

CANNABIS: LEGALISE AND UTILISE

A MANIFESTO AND INFORMATION DOCUMENT 2006

THIS EDITION IS FOR HISTORICAL REFERENCE PURPOSES.

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CANNABIS: LEGALISE AND UTILISE

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CONTENTS

<u>LEGALISE CANNABIS ALLIANCE.</u>	Page 1
<ul style="list-style-type: none">• The Issues.• Principles.• Aims.• Proposals.• Results anticipated from putting our proposals into effect.• History of the cannabis election campaigns in the U.K.	
<u>ECOLOGY.</u>	Page 5
<ul style="list-style-type: none">• Hemp : its uses.• Some common traditional uses of hemp.• Fuel, pollution and the environment.• The Cannabis Biomass Energy Equation.	
<u>LAW.</u>	Page 11
<ul style="list-style-type: none">• Drugs, crime and the law.• Recreational or medical, a distinction without a difference ?• Decriminalisation and partial / medical legislation.	
<u>POLITICS.</u>	Page 15
<ul style="list-style-type: none">• Cannabis and the political parties.• Government policy, the Hellawell Report.• Common sense and common justice.• The U.K. can legalise independently.• Drug testing and the human body.• Cannabis use and driving performance.	
<u>HISTORICAL BACKGROUND – CANNABIS PROHIBITION SINCE 1912.</u>	Page 27
<ul style="list-style-type: none">• International Opium Convention 1912.• Second Opium Conference 1923.• U.N. Commission on Narcotic Drugs 1946.• U.N. Commission on Narcotic Drugs 1963.• Misuse of Drugs Act and the Wootton Report 1969.	
<u>THE OFFICIAL REPORTS : THE EXPERTS.</u>	Page 33
<ul style="list-style-type: none">• Government commissions and studies from around the world.	
<u>STATISTICS.</u>	Page 39
<ul style="list-style-type: none">• Cannabis statistics for the U.K.• Deaths from drugs : statistics.• Summary of the properties of hempseed.	
<u>CANNABIS POLICY WORLDWIDE.</u>	Page 43
<ul style="list-style-type: none">• Government policies from 17 countries.	
<u>COMMON QUESTIONS ANSWERED AND MYTHS DISPELLED.</u>	Page 53
<ul style="list-style-type: none">• Top 10 questions answered.	
<u>HARM MINIMALISATION</u>	Page 59
<u>BIBLIOGRAPHY.</u>	Page 61



LEGALISE CANNABIS **ALLIANCE**

- The Issues Page 2
- Principles Page 3
- Aims Page 3
- Proposals Page 3
- Results anticipated from putting our proposals into effect Page 4
- History of the cannabis election campaigns in the U.K. Page 4



THE ISSUES : ECOLOGICAL, MEDICAL, LEGAL, POLITICAL

OUR CASE IN BRIEF

Until early this century, cannabis, also known as hemp and marijuana, had been used throughout the world to produce much of its supply of rope, canvas, paper, charts and clothes. It proved itself too as a powerful and safe medicine. The seed was a source of nourishment (often made into a porridge called gruel) and its oil was used in lamps and for lubrication. Again, it was used for thousands of years as a sacrament, to induce relaxed, meditative or elevated states of consciousness. The uses of cannabis mentioned in these pages then are hardly new.

Nor was its reputation during this long period dubious or problematic. It would have seemed strange only a century ago to classify cannabis with heroin, or even with alcohol.

This all changed, however, when the Geneva Opiates Conferences in 1925 and 1928 erroneously classified hemp as a narcotic and banned it along with the opiates.

Any consideration of the sequence of events leading up to the ban must prompt serious questions as to the motive for it, while we need only contemplate our immediate neighbourhoods to learn what disastrous effect prohibition has had through its initiating of the so-called 'War on Drugs'.

Every day, up and down the country, hundreds of people are searched and homes and businesses raided by Drug Squads. People are stopped and searched on the streets, and at parties and other events.

Those found in possession of cannabis are frequently cautioned or taken through the courts.

This entails the curtailing of human freedom. Often personal finances are investigated, assets confiscated and private lives scrutinised. A fine or imprisonment is imposed and a criminal record set up.

And for what? For a crime that cannot rationally be shown to be a crime, since the possession of cannabis endangers no one and victimises no one. Clearly the law is at fault and needs to be changed. The particular law we refer to is the Misuse of Drugs Act (1971).

We hardly need reminding by the Courts that a change of law is the business of Parliament. This means the business of us as well. It is we that must work this change.

We might begin by asking how a law that manifestly serves no social purpose - indeed victimises those it purports to defend - ever came to be?

The answer can fairly be said to stare us in the face. That the urban-capitalist cultures of our day should outlaw cannabis is a measure of the degree to which their values are distorted by their own fossil-and nuclear-fuel-based economies. Our industrial giants flourish in proportion as they strangle the life out of modes of production that across the world and for thousands of years have been sustained primarily by HEMP.

It is our object to expose this state of affairs - resist this scandal - as vigorously as we know how.

It makes simple economic sense to do so, and it makes medical sense.

Moreover, in doing so we espouse the cause of justice, of Human Rights.



PRINCIPLES

- We believe the use of cannabis ought to be a matter of choice and not of law.
- We believe that the prohibition of cannabis is against the public interest.
- We believe that the prohibition of cannabis contravenes Human Rights.
- We believe that the prohibition of cannabis inhibits the use of a beneficial resource.
- We believe that the legalisation of cannabis is a very important step that should be taken to benefit the people and their environment.

AIMS

- To hasten the full legalisation and utilisation of the cannabis plant for the good of the people of this world, on a local, national and international level.
- To secure the release of all prisoners convicted only of cannabis offences and to ensure that all criminal records for cannabis offences are expunged.
- To encourage public and private research into the many beneficial uses of cannabis including industrial, social and medical uses for the good of the people.
- To remove all criminal prosecutions for the use of cannabis as a social or private relaxant including its use as a sacrament or in religious or other ritual.
- To provide a voice for those in society persecuted and prosecuted for cannabis activities that victimise none.

PROPOSALS

- That cannabis and natural products should be removed from the UK Misuse of Drugs Act, thereby being legalised.
- That the possession, cultivation and use of pure cannabis and cannabis products be free from prosecution.
- That cannabis be re-introduced into our society.
- That high priority be given to the cultivation of cannabis for the express purpose of the localised production of virtually cost free fuels through the process of pyrolysis on cannabis biomass, and as a source of fibre and hurd.
- That provision be made to enable the setting up of establishments where the use of cannabis is permitted.
- That provision be made to enable the setting up of outlets for the legal supply of cannabis.
- That at least the same level of protection be given to the consumer as is given to the consumers of other commodities: weights and measures, quality etc.

RESULTS ANTICIPATED FROM PUTTING OUR PROPOSALS INTO EFFECT

- Decrease in general crime rate.
- Easing of the drugs problem.
- Increase in police and court resources to fight serious crime.
- Increase in Government revenue through taxation on profits.
- Increase in public and social well being, spirit, health and happiness.
- Decrease in pollution.
- Decrease in the price of fuel, energy and power for our homes, businesses, factories etc.
- Decrease in unemployment.



THE CANNABIS ELECTIONS RESULTS

Date	Type of Election	Ward / constituency	Candidate's Name	Votes	%	Winner
May 1999	Local	Catton Grove, Norwich	Danny Tungate	38	3.4	Lab
May 1999	Local	Lakenham, Norwich	John P Crome	65	5.5	Lab
May 1999	Local	St Stephen, Norwich	Tina Smith	53	3.0	Lab
May 1999	Local	Mancroft, Norwich	Jeffrey Girling	63	4.7	Lab
May 1999	Local	Coslany, Norwich	Mick Pryce RIP	83	2.9	Lab
Nov 1999	Parl By	Kensington & Chelsea	Colin Paisley	141	0.7	Con
May 2000	Local	Catton Grove, Norwich	Tina Smith	78	4.8	Lab
May 2000	Local	St Stephen, Norwich	Sarah Homes	43	2.1	Lib Dem
May 2000	Local	Mancroft, Norwich	Mick Pryce RIP	30	1.6	Lib Dem
May 2000	Local	Mousehold, Norwich	Trevor Smith	39	2.9	Lib Dem
May 2000	Local	Bowthorpe, Norwich	Hugh Robertson	100	3.8	Lab
May 2000	Local	East, Peterborough	Marcus Davies	85	5.7	Con
May 2000	Parl By	Romsey	Derrick Large	417	1.1	Lib Dem
June 2001	County	Solway Coast, Cumbria	John Peacock	121	3.75	Lab
June 2001	County	Alston & East Fellside, Cumbria	Mark Gibson	165	5.0	Con
June 2001	County	Stockbridge & Wellow, Hants	Katie Tuff	288	3.5	Con
June 2001	County	Appleton, Cheshire	Emma O'Neill	151	7.0	Lab
June 2001	Parl	Norwich South	Alun Buffry	620	1.5	Lab
June 2001	Parl	Edinburgh South	Linda Hendry	535	1.4	Lab
June 2001	Parl	Penrith & The Border	Mark Gibson	870	2.0	Con
June 2001	Parl	Carlisle	Colin Paisley	554	1.6	Lab
June 2001	Parl	Workington	John Peacock	1040	2.5	Lab
June 2001	Parl	Hull North	Carl Wagner	478	1.7	Lab
June 2001	Parl	Milton Keynes SW	Patman Denning	500	1.1	Lab
June 2001	Parl	Romsey	Derrick Large	601	1.2	Lib Dem
June 2001	Parl	Worthing East & Shoreham	Chris Baldwin	920	2.1	Con
June 2001	Parl	Calder Valley	Phil Lockwood	672	1.4	Lab
June 2001	Parl	Braintree	Buster Nolan	774	1.5	Lab
June 2001	Parl	Chelmsford West	Chris Philbin	693	1.4	Con
June 2001	Parl	Fife North East	Leslie Von Goetz RIP	420	1.2	Lib Dem
Nov 2001	Parl By	Ipswich	John Ramirez	236	0.8	Lab
Jan 2002	Local By	Braintree	Don Barnard	19	1.1	Lab
May 2002	Local	Carlisle	Colin Paisley	26	2.2	Lab
May 2003	Local	Hull, Newland ward	Carl Wagner	39	3.0	Lib Dem
June 2004	Local	Birmingham, Sheldon ward ***	Colin Preece	123	2.1	Lib Dem 3
June 2004	Local	Great Yarmouth, Nelson ward ***	Michael Skipper	187	18.2	Con 2
June 2004	Local	Halton, Appleton ward	Emma O'Neill	159	3.8	Lab
June 2004	Local	Hull, Newland ward	Carl Wagner	109	6.2	
June 2004	Local	Huntingdon, Somersham ward **	Marcus Davies	77	1.9	Con 2
June 2004	Local	Norwich, Bowthorpe ward ***	Mark Palmer	70	1.9	Lab 3
June 2004	Local	Norwich, Catton Grove ***	Jeffrey Girling	98	4.8	Lab 2 Con 1
June 2004	Local	Norwich, Chrome ***	Paul Fowler	79	4.1	Lab 3
June 2004	Local	Norwich, Eaton ***	Sally Mittuch	69	1.9	Lib Dem 3
June 2004	Local	Norwich, Lakenham ***	John Wakelin	83	3.3	LD 3, Lab 1
June 2004	Local	Norwich, Mancroft ***	Michael Pryce RIP	123	5.6	Lib Dem 3
June 2004	Local	Norwich, Mile Cross ***	Patrick Cadman	108	5.3	Lab 2, LD 1
June 2004	Local	Norwich, Thorpe Hamlet ***	Farooque Ahmed	115	5.2	Lib Dem 3
June 2004	Local	Norwich, Town Close ***	John Paston	87	3.0	Lib Dem 3
June 2004	Local	Norwich, Nelson ***	Derek Williams	158	4.7	Green 3
June 2004	Local	Norwich, Sewell ***	Trevor Smith	94	4.2	Lab 3
June 2004	Local	Norwich, university ***	Alun Buffry	107	4.8	LD 2, Lab 1
June 2004	Local	Norwich, Wensum ***	Rik Lehmann	92	3.8	Green 2; LD 1
June 2004	Local	Worthing, Sheene ***	Sarah Chalk	173	8.0	Con 3

** two seats contested: *** "all-up", 3 seats contested

For more results please visit <http://www.lca-uk.org/electionresults.php>



ECOLOGY

- Hemp : its uses Page 6
- Some common traditional uses of hemp Page 8
- Fuel, pollution and the environment Page 9
- The Cannabis Biomass Energy Equation Page 9



HEMP: ITS USES

Hemp is the English name for the plant cannabis, also known as marijuana, a name which originated in the USA early this century. Most people think of cannabis as a drug; many people think it is not. It certainly does not lead on to drugs. It is not dangerous. It is not addictive.

Unlike drugs, cannabis is not poisonous; there is no possibility of a fatal dose.

In its effects on the body, the smoking of cannabis differs from the smoking of tobacco or the drinking of alcohol. There are no real withdrawal symptoms, no physical craving induced by abstinence, even after years of use.

That cannabis has RELAXANT properties (residing mainly in the sticky resinous product found most abundantly in the female plant) is beyond dispute. The principal psychoactive compound is Tetrahydrocannabinol, or THC. But it is important to distinguish between natural cannabis and concentrated THC.

As a THERAPEUTIC MEDICINE, both preventative and curative, cannabis has been in continuous use at least since the time of the ancient Chinese and ancient Egyptians. Bizarrely, its medicinal properties have been denied in our time under international treaty. Nevertheless, millions of people continue to make use of it to relieve suffering. The range of ailments which the evidence shows are often eased by cannabis includes: glaucoma, multiple sclerosis and spasms associated with spasticity, asthma, appetite deficiency in the case of AIDS, nausea experienced by cancer patients undergoing chemotherapy, spinal injury, menstrual pains and childbirth, depression, migraine, drug addiction and alcoholism, insomnia and (perhaps affecting the majority of us) stress.

Contrary to the popular opinion that cannabis has been used mainly throughout the East, it was so familiar across England under the name of hemp, or 'hempe', that in his 17th century 'Complete Herbal and English Physician' Culpeper wrote: *"It is so common a plant and so well known by almost every inhabitant of this Kingdom, that a description of it would be altogether superfluous."* Culpeper went on to say that it can be used with success for *"the treatment of jaundice... colic... bleeding from the mouth or nose... destroys worms in man or beast... eases gout... pains in the hips... dispelleth wind... and the fresh juice mixed with a little oil and butter, is an extremely good cure for burns."*

In 1928 cannabis became illegal in the UK: it was banned under the Dangerous Drugs Act. At present, offences of supply or importation carry sentences of up to 14 years imprisonment and an unlimited fine.

