary presentations

Deputy Minister of Social Development, Ms H Bogopane-Zulu: keynote address

The Deputy Minister related South African debates about cannabis to wider discussions at the United Nations (UN), and especially a special meeting in March 2015. This meeting was an appropriate starting-point for South African discussions.

The Deputy Minister anticipated that the current round table could achieve two aims: to empower individuals who might differ strongly about legalization of cannabis and other related matters by making each other aware of South Africa's multiple realities; and to assist South African representatives at the forthcoming UN convention on substance abuse in March 2016. Specifically, the social, legislative, political and economic challenges of substance abuse in South Africa need to be considered, as do religious approaches. There needs to be more investigation of the use of cannabinoids as a basis for other addictive substances, and in general the potential biological effects of cannabis use needs to be examined further.

As is well known, the late Mario Ambrosini, Inkatha Freedom Party member and parliamentarian, introduced a bill to decriminalise the medical use of cannabis. It is however perhaps premature, the Deputy Minister went on to say, for the Constitutional Court to consider its decriminalization. The round table is, however, well timed because the public needs to be better informed about the drug. In fact child friendly educational packages about the substance need to be developed.

The Deputy Minister stated that to her knowledge cannabis is used as a base for many designer drugs. Recreational drugs have resulted in severe social outcomes including for children who commit crimes and end up in juvenile detention centres, creating a burden for the Social Development Department, the primary carers for children caught up with the legal system. Thus there must be a clear distinction as to whether use of cannabis is helpful or harmful. We need to know more about the ingredients that it is claimed make the drug a useful form of medication, and what, on the other hand, are the "bad ingredients" that might facilitate addiction. She used the analogy of ARVs, stating that we need to know, for example, what specific ingredient drug dealers want from the drug.

Comment [Ngomso8]: I have no records of various presentations that appear in the programme (Kalaemodimo; Bayever; testimony from youth/parent; Akisheva; Nxumalo [an introduction only, so probably no substantive presentation]; Freeman). It is possible that Akisheva's presentation was subsumed in that of Naidoo, but that is just my supposition. Obviously I have said nothing, because I know nothing, about these presentations, if indeed they took place. Please modify as, and if, necessary.

On the other hand, I have presentations by Scott, Ferreira and van Niekerk that do not appear on the programme. I am unsure of their status in the Round Table. I have summarized Scott and Ferreira below: van Niekerk seems more in the nature of an opinion piece, or short essay, and I have not used it, as it may be background reading which he or somebody else distributed.

Comment [NB9]: These presentations are indeed missing, we are awaiting Dr Bayever's response. I will follow up with a phone call tomorrow. Prof. M. Freeman did not attend.

Comment [PPN10]: Nwabisa to check against the programme

Comment [Ngomso11]: I cannot see in the material available to me what precisely this special meeting was: I very much doubt if it was the General Assembly, so say within what organ of the United Nations these discussions took place. Be specific here and add this information.

Comment [PPN12]: Nwabisa please go on to the UN web-site and check that this special meeting happened ?

The Deputy Minister stated that substance abuse in South Africa is a pervasive problem and we must acknowledge its negative consequences. In general, citizens are poor at abiding by the law, and being excessively liberal about cannabis may create a loophole for crime and for violence against patients. Also, cannabis lingers in the bloodstream and may be linked to violent behaviour long after it is ingested. It may often serve as an entry point to the use of other substances and its legalization may perpetuate the existing substance abuse burden in South Africa. The use of cannabis may worsen the level of violence in the country. The Deputy Minister raised the issue of obesity: many South African women are obese. Cannabis lingers more in these fatty tissues and, being slowly released in the body, its effects last longer. She was also concerned about pregnant women being on these drugs as this may result in many disabilities, specifically foetal syndromes.

The Deputy Minister highlighted some of the challenges that should be considered in the current debate. We need to ask ourselves as a nation if we are ready to legalise cannabis for medical use at this stage. We need to discuss carefully what control mechanisms would be in place, and note that countries where cannabis has been legalised have strict control mechanisms. We need to consider the reality that half of our accidents are caused by another drug-related phenomenon, drinking and driving. We should not risk duplicating this with cannabis.

The Deputy Minister concluded by encouraging the Cannabis Round Table to structure its debates around the following issues:

- The outcome must influence the policy framework on cannabis
- A research agenda must be set
- The discussion needs to be oriented toward informing UN and parliamentary processes.

Dr L Naidoo: Global perspective on cannabis impact and policies

There are many misapprehensions in the social understanding of drugs and the attempts to limit their abuse, Dr Naidoo said. Terminology such as “the war on drugs” is problematic, and the 1961 convention that classified drugs is often misunderstood (appendix 3).

It is important to understand what the properties of cannabis are. The 1961 convention states that it is in the international categorization both a schedule 1 and a schedule 4 drug, and it does not prohibit the use of controlled substances for medical and scientific ends. Research is taking

place on the therapeutic use of cannabis or cannabis extracts in several countries, and the INCB welcomes sound scientific research, including on cannabis and its active components. It ensures that medicinal products under development are rigorously tested, with pre-clinical, clinical and post-clinical trials to ensure their safety and appropriate use.

We should not however underestimate the possible problems and as yet unanswered questions about cannabis. Africa is now targeted because it is a potential growth market with 70% of its population below 30 years and 13% who are children. One of the biggest problems is that of threats to early childhood development associated with cannabis use. Therefore, more funding is required for research on dependency. Dr Naidoo emphasised that lack of regulation will result in the loss of human potential due to brain damage from excessive cannabis use, and possibly a generation afflicted by dementia.