The Dangerous Drugs Act was based upon the International Opium Convention, at which hemp was misclassified as a narcotic. Subsequent international agreements such as the 1961 UN Single Convention again misrepresented cannabis, classifying it as a substance with no therapeutic or medicinal value. It is on this faulty base that the British law, the Misuse of Drugs Act, is founded.

So cannabis, one of the most versatile plants on the planet, in use since prehistoric times and right up to the first quarter of our century, has been prohibited, comprehensively - a prohibition, it's important to note, effected at a time when large American pharmaceutical and petrochemical companies stood poised to replace hemp with synthetics: these ranging from diesel to nylon, from plastic to drugs.



The near demise of hemp and its supplanting by synthetics that are manifestly dangerous to the environment has proved a catastrophe. During thousands of years hemp was the largest agricultural crop in the world, satisfying a wide range of human needs. It was used to produce clothes, footwear, fuel, rope, sails, paper and numerous other commodities. Its versatility indeed can hardly be exaggerated.

Cannabis could be grown easily almost anywhere in the world, thus creating jobs and freeing a host of people from dependence upon the massive petroleum and nuclear industries. The profiteering indulged in by these industries constitutes, it has been said, the most serious barrier of all to the legalisation and liberation of the cannabis plant.

Jack Herer, author of *The Emperor Wears No Clothes*, claims, unequivocally, that cannabis could save our planet from pollution and desolation, since it has no need of pesticides or chemical fertilisers and can be grown on the same land year after year. Replacing petrol and coal as fuel, and replacing trees as a source of paper, cannabis, cultivated widely, would REVERSE THE GREENHOUSE EFFECT.

Different parts of the plant are useful in different ways:

The SEED is an excellent food and source of oil for cooking and for lubrication. It is cholesterol-lowering and full of protein. It can also be used to make soaps, cosmetics and shampoos.

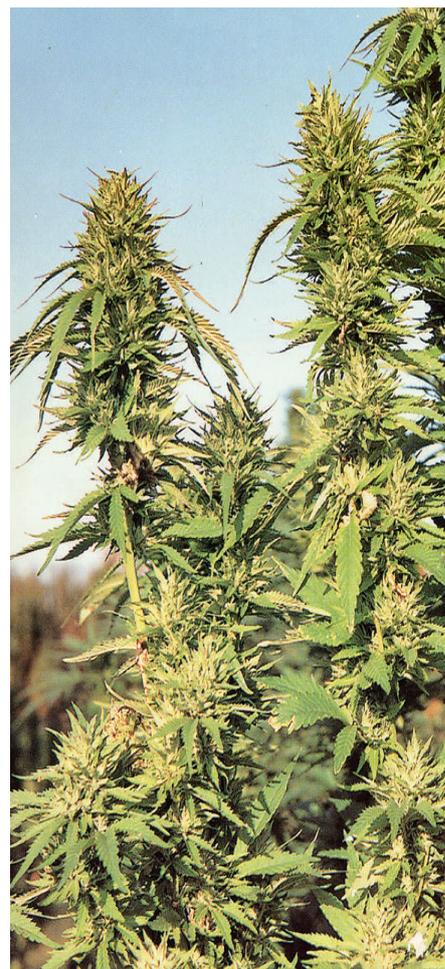
The FIBRE STRANDS can be spun into thread and used to make rope or woven into durable, high quality textiles. The textiles in turn are used to make clothes, sails, linens and fabrics of all types. The original Levi jeans were made out of hemp. The cannabis hemp fibre produces the strongest long-lasting natural fibres in the plant kingdom.

The HURDS, or pieces of the stalk left after the fibre is removed, are 77% cellulose. These can be used to make dioxin-free paper, packing materials, non-toxic paints and lacquers, industrial fabrication materials such as plastics and chipboard and even bricks. Waste materials are completely biodegradable.

The LEAVES have use as a recreational and medicinal ameliorant. They can also be eaten as a salad vegetable.

The ROOTS play an important part in soil conservation and reclamation, preventing erosion and mudslides. Boiled and made into a poultice, cannabis roots can ease the pain of arthritis and sprains.

The WHOLE PLANT is an extremely valuable source of BIOMASS for the production of pollution-free fuels, through a simple process of controlled decomposition called pyrolysis. These fuels can be used to power everything from generators and domestic heating to motor cars and jet planes.





SOME COMMON TRADITIONAL USES OF HEMP

Archaeological discoveries have shown that cannabis was used to make garments since Neolithic times. It is apparent that cannabis has been one of the world's main agricultural resources throughout history.

There are said to be tens of thousands of potential uses of cannabis, but here are just some of its more common traditional products:

- Fabrics. The 'Father of History' Herodotus mentions in his chronicles that the Thracians produced the finest clothes from hemp. Hemp fibres are up to four times stronger than cotton and more durable. They are also better resistant to water-rot. Furthermore, when the clothes are eventually worn out, they can be recycled to produce paper.
- Paper. Most books in medieval times and almost all Bibles were made from cannabis fibres. This paper was of superior quality to that made from wood pulp and capable of lasting over thousands of years.
- Hemp was used for the production of rope, sails, charts and maps.
- Canvas for tents and canvas for art. The Dutch word 'canvas' is derived from the Latin word 'cannabis.'
- Paints and resins were made from hemp oils.
- Adhesives and glues.
- 'Oakum' was prepared from cannabis fibres taken from rope and steeped in tars and pressed. It is an ideal sealant for the hulls of wooden ships.
- Floor covering was produced from the fibres of cannabis.
- Hemp seed oil was used for lamps and for lubrication throughout history.
- Hemp seed oil was widely used to make soap. This type of soap can still be bought today.
- The seed itself has been a valuable source of essential nourishment for many people throughout the world and was made into porridge, flour, breads and anything made from flour. The oil for the seed was used as a dressing for foods and for cooking. The seed was also pressed into cakes to be used as animal food.
- Strong building materials, shelving, furniture etc have been made from the woody parts of the stalk, called the hurds. Today there is a house built from hemp bricks in Bury St Edmunds.
- The leaves of the plant can be eaten as a salad vegetable, or used to make a soothing infusion. Leaves stronger in THC have for centuries been used in India and the East to produce a pleasant drink called 'bhang.'
- The upper leaves and buds have long been used as relaxant, sacrament and medicine, bringing relief from many pains and ailments and generally uplifting the spirit. Cannabis smoke has played a part in ceremonies and rituals in many of the world's religions.



- The roots of the cannabis were used to prepare a poultice that eases the painfulness of arthritis.

FUEL, POLLUTION AND THE ENVIRONMENT

From The Report of the FCDA Europe: *"Everything which is derived from hydrocarbons can also be derived from carbohydrates."*

"Cellulose provides both the hydrocarbons and the carbohydrates of fuel. Cannabis is the most prolific of all low-moisture, herbaceous woody plant species. Approximately 80% of the biomass of cannabis is composed of cellulose."

Biomass is the name given to the bulk of a living organism. It can be broken down under pyrolysis to produce charcoal, methanol and other liquid fuels. These fuels, when they are burned, merely release into the atmosphere water and carbon dioxide. by contrast, when coal or oil is burned, sulphur dioxide is released, along with other noxious compounds.

Of the various options, cannabis biomass-derived fuel is the only one that is not open to radical ecological objections.

Nuclear fuel is extremely dangerous to transport and use, while the waste materials dumped on land or at sea will constitute a lethal hazard for tens of thousands of years.

Fossil fuels are 'safer'; nevertheless they pollute our towns and cities, our traffic-crammed streets, the air we breathe and the sea that surrounds us (recurrent spillage of crude oil at sea are devastating to our coastline and its wildlife).

Because of oil, wars are fought. It was for this reason that Iraq, at a huge cost ultimately in human life, invaded Kuwait.

All this could be avoided if we grew our fuel.

THE CANNABIS BIOMASS ENERGY EQUATION

The Report of the FCDA, Europe expounds of the advantages of using cannabis biomass as a source of fuel.

"Of all known plant species, Cannabis Sativa delivers the biomass fuel energy in the most economically efficient degree as a result of attributes uniquely inherent to the plant itself."

The Report then explains these attributes, summarised here:

1. Cannabis is the most prolific of the suitable plants and grows well in almost all climates, reaching maximum biomass yield in about four months.



2. Cannabis is a low-moisture, woody plant. This means that little or no pre-drying is needed before pyrolysis (no energy needs to be expended to dry the crop, unlike sugar cane, maize etc).
3. Cannabis biomass fuel-energy can be made immediately available in all parts of the world.
4. After the seedling stage, cannabis is very resistant to drought.
5. Cannabis, with roots penetrating 10 to 12 inches in the first 6 weeks, can survive floods. This can also have an important beneficial effect in preventing soil erosion.
6. Cannabis can survive intermittent frosts even as low as 12 degrees Fahrenheit - 20 degrees of frost.
7. Cannabis does not require fertiliser.
8. Cannabis flourishes even on marginal and normally unproductive land.
9. Cannabis does not deplete the soil in which it grows. In fact it can improve the soil by leaf-shedding, aeration and reducing weeds.

"Prohibition of Cannabis Sativa disallows the most cultivable, optimum dry biomass plant species on Earth, uniquely and immediately capable of the economical replacement of all Mankind's use of high-pollutant, costly fuels and uranium, for energy, petro-chemical products, gasoline and plastics." (FCDA)

According to the FCDA Report, *"By pyrolysis conversion, biomass delivers 5,000 - 8,000 BTU's per pound [weight]. It is calculated that only 6 per cent of the agricultural land area of the contiguous United States would now produce more than sufficient Cannabis Biomass to supply all current demand for gasoline, diesel and oil for that energy-voracious country"*.

"From only 2 crops (8 months, temperate climate) each acre will produce not less than 20 tons of Cannabis Biomass, which yield 2,000 gallons of methanol."

Not the most sensational but certainly the most familiar problem that engages us all, in this context, is the problem posed by the car.

To dissuade people from private transport and so reduce pollution is an honorable tactic, but unrealistic. The limiting factor for the number of cars is the usage and size of the roads. So long as we build more and more roads, there will be more cars. So long as we do not ban cars (and banning them is a project entirely Utopian), there will be pollution - unless the fuel is changed.

Whether public or private, transport fuelled by cannabis would pollute the environment far less and simultaneously improve health. This is because when burned cannabis-derived fuels produce only water and carbon dioxide, in roughly the same proportion as absorbed during the growing season. In cannabis-fuelled cars we could drive without coughing!

Henry Ford's first Model T, it should be remembered, was designed to run on cannabis fuel. (Most of the bodywork was made from cannabis too.) However, the petrochemical industry soon put an end to that scheme. It collaborated in the prohibition of hemp throughout the USA and thereby made huge profits.



LAW

- Drugs, crime and the law Page 12
- Recreational or medical, a distinction without a difference ? Page 12
- Decriminalisation and partial / medical legalisation Page 13



DRUGS, CRIME AND THE LAW

Cannabis, unfortunately, is closely linked to the problems of drug use or abuse or addiction, and to crime. We suggest that the legalisation of cannabis would almost immediately sever these linkages.

It is prohibition that has pushed cannabis into the same category as dangerous drugs, these being available sometimes from the same supplier. The suppliers, motivated solely by un-taxable profit, are in a position to facilitate and encourage experimentation: they provide the 'gateway' from one type of substance to another. The other gateway is peer pressure, the influence of friends and acquaintances.

But in either case, to hold cannabis smoking responsible for the use of more dangerous drugs, on the ground that the former may precede the latter, is quite illogical. True, it sometimes does precede. But it's equally true to say that, in the history of users, cannabis smoking is often preceded by the smoking of tobacco, and for that matter the consumption of alcohol, substances immeasurably more addictive than cannabis.

To punish a cannabis user because others take heroin is like punishing a child who uses a water pistol because others later, in acts of robbery, use guns.

The connection between illegal drugs and crime is undeniable, not only because the drugs are illegal, as is the trade, but also because of crimes sometimes committed to get the money to pay for drugs, and because of the types of crimes that go with illegal drug-dealing - from fraud to murder. Again, the cause of all this is money - the profits created, ironically enough, by prohibition itself.

Certainly, it makes sense to punish people for acts that victimise others, but why punish people for acts that do not? The user of a drug who commits no other crime than using the drug is in no way deserving of punishment. If he or she needs help, they should be helped not punished; those who need no help should be left alone, and protected. Neither end is achieved by prohibition.

If cannabis were legalised, police would be freed to chase criminals - real criminals: and the pressure on our prisons and courts would be eased in proportion.

The single, most urgent, and potentially effective step that can be taken, immediately, to reduce crime is to legalise cannabis.

RECREATIONAL OR MEDICAL:

A DISTINCTION WITHOUT A DIFFERENCE ?

What is the difference - how might we distinguish - between the recreational use of cannabis and the medical? This question is bound to be at the forefront of discussion when government representatives debate the issue of legalisation.

According to the law, until 1971 cannabis was a substance of potential therapeutic value: it could be prescribed medically. During that year however, with The Misuse of Drugs Act, its status was re-defined: it ceased to be legal. The Government had performed an about-turn.

This was largely due to British agreement with the United Nations Single Convention on Narcotics of 1961, in



which cannabis was classified as a dangerous drug of no therapeutic value. The British Government claimed that cannabis was being misused as a recreational drug.

The justification of the new law has always seemed spurious, and as time has passed increasingly so.

To begin with the negative case against the ruling: cannabis is not nicotine, is not alcohol. It is incomparably less dangerous than these, if dangerous at all.

There has not been a single instance of reported death for which cannabis is directly responsible, whereas, repeatedly, studies have linked tobacco with cancer, with high blood pressure, and with emphysema and a variety of other lethal conditions. Yet it is cannabis that is outlawed, while tobacco, currently, is available in Britain to anyone over 16-years-old.

And as with nicotine, so with alcohol; and intoxication. No study has been able to establish that the 'high' intoxicated state that results commonly from the smoking of cannabis has behavioural consequences of a significantly pernicious kind. Indeed the consequences are by and large benign.

This is hardly the case - to put it mildly - where alcohol is concerned. Alcohol addiction is the world's most debilitating and destructive disease. Yet in general, in Britain and the Western World, it is alcohol that is the socially approved and permitted option, and the legally endorsed; not cannabis.

We turn now to the more positive argument for reversing the 1971 ruling. What at once needs emphasising at this point is the unbifurcated, holistic nature of our purpose. We are not campaigning for the recreational and medicinal usage of cannabis (to bring ourselves round again to our initial question), for to state the case that way is to presuppose in our argument, or to build into it, a false dichotomy. As far as we are concerned, the recreational very largely is the medicinal, the medicinal the recreational. We are aware, for instance, nowadays, that cannabis can contribute valuably to the treatment of nausea, chronic pain, asthma, multiple sclerosis and various other ailments. Yet to affirm this baldly could conceivably mislead, by obscuring more subtle propositions. We might be truer to our cause if we began with the proposition that cannabis is a mode of self-medication. Animals, we hear, self-medicate by digesting plants and other matter. And so possibly with human beings: many if not most cannabis users (so some researchers believe) are intuitively medicating themselves for stress and / or depression. Which is a way of saying that the cannabis user is not for the most part a person in quest of a 'high', or seeking consciously the cure for an ailment, but a human being searching intuitively for recreation: the re-creating of himself (or herself). This might all seem, and in fact in part obviously is, hypothetical: the jury is still out where self-medication is concerned.

For all that, what is at stake here is an issue we cannot and should not ignore. The cannabis user does himself and his cause no favours - the established opposition being what it is, an embattled force led by people with a propensity to simplistic thought - if he himself understates the complexity and subtlety of his essential purposes.

His theme ought to be that the line between the medical and recreational use of cannabis is blurred, and probably non-existent.

DECRIMINALISATION AND PARTIAL / MEDICAL LEGALISATION.

So-called legal drugs such as alcohol and tobacco are only really legal in a limited way. Their use is allowed in certain situations such as at home or in licensed premises, and can be banned from public or private places.



Alcohol and tobacco can only be sold legally from licensed premises. Law limits home production. This is why we do not advocate treating cannabis as we do alcohol and tobacco. Cannabis is a completely different type of substance. It is not a toxin and one cannot overdose. The controls applied to alcohol and tobacco are not needed for cannabis.

Although wishing to see cannabis available on prescription for ill people, we do not wish to see this as the only available source of cannabis. For a start, such a situation may well encourage vast numbers of people to visit their doctor who does not normally see them often. Legalising cannabis in this way would increase the number of 'sick' people in the country, statistically, which may reflect poorly on legalisation. Some substances only available on prescription are illegal to possess unless obtained by prescription. Such substances are not fully legal; they are not free.

Drugs such as aspirin, which is highly dangerous, are available in a variety of outlets. Other dangerous substances are available from the corner shop (glue), garage (oils), and over the counter at chemists (cough mixture). There is no reason to limit the outlets of cannabis at all.

From The Report of the FCDA, Europe:

"The proposal of some people for 'partial' exemption from the Prohibition in order to make cannabis limitedly available only as a curative medicament, ostensibly has its origin in the emotional response of sympathetic human beings to the needs of the seriously ill or moribund patients. 'Partial' legalisation, however, on evaluation, is an impulsive idea - the reaction of the heart, not the head - and implausible on the very health grounds on which it purports to be based. To try to 'legalise' cannabis for but one of the two groups of people (that is for the already-sick) is inimically discriminatory, as it leaves the other group, who comprise the huge majority, condemned to inevitable worsening of their good health, as described, until they too fall prey to disease and early death. Those catastrophic results to health now widespread in populations, produced directly by the Prohibition of Preventative Cannabis, would be mitigated or avoided entirely by the Preventative protection of a Relegalised cultivation, trade and general availability. Complete Relegalisation of Cannabis provides the healthy population with the pleasant and safe relaxant to use both as Preventative Medicine and to reduce consumption of the malady-causing alcohol and tobacco. At the same time, relegalisation makes cannabis available to patients and the medical profession, as curative medicine of recommendation and advice, if not prescription. Thus, the aims of the 'partial' legalisation lobby are simultaneously achieved, without ignoring the equally deserving needs of those of the population whose health requirement for cannabis is as prophylaxis, or to replace partially or totally noxious alcohol and tobacco. Certainly cannabis is effective therapeutically and curatively in a wide variety of illnesses and disorders, and if cannabis had always remained available as a recreational substance of legal choice, those cancers which are tobacco-induced could in a great many, theoretically even all, cases have been completely avoided, i.e. prevented. Those individual men and women, the Prohibitionists, who are responsible for the instigation and perpetuation of the fraudulent Prohibition, are instrumental in and culpable for premature deaths. Indeed, studies into these artificial products, i.e. 'concentrates'/THC, including sections of LaGuardia research, record diametrically opposed results from those clinical studies into natural cannabis. For example, doses of lab-THC can cause nausea and headache, two of the many adverse conditions for which the resinous herb in its natural form is renowned as cure."

Later:

"Herbal cannabis in natural forms would yield little profit to the pharmaceutical corporations, whilst eliminating some, perhaps in the longer term much more, of the use of their patent drugs."

Later:

"Another ludicrous prevarication proposed by pharmaceutical representatives is the irrelevant argument that each of the many, mostly commonly occurring, chemical constituents in the natural herb, be isolated and tested for their potentials before legally re-allowing cannabis for 'medical' or 'general' use, if at all."



POLITICS

- Cannabis and the British political parties Page 16
- Government policy : The Hellowell Report Page 17
- Common sense and common justice Page 17
- The U.K. can legalise independently Page 20
- Drug testing the human body Page 21
- Cannabis use and driving performance Page 25



CANNABIS AND THE BRITISH POLITICAL PARTIES

The main political parties appear to be doing little towards solving ecological and social problems caused by the terribly mistaken policy of prohibition.

The present Labour Government not only opposes the legalisation of cannabis for recreational use, but also, by continuing to prosecute the sick - those using cannabis for the relief of pain - ignores or positively thwarts what is surely the will of the majority. People suffering, and in quest of relief from their suffering, are sent to prison even for electing to use what is, after all, a perfectly natural medicine.

George Howarth, MP, has stated the Labour Party line in no uncertain terms: "*The Government believes it would be a serious mistake to legalise the drug and has no intention of moving in that direction. The legalisation of cannabis would inevitably lead to large increases in consumption and a corresponding increase in the problems arising from that consumption.*" (24 July 1998).

What is even worse in our opinion is that the Labour Party, in effect, has proclaimed the sheer irrelevance of any judgment not to its liking arrived at by a Royal Commission, asserting that even if such a commission recommended legalisation, the Party would not take notice. A familiar story, because this is more or less what happened after the publication of the Wootton Report, produced by the UK Royal Commission in 1968. The Report recommended lighter penalties for possession. James Callaghan, Prime Minister at the time, dismissed the Report, and soon penalties were increased. Since then the drugs problem has escalated out of control. Tony Blair and Jack Straw reject legalisation as an option altogether.

The Conservative Party's policy is no more enlightened than Labour's: any prospect of decriminalisation or legalisation is rejected out of hand.

At their Spring Conference in 2002, the Liberal Democrats became the first of the "big three" UK political parties to recognise the sense of legalising the supply of cannabis along with its possession. However, this is apparently not binding on all Lib Dem candidates or MP's.

In 2000, the Green Party have amended their policies and called for the "decriminalisation" of the possession, use, cultivation and trade in cannabis. They propose that after this immediate step is taken it should be followed by a Royal Commission to look into exactly how cannabis can be fully legalised and what regulations are needed. They propose the establishment of "cannabis pubs", somewhat similar to the "Coffeeshops" of The Netherlands, with age restrictions and quality control.

Whilst at first glance this new policy may look progressive, in fact it is confused. To allow a free-for-all without the comfortable knowledge that there would be no social harm shows confused thinking, possibly panic at regaining votes lost to the **Legalise Cannabis Alliance**.

Although the medico-scientific evidence from the official empirical studies on the effects of long-term cannabis smoking exonerates cannabis from harm, the Green Party have been unwilling to accept this. Rather, they prefer to take the gamble and hope for the best, leaving a Royal Commission to sort out any undesired consequences.

The second error in Green Party thinking is that such a state of decriminalisation, whilst freeing the cannabis user, grower and supplier from fear of arrest, makes no allowance to protect them from bad quality or allow any reparation for faulty goods. Decriminalisation also allows for civil penalties to be introduced which is unjustifiable for harmless cannabis activities.



It is no wonder that The **Legalise Cannabis Alliance** sees decriminalisation as a particularly undesirable version of prohibition!

The Scottish Nationalist Party (SNP) say: " *The SNP does not support the decriminalisation of cannabis. We do however support the growing use of fiscal fines for those charged with drug offences that involve cannabis for own use. The SNP also want to look at the current classification of illegal drugs and establish a new hierarchy that is easy to understand and is credible. As part of that reclassification we would remove the illegal status of cannabis for proven medical use.*" In other words, they consider possession a minor crime, unless a person can prove the use was medicinal. We would ask, when is it not?

Plaid Cymru, the Welsh Nationalist party, also call for legalisation of cannabis.

All the parties, even the greenest, seem to be content to ignore the ecological benefits of using cannabis hemp biomass as a source of cheap and non-polluting energy.

Moreover, they ignore the Human Rights issue, which ought to be of prime importance.

What no political party seems to have explained, is why it should be necessary to punish people for choosing what they put into their own bodies.

GOVERNMENT POLICY: THE HELLAWELL REPORT

The government policy on drugs is expressed in the White Paper on drugs prepared by the anti-drugs co-ordinator Keith Hellowell, known as the 'Drugs Csar'. The paper was published in April 1998, with the title "*Tackling Drugs for a Better Britain*"; a title adapted presumably from the Labour Party election slogan "*Build a Better Britain*".

Former Chief Constable Hellowell explains that this policy is a continuation of the previous (1995) White Paper entitled "*Tackling Drugs Together*", a document mostly concerned with reinforcing law enforcement policies against drug trafficking.

Looked at in one way, the title emphasises that the community as a whole must tackle the drug problem collectively. Looked at in another way, the title would seem to imply that drugs problem should all be lumped together, and dealt with in a *single* fashion as a criminal issue.

Certainly, we find every possible justification, when we turn to the text itself, for interpreting the ambiguous title in the second of the two senses. There is no discussion in the report of the cannabis legalisation issue, just as there is no recognition that cannabis is a separate issue from opiates and should be treated as such. Indeed, cannabis could be used as a *solution* to the problem of opiate addiction.

The expression "drug misuse" appears frequently in the Hellowell Report. We do not accept that this expression has application to the use of cannabis by otherwise law-abiding adults.

COMMON SENSE AND COMMON JUSTICE

The policy pursued at present by the Government flouts common justice and common sense.

Quite simply, the policy is illegal: cannabis is a safe, beneficial and natural commodity and the laws which



ban it are clearly in violation of several articles of the United Nations Universal Declaration of Human Rights and the European Convention of Human Rights and Fundamental Freedoms. The preamble to the UN Declaration, signed by Britain in 1948, establishes these Rights for all time: they are unchangeable and universally applicable. The preamble also explains that the Declaration in spirit is a declaration of the brotherhood and equality of man. It demands that we treat each other with respect and tolerance. How does the prohibition of a beneficial plant align with this? It does not.

Clearly, there is flagrant inconsistency between cannabis prohibition and the Principles and Articles. It is a Human Right to choose and to change, to preach and to practise, one's religion or belief. To use cannabis in the belief that it is medically and spiritually beneficial is in accordance with Article 9 of the European Convention:

1. *"Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his or her religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practise, and observance."*
2. *"Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morale, or for the protection of the rights and freedoms of others."*

Cannabis has been in use as a sacrament for thousands of years. Many people believe it is an essential part of their ritual. Others believe it is essential for their health. Either way, what Right has the law to stop them using cannabis? None!

The articles in both the Declaration and the Convention make quite clear the criteria by which the law can be invoked to prevent a person from exercising his or her Rights:

- to protect the Rights of others,
- to protect law and order,
- to protect national security,
- to protect public well being or morality.

Cannabis smoking does not threaten public safety or public order, health or morals, nor threaten the rights of others.

Clearly, on none of these grounds can the law be invoked against a cannabis user. Rather it is the prohibiting of cannabis that breaks the law.

The law banning cannabis effectively prevents these people from practising their beliefs. It negates a basic Human Right. It is inexcusable.

The enforcement of cannabis prohibition directly contravenes the following articles of the UN Universal Declaration of Human Rights: 1, 3, 7, 8, 9, 10, 12, 16, 18, 21, 25, 26, 28, 29 and 30. The prohibition of cannabis is illegal.

An example of this illegality in practice is the treatment meted out in our country to religious sects. Natural cannabis is one of many plants that have been used for the inducing and stimulating of religious states of mind in the individual or, ceremoniously, the group. Hindus, Buddhists, Jews, Moslems, Jains, Rastafarians and many other religions have long made use of cannabis. They use it today; but usually in secrecy, for fear of arrest. Modern day New Age Travellers, the Universal Church of the Holy and Sacred Herb, The Church of the Universe, The Church of the Hemp Goddess - members of all these groups are arrested these days for smoking their sacrament. This is a direct consequence of the blanket prohibition of cannabis.



The affront to justice entailed in putting into practice our weird law relating to cannabis proves itself in the event, inevitably, to be at the same time an affront to sense. A blatant example: billions of pounds are spent each year providing ineffective medicines to people who claim, after all, to experience far more benefit from the smoking of cannabis. There are thousands suffering from cancer, AIDS, multiple sclerosis, spinal injury, epilepsy, asthma, insomnia and stress-related illnesses who openly admit that they have needed to resort to cannabis to relieve their pain. And many of these, bizarrely, are taken to the courts!

After recommendations for an immediate change of law from the House of Lords, many doctors and many experts, and after a huge outcry from the general public, the Government has responded by allowing medical trials of organic cannabinoid extracts, declaring that if these trials are a success, then maybe in the future...!

In the meantime, literally millions of subjects are denied relief from pain, under threat of severe punishment. What sort of justice is that? What sort of sense?

We propose that the long known and many therapeutic values of cannabis be accepted immediately by the British Government and that cannabis in its natural form be made available without fear of prosecution to all whose health and well-being would benefit.

The legalising of cannabis would protect consumer's health: in effect it would act as a prophylactic against unknown and possibly noxious substances presently found in illegal cannabis on the streets of Britain.

Then again, how in the name of sense or of justice can one defend what our armaments, our industries, and our modes of transport do to the environment? For it is a question of justice, a matter of human rights. The environment is an essential aspect of ourselves, and we bequeath it to the future. It can be said, without exaggeration, that what we do to the world today may be unchangeable for millions of years. Nuclear waste materials have half-lives beyond the imagination. (A half-life is the time it takes a radioactively poisonous material to decay to half its potency. During the equivalent period following, it decays half again. That means that some of our waste will be dangerous for millions of years. This in the interest of fuel, of energy and of profit!)

The widespread cultivation of cannabis (to recapitulate) could halt and reverse much of the polluting activity that our society so stupidly and criminally engages in. Cannabis biomass could be made to provide all our fuel virtually cost-free (given that the THC-rich parts of the plant were used recreationally and medically, the remainder being a by-product). The dangerous synthetic industries could be put out of business. Large tracts of land on which other crops cannot be grown successfully could be reclaimed. The Greenhouse Effect could be hugely reduced, enabling nature to undo some of what has been done to the ozone layer. And so on...