A key question is: how do we approach cannabis for medicinal use? One way may be to integrate the use of cannabis for medicinal purposes into the medical curriculum and emphasise responsibility and accountability when using the substance. The regulation of markets is also important should cannabis be legalised. Dr Naidoo stressed that cultivation of cannabis for personal medical use does not meet the minimum control requirements set out in the Single Convention in light of the heightened risk it represents, and that, accordingly, the Board has consistently maintained the position that a state allowing individuals to cultivate cannabis for personal use would not be complying with its legal obligations under the Convention.

Mr L Mtshothisa: Current South African legislative position on cannabis

The Constitution of the Republic of South Africa bestows the right to freedom of religion; the right to dignity; the right not to be subjected to unfair discrimination, and rights in relation to criminal law. South Africa has signed up to various instruments relating to drugs, and has obligations under international law, outstandingly those relating to the Single Convention on Narcotic Drugs of 1961, which prohibits production and supply of specific drugs except under license for specific purposes, such as medical treatment and research (appendix 4).

There is also a range of domestic legislation relating to control of drugs, drug trafficking and substance abuse. These laws hedge narcotics with restrictions. There have been moves to liberalise the use of cannabis for medical purposes, as in the 2014 private members Medical

Innovation Bill. This would codify existing best practices by medical practitioners where evidence-based treatment or management is not optimal or appropriate because available evidence is insufficient or uncertain, aiming to legalise and regulate the use of cannabinoids for medical purposes, beneficial commercial use and industrial uses.

In the South African legal system there is also the question of case law, that is, in the instance of cannabis mostly cases relating to 'rights and freedoms' (including religious rights and freedoms). Here, international legal obligations and precedents also become relevant. Notable was a 2002 case where the court decided that though the freedom of religion of Rastafarians was indeed limited by the prohibition of cannabis, international obligations, pressure on the police force and the difficulty of deciding whether a user of cannabis was a *bona fide* Rastafarian or not took precedence. The constitutional challenge was thus dismissed.

From a legal perspective, drug trafficking, which requires an inter-sectoral approach, is also important.

Dr Solomon Rataemane: The medicinal use of cannabis

Dr Rataemane described the nature of the plant *Cannabis sativa* and its active ingredients; where and how it works in the human organism; its psychological effects, and the effects of withdrawal from use of cannabis. He then focused on the specifically medical uses of cannabinoids, the active ingredients in the plant, and their effect on the brain. There are various conditions for which medical cannabis is held to be useful. Some research suggests that it may, for instance, reduce seizures in people with epilepsy, may ease symptoms of multiple sclerosis like muscle stiffness and spasms, pain, and frequent urination, and may help ease pain, nausea, and loss of appetite in people who have cancer and HIV. He noted, however, that not much research has yet been done on these areas (appendix 5).

Medical cannabis can be smoked in cigarettes or pipes; made into a beverage; eaten in cooked foods; inhaled through vaporizers; or taken in pill form. The effects of a marijuana pill can be strong and long-lasting, making it difficult to predict how it will affect a person.

About half the states in the United States have legalized cannabis for medical use. This experience should be noted in relation to moves towards legalisation elsewhere. The US Food

Comment [Ngomso13]: "cut down" was Dr R's phrase. I am not sure if this refers to the number of seizures or their intensity. Please check and amend if necessary.

Comment [PPN14]: Call Solly

and Drug Administration has approved Marinol (dronabinol) and Cesamet (Nabilone), with low concentrations of THC for listed conditions, by prescription. However, cannabis-derived drugs may have negative short-term and long-term effects. In particular, concerns remain about the possible potential to cause cancer and induce psychosis after long use. Nevertheless, there are even forms of low THC medical cannabis that are deemed appropriate for use with children.

Dr Rataemane discussed the epidemiology of the drug, which is currently illegal in South Africa as in many other jurisdictions. Worldwide, cannabis is the most extensively used illicit substance, estimated by the United Nations to be used by 3.9% of the world's adult population. Use starts mainly in the teenage years, and is more prevalent among males than females though there are indications that this ratio is equalising. In South Africa, no formal studies have been done, but there is self-reported cannabis use of 5 - 10% among adolescents and 2% among adults. It is higher among men than women; higher in the urban provinces of Western Cape and Gauteng than the other provinces, and higher among coloureds and whites than other racial groups.

Legalisation of medical cannabis in South Africa is controversial. The Medical Innovation Bill, introduced in Parliament in February 2014, aims to establish one or more research hospitals for approved medical innovation, especially with regard to the treatment and cure of cancer and to legalise the medical, commercial and industrial use of cannabis in accordance with emerging world standards. The Bill creates a special legal dispensation, applying only in pilot research hospitals authorised by the Minister of Health, where medical practitioners are granted professional discretion to administer innovative and alternative medical treatments on the basis of the patients' informed consent.

Dr Rataemane balanced the probable positive and negative effects of the passage of this bill into law. Positively, it may contribute to employment and income, especially in rural areas, assist with pain relief and reduce the burden of law enforcement by enabling the relevant authorities to focus on other crimes. Negatively, it may send a message that drugs are acceptable socially; provide a gateway to addiction to other more dangerous drugs; lead to an increase in violence, and widen the customer-base for addictive substances.

Dr Andrew Scheibe: Evidence-informed cannabis policy: bio-psycho-social and economic considerations

Dr Scheibe suggested a historical approach to substance use, focusing on cause and effect. He proposed that holistic approaches to understanding health can be applied to substance use, and that there should be integration of biological, psychological, sociological and economic evidence when deciding policy towards cannabis. Prohibition does not work, and the model of a recent UNODC discussion paper which proposes 'treating drug dependence through health care, not punishment', is far superior (appendix 6).