We have asked why successive Governments have failed to take these facts into consideration and act upon them. We have received no satisfactory answer.

The Government's strategy in relation to cannabis is at once outrageous and ludicrous. Such a fuss about a plant, a remarkably safe plant! Such a pother about responsible people enjoying a 'high'!

They claim that cannabis is a dangerous drug. Claim it still, despite the evidence of their own studies!

Each year, for the crime of possessing this 'dangerous' substance, more and more people are arrested and taken through the courts. And the process costs the taxpayer billions of pounds.



But this figure - this tally - is of course dwarfed by the amount the multi-national corporations accumulate in producing synthetic alternatives to hemp.

Just look at the world: sick, starving, war-torn, polluted, crime-riddled and drug-addicted!

But never mind! First and foremost, at all cost, we must stop people getting 'high'!

THE UK CAN LEGALISE INDEPENDENTLY

The suggestion that legalisation of cannabis would be desirable is often rejected on the grounds that legalisation solely in the UK is impossible, because international treaties stand in the way. This is a misconception: the UK could withdraw from these treaties. However, even that is not necessary.

Some recent developments:

Germany: The Constitutional Court decided on April 28, 1994 that the possession of soft drugs for personal use need no longer be prosecuted. Since then, most German regional governments now tolerate the sale and use of soft drugs.

Colombia: on May 5, 1994 the Court of Constitutional Law passed the motion that possession of cannabis and cocaine are considered, in constitutional terms, to be protected by the right to individual freedom.

Switzerland: several cities, including Zurich, have been dispensing hard drugs to addicts already for a year.

France: The advisory commission, Henrion, set up by the former government under President Mitterand, advised depenalising the use of soft drugs and to do the same at a later stage with production and sale. The large minority of this committee was in favour of applying the same treatment to hard drugs.

Interpol: Secretary-General Raymond Kendall has proposed no longer penalising the possession of drugs. He considers drugs to be a health and social problem rather than a judicial issue.

Portugal: In July 2000, the Portuguese Government voted to decriminalise the consumption of illegal drugs. (See page 50).

The Single Convention on Narcotic Drugs of New York, signed in 1961, is an umbrella. It received its name because it encompassed all previous agreements up until that time. Later treaties, such as the Protocol of Geneva of 1972 and the Convention on Drug and Psychotropic Substances signed in Vienna in 1988, do not infringe on its scope and purpose.

The preamble of the "Single Convention" states that the members are committed to combat the evil of drug addiction. Article 22 reads:

"Whenever the prevailing conditions in the country or a territory of a Party render the prohibition of the cultivation of the opium poppy, the coca bush or the cannabis plant the most suitable measure, in its opinion, for protecting the public health and welfare and preventing the diversion of drugs into the illicit traffic, the Party concerned shall prohibit cultivation."

This might be read as follows: if, on the other hand, a country considers legalisation to be a better option for protecting public health and the fight against the illegal drug trade, that country need not ban production. In such a case, what should be done is stated in article 23 on poppies (= opium and heroin): the country should then establish a National Opium agency.



Art. 23 sub 1: A Party that permits the cultivation of the opium poppy for the production of opium shall establish, if it has not already done so, and maintain, one or more government agencies (hereafter in this article referred to as the Agency) to carry out the functions required under this article.

Art. 23 sub 2: Each such Party shall apply the following provisions to the cultivation of the opium poppy for the production of opium and to opium:

a: The agency shall designate the areas in which, and the plots of land on which, cultivation of the opium poppy for the purpose of producing opium shall be permitted.

b: Only cultivators licensed by the Agency shall be authorised to engage in such cultivation.

c: (...).

d: All cultivators of the opium poppy shall be required to deliver their total crops of opium to the Agency (...).

e: The Agency shall, in respect of opium, have the exclusive right of importing, exporting, wholesale, trading and maintaining stocks other than those held by manufacturers of opium alkaloids, medicinal opium, or opium preparations (...).

Article 28 stipulates the same for cannabis (marihuana and hash).

The semi-legal production and distribution of soft drugs that has existed in The Netherlands already for more than 20 years does not comply with the condition that there should be a government controlled agency.

Withdrawals from international agreements or negotiations with treaty partners are therefore not necessary. When the Dutch approach receives international support and recognition, one could consider amending the treaties to enable legalisation to become formal.

Drug prohibition is increasingly under attack internationally. If The Netherlands switch to legalisation, other countries will not necessarily disapprove. It may well be that amazement abroad will change to interest, just as has happened with the Dutch policy on soft drugs.

DRUG TESTING THE HUMAN BODY

The following is taken from " Cannabis law and drug testing" available from the LCA at £4.50

DURING a job interview or at work have you been asked to :

- Urinate in a bottle?
- Give a blood or hair specimen?

Ever wondered why? What can your employer tell from these tests?

At the turn of the 20th century, company spying was pervasive, and privacy almost non-existent. Your employer had the right to know everything about you: whom you lived with, whether you went to church, to which political group you belonged. With the growth of the trade union movement and heightened awareness of the importance of individual rights, workers came to insist that life off the job was a private affair, and not to be scrutinised by employers.

Recently major chinks have begun to appear in the wall that has separated life on and off the job, largely due to the advent of technologies that make it possible for employers to monitor their employees' off-duty



activities. Today thousands of UK workers, in both the public and private sectors, are subject to drug tests as a condition for getting or keeping a job.

Public safety and health are the most common justifications given in favour of drugs testing. But is this justification valid? What is drug testing, and does it make our skies, roads, workplaces, schools and streets safer?

Can we achieve a drug-free society via the extensive use of drugs testing? We would require:

- Pre-employment and random drugs testing at all work places, and at schools and colleges (for students and teachers).
- Random testing of the unemployed when reporting to the job centre (along the same lines as those currently employed by the armed forces and prisons).
- Roadside random testing of all drivers.
- Compulsory monthly testing for those who have a responsibility for life: for example, train, bus, taxi, and ambulance drivers, doctors, fire-fighters, police officers, etc.
- The introduction of a register of known drug users to ensure they do not gain employment in sensitive areas. We would know who they were and what they were doing.

What is wrong with drug testing?

Drug tests fail on their own terms: their greatest shortcoming is their inability to determine intoxication or impairment at the time the test was taken.

The question of impairment through taking cannabis (or indeed any drug) is far from clear-cut. As will be shown below, the presence of a drug or metabolites of a drug in the biological body fluids says nothing about the competence of an individual, whether he or she is at work, at school or behind the wheel. This raises interesting questions:

- If there is no accepted level of blood concentration for most drugs – including cannabis - how do we define impairment?
- How could you prove impairment?
- Since positive tests for drugs are not indicative of impairment, do we need drug testing?

Drug concentrations in biological fluids are affected by the size of the dose, how the drug was taken, the longer-term pattern of drug use and the individuals' metabolism, and rate of excretion.

As most drugs are distributed to the site of action by the blood, a drug concentration in the blood should give the best indication as to the potential effects on behaviour.

However, due to the wide individual variations in the rate at which the drugs appear in an individual's plasma, drug concentration for the estimation of impairment has not even been established for most drugs.



There are numerous problems with testing body fluids or hair for indication of an individual's impairment through drug use.

Some of these problems relate to the test itself and its limitations, and others relate to the involvement of imperfect human beings at all levels of the testing process. No single analysis technique or method has immunity from errors or omissions. All can yield and have yielded incorrect or unacceptable results in some hands. There are several causes of inaccuracies, including problems of interfering substances, cross-reactions between illicit substances and other legal substances, human error and inadequate testing procedures.

Clearly, it raises both social and legal issues if an individual can test positive for cannabis without consuming it - especially where that person's integrity, freedom or future prospects are at stake.

False positive test results

A false positive is when the test shows recent drugs use when the person being tested has not consumed it - a false allegation. A major concern here is the ability of prescription, over-the-counter drugs and natural substances to show up as illicit drug use. Codeine, for example, is rapidly absorbed with maximum concentrations 1 hour after ingestion. It is extensively metabolised, primarily as conjugated 6-codeine glucuronide. This shows up as a positive test for metabolised opiates such as morphine, and will register for 2 to 4 days after use. Poppy seeds often found on seeded bread loaves will produce positive test results for opiates up to 60 hours after being eaten. Cannabis seed oil is recognised as causing false positive for cannabis use in urinalysis tests.

Passive inhalation

Passive inhalation is another problematic area, particularly with reference to cannabis and to limited extent cocaine. Although you are not likely to be effected by it you can inhale enough smoke to test positive for cannabis use. There have been several reports and studies on passive inhalation, all of which support this fact. These studies all failed to find and identify a level showing whether the drug was passively or intentionally taken, but did not document cannabis metabolites in the urine. In a 1985 study, cannabis metabolites were also found in the blood as result of passive inhalation.

False negative results

False negatives are test results that fail to detect the presence of a substance, when it is present. The most common cause for this is tampering with the sample.

However, it is worth pointing out that although drug-screening tests are far from infallible it is difficult to challenge positive test results, aside from launching a legal challenge.

Your best defence is to stay clean - don't rely on excuses!

Over-the-counter medication

A further drug-testing problem is posed by the use of over-the-counter medications and prescription drugs many of which warn against driving or operating heavy machinery for fear of disorientation, drowsiness, etc.

These medications can often show up as illicit drugs use in drug screening tests, a point illustrated by instances where MPs and high-ranking policemen have tested positive for opiate use after using proprietary painkillers.



According to a report in the Daily Mail (September 16 1999), Conservative MP David Maclean and the national secretary of the Police Superintendent Association both failed a voluntary drug test at a conference [drug testing trade fair] which was debating compulsory random drug testing of all police officers.

A similar case was reported in the New Scientist (The prying game, July 24 1999). According to the report, an 82-year-old German woman tested positive for LSD after using Ambroxamol, an over-the-counter medicine prescribed to clear mucus from the lungs.

Further investigation by German researchers uncovered 11 other false positives for the drug following urine tests of the kind widely used in German drug screening labs.

Although in the case of the MP and the policeman it was an opiate-based analgesic which caused the incorrect reading, there are alleged to be hundreds of commonly used medications that can produce a false positive result.

Are we to punish or sack those who are using cold remedies for treating themselves with Beecham's or a similar medicine?

This seems a ludicrous course of action but the argument is equally sound, after all, such remedies are known to effect reaction, dexterity and co-ordination. So why pick on illicit drug use only ?

Drug tests and doubts

The inherent possibility of error in drug screening tests for recent drug use is one of concern that escalates in proportion to the consequences of a positive result. One false positive in 100 true positives is insignificant in an incidence survey for research purposes.

One false positive, however, is of great concern if it is a forensic sample from you and your freedom, career, reputation or civil rights hang in the balance.

A drugs test must prove beyond any reasonable doubt that a person deliberately took a substance and was impaired, at the time of the test. However, drug tests are unable to do this. The tests are unsafe, unjust and unfair, and have nothing to do with competence or health and safety.

Positive results of drug-screening tests, standing alone, are not precise enough to supply the formal proof needed for prosecutions, such as driving under the influence of drugs, or for use in other prosecutions or proceedings - such as disciplinary action by employers, or the denial of a job or which will adversely affect the person being tested.

The possible variations involved in drug screening tests render the task of the general acceptance of a presumptive level of impairment for cannabis practically impossible, therefore, any standard levels of presumptive impairment become meaningless in practical application.

Summary

- Drug screening tests are useful only as a tool of surveillance.
- Drug screening tests cannot prove or disprove the offence of using drugs.



- Drug screening tests provide no evidence or information as to their effects on an individual's ability or performance.
- Drug screening tests cannot establish the date time of use. (It is possible that the same individual could test negative on a drug screening test in the morning and positive in the afternoon) without consuming cannabis during the interim.
- If an individual has used cannabis only very recently, he or she will probably test negative on a drug-screening test because the cannabis has not reached their urine, irrespective of any suggestion of impairment.

Drug screening tests for recent illicit substances are a creeping invasion into private life. Arbitrary and irrational, they say nothing about competence or impairment.

CANNABIS USE AND DRIVING PERFORMANCE

Taken from: "*Exposing Marijuana Myths : Claim #12 : Marijuana is a Major Cause of Highway Accidents*". by Lynn Zimmer, Associate Professor of Sociology, Queens College, & John P Morgan, Professor of Pharmacology, City University of New York Medical School. The Lindesmith Center, 1995.

"The detrimental impact of alcohol on highway safety has been well documented. Marijuana's opponents claim that it, too, causes significant impairment and that any increase in use will lead to increased highway accidents and fatalities."

THE FACTS

In extremely high doses, cannabis may produce driving impairment in some people. However, there is no evidence that cannabis, in current consumption patterns, contributes substantially to the rate of vehicular accidents in Britain.

A number of studies have looked for evidence of drugs in blood or urine of drivers involved in fatal crashes. All have found alcohol present in 50 percent or more. Cannabis has been found much less often. Furthermore, in the majority of cases where marijuana has been detected, alcohol has been detected as well. (*1).

For example, a recent study sponsored by the US National Highway Traffic Safety Administration (NHTSA) involving analysis of nearly 2,000 fatal accident cases, found 6.7 percent of drivers positive for cannabis. In more than two-thirds of those, alcohol was present and may have been the primary contributor to the fatal outcome (*2).

To accurately assess cannabis' contribution to fatal crashes, the positive rate among deceased drivers would have to be compared to the positive rate from a random sample of drivers not involved in fatal accidents. Since the rate of the past-month cannabis use for Americans above the legal driving age is about 12 percent, on any given day a substantial proportion of all drivers would test positive, particularly since marijuana's metabolites remain in blood and urine long after its psychoactive effects are finished.

A recent study found that one-third of those stopped for "bad driving" between the hours of 7 p.m and 2 a.m - mostly young males - tested positive for cannabis only. (*3). To be meaningful, these test results would have



to be compared to those from a matched control group of drivers.

A number of driving simulator studies have shown that cannabis does not produce the kind of psychomotor impairment evident with moderate doses of alcohol. (*4) In fact, in a recent NHTSA study, the only statistically significant outcome associated with cannabis was speed reduction. (*5)

A recent study of actual driving ability under the influence of cannabis - employing the same protocol used to test impairment-potential of medicinal drugs - evaluated the impact of placebo and three active THC doses in three driving trials, including one in high-density urban traffic.

Dose-related impairment was observed in drivers' ability to maintain steady lateral position. However, even with the highest dose of THC, impairment was relatively minor - similar to that observed with blood-alcohol concentrations between 0.03 and 0.07 percent and many legal medications. Drivers under the influence of cannabis also tended to drive more slowly and approach other cars more cautiously.