There are many basic misunderstandings in the debates on drugs and crime, he said. The fundamental logical error of equating correlation with causation is at work here, and there is a tendency to ignore the whole range of social ills – unemployment, broken homes, social injustice and so on – and blame crime on the single variable of drug dependency. The determinants of health are complex, and illegal drugs are just one part of this broader picture. Substance abuse is the end result of a whole range of social pathologies, and it these pathologies that policy should address. In any case, taking an unemotional view of cannabis, based on United Nations, British and other data, it is clear that in the range of addictive substances, cannabis comes low in the scale of harm to users and to others. Alcohol is the most dangerous such substance.

Dr Scheibe described the positive and negative aspects of cannabis in the biological, psychological, sociological and economic dimensions. He argued that crop eradication is both ineffective and socially damaging, and that the arrest of cannabis users is of no benefit to them or to society.

In short, the cannabis debate has been dominated by law enforcement and medical approaches; there is need for a more informed debate based on evidence; considering bio-psycho-social and economic dimensions, at various levels, can increase understanding of cannabis and other drug use and inform policy solutions, and current policy is possibly causing more harm than cannabis itself. As Kofi Annan, former Secretary-General of the United Nations, wrote in March 2015, 'Drugs may have destroyed many people, but wrong governmental policies have destroyed many more. Let us not repeat this mistake'.

Dr R Eberlein: Economic consequences of substance use and abuse

Dr Eberlein noted that an understanding of the economic costs of substance use and abuse, which in South Africa mainly refers to alcohol, tobacco and cannabis, is a necessary prerequisite for development of policies that reduce those costs. However, though calculation of the monetary burden is difficult because of data limitations, some best practices exist to lower the economic costs of substance use and abuse (appendix 7).

Though costs of substance use and abuse are difficult to calculate, in South Africa they may be as much as R130 bn per annum or R2500 per person. In other countries, and probably South Africa too, approximately 29% of these costs are for law enforcement; 6% for health care; 30-60% is accounted for through productivity loss as a result of illness and premature death. Costs to society due to drug-related crime are not included in this calculation.

Dr Eberlein went on to analyse economic consequences in terms of demographics, analysed by health, productivity, crime, public safety and governance. 'Benefits' tend to be dubious, accruing mainly through illegal activities. Health costs can be classified under treatment; overdosing; mortality; the link with HIV/AIDS and Hepatitis B and C, and the intangible costs of addiction. The most prominent public safety aspect is drink- and drug-related driving. Fifty-five percent of crimes are committed under the influence of drugs, and turf wars between drug cartels are well known, with their collateral damage to the general population. Productivity is lost through absenteeism, hospitalization, incarceration, premature mortality and other aspects of drug use. In terms of governance, links of the drug trade with corruption are obvious, but there are also other insidious effects on administration and the rule of law such as money laundering.

There are best practices that can mitigate the situation. Early prevention of addiction is cost-effective, and early intervention and treatment for not-yet-dependent users; treatment and medical intervention is effective for those dependent on substances; support from family and community through an aftercare system is helpful; the justice system needs to be efficient and informed on drug issues; diversion and development programmes need to be developed; policies and initiatives against drug trafficking should be clear and effective. This requires the determined implementation of the National Drug Master Plan 2013-17 (NDMP). Specifically, there is a need to understand morbidity and mortality findings in relation to cannabis, and to understand multi-drug use.

Mr A du Plessis: Impact of cannabis in South Africa

Mr du Plessis noted that we should not conflate cannabis with other drugs. The focus needs to be on cannabis alone. He argued that as cannabis can be grown almost anywhere in South Africa, and is indeed a significant aspect of small-scale agriculture, and is not manufactured, it will be impossible to eradicate it. The trade in cannabis is widespread and largely not centralized, which again makes it impossible to control. Cannabis indeed creates jobs in South Africa, and could create even more.

Comment [Ngomso15]: The paragraph that follows is clearly inadequate, but I have no presentation by Mr du Plessis, and the notes by the scribes are very thin. In fact, even in this short paragraph I have gone somewhat further than my sources allow, strictly speaking. The managers of the report process will need to consider this section and see (perhaps by contacting Mr du Plessis?) if anything can be done to bolster the content here.

Comment [PPN16]: Did this speaker present a video? Perhaps we can get the video link and include this in the report?

Comment [NB17]: We have not obtained this speakers' presentation, will remind Dr Bayever when I phone him tomorrow.

Dr Keith Scott: A case for the legal regulation of cannabis

Cannabis is far less toxic than legal drugs; it is widely available; people will always want psychotropic drugs. Dr Scott argued for legal regulation, rather than decriminalisation, which is removal of criminal penalties for personal possession only. He argued that legal regulation would protect the young and vulnerable; improve public health; reduce crime and promote security; provide good value for money' and protect human rights. He listed the benefits, noting that legal regulation is already an approach used for far more dangerous drugs such as alcohol and tobacco (appendix 8).

Legal regulation has not resulted in increased use, and, though it cannot be totally effective, it protects minors better than any other available strategy. Prohibition, on the other hand, encourages criminality and illicit use. Legal regulation is also superior to legalizing medical uses of cannabis, which encourages dishonesty in doctors and patients: medical use is accommodated by legal regulation. Dr Scott itemized the relative dangers and benefits of alcohol, tobacco and cannabis, arguing that the legal drugs, alcohol and tobacco, were considerably more dangerous than cannabis, and that cannabis in addition has substantial medical benefits.

Concluding, Dr Scott argued that the benefits of legal regulation of cannabis ranged through quality, which was linked to safety; advertising and marketing control; clear labelling; better opportunities for drug education; crime reduction; harm reduction; rehabilitation, and unfettered medical research.

Mr Quentin Ferreira: Harm reduction approaches to cannabis

Mr Ferreira stressed that the harm reduction approach does not deny the dangers of drug use, but sees it as a health rather than a crime issue. As with smoking and alcohol, it is not a question of condoning harmful behaviour, but rather of recognising that it takes place and will continue to do so and minimising the negative effects to the maximum extent (appendix 9).