While recognizing some limitations of this study, the authors conclude that "*THC is not a profoundly impairing drug.*" (*6)

Refs:

*1 : McBay AJ and Owens SM., "*Marijuana and Driving*", pp 257-63 in L.S.Harris (ed) *Problems of Drug Dependence 1980*, Washington, DC: U.S. Government Printing Office (1981); Teale, JD et al., "*The Incidence of Cannabinoids in Fatally Impaired Drivers: An Investigation by Radioimmunoassay and High Pressure Liquid Chromatography*," *Journal of the Forensic Science Society* 17: 177-83 (1978).

*2 Terhune, KW et al., "*The Incidence and Role of Drugs in Fatally Injured Drivers.*" Washington DC: Department of Transportation (1994).

*3 Brookoff, D et al., "*Testing Reckless Drivers for Cocaine and Marijuana*", *New England Journal of Medicine* 331: 518-22 (1994).

*4 Kv'altheth, TO, "*Effects of Marijuana on Human Reaction Time and Motor Control*", *Perceptual and Motor Skills* 45: 935-39 (1977); Hansteen, RW, et al, "*Effects of Cannabis and Alcohol on Automobile Driving and Psychomotor Tracking*," *Annals of New York Academy of Science* 282: 240-56 (1976); Moskowitz, H et al., "*Marijuana: Effects on Simulated Driving Performance*," *Accident Analysis and Prevention* 8: 45-50 (1976); Moskowitz H et al., "*Visual Search Behaviour While Viewing Driving Scenes Under the Influence of Alcohol and Marijuana*", *Human Factors* 18: 417-31 (1976).

*5 Stein, AC et al., *A Simulator Study of the Combined Effects of Alcohol and Marijuana on Driving Behavior-Phase II*, Washington DC: Department of Transportation (1983).

*6 "*Marijuana and Actual Driving Performance*" U.S. Department of Transportation, National Highway Traffic System Administration, 1993.



HISTORICAL **BACKGROUND**

CANNABIS PROHIBITION SINCE 1912

- International Opium Convention (1912) Page 28
- Second Opium Conference (1924 – 1923) Page 28
- U.N. Commission on Narcotic Drugs (1946) Page 29
- U.N. Commission on Narcotic Drugs (1963) Page 31
- The Misuse of Drugs Act and the Wootton Report (1969 – 70) Page 31



HISTORICAL BACKGROUND: PROHIBITION AND THE LEGALISATION CAMPAIGN.

CANNABIS PROHIBITION SINCE 1912

International Opium Convention 1912.

The Conference at The Hague which drew up this Convention expressed the view that it was desirable to study the question of Indian hemp from the statistical and scientific point of view, with the object of regulating its abuses by internal legislation or by an international agreement, should it be felt necessary.

In 1923, the Government of South Africa proposed to the League of Nations Advisory Committee on Traffic in Opium and Dangerous Drugs that Indian hemp (the whole or any portion of the plants *C. Indica* and *C. Sativa*) should be treated as one of the habit-forming drugs and included in the international convention. When this proposal was discussed at the 6th Conference of the Advisory Committee in August 1924, the British delegate suggested that governments should be asked to furnish the League with information about production, use and traffic in cannabis, so that the question could be further considered at the Advisory Committee's meeting in 1925. A general enquiry was circulated by the Secretariat in August 1924.

Second Opium Conference 1924-1923

At this conference of members of the League of Nations and signatories to the 1912 Convention, convened primarily to devise administrative measures to end opium production and use in the Far East. The Egyptian delegate, supported by the Turkish delegate, submitted proposals that hashish should be included in the list of narcotics with which the Conference had to deal, and that all other noxious drugs should automatically be brought under the Convention. A suggestion by the British delegate that the matter should be left over for the Advisory Committee as already arranged was rejected.

The Annex to this paper contains an extract from the main Egyptian statement. The matter was referred to a sub-committee consisting of doctors, professors, and persons with ministerial or administrative experience in public health, hospital or pharmaceutical service drawn from Belgium, Brazil, Canada, Dominican Republic, Egypt, France, Germany, Great Britain, Greece, Italy, Japan, Netherlands, Poland, Spain, Switzerland and the USA. Eventually all but three members reported in favour of complete prohibition of the production and use of cannabis resin: the delegates of Great Britain, Netherlands and India abstained, the first out of uncertainty whether there was a potential medical value in the resin. The Indian delegate offered co-operation in measures to control international traffic, but emphasised serious difficulties in confining the use of hemp drugs to medical and scientific purposes; for example, there are social and religious customs which naturally have to be considered, and there is the doubt whether the total prohibition of drugs easily prepared from a plant growing wild could in practice be made effective.

The Sub-Committee's report was adopted and another sub-committee (consisting of representatives of Belgium, Egypt, France, the British Empire, India, Siam, Turkey and Uruguay) was invited to prepare draft provisions for incorporation in the new convention. This group's proposals were adopted on 14th February 1925, virtually without discussion and embodied in the International Opium Convention (19th February 1925) These:

- (1) defined Indian hemp as the dried flowering or fruiting tops of the pistillate plant *cannabis sativa* L. from which the resin has not been extracted, under whatever name it may be designated in commerce; and



(2) required contracting parties:

- (a) to impose internal control over galenical preparations (extracts and tinctures) of Indian hemp (articles 4, 5) and
- (b) to impose import/export control over Indian hemp (as defined in (1) above) and resin prepared from it (articles 12 - 18);
- (c) to prohibit the export of the resin obtained from Indian hemp and the ordinary preparations of which the resin forms the base (such as **hashish, esrar, chiras, djamba**) to countries which have prohibited their use, and, in cases where export is permitted, to require the production of a special import certificate issued by the Government of the importing country stating that the importation is approved for the purposes specified in the certificate (these had to be medical or scientific) and that the resin or preparation will not be re-exported;
- (d) to exercise an effective control of such a nature as to prevent the illicit international traffic in Indian hemp and, especially, in the resin (article 11).

The treaty was implemented in Britain as the Dangerous Drugs Act in 1928. Cannabis became illegal in Great Britain as in many other countries. Prohibition had started, and the opportunity was there for industrial profiteers to extend the ban.

U.N. Commission on Narcotic Drugs

In 1946, the Commission decided not to appoint a subcommittee on Indian hemp as the Advisory Committee had before. The Commission's report mentioned that; "*some medical opinion in the United States and in Mexico had been advanced that marihuana did not offer any real danger, and had little influence on criminal behaviour.*" Indeed, the Mexican physicians were of the opinion that its use had no ill effect on the health of the user. The representative of Mexico wondered whether in these circumstances too strict restrictions on the use of this plant, the production of which was in fact prohibited in Mexico, would not result in its replacement by alcohol, which might have worse results. The representative of the United States did not share this point of view and quoted a number of concrete examples, proving the relationship between the use of marijuana and crime. He considered the recent report of certain United States physicians on the subject to have been extremely dangerous. These physicians had, in fact, had a very limited field of observation, as they had carried out their studies in a penal settlement.... The representative of India considered that the effect of cannabis in his country depended generally on the natural and psychological predisposition of the individual. On the whole Indians were moderate in their use of ganja and Bhang.

At its third session in 1948, the question of the medical use of cannabis was raised and the Commission agreed with a proposal of the Soviet Union to insert in the future Single Convention a provision prohibiting the preparation of hashish.

From 1949-1952, the Commission concentrated on the preparation of a new international convention. In 1953 it noted that new restrictions on cannabis had been imposed in France, Algeria, Morocco, Tunisia and Egypt; agreed that as suggested by W.H.O. the term cannabis should be substituted for Indian hemp; and requested the Secretariat to carry out surveys of the problem in various countries and studies:

- (1) to find alternative fibre-producing crops without harmful resin (with the Food and Agriculture Organisation) and
- (2) to investigate the physical and mental effects of cannabis (through the World Health Organisation).

In 1954, the W.H.O. Expert Committee advised the Commission on Drugs Liable to Produce Addiction that cannabis preparations no longer served any useful medical purpose and were practically obsolete.



The Commission recommended ECOSOC to urge governments to explore the discontinuing of their use as quickly as possible. Replies to this ECOSOC exhortation later showed that many governments were non-committal about the need for any positive action.

Plenipotentiary Conference for Adoption of the Single Convention on Narcotic Drugs (January-March 1961)

This Conference had before it a Third Draft of a Convention prepared by the Commission on Narcotic Drugs to consolidate and extend previous international treaties. The broad plan comprised limitation to medical and scientific purposes, and four schedules with mandatory obligations for strict controls (and in the case of Schedule IV complete prohibition). Article 39 provided for complete prohibition of all handling of cannabis or cannabis preparations except for scientific research or use in indigenous systems of medicine. The Conference also had before it a note by W.H.O. affirming once more that there was no justification for the medical use of cannabis and advising that prohibition or restriction of such use should be recommended but not mandatory.

In the plenary discussions the value of cannabis and its dangers were discussed in general terms. Belgium, Germany and the Netherlands drew attention to the use of galenical preparations. Yugoslavia expressed fear that industrial use would be restricted. The League of Arab States asserted that in the Middle East hashish was preferred to other narcotics. Ghana, with support from Brazil, said that cannabis produced anti-social behaviour, which was a threat to the whole community and should be controlled as strictly as opium. Venezuela reported that cannabis was a grave social danger. The USA pointed out that although cannabis might be merely habit-forming it was very often only a stepping-stone to heroin addiction.

India maintained that cannabis products were less noxious than heroin, and that cannabis addiction, like alcoholism, did not constitute a serious social problem in that country, where marijuana-smoking did not lead on to the taking of heroin. France and the United Kingdom indicated that the cannabis problem was of little concern in their countries, and were concerned that national governments should be free to decide on complete prohibition within their own discretion, the form of control recommended by The World Health Organisation.

After further discussion of the general scheme of control and the problems of cannabis it was decided to maintain 4 schedules for control purposes, with freedom to Parties to decide in their own discretion whether to:

- prohibit the handling of drugs listed in Schedule IV;
- include in the preamble to the Convention an over-riding limitation to restrict the use of scheduled drugs for medical and scientific purposes;
- include transitional provisions allowing countries like India and Pakistan to authorise non-medical use of cannabis for a period of 25 years;
- exclude the leaves of the cannabis plant from the scope of the Convention, except for an obligation in general terms (Article 28(3)) that the Parties shall adopt such measures as may be necessary to prevent misuse of, and illicit traffic in, the leaves of the cannabis plant.

A Technical Committee which worked upon the selection of drugs for the schedules adopted the following criteria for putting substances in Schedule IV;

- having strong addiction-producing properties, or a liability to abuse not off-set by therapeutic advantages which cannot be afforded by some other drugs; and/or
- complete deletion from general medical practice is desirable because of the risk to public health.

On this basis the Conference agreed that cannabis as well as cannabis resin should be included (with heroin, desomorphine and ketobemidone) in the fourth Schedule, Sweden supported the conclusion by stressing that heroin was strongly addiction-producing but not abused by many people, whereas cannabis was used by a



large number but was not in itself strongly addiction-producing. The final text of Article 3(5) gives effect to these criteria in the words particularly liable to abuse and to produce ill effects and . . . such liability is not offset by substantial therapeutic advantages not possessed by substances other than drugs in Schedule IV.

In other words, the presence of cannabis in Schedule IV is to be explained by its wide abuse and its obsolescence in medical practice rather than by its intrinsic danger.

U.N. Commission on Narcotic Drugs

In 1963 and 1965, the Commission reviewed its attitude to cannabis in the light of further publicity, casting doubt on the dangers of the drug. The representative of W.H.O., commenting on the definition adopted by the Expert Committee for dependence of cannabis-type, said that while the definition of a type of dependence was confined to its medical aspects, the socio-economic characteristics and implications should not be overlooked. Thus, the anxiety concerning the distortion of perception which was among the effects of the drug might lead to the disruption of interpersonal relationships, and abuse of the drug to criminal behaviour.

The Commission stated its position as follows. It recognised that the situation differed from one country to another. While cannabis must be subject to the same type of control at the international level, there was perhaps a need to adjust the strictness of control at the national level. There could be no question but that cannabis presented a danger to society, although more and more people were attempting to cast doubt on the necessity of controlling this substance. The Commission reiterated the view that cannabis, the drug that moved most in international traffic, should be fully subject to international control. Under the 1961 Convention, it was indeed subject to the strictest of control. Governments should act accordingly, therefore, and while there might be some variations in the type of national control, the principle as such could not be called in question.

The Misuse of Drugs Act and the Wootton Report

From 1969-70, the UK Royal Commission: Cannabis - Report by the Advisory Committee on Drug Dependence - also known as the Wootton Report - was issued. Here is a part of it:

The Committee: this report was compiled by the Hallucinogens Sub-Committee of the Advisory Committee on Drug Dependence, chaired by Baroness Wootton, who, among many other activities, had been a Governor of the BBC for six years, a Justice of the Peace for sixteen years, a Deputy Speaker in the House of Lords since 1967, and had served on four previous Royal Commissions. The nine other members of the sub-committee included K.J.P. Barraclough, a Metropolitan Magistrate since 1934 and Chairman of the Prisons Board, and Peter Brodie, Assistant Commissioner, Metropolitan Police, formerly a Chief Constable and one of H.M.'s Inspectors of Constabulary, plus four doctors. Typical findings included: "*there is no evidence that ... serious physical dangers are directly associated with the smoking of cannabis*", and "*cannabis use does not lead to heroin addiction*", and "*the evidence of a link with violent crime is far stronger with alcohol than with the smoking of cannabis.*" They also stated that there was no evidence that smoking cannabis produced "*conditions of dependence or psychosis requiring medical treatment.*" "*We are... convinced that the present penalties for possession and supply are altogether too high.*"

Recommendations: "***We recommend that in the interest of public health, it is necessary for the time being to maintain restrictions on the availability of cannabis.***" "***Possession of a small amount of cannabis should not normally be regarded as a serious crime punishable by imprisonment.***"

The Advisory committee, with a few minor reservations endorsed the report of the sub-committee. The report states in its introduction that, while the report was being prepared, "*Government spokesmen made it clear that any future development of policy on cannabis would have to take account of the Advisory Committee's report.*" However, Home Secretary James Callaghan and the Labour government ignored the committee's recommendations and brought in the Misuse of Drugs Act (1971), which continued the cannabis prohibition.



The Labour Government at the time decided to continue to enforce an unenforceable law.

In 1971, because of further international treaties that denied any therapeutic value to cannabis, it was removed from the list of prescribable substances completely.

For cannabis the dark ages had begun and continued until 1992, when the Government finally allowed the limited and controlled cultivation of cannabis for certain industrial uses (mainly paper and animal bedding).