Mr Ferreira noted that defining 'harm' is a complex issue, and that little research has been carried out in South Africa on this question. In this context, harm can be to the user, and/or to others. Legality and illegality is not correlated with actual measures of harmfulness and this poses questions to medical professionals, who are confronted with a system that privileges punitive measures over treatment. He listed a number of problem situations such as use of cannabis by youth and those with schizophrenia, and in each case argued that regulation, education and research were more appropriate responses than criminalisation.

Concluding, Mr Ferreira illustrated his argument by a vivid scenario: 'If a cannabis dependent person seeks help from a psychologist or someone in the healthcare professions, they will get treatment. But if they're on their way to the clinic or wherever and happen to get picked up by the police, they go to jail. The police scenario is one which I'd like to see us avoid as much as possible because a person who receives successful treatment for cannabis dependence and who works hard on their recovery has a much better chance of living a healthy, productive life than one who is locked up and receives a criminal record. The person who goes to jail probably won't get any treatment for their addiction - in fact they'll probably start to use more dangerous and addictive drugs in prison. They might also not have been a violent offender but now need to join a gang or socialise with serious criminals in order to survive and when they come out they have little prospect for gainful employment because of their criminal record. Instead what they do have is an untreated addiction, new criminal connections and few other ways of making money except for turning to crime - and the cycle of drug use repeats itself.'

4. Track sessions

Track 1: The pros and cons of the use of cannabis for medicinal purposes and research

Currently in South Africa Cannabis is a schedule seven drug. However, when there is adequate evidence that a patient needs to receive medication that is not registered but is available outside the country, the Medical Control Council (MCC) permits submission of a section 21 application. Before the 2014 Medical Innovation Bill there had never been an application to legalise medical cannabis in South Africa, but section 21 applications on behalf of patients have been made. Section 21 is the route into assisting those who require medicinal cannabis. The Section 21 process is complicated and may lead applicants to abandon the effort. A physician such as neurologist involved in the treatment is expected to complete the forms.

During the round table discussion it was asked how medical cannabis is to be defined? The answer given was that the definition of medicines should be in line with the MCC requirements and should also meet its safety, quality and dosage stipulations. It was indicated that as this is a medical issue the public does not have much say in the matter.

A common concern is that the platform on medicinal use of cannabis may be used to campaign for legalization of recreational cannabis, possibly creating complications as recreational cannabis tends to pose numerous problems including being the entry point for the use of other drugs such as nyaope. There is general consensus that with medicinal cannabis, only the required extracts from the plant should be utilized and not the entire plant.

Other issues to consider are that if cannabis is infused in food items like chocolates, vulnerable groups such as children and the elderly who may have reading challenges may unknowingly consume them and experience the associated effects.

Generally, cannabis carries a stigma. Therefore it is essential to utilize a different name for items containing cannabis extract of some kind. On marketing, pricing has to be considered. If the price is excessive, people may resort to incorrect means to get access to recreational cannabis. Research into these matters may be beyond the resources of the South African economy.

There is also concern that those who use medicines based on cannabis may have an excuse to smoke cannabis recreationally, and illegally, in future. However, this is a diversion from critical

Comment [Ngomso18]: I am writing this as I find it, and as I presume it was said in this group, but is anybody seriously suggesting that, eg, chocolates containing cannabis should be generally available? I don't think so. Project leaders to consider.

Comment [Ngomso19]: Again, is this even being suggested?

Comment [Ngomso20]: This session was meant to be about 'Pros and Cons of the Use of Cannabis for Medicinal Purposes and Research'. Is this material about the availability of recreational cannabis relevant?

Comment [PPN21]: To edit as necessary

issues such as crime and unemployment. There is a need for community education with regard to use of medical cannabis so that there is a better understanding of the safety, quality and properties of cannabis. Currently there is inadequate research in South Africa on how cannabis for medicinal purposes may work. Patients utilizing cannabis as a medicine should not expect to be intoxicated: it should be utilized for medical purposes only.

Medical doctors may also experience various problems as some patients may self-diagnose and attempt to coerce doctors into applying for and prescribing medical cannabis. For informed decision making, there is a need for various clinical trials to be done.

In South Africa, a research institute that will focus on cannabis should be established to conduct trials within the South African context. This institute will also ensure that global research is interrogated.

Traditionally, the entire cannabis plant is used for rituals by traditional healers and leaders. This may be in conflict with scientific medical practice, where extracts from cannabis are used in controlled doses. When cannabis is utilised as a raw or entire plant, this raises concerns about safety and quality.

As cannabis has shown some curative properties, it requires further investigation. However, some patients suffering from chronic conditions like epilepsy have found their condition worsened by the use of cannabis. In South Africa even if cannabis is legalised, control measures, monitoring and evaluation processes are inadequate. This may create problems for future generations. If legalised, quantities of cannabis will have to be prescribed and properly regulated. If cannabis is utilised for medicinal purposes, communities may forget the harmfulness of the product. There is a need for strict processes and a strong ethical approach to avoid patients who do not require it being prescribed cannabis. The question is, in conclusion: do we need the plant? If so what do we need it for?

Track 2: Bio-psycho-social aspects of cannabis

Youth are most vulnerable to substance abuse and more attention should be paid to evaluating the issue at grassroots level. It is important to focus on the socialization of those who are vulnerable to using substances and to build more resilient communities as a preventative

measure. Family breakdown may occur and families headed by single mothers may be particularly vulnerable. On the other hand, parents are crucial for modelling and shaping the behaviour of young children by equipping them with skills and helping them make good decisions: the onus should not be on the government and other stakeholders to manage the domestic sphere.