In 1998, the Government, faced with no alternative due to mounting public pressure, granted licenses to a Pharmaceutical company, rather than a farm, to grow cannabis for clinical trials on cannabinoid extracts.

Meanwhile, every day hundreds are still arrested for smoking a plant!



THE OFFICIAL REPORTS: **THE EXPERTS**

- Abraham Lincoln Page 34
- The Indian Hemp Drugs Commission Page 34
- The U.K. Royal Commission Page 34
- The Canadian LeDain Commission Page 34
- National Commission on Marijuana and Drug Abuse Page 35
- The Dutch Baan Commission Page 35
- President Jimmy Carter Page 35
- Commission of the Australian Government Page 35
- National Academy of Science Report Page 35
- Judge Francis Young, DEA Page 35
- Judge James Pickles Page 36
- Australian National Drug Strategy Committee Page 36
- The Kaiser Permanente study Page 36
- Edward Ellison (Scotland Yard) Page 37
- The Canadian Centre on Substance Abuse Page 37
- The Australian Attorney General Page 37
- F.C.D.A. Report Page 37
- Report of the Dutch Government Page 37
- The Police Foundation Page 37



THE OFFICIAL REPORTS : THE EXPERTS

When one reads what the official Government commissions and studies from around the world over the last 100 or so years have said about cannabis and prohibition, one is forced to wonder exactly why no Government in the world has yet legalised cannabis. Here are some wise words:

Abraham Lincoln (December 1840) :

“Prohibition... goes beyond the bounds of reason in that it attempts to control man's appetite through legislation and makes a crime out of things that are not even crimes... A prohibition law strikes a blow at the very principles upon which our Government was founded” .

The Indian Hemp Drugs Commission Report : (British colonial government, India, 1894)

Following a question in the House Of Commons concerning the harmful effects of the production and consumption of hemp drugs in Bengal, (*“the lunatic asylums are full of ganja smokers”!!*) the Government of India convened a seven-member commission to look into the matter. 1,455 witnesses were cross-examined in 86 meetings in 36 cities, throughout 1893-4. The report, comprising some nine volumes and 3,698 pages, is the most complete and systematic study of cannabis undertaken to date, written in a timeless and lucid language, which has gathered praise for the British civil servants who wrote it: *“It would be fortunate if studies undertaken by contemporary commissions, task force committees and study groups could measure up to the standards of thoroughness and general objectivity embodied in this report.”*

The report recommended that taxes rather than prohibition should control Indian hemp. It recognised that moderate use of cannabis was the rule: *“and that the excessive use is comparatively exceptional. The moderate use produces practically no ill effects.”* The Indian government were happy to accept the recommendations (and hence the tax revenue) which went into force, quietly standardising laws and tariffs on cannabis in all the provinces. In March 1895, the Indian Government passed a resolution after reviewing the report. It said that *“for the previous twenty years their policy had been one of restraining use and improving the revenue by the imposition of suitable taxation”* and *“imposing as high a rate of duty as can be levied without inducing illicit practices”*, on the ground that *“the best way to restrict the consumption of drugs is to tax them...”* So, *“to that policy the governor-general... has decided steadily to adhere.”*

The UK Royal Commission, The Wootton Report , 1969:

“Having reviewed all the material available to us we find ourselves in agreement with the conclusion reached by the Indian Hemp Drugs Commission appointed by the government of India (1893-94) and the New York Mayor's committee (1944 – La Guardia) that the long term consumption of cannabis in moderate doses has no harmful effects”.

The Canadian LeDain Commission Report , 1970:

“Since cannabis is clearly not a narcotic we recommend that the control of cannabis be removed from the Narcotic Control Board ... The Commission is of the opinion that no one should be liable to imprisonment for simple possession.”



National Commission on Marijuana and Drug Abuse, 1972, (USA):

"Marijuana's relative potential for harm to the vast majority of individual users and its actual effect on society does not justify a social policy designed to seek out and firmly punish those who use it ... Existing social and legal policy is out of proportion to the individual and social harm engendered by the drug."

The Dutch Baan Commission, 1972:

"The current law does not respect the fact that the risks of the use of cannabis cannot be equaled to the risks of the use of substances that are pharmacologically much more potent ... This hurts the credibility of the drug law, and the prevention efforts based on the law are made untrustworthy."

President Jimmy Carter, USA:

"Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself".

Commission of the Australian Government ,1977:

"Legal controls [should] not [be] of such a nature as to ... cause more social damage than the use of the drug ... Cannabis legislation should be enacted that recognizes the significant differences between ... narcotics and cannabis in their health effects ... Possession of marijuana for personal use should no longer be a criminal offence."

National Academy of Science Report , 1982, (USA):

"The advantages of a policy of regulation include ... the savings in economics and social costs of law enforcement ... better controls over the quality and safety of the product, and, possibly, increased credibility of warnings about risk."

Judge Francis Young, DEA, 1988, Findings of Fact (extract):

"3. The most obvious concern when dealing with drug safety is the possibility of lethal effects. Can the drug cause death ?

4. Nearly all medicines have toxic , potentially lethal effects. But marijuana is not such a substance. There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality.

5. This is a remarkable statement. First, the record on marijuana encompasses 5,000 years of human experience. Second, marijuana is now used daily by enormous numbers of people throughout the world. Estimates suggest that from twenty million to fifty million Americans routinely, albeit illegally, smoke marijuana without the benefit of direct medical supervision. Yet, despite this long history of use and the extraordinarily high numbers of social smokers, there are simply no credible medical reports to suggest that consuming marijuana has caused a single death.

6. By contrast, aspirin, a commonly used over-the-counter medicine, causes hundreds of deaths each year.

7. Drugs used in medicine are routinely given what is called an LD-50. The LD-50 rating indicates at what dosage fifty percent of test animals receiving a drug will die as a result of drug induced toxicity. A number of researchers have attempted to determine marijuana's LD-50 rating in test animals, without success. Simply stated, researchers have been unable to give animals enough marijuana to induce death.

8. At present it is estimated that marijuana's LD-50 is around 1:20,000 or 1:40,000. In layman terms this means that in order to induce death a marijuana smoker would have to consume 20,000 to 40,000 times as



much marijuana as is contained in one marijuana cigarette. NIDA-supplied marijuana cigarettes weigh .9 grams. A smoker would theoretically have to consume nearly 1,500 pounds of marijuana within about fifteen minutes to induce a lethal response.

9. In practical terms, marijuana cannot induce a lethal response as a result of drug-related toxicity.

10. Another common medical way to determine drug safety is called the therapeutic ratio. This ratio defines the difference between a therapeutically effective dose and a dose which is capable of inducing adverse effect.

11. A commonly used over-the-counter product like aspirin has a therapeutic ratio of around 1:20. Two aspirins are the recommended dose for adult patients. Twenty times this dose, forty aspirins, may cause a lethal reaction in some patients, and will almost certainly cause gross injury to the digestive system, including extensive internal bleeding.

12. The therapeutic ratio for prescribed drugs is commonly around 1:10 or lower. Valium, a commonly used prescriptive drug, may cause very serious biological damage if patients use ten times the recommended (therapeutic) dose.

13. There are, of course, prescriptive drugs which have a much lower therapeutic ratios. Many of the drugs used to treat patients with cancer, glaucoma and multiple sclerosis are highly toxic. The therapeutic ratio of some drugs used fall below 1:1.5. These drugs also have very low LD-50 ratios and can result in toxic, even lethal reactions, while being properly employed.

14. By contrast, marijuana's therapeutic ratio, like it's LD-50, is impossible to quantify because it is so high.

15. In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death.

16. Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care."

Judge James Pickles, UK, 1992:

"Cannabis never killed anybody and its use is widespread. You can't stop it. The law defeats itself because all the efforts to stop drugs coming in only drives up the prices and then gangsters move in to push the drugs. If they legalised there wouldn't be gangsters and huge profits...The police are gradually decriminalising the possession of cannabis because they realise there's not much point prosecuting."

Australian National Drug Strategy Committee, 1994:

"Australia experiences more harm ... from maintaining cannabis prohibition policy than it experiences from the use of the drug ... We conclude that cannabis law reform is required in this country."

"Cannabis has been erroneously classified as a narcotic, as a sedative and most recently as an hallucinogen. While the cannabinoids do possess hallucinogenic properties, together with stimulant and sedative effects, they in fact represent a unique pharmacological class of compounds. Unlike many other drugs of abuse, cannabis acts upon specific receptors in the brain and periphery. The discovery of the receptors and the naturally occurring substances in the brain that bind to these receptors is of great importance, in that it signifies an entirely new pathway system in the brain."

The Kaiser Permanente study - "Marijuana Use and Mortality", April 1997, American Journal of Public Health:

"Relatively few adverse clinical effects from the chronic use of marijuana have been documented in humans. However, the criminalization of marijuana use may itself be a health hazard, since it may expose the users to violence and criminal activity."



Edward Ellison, Former Head of Scotland Yard's Anti-Drugs Squad , Daily Mail , Tuesday March 10, 1998:

"As a former drugs squad chief I've seen too many youngsters die. I'm determined my children don't get hooked - which is why I want all drugs legalised."

The Canadian Centre on Substance Abuse, Ottawa Citizen: 14 Jun 1998.

"Existing criminal penalties against marijuana smokers have done little to enhance public health and safety, while placing a heavy burden on police and the justice system."

Australia : The Attorney General, Mr Jeff Shaw, QC, MLC. July 1998:

"I believe many parents would see the imprisonment of their son or daughter for using cannabis as particularly harmful - as the tragic case of Jamie Partic - a fine defaulter - starkly illustrates."

The Report of the FCDA Europe, 1997:

- "1) cannabis is not toxic in any quantity,*
- 2) cannabis is not addictive, physically or psychologically, and does not induce... dependence,*
- 3) cannabis is not pathogenic and does not cause physical or mental deterioration,*
- 4) cannabis is benign,*
- 5) cannabis has no potential for abuse, or maltreatment of the user; cannabis has no potential for harm or danger,*
- 6) cannabis does not cause crime,*
- 7) cannabis does not lead to the use of drugs,*
- 8) cannabis mitigates, reduces, and can preclude the use of drugs."*

Where cannabis is concerned, the legislation of its prohibition:

- "1) is, in its entirety, without factual foundation,*
- 2) is itself ILLEGAL on numerous grounds by Common, Canon and Substantive law,*
- 3) is perjurious in prosecution,*
- 4) The acts of its enforcement are crime per se; people persecuted thereby qualify for Amnesty and Restitution*
- 5) the ignoring of these aforegoing Findings of Fact by courts and legislature is ex parte, the crude and illegal denial of justice."*

Report of the Dutch Government , 1995:

"It has been demonstrated that the more or less free sale of ... [cannabis] for personal use in the Netherlands has not given rise to levels of use significantly higher than in countries which pursue a highly repressive policy ... Dutch policy on drugs over the last twenty years ... can be considered to have been successful."

Report of the Independent Inquiry into the Misuse of Drugs Act 1971: The Police Foundation, 2000:

"... the law's implementation damages individuals in terms of criminal records and risks to jobs and relationships to a degree that far outweighs any harm that cannabis use may be doing to society". (page 106, para 32).

"In considering the current operation of the law and sentencing we are of the view that the possession of



cannabis should not be an imprisonable offence. Consequently, it should no longer be an arrestable offence in England and Wales under section 24 of PACE. Further, the prosecution of offences of cannabis possession should be the exception and only then should an offence, if there is a conviction, incur a criminal record." (page 107, para 37).

"We recommend that the cultivation of small numbers of cannabis plants for personal use should be a separate offence from production, and should be treated in the same way as possession of cannabis." (page 37, para 41).

"As the Government has rejected the House of Lords recommendations and it will be some years before a standard licensed cannabis product is available, we recommend that there should be a new defence of duress of circumstances on medical grounds for those accused of possessing, cultivating or supplying cannabis. We recommend that the burden be on the accused to prove the defence." (page 113, para 68).



STATISTICS

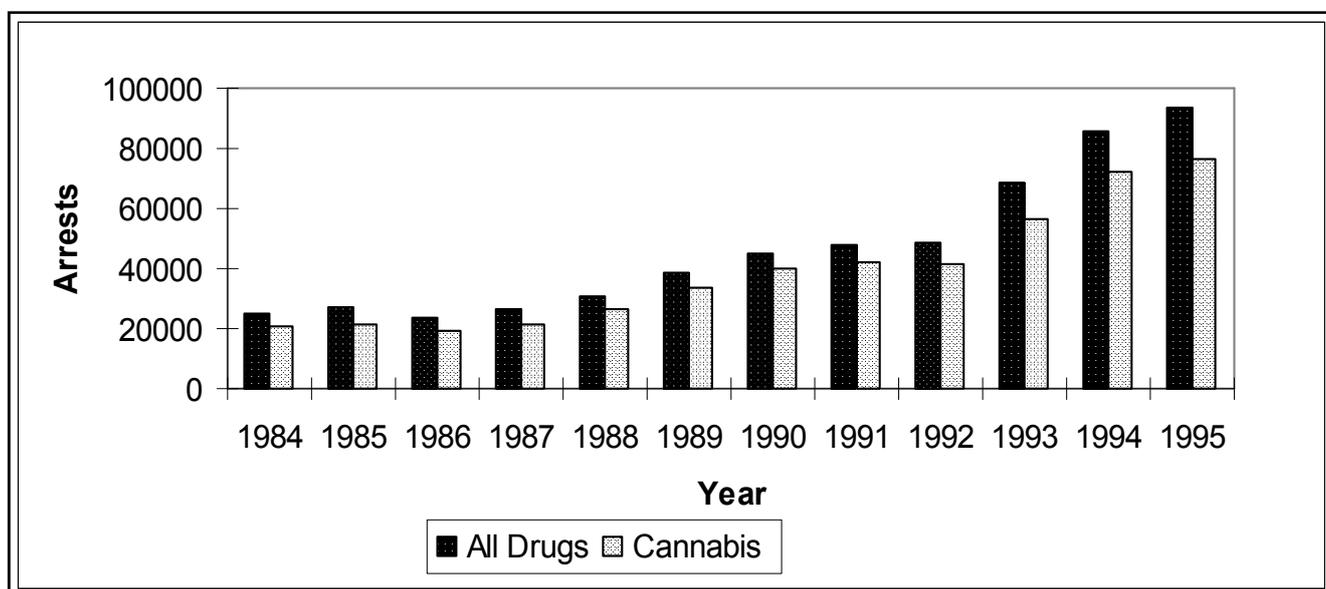
- Cannabis statistics for the U.K. Page 40
- Deaths From Drugs : Statistics Page 41
- Summary of the properties of hempseed Page 42



CANNABIS STATISTICS FOR THE UK

Number of arrests:

Year	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
All Drugs	25240	26958	23905	26278	30515	38415	44922	47616	48927	68480	85693	93631
Cannabis	20746	21337	19286	21733	26111	33669	40194	42209	41353	56390	72393	76694
% Cannabis	82	79	80	82	85	87	89	88	84	82	84	81



As you can see, the figures consistently show that over 80% of people arrested for drugs are for cannabis.