Harm reduction has not been implemented sufficiently; prevention efforts should continue to mitigate socio-economic factors that make people vulnerable to using substances. Cannabis use and substance abuse in general can be seen as a coping mechanism for those who are faced with stressful situations.

In many countries, cannabis is a gateway drug leading to abuse of other, more dangerous, drugs. However in South Africa this is not the case as harder drugs are used at the onset. The gateway drug is dependent on what is readily available in the community: in one community cannabis might be the gateway drug but in another, nyope. Therefore, the context and community dynamics must be understood to address substance use.

Any substance should be used optimally if it has medical potential. If useful medication can be developed by using cannabis without THC, then this should certainly happen. Clinical trials under scientific conditions are key in making informed decisions to use cannabis. Attached to medicinal use, there should license control mechanisms by professionals who are qualified to administer such substances. It is worth noting that there might be stigma attached to patients using cannabis for medicinal purposes, much as HIV patients often experience stigma.

The discussion group ended by making it clear that labelling a substance user as a criminal does more harm than good and is unjust.

Track 3: Religious perspective on cannabis

Culture and religion are intertwined. It is recommended that first we understand what religion is. Religion can be defined as follows: a set of rules and values that a specific group decides to abide by; something you can look onto for guidance; it is culture deified, it is the spiritual component of human beings. Religion is an inherent need of human beings to believe in supernatural beings and the associated practices can be defined as the manner in which people agree to express their spirituality.

Comment [ngom22]: The material I have to work from seems to refer exclusively to cannabis in relation to Rastafarianism. This is very far indeed from a complete 'religious perspective on cannabis'. I have summarised what is available to me, but if I was passing on this document to the CDA I would be most reluctant to infer that this discussion is adequate. You may want to think carefully about this.

See below for further comments.

Comment [PPN23]: We should add an opening paragraph in this section

Spirituality is what connects us to the Most High, the universe and each other: it is our true identity. We are spirits having a human experience

What does the bible say about cannabis? According to the bible it is stated by God that all green plants are there for human consumption (Genesis 1 verse 29). In the book of Exodus (30: 22) Jehova instructed Moses to use seven plants as incense and in worship and cannabis was one of them, sweet calamus in English, kahn balsam in Hebrew, meaning aromatic cannabis.

According to the Rastafari using cannabis is an integral but not compulsory part of their religious practise. Cannabis plays a very small role in the Rastafari religion, yet is used to negate the rest of the belief system. There are Rastafari who do not use cannabis at all. Most people do not know about the real role of cannabis in Rastafarianism.

The general public appears to believe that Rastafarianism is the only religion that uses cannabis. Therefore the prohibition of cannabis becomes the prohibition of the Rastafari. However, it is not generally known that there are other religious groups which also use cannabis. The Khiosan also use cannabis during the religious ritual of blessing. It is also used in African traditional religion and in African independent churches.

Rastafarians believe that cannabis, being a psychoactive substance, leads to the real manifestation of an individual's character. It will not change a person's character into something for which they have no potential. For instance, if you are normally violent or aggressive after smoking cannabis you will become more aggressive and violent.

In the Rastafari religion, cannabis is not given to children. Only after 18 years are Rastafaris allowed to make their individual choice to use cannabis or not. The only time cannabis is given to children is during religious rituals and strictly for medicinal purposes. The real problem with cannabis is the effect it has on our youth as a whole and their uncontrolled use of the substance. It is therefore suggested that a more innovative approach is required to address the question.

There has been a historical shift in the utilisation of cannabis. Before the 20th century cannabis was mostly used by adults but it is now mostly used by the youth. It was smoked by our

Comment [ngom24]: Seems to me that much of this is unreliable. I looked up calamus and it seems to have nothing to do with cannabis. And I can find nothing about 'kahn balsam'.

Comment [PPN25]: Must check...

Comment [ngom26]: In all of them? Some of them? Evidence?

Comment [ngom27]: By who? I am going to assume the Rastafarians are referred to, but I am not sure.

forefathers for traditional and ancestral worship until colonisation introduced western-type drug addiction.

Comment [ngom28]: Evidence needed for this statement.

Cannabis is always associated with other drugs due to the fact that it is used to disguise other forms of drug, it is used as a base drug, and this is because cannabis is the only smokable plant.

Comment [ngom29]: What is the science behind this paragraph? Or even the common sense? What is the relationship between being used to 'disguise' other drugs, and being a 'base' drug? And the 'only smokable plant'? What about tobacco? This sort of stuff really won't do in a serious report. I am not going to try to excise it: it is up to the project leaders to make judgements of that kind.

In the constitution the Rasta religion is acknowledged as a one of the South African religions. In the same constitution there is prohibition of certain ritual practises of the Rastafari religion. Therefore, there is a gap in the constitution which needs to be amended. The constitution needs to be re-evaluated so that there is a link regarding the Rastafari religion.

Comment [ngom30]: This is not so. There is no specific mention of the Rasta religion in the Constitution (or of any specific religion). And what are the prohibited practices allegedly forbidden in the Constitution? And what is this alleged gap concerning the Rastafari religion in the Constitution?

It is suggested that the legislation on cannabis should not be based on religion but science, which is scientifically sound evidence. Due to South Africa having so many religions it would be a long exhaustive process to accommodate each religion. It would not make sense to make a legislature that will only allow a specific religion, because it should be applicable to the rest of the population. We need to look at the real issues such as medical perspective of cannabis.

Sorry: this whole section is not editable. I cannot edit something that is full of tendentious statements and factual errors. I am going to stop here as far as this section goes. The part I have not even tried to edit is highlighted in yellow. There will have to be an executive decision about what to do with this section. I have left the rest of it from this point onwards unedited. It seems equally full of doubtful material.

We should first start by evaluating the medical purposes of cannabis first. The medical use of cannabis opens a window of fraud amongst physicians. Most physicians will issue medical certificates for cannabis use to their patients for only the financial benefit not for valid medical purposes.

Programme leaders to adjudicate on all this.

Contrary to the above, we should consider allowing Rastafari so that they don't have fear of persecution; rather we look at the holistic approach. The theme has to be discussed in depth been whereby a holistic view should be considered not medical use solely.

Additionally, whether we approve or disapprove cannabis is being used by the public thus they should be allowed. The human and civil sides need to be considered as well.

A lot of drugs are taken in other forms, we judge others according to our own philosophies, there is a problem with prohibition. On the basis of religion, you are dealing with the inner individual. There are no statistics of Rastafari committing crimes or non-acceptable behaviors.

Our country uses drugs like disprine which are more dangerous than cannabis. Yet cannabis legalization has become such a big debate.

It is highly recommended that the economical perspective of legalizing cannabis should be considered. The drug rehabilitation centers also make a profit so the economical perspective should be considered. It is known that for each client the rehabilitation center does not charge any amount below R15 000 and majority of the clients are always addicted to cannabis. This can be explained by reasons already mentioned such as cannabis being used as a base drug.

These statements arouse a negative reaction amongst the Rastafarian and Christian representatives. During the DM's speech, passive comments from the Rastafarian representatives were passed amongst each other. These comments stated that the minister is emotionally blackmailing the public with sad stories to brainwash them towards a certain position. The minister also does not consider the pros of cannabis use. and The Rastafarians thought that this is not a true reflection of a debate, where both the pros and cons of cannabis use are being equally represented.

Track 4: Cultural/traditional perspectives on cannabis use

The discussions and debates within this track session revolved around legalisation of cannabis from a cultural perspective. In particular, there were discussions of the use of cannabis for cultural purposes, the racial oppression allegedly associated with the ban on cannabis, and the use of cannabis for traditional medicine.

While there was consensus that cannabis has medicinal properties, there has been much debate revolving around the dose and form in which cannabis can produce optimal results, with tension between the proponents of traditional medicine and western medicine.

According to traditional healers, they use natural products, including the cannabis plant. They claim that traditional medicine is much cheaper and more effective than western medicine. Furthermore, traditional healers recommend the use of the entire cannabis plant, from the leaves and branches, to the seeds, for treatment of various ailments. Cannabis can be smoked or ingested to achieve optimal healing results. Anecdotal evidence presented by the group suggest that some of the ailments that cannabis has successfully treated include headaches,

Comment [ngom31]: This paragraph is taken from the report on the Deputy Minister's speech. It is the only other reference to cannabis and religion that I can find in the material sent to me apart from the record of Track 3 discussions.

Were there only Rastafarians speaking for the religious point of view on cannabis? It seems that way from the material that I have received. This leads to a bizarre perspective on the religious view of the drug, with this tiny and surely unrepresentative minority being enabled to speak on the issue for the many millions of other people of faith.

Comment [Ngomso32]: I am writing this because it is what is in the record. But did people in this group really claim this? That ALL traditional medicine is more effective than western medicine? If they did, then I suppose it is necessary to record this, but it seems a bizarre claim, even accepting that SOME traditional medicine may be 'cheaper and more effective than western medicine'.

To be addressed by the relevant people within the programme.

Comment [Ngomso33]: Anecdotal evidence is just that - anecdotal. Again, if this is what was said, it must be recorded. But this is dubious stuff for what is meant to be, I take it, a serious and scientific report.

To be addressed within the programme.

stress, ulcers and even cancerous cells. People who use traditional medicine claim that western medicine is artificial, expensive and has little effect on treating various ailments. Western medicine cannot cure ailments that traditional medicine can. Therefore, access to the entire plant in its most natural form, should be available for people seeking health.

Comment [Ngomso34]: I believe that these are patently exaggerated claims and that an intelligent supporter of traditional medicine would also say this. How these dubious claims are to be addressed is up to the programme managers. The final paragraph in this section to some extent balances the discussion, but in my view patently erroneous statements such as those noted above should not be admitted to a serious report. Balance should be between different defensible views. Some of the statements above are indefensible.

While the use of cannabis in traditional medicine has to some extent informed modern scientific research conducted on the uses of cannabis for medicinal purposes, group members with a scientific and pharmacological background stated that only small doses of cannabis are needed for medicinal purposes, and that when taken in excess cannabis may be harmful and addictive. The entire plant also cannot be used to cure ailments, as this may be toxic. Therefore, by permitting the entire substance to be available for medicinal purposes it will once again fall into the wrong hands and lead to recreational abuse.

The group recommended that in consultation with the National House of Traditional Leaders and traditional health practitioners, traditional and cultural groups should be enabled to apply for a licence to use cannabis for cultural purposes. This would regulate cannabis use, and limit access of vulnerable populations such as the youth and the general population, who may abuse the substance. The process of obtaining a license would begin by cultural groups applying for the use of cannabis for cultural and traditional purposes. The heads of these cultural and traditional groups should then undergo an education and awareness workshop which would emphasize responsible use of the substance.

Currently, there are many obscurities regarding the cultural use of cannabis. For instance, people of the same cultural group do not always agree that cannabis forms part of their cultural practices. This needs to be clarified through research. Only then can policy be safely developed.

Lastly, should cannabis be legalized for medicinal purposes, the control and regulation of the substance should be in the hands of the MCC, which, after rigorous research, would also play a role in authorising the use of cannabis for traditional medicinal purposes, with a doctor's prescription.

Comment [Ngomso35]: I can make little sense of this. But I take it that this is what was said, according to the documents I am working from. It seems an extraordinary mixture of traditional and the scientific discourses.