The average cost of taking someone to Magistrate's Court is £300.

The average amount of cannabis involved is worth less than £100.

The average cost of taking someone to Crown Court is £3,000 before the trial starts.

The sick and the elderly are amongst those sent to prison for cannabis possession.

The average trial at Crown Court cost is well over £10,000.

It costs between £400 and £1,200 a week to keep someone in prison.

The British Government now spends over £4 billion each year 'fighting' illegal drugs.



DEATHS FROM DRUGS : STATISTICS

There has not been a single death attributed to an overdose of cannabis - it is completely non-toxic. That means that it is not possible, even for a child, to consume a fatal dose of the herb.

Known drug-related deaths in the UK, 1990

• Tobacco:	110,000
• Alcohol:	30,000
• Volatile Substances:	112
• Morphine:	91
• Methadone:	84
• Heroin:	62
• Barbiturate Type:	7
• Anti-depressants:	4
• Cocaine:	4
• Pethidine:	3
• MDMA (Ecstasy):	3
• Amphetamine Type:	2
• Hallucinogens:	0
• LSD:	0
• Psylocibin:	0
• Cannabis:	0

“Marijuana is one of the least toxic substances in the whole pharmacopoeia.”

Professor Lester Grinspoon, Harvard Medical School, USA



SUMMARY OF THE PROPERTIES OF HEMPSEED

Hempseed:

- Has 500 calories per 100 grams, increases metabolism and aids weight loss.
- Reduces cholesterol and protects against heart disease.
- Stimulates the growth of hair and nails.
- Reduces inflammation and arthritis and boosts the immune system.
- Helps to regulate menstruation and menopause and reduce pre-menstrual syndrome.
- Has the highest total percentage of Essential Fatty Acids among the common plants used by humans.
- Is the lowest in saturated fats at 8% of total oil volume.
- Soluble fibre makes up about 3% of the seed.
- Contains 31-32% insoluble C60 organic carbon fibre which aids digestion and elimination of toxins.

Approx' 30% of hempseed is fat, 20% of the fat within the seed is unsaturated Alpha-Linolenic Acid (LNA-Omega 3) 60% is unsaturated Linolenic Acid (LA-Omega 6) and 2% is unsaturated Gamma-linoleic Acid (GLA).

ANALYSIS OF HEMPSEEDS

Moisture	5.7%
Fat	30%
Protein	22.5%
Ash	5.9%
Energy	503 calories per 100g
Carbohydrate	35.8%
Carotene (Vitamin A)	16,000 iu/lbs
Thiamine (Vitamin B1)	0.9 mg per 100g
Riboflavin (Vitamin B2)	1.1 mg per 100g
Pyridoxine (Vitamin B6)	0.3 mcgs per 100g
Niacin (Vitamin B3)	2.5 mg per 100g
Vitamin C	1.4 mg per 100g
Vitamin D	<10 iu per 100g
Vitamin E	3 mg per 100g
Insoluble Dietary Fibre	32.1%
Soluble Dietary Fibre	3.0%
Total Dietary Fibre	35.1%

Source: Hempseed Organics, London.



CANNABIS POLICY **WORLDWIDE**

• Introduction	Page 44
• Australia	Page 45
• Belgium	Page 45
• Canada	Page 45
• Egypt	Page 46
• France	Page 46
• Germany	Page 47
• Greece	Page 47
• Greenland	Page 47
• Holland (The Netherlands)	Page 48
• India	Page 49
• Italy	Page 49
• Luxembourg	Page 50
• Portugal	Page 50
• Spain	Page 50
• Sweden	Page 50
• Switzerland	Page 51
• USA	Page 51



CANNABIS POLICIES WORLDWIDE : A BABBLE OF VOICES

Introduction

It is interesting to look at the variety of policies on cannabis that various governments have chosen to adopt. Of course, in many countries, as in the British Isles, the laws are not always enforced fully - it is often left to the police or a local prosecutor to decide whether or not to press charges or whether to caution. The number of cautions in the UK has risen drastically over the last ten years. The likelihood of being offered a caution by the police seems to vary from one area to another, and can depend upon the age or other circumstances of the arrestee. Although many cannabis users and their families are at first relieved that a caution has been issued, these people still get given a criminal record (and everything that goes with it, including restrictions on entry to certain kinds of employment or even to countries such as the USA). Whilst the number of cannabis users who are taken to court increases slowly, the number cautioned is increasing rapidly.

Throughout the period of its prohibition, cannabis has been grown throughout the world as an emergency source of fibre in times of war.

Before the Second World War broke out, Anslinger, in the USA, launched his "Reefer Madness" campaign (along with a film of the same name), which seems now to have been more of a campaign against immigrant Mexicans and Negroes. He went all out to get cannabis banned totally. However, once the war had started, the US Government quickly changed its tune, initiating a powerful "Hemp for Victory" campaign - along with a film of the same name - to encourage American farmers to grow more cannabis for use as rope and sails.

There is an amusing anecdote of a young US Naval officer called George Bush, later to become President, standing on his boat in battle, surrounded by sails and ropes, wearing clothes and shoes all made of cannabis: even the on-board machinery was lubricated by hemp seed oils.

George Bush was not the first president to have encountered this remarkable plant. Abraham Lincoln, Thomas Jefferson and John Adams mentioned it in letters. Lincoln wrote that he favoured the female plant, the gender richer in THC. The American Declaration of Independence was drafted on cannabis paper. John F Kennedy is said to have used cannabis to ease his back pains. Incidentally, it was he who sacked Anslinger.

After the war, the USA Government reinstated "Reefer Madness", and the "Hemp for Victory" campaign was terminated. Strangely enough, they also set about removing almost any reference to cannabis or hemp in the history books. They claim that any official acknowledgement that the plant was useful would confuse the schoolchildren. So much for American education.

Today in the USA, it is illegal to grow cannabis for any reason; naturally, reserve crops are cultivated in case of war, but these are at secret and secure locations. As an industrial resource cannabis has had little more use this side of the Atlantic. Here it was also grown secretly and was also illegal, from 1928 until 1992. It is now possible, although not easy, for carefully vetted farmers to obtain a license to grow cannabis from a very limited range of seed stock, imported from abroad: it must be cut down before it flowers. This low-grade hemp is used mostly to make paper and for animal bedding. It is of little use for anything else.

In Britain, medicinal cannabis preparations were legal on prescription until 1971. Since then Governments have consistently and emphatically denied any therapeutic claims, despite literally thousands of testimonies and despite reports from the British Medical Association and the House of Lords. Yet they have channelled millions of pounds into the pharmaceutical industry to grow cannabis and prepare non-smokeable extracts for



use in very selective clinical trials. In 1999, as the first edition of this document was being finalised, the UK Drug Csar, Keith Hellowell, also accepted that there is powerful evidence to support claims of medicinal value. That cannabis is therapeutically useless - that is, all use is misuse or abuse - was the decision of international conventions concerned with the supply of dangerous and addictive drugs. This stance ignores both history and the experts.

Why? We wonder if it is economics. If cannabis were grown at home and used medically, it would be virtually free; there would be no profit for the pharmaceutical industry. They, in turn, may fear a sudden fall in profits if cannabis replaces their synthetic drugs.

Successive British and American governments have answered calls for legalisation of cannabis with an emphatic 'No'! A quick look at some other countries reveals just how differently the international treaties have been interpreted - those very same treaties which our own Government likes to point to as the reason why Britain cannot legalise unilaterally.

Australia

In Australia, criminal laws and penalties for cannabis offences vary from state to state. Since the 1970's several states have lessened penalties for possession, cultivation and use of small quantities of cannabis. In 1987 South Australia, followed in 1992 by the Australian Capital Territories, introduced expiation notice schemes, which required on-the-spot fines for minor cannabis offences; if the fine is paid promptly no court appearance or criminal record is necessary, otherwise a court appearance will follow. Recently the Northern Territory, Victoria and West Australia have followed suit and have introduced cautioning. The trend towards reducing penalties for possession has been matched by harder penalties for supply.

Belgium

On April 21 1998, Belgium officially decriminalized cannabis through a decision by Minister de Clerck of Justice. That is, you will not be prosecuted for possession for personal consumption. This was matched by the introduction of harsher penalties for supply. However this was overturned in October 2004, when the Council of State said it considered it too vague. The tolerance shown since 1998 will no longer be considered appropriate, reverting to laws of 1921.

Canada

Canada still has its 1961 Federal Narcotic Control Act despite attempts at changing the law after the LeDain commission suggested easing penalties. Under this act it is illegal to possess, traffic, possess for trafficking, cultivate, import or export cannabis. Possession can be tried summarily or on indictment. First time possession can be punished by a fine up to 1000 dollars and / or six months in prison, but on indictment this can be as much as 7 years. Judges also have discretion to give probation or even absolute discharge under the 1972 Criminal Law Amendment Act, and simple possession is rarely indicted. After Vancouver police announced that they would not prosecute simple possession unless there were aggravating factors, the Cannabis Café was opened and has provided cannabis to customers. During recent years persons requiring medical marijuana have brought several lawsuits against the Government and at least one person has been given immunity from prosecution (pending appeal).



In 1999, a Mr. Wakeford became the first Canadian awarded an exemption to possess and cultivate marijuana. Since then, 35 others have received similar exemptions. However, Mr. Wakeford calls the right “illusory” because he has no legal source from which to buy young marijuana plants. He also argues that, like many similarly situated individuals, he lacks the physical strength, facilities and botanical expertise to grow an adequate crop. “*it’s as if the federal government says to him, ‘Go get a loaf of bread, let it grow mould and make your own penicillin,’*” Mr. Young told the court. (Source: The National Post, 13 April 2000). In late 1999, Health Canada has given Robert Brown the OK to smoke marijuana after the victim of hepatitis C spent two days camped in the rain on Parliament Hill protesting for the right to do so. Brown, 43, is the 20th person given such approval since Health Canada said last spring it would begin clinical trials into the therapeutic use of marijuana. (Source: Edmonton Sun, 12 January 2000).

In April 2000, a jubilant woman wheeled out of a courtroom clutching her precious package of marijuana and immediately lit up in front of the courthouse. “*I am ecstatic,*” Catherine Devries, 42, said after the judge ordered police to return 21 grams of marijuana they seized on April 22. Devries is one of 37 Canadians legally entitled to use marijuana for medical reasons. Police seized marijuana sent to her by a British Columbia group that supplies it free to exemptees after the package broke open at the Kitchener postal plant. (Source: Kitchener-Waterloo Record, 10 May 2000).

Bulgaria

The possession and use of cannabis is punished by fine or imprisonment and fine. There is no medical use accepted. Cultivation is punishable with sentences of 15 to 25 years imprisonment and there is no legal distribution. Even seeds and pipes are illegal.

Hemp products are produced and sold legally.

Denmark

Possession of a small amount may be fined about 500 Danish Kroner and above Cultivation and supply are considered more serious offences punishable with up to 12 years in prison. Hemp seed is also illegal although pipes etc are not illegal unless one is caught using them for smoking.

Until 2004, Danish authorities tolerated drug use and even sale in an area of Copenhagen known as Christiania. This was closed down by police, which seems to have driven the dealers to scatter throughout the city.

Egypt

In 1868, possession was made a capital offence: 1874, importation was allowed but not possession: 1879 importation again made illegal: 1884 growing became a criminal offence. These laws were reissued in 1891 and 1894. (From - 'Hemp- Lifeline to the Future', Chris Conrad.) It is still illegal today, although many locals smoke. Crops in the Sinai are being destroyed and convictions attract long sentences.

France

In France, the penalty for cultivation is up to 20 years imprisonment, but possession of less than 30 grams is seldom prosecuted, subject to wealth and race. Most challenges against the law have been lost. Applications have been made to import cannabis, possibly from Switzerland, on behalf of ten people, but no answer has been received.



Finland

New rules have created “drug use crime” as opposed to simply “drug crime”, and personal use now attracts only a small fine. However, even small scale cultivation is considered production and is punishable by fine or imprisonment, depending on the amounts involved.

Possession and sale of seed is not criminalized, and shops openly sell pipes, rolling papers (to the over 18's) and hemp goods and foods.

Germany

Cannabis use is not forbidden although cultivation, purchase, possession and supply are illegal.

Possession of more than a small amount—which varies throughout the regions—can result in a fine or up to 5 years in prison. If the cannabis contains more than 7.5 grms of THC, the minimum sentence is 1 year.

There have been several court cases allowing people to possess cannabis for medical reasons.

Greece

Greece has stopped prosecuting possession of small amounts of cannabis. In 1997, stiff prison sentences for possessing cannabis were revoked, although smokers caught red-handed are still required to have long periods of counselling. The state has also funded the opening of 36 therapeutic and drug prevention centres in less than a year. Six of Greece's 15 self-styled Kannabishops have been shut down in a move that could soon bring the country before the European Court. Each of the 500 items sold by the chain carried the very visible warning: "Don't try to smoke this product. If you do, you will get nothing but an awful headache. It does not contain THC (the psychoactive ingredient in marijuana)".

Greenland

It is impossible to fight the massive cannabis trade in Greenland as it involves the whole of society according to Hans Haahr, chief of Greenland's Drug Squad, in a statement to Radio Greenland.

The Drug Squad estimates that the trade in cannabis is worth 75 million US dollars, which is equivalent to nearly 10 per cent of the annual gross national product, including the economic assistance from Denmark. This makes the cannabis trade Greenland's third largest industry measured in annual turnover.

Businessmen are involved, according to the police, as they accept drug money and launder it in trading with snowscooters, boats and stereo equipment.

"Large segments of the population smoke cannabis regularly, while businesses earn millions through money laundering." says Hans Haahr. He added that all social groups smoke cannabis and that there are schoolteachers who sell cannabis to pupils. According to Hans Haahr politicians are responsible for the out of control cannabis trade.

(Source: Hufvudstadsbladet 21, August. 1998)



Holland (The Netherlands)

In the 1970's, The Netherlands started regarding cannabis use more as a matter of health than of law.

Dutch law has two classes of drugs:

- 1) Those that pose an unacceptable risk, such as heroin and cocaine; and
- 2) Other drugs

Penalties for the possession of the two classes of drugs is significantly different.