Programme leaders to consider.

Track 5: Cannabis use and economic implications

Some of the contributions made during the discussions in this group were not exclusive to cannabis but included thoughts on substance abuse broadly. Some of the key points that emerged were related to research and the role of government as well as communities at large. There were conflicting opinions as to whether cannabis should be decriminalized or not.

Approaches to prevention and intervention

Reduction of costs resulting from substance abuse may be achieved by applying best practice to the prevention and treatment of substance use disorders. This would necessitate an enquiry into existing prevention, treatment and aftercare programmes to optimize them or find alternatives. Participants contended that a thorough review of the financial impact of substance misuse on the economy has not been conducted, and proposed that such an analysis be conducted to better understand the financial losses attributable to substance abuse. A participant recommended that a research audit be conducted to identify research already done on substance use in South Africa and conclusions drawn. This would help understanding of the impact of substance abuse on the national economy.

Prevention efforts should prioritize substance abuse at high levels and identify and categorize costs. The focus should be extended to substances such as alcohol. Companies like SAB are costly to the economy as accidents and crimes resulting from alcohol use outweigh tax paid. Moreover, a thorough examination of mortality and morbidity resulting from licit drug use is important. A focus on costs associated with treating diseases other than addiction (e.g., cancer) was also suggested.

Existing drug policies

Examination of local and international drug policies would help reduce substance abuse costs by enabling policymakers to see what has and has not worked in the past elsewhere and in South Africa, giving them the opportunity to adapt effective policies to the local context. Contextual factors influence people's responses to drugs. Our economic context is also different and we need to be sensitive to and conscious of these differences. It is therefore imperative that research is conducted to obtain accurate data on the effects of cannabis use in South Africa, keeping in mind that while this research is pertinent it is also important to contain its cost.

Some participants thought that inaccurate information is being disseminated, leading to unwarranted costs. Finally, it was proposed that greater effort into making the NDMP work

would also bring down the demand for substances; however no specific course of action was recommended.

Decriminalizing cannabis in South Africa

Although this was contentious, some participants felt that it would be beneficial to re-examine the legal status of cannabis. This is because large sums of money are spent on policing something that they felt should never have been illegal in the first place. Their suggested way forward is to balance the cost of prohibition against the benefits associated with cannabis. The government would have to consider alternative economic uses of the plant.

Participants who advocated legalization of cannabis suggested that a high tax threshold would enable government to regulate its production and sale thereby controlling consumption to some degree without imposing on beliefs and personal value systems. The government would benefit through tax, minimizing the financial losses incurred due to the illegal sale and distribution of the substance. One participant recommended that initially cannabis could be legalized in a specific economic zone in order to conduct research saying that this would create financial incentives for further research and production to take place.

Decriminalizing cannabis would remove control from criminals. Legalizing cannabis would thus allow government the opportunity to observe who is purchasing and using it, making it easier to enforce regulations thus protecting children from possible harm associated with this substance. Communities and parents should be encouraged to take responsibility of their children's safety and monitor their actions. A few participants argued that cannabis should be legalized, giving government better control and countering the negative effects of cannabis use on the economy.

The criminalization of cannabis

A few participants were against legalizing cannabis, arguing that this would not reduce costs as revenue from taxing cannabis is far exceeded by the costs incurred in countries where it has been decriminalized. An alternative approach would include the education of society about the costs of substance use, addressing the causes of abuse so as to decrease prevalence and tackle related costs. This can be achieved by addressing the real needs of communities. In addition, measuring social costs attributable to substance abuse such as domestic violence, crime and accidents, and planning appropriate interventions, would also help decrease the burden on the economy. Lastly, these participants also believed that legalization of cannabis

may come with additional costs such as those related to farming, equipping people with skills necessary for production and sales and implementing educational programmes.

Effects of cannabis on the individual

Measuring the intrinsic value of substance use against its disadvantages is a big conceptual problem. Participants felt that it was impossible to place an economic value on these factors, positive and negative.

Track 6: The current South African legislative position on cannabis

This discussion group debated the question at the heart of the round table. The issues are outlined below: the arguments put forward for the continued criminalisation of cannabis followed by those for decriminalizing and legalizing the substance. Note that not all the arguments within each category are entirely compatible.

Arguments for continued criminalisation

- When other drugs were decriminalised and/or legalised, sales and demand increased, people abused them and risky behaviours increased, leading for instance to car accidents.
- South Africa has major problems with other legalised drugs and cannot afford to add cannabis, which is a toxic substance, to this mix.
- To combat cannabis effectively, cultivation, possession and use of the drug must all be confronted.
- Cannabis is the gateway to other drugs.
- Criminalisation of cannabis protects children and youth.
- Some drug dealers/sellers mix cannabis with other illegal drugs, thereby increasing danger to consumers.
- As some people will always look for psychotropic drugs, there should be efforts to identify alternative plants and herbs with the same effects but which are less damaging than cannabis.
- Rehabilitation should accompany punishment for dealing and use of drugs, including cannabis.

Comment [Ngomso36]: The source I am working from talks about arguments for criminalisation. But cannabis is, isn't it, currently illegal? Therefore I have phrased my version as an argument for the *continuation of the status quo* as regards the criminality of the growing, possession and use of cannabis.

Comment [PPN37]: Not keen to use bullet points

Arguments for decriminalisation and legalisation of cannabis

- Cannabis is less harmful than drugs such as alcohol, which are legal.
- The 'war on drugs' is itself more socially harmful than the drugs it is trying to combat: legal regulation is the answer.
- There is a need to understand the meaning of decriminalisation and legalisation of cannabis: decriminalisation means that the supplier but not the user is criminalized; legalisation means that neither user nor supplier are criminalised.
- Decriminalisation and legalisation will make it possible to control the market and production of cannabis. Any person who breaks the law would be fined.
- Medical cannabis should be legalised and the MCC should be involved in the process.
- Cannabis must be legalised to ensure the religious rights of those for whom the drug is part of their ritual practice.
- Only decriminalise use of the elements in cannabis that have medical benefits, not the whole plant or herb.
- Legislation allowing the use of cannabis should regulate this use when it becomes abuse.
- To protect children and youth the Control of Marketing of Alcoholic Beverages Bill should be a model for legislation on cannabis.
- In teaching about health in schools, learners should be taught about any legislation pertaining to the legalization of cannabis.
- Cannabis users must not be stigmatized. Their rights must be observed, and only regulated, as is the case with other people who use harmful and addictive drugs, insofar as this is necessary to protect the rights of other citizens.
- In rural areas, traditional leaders should be the custodians of cannabis for the benefit of communities. Traditional healers should be licensed to use cannabis.
- A practical argument is that under the current Drugs and Drug Trafficking Act of 1992, criminalisation of cannabis is not working. Current legislation is not consistently applied and the police do not take cannabis to the evidence room, but rather confiscate and resell it.

5. Conclusions

Summary of discussions

Under present social and legal conditions, in many countries, including South Africa, cannabis is a 'gateway' drug that may open the way for other, more serious, dependency.

It is important to be clear on the exact current status of cannabis in South Africa:

- It is a schedule 7 drug that cannot normally be prescribed medicinally
- however, Section 21 applications can be made on behalf of patients to access cannabis for medicinal purposes
- it can be used for research and tightly controlled medicinal purposes.

The following South African realities need to be recognized in making policy recommendations:

- Cannabis is an integral part of some religious, cultural and traditional practices
- Religious sensibilities and differences (for instance those between Rastafarians and Christians) should be recognized in making policy on cannabis. There are strong views about the medicinal use and the legalization of cannabis for recreational, cultural and religious use
- Parenting is key for modelling and shaping the behaviour of young people who are vulnerable to cannabis use and/or abuse

In policy terms, the round table made the following recommendations:

- There is a need to strengthen community education and awareness on cannabis for medicinal use
- There is a need for more research about different cultural, traditional and religious perspectives on the use of cannabis in South Africa to inform a common position paper on cannabis

Comment [Ngomso38]: Are these three bullet points correct? Please check.

Comment [Ngomso39]: Should the research be FROM different cultural etc perspectives (this is the original formulation) or ABOUT these perspectives. I think the latter is intended, and I am changing it to that. Revert to original if required.

- The effectiveness of existing cannabis related treatment programmes must be critically assessed
- Accurate information about cannabis should be disseminated through the media
- Consideration should be given to obliging traditional, religious and cultural groups to obtain a license for possession and use of cannabis
- Access of vulnerable groups to cannabis should not be monitored
- Scientific investigation needs to be conducted to develop medication using cannabis without THC
- A comprehensive cost analysis should be conducted in South Africa on the economic implications of cannabis use
- Alternative uses of cannabis should be explored, with a view to seeing how they can contribute to the economy.

Reflections and way forward

It should be noted that currently there are well articulated and divergent views on criminalising, decriminalising and legalising cannabis. This leads to some general reflections that may guide policy-makers as they consider this contested area.

- There is a need for more dialogue and better understanding of these divergent views
- It is necessary to commission a position paper for the country on cannabis use and abuse, informed by international, national and regional developments. The position paper should be strictly evidence-based. The National Drug Master Plan which guides the country on the use and abuse of substances should be the foundation of the position paper.

The roundtable discussions have provided a platform for interaction among different stakeholders on cannabis. Further engagement is critical for finalising the position paper on cannabis in South Africa.

References

Comment [PPN40]: Need to ensure that all the references are added

- Colorado Department of Public Health and Environment (2014), *Monitoring Health Concerns Related to Marijuana in Colorado' 2014: Changes in Marijuana Use Patterns, Systematic Literature Review, and Possible Marijuana-Related Health Effects*, [Boulder], Colorado Department of Public Health and the Environment.
- Gorter, Robert W., *et al.*, [n.d.: c. 2000?] 'Medical Use of Cannabis in the Netherlands', typescript paper.
- Joffe, Alain & W. Samuel Yancy, 'Legalization of Marijuana: Potential Impact on Youth', *Paediatrics*, 113, 6 (2004): e632-e638.
- Room, Robin *et al.* (2010), 'Cannabis Policy: Moving Beyond Stalemate', Beckley Foundation press release.
- MacCoun, Robert J. (2010), 'Estimating the Non-Price Effects of Legalization on Cannabis Consumption', n.p.: Rand Drug Policy Research Center Working Paper.
- MacCoun, Robert & Peter Reuter (1997), 'Interpreting Dutch Cannabis Policy: Reasoning by Analogy in the Legalization Debate', *Science*, 278: 47-52.
- Muller, Frank [2015], 'Should *cannabis* spp. Be Legalised? A pharmacologist's perspective', Zimbali: Doctors for Life.
- Reuter, Peter H (2010), 'Marijuana Legalization: What Can be Learned from Other Countries?', n.p.: Rand Drug Policy Research Center Working Paper.
- Sporos, Marika (2015), 'It is absurd that dagga is still illegal in SA', *Business Day*, 28 May 2015.
- Van Eeden, Albertus [2015], 'Cannabis: an Overview. A Medical Perspective', Zimbali: Doctors for Life.
- Van Ours, Jan C. (2012), 'The Long and Winding Road to Cannabis Legalization', *Addiction*, 107: 872–877
- Zuardi, Antonio Waldo (2006), 'History of *cannabis* as a medicine: a review', *Rev. Bras. Psiquiatr.*, 28, 2:153-7.