The Netherlands allows the sale of cannabis from licensed or regulated youth centers and coffee shops, predominantly in Amsterdam, and do not prosecute for possession as a matter of formal written policy. This was an attempt to divorce the supply of cannabis from that of drugs. The consumption of the cannabis is allowed both on and off premises. There is now a 5 gram limit on individual sales (reduced from 30 grams in 1995), and a 500 gram limit on the stock held by suppliers.

Coffeeshops are licensed subject to certain conditions and may be closed down at short notice. These conditions include:

- 1) No hard drugs are to be sold from the premises.
- 2) Customers must be above the specified age.
- 3) No advertising is allowed.
- 4) Alcohol should not be sold from the same premises.
- 5) No public nuisance occurs.

In addition, unlicensed coffeeshops appear and disappear and cannabis is sold from many bars. It has been estimated that about one third of the cannabis in Holland is sold through coffeeshops

The result of the Dutch experiment was to see that the number of cannabis users initially increased in 1984 but soon levelled off. The increase in use of cannabis in the early 1990's paralleled that in the USA and other countries with harsher cannabis policies but the use of hard drugs did not increase as fast in Holland as it did in neighboring countries such as France, Germany and the UK.

"The recent publication of the survey of drug-taking prevalence in Holland shows that the number of people ever taking cannabis or taking it in the last month, is significantly lower than that shown by the 1998 British Crime Survey". (Licit and Illicit Drug Use in the Netherlands, 1997; Centrum voor Drugsonderzoek, Universiteit Amsterdam 1999; Report of the Independent Inquiry into The Misuse of Drugs Act 1971, The Police Foundation, 2000).

One thing which did develop was the appearance of the 'cannabis tourists', people from other countries visiting Holland for cannabis. This actually brings revenue to the Dutch and is appreciated. Of course, if the same situation existed in other countries this may never have happened. The Dutch report that cannabis use causes no social problems.

The perceived consequences of Dutch policy were reported in the Police Foundation's report:

- 1) The use in cannabis use in Holland since the introduction of coffeeshops is similar to or less than that in the UK, USA, France, Spain, Sweden and Finland.
- 2) Self-reported use in the age group 19 –26 is lower in Holland than in the UK.
- 3) The number of problem drug users has remained stable for many years.
- 4) Drug-related deaths per million of population are the lowest in Europe.



The Netherlands has been able to adopt this policy without contravening the dubious Single Drugs Convention and is considered a great success by both the Dutch Government and the Dutch police.

In June 2000, The Dutch parliament adopted a resolution to tolerate the cultivation of cannabis and to regulate the crop.

The discussion about the 'backdoor problem' has been going on for years; this was considered sensational by many coffeeshop owners. Until now no coffeeshop has been able to obtain a legal supply of cannabis. Authorities have continued to crack down on the cultivation and supply of cannabis. Tons of cannabis grown in Dutch fields are impounded each year, even though some city residents grow it in their window boxes.

Hungary

There is no distinction between illegal drugs according to danger and cannabis offences have the same consequences as heroin offences. Possession of small amounts attract sentences up to 2 years although since 2003 there is a possibility of "diversion into therapy, thus avoiding prison. Cultivation of up to 5 plants carries the same weight of sentences but for larger crops one can go to jail for 5 to 10 years.

Small scale supply carries sentences up to 2 years and up to life for large scale supply.

Cannabis paraphernalia is sold legally, also seeds but it is illegal to distribute them. Hemp products are also available in some shops.

India

India, the home of cannabis sacrament, has a strange mixture of zero tolerance and religious tolerance. Hashish, and a drink made from it, called *Bhang*, have been major parts of religious ritual for possibly thousands of years. The cannabis plant, also called *Ganga*, was said to have been given to mankind by a god. It is widely consumed throughout India.

However, under Indian law cannabis is illegal. The penalty for possession of herbal marijuana or *Ganga*, is a maximum term of 5 years imprisonment for any quantity. On the other hand, somewhat nonsensically, the MINIMUM sentence for possession of over 5 grammes is 10 years.

Italy

Under the present law, personal use and possession of small quantities of cannabis is not a criminal offence, but can still be punished by fines, suspension of driving license or passport. However, the Government is now pushing for harsher laws which will send users to prison or for "treatment".

If this law is passed, there will be a minimum limit of 251 milligrammes of THC on prosecutions and those found with small amounts will be sent on drug treatment programmes.

In any case, cultivation, buying and selling cannabis are all criminal offences (even if given freely) and result in prison.

Provision of seeds and tools to produce or use cannabis are also offences. Industrial cultivation is in theory permitted by law as are shops selling hemp products, but they are seldom free from problems.



Luxembourg

Luxembourg adopted a new policy on cannabis on 15 March 2002. The policy differentiates between cannabis and drugs such as Ecstasy which is treated like hard drugs along with mushrooms. There was no depenalisation of consumption.

A fine of between 250 and 2500 euros can be expected for possession, but if consumed in the presence of minors there may be a prison sentence of 8 days to 6 months. Normally there is no prison sentence for consumption of cannabis.

Despite moves to legalise, the policy remains quite repressive.

Portugal

In July 2000, the Portuguese Government voted to decriminalise the consumption of illegal drugs such as cannabis and heroin. Drug users will now be treated as sick people in need of medical help.

The cultivation of cannabis, even on a small scale, is prosecuted and possession or sale of the seeds is illegal. Paraphernalia used to grow or use cannabis is also banned and there are very few shops that sell hemp products

Spain

Spain allows the personal use of cannabis but whether or not to arrest is left to the discretion of the police. Use of cannabis in public can be fined but is not a criminal offence. Personal possession is now legally defined as up to 50 grams, but over that is considered a public health hazard.

Drug policy in Spain is that the use of drugs should be a matter of law only when believed to effect public health or well-being. This is to protect the rights of citizens in private.

Cultivation for own use is allowed but if it is considered by the judge that produce was for sale it can result in 1 to 3 years in prison.

Seeds and hemp products are legal.

Sweden

The Swedish prohibitionists are much nuttier than you have thought or can think. They train their police to watch people for 'signs' of drug influence (lip-licking, inappropriate exuberance, finger -twiddling are amongst some of the 'signs'). Someone who projects the 'wrong' signals can then find themselves hurled against a wall while a flashlight is shone in their eyes to check pupil reaction. If the cop thinks they might be under the influence of a drug, they can be frog-marched to the station for compulsory blood and urine tests. Young people are afraid of giving the 'wrong' signals and so try to hold an expression of neutral contentment. Rather like the body language the citizens of Oceania learned to use in George Orwell's 1984. In Sweden, politicians



tend to beat the drug-war drum to win votes. They say the laws are too 'soft on drugs' and want the police to be given power to forcibly inject emetics into suspects. God help us if 'The Swedish Model' becomes accepted in the EU. The Swedes are putting a lot of money and effort into it. As far as allies go, Barry MaCaffrey, the US drug czar, has praised Swedish drug policy. In Europe, the French have been big allies of the Swedes, but are beginning to make heretical noises. The draconian restrictions on alcohol the Swedes want would terrify the French. Finland will support Sweden in whatever drug war nuttiness they come up with. And, of course, Sweden is the driving force and paymaster behind ECAD (European Cities Against Drugs) which has a membership of 180 European cities, including the City of London.

Switzerland

The Swiss Parliament recently defeated drug law reforms and cannabis use remains illegal. If caught smoking in public, this results in a fine.

Small scale cultivation is tolerated but distribution results in fine or prison sentences. Hemp, including high THC varieties, is sold from 'hemp shops' in 'smell bags' used to keep moths out of wardrobes or added to the bath, provided the retailer does not suspect that the material will be smoked. However, recently several shops have been closed after getting huge fines.

Switzerland consists of a federation of 26 Kantons and harshness of punishment varies throughout.

USA

America is possibly one of the most hypocritical countries in the world; the vast majority of citizens and politicians are caffeine addicts!

Cannabis, or marijuana as it is usually known in America, is banned as a Schedule 1 drug along with LSD and heroin. It is regarded as a substance with a high potential for abuse and no therapeutic value (that is, all use is abuse according to the US Government).

Some people are charged under Federal law, others under state laws.

Under the federal law first time possession may be punished with a fine of 500 to 1000 dollars or one year's imprisonment. This varies greatly from state to state. In fifteen states one can receive anything up to a life sentence for growing a single cannabis plant. In Texas a man crippled with rheumatoid arthritis was jailed for 93 years for a few plants.

In 1973, Oregon became the first state to adopt civil rather than criminal penalties for possession for personal use. Ten other states have followed suit.

Since the 1970's the call for medical marijuana has grown and is now a central issue. Between 1978 and 1982, 32 states acknowledged medical benefits and attempted to make cannabis available, but it remains a federal offence. Few patients ever received medical marijuana, which can be supplied only by the federal government.

California, Oregon, Washington, Alaska, Arizona, Hawaii and Nevada all tolerate medical marijuana. Colorado and the District of Columbia both voted in favour of it but were both denied by the American Federal Government.

The USA created the IND program - Investigative New Drug - in order to activate their Compassionate Use or Single Patient programme to satisfy public demand. In total 34 patients became INDs, all seriously ill. Since then many have died or had their supply withdrawn and the program was closed down in 1992.



In the early 1990's, cannabis buyers' clubs emerged as a source of medical marijuana. In November 1996, California passed the Compassionate Use Act because of Proposition 215, voted in by the people. However, the Federal government has continually opposed this and even threatened to arrest any doctor who recommends marijuana. Not only does this interfere in the right of Americans to good health and the pursuit of happiness, it also interferes with doctor-patient confidentiality. The passage of voter initiatives in California and Arizona (and elsewhere - see above) allowing the medical use of marijuana has caused renewed interest in a little-known government program at the University of Mississippi that supplies marijuana for medicinal purposes to eight people across the country, under contract with the National Institute on Drug Abuse. It is the only legal marijuana plot in the country.

20 years ago, the university began supplying a select group of patients with marijuana under a separate program, overseen by the Food and Drug Administration, to provide "compassionate care" to relieve symptoms from diseases like multiple sclerosis, epilepsy, cancer, glaucoma and rare genetic diseases. Even though federal law classifies marijuana as an illegal narcotic with no recognized therapeutic value, the university's garden today supplies the eight patients with up to 300 marijuana cigarettes a month.

Created in 1976 when Robert Randall, a glaucoma patient, won a court ruling in Washington that marijuana was a medical necessity for his condition, the program stopped taking new patients in 1992 when the Department of Health and Human Services began its official policy of disavowing marijuana as a legitimate form of treatment.

One patient, Corinne Millet, a 65-year-old woman who has glaucoma, believes smoking marijuana saved her sight. After two operations and trying every drop on the market, Ms. Millet was told there was nothing more that could prevent her from going blind. Ms. Millet believes that prognosis was nullified on Oct. 14, 1989, when she was accepted into the federal program that provides her with five marijuana cigarettes a day along with, she says, her sight.

Although the new state laws allow doctors to prescribe marijuana in Arizona and recommend it in California, federal law makes it illegal for patients to get it. By federal definition, marijuana is a controlled substance with high potential for abuse and no medical value. Proponents of legalizing marijuana for medicinal purposes argue that this classification seems illogical when forms of cocaine and morphine are listed as drugs that can be prescribed despite the risk of abuse.

However, the very existence of the compassionate-care program contradicts Federal policy and puts the Food and Drug Administration in an awkward position. According to Don McLearn, a spokesman for the agency. Despite its name, the Compassionate Investigative New Drug program, known as compassionate IND, was not a research study with the goal of evaluating the medicinal value of smoking marijuana.

(Source: 1996 The New York Times)



COMMON QUESTIONS **ANSWERED AND MYTHS** **DISPELLED**

- Cannabis – is a gateway to drugs Page 54
- Cannabis – causes brain damage Page 54
- Cannabis – endangers the reproductive system Page 54
- Cannabis – suppresses the immune system Page 55
- Cannabis – a motivates Page 55
- Cannabis – impairs short-term memory Page 56
- Cannabis – lingers in the body like DDT Page 56
- Cannabis – causes cancer Page 56
- Cannabis – smoke harms the lungs Page 57
- Cannabis – is dangerous for driving Page 57



COMMON QUESTIONS ANSWERED AND MYTHS DISPELLED

Cannabis is a gateway to drugs - wrong

Many people who smoke tobacco find it easier to smoke cannabis than non-smokers do. On the other hand, those who first took cannabis may have later tried tobacco when the cannabis ran out.

Few cannabis users ever take illegal drugs. The personality (either no-hoper or explorer) that is likely to be attracted to experimenting with drugs may well have first tried cannabis: this is no argument against legalisation. Why punish those people who indulge only in cannabis because there are some other cannabis users who indulge also in drugs? In any case, punishment does not stop drug use. (See Jamaican Study and Shafer Report.) The real 'gateway' is people, and people are often motivated by profit.

"While it is undoubtedly the case that many drug addicts started with cannabis, to claim that taking cannabis is bound to lead to hard drugs has always seemed to me far-fetched".

UK Home Secretary Jack Straw, The Daily Telegraph, 3 April 2000.

The recent study (1999) by the US Institute of Medicine - the IOM - concluded that marijuana is not addictive, it is not a gateway drug, it is not a dangerous drug and it does have medical uses.

'Marijuana: Facts for Teens', U.S. Department of Health and Human Services, Washington, D.C. ,1995, p.10:
"Most marijuana users do not go on to use other drugs."

The Institute for the Study of Drug Dependence - Drug Notes - Cannabis, 1996, p.8 said:

"All that can be said definitely is that 1) Cannabis use generally precedes the use of other illegal drugs. 2) Cannabis use does not necessarily (or even usually) lead to the use of other illicit drugs."

The LaGuardia sub-committee of New York, 1944, said:

"The use of marijuana does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marijuana smoking".

Interestingly enough, cannabis has been used to help addicts withdraw from alcohol and heroin: it has been described as a 'gateway out'. In the loosest sense of imagery, this concept is not unpleasant. But in reality 'gateway' remains a term misapplied.

Cannabis causes brain damage - wrong

Studies on large populations of cannabis users have shown no evidence of brain damage, despite efforts to prove it.

The USA Merck Manual of Diagnosis and Therapy (1987) says:

"Cannabis can be used on an episodic but continual basis without evidence of social or psychic dysfunction. In many users the term dependence with its obvious connotations, probably is mis-applied... The chief opposition to the drug rests on a moral and political, and not toxicological, foundation".

Cannabis endangers the reproductive system - wrong

Absolute nonsense, as all cannabis users with children know. The claim is usually based on the work of Dr.



Gabriel Nahas, who experimented with tissues in Petri dishes in the laboratory, and on the work of researchers who dosed animals with huge amounts of cannabinoids (extracted from cannabis); the scientific community reject the claims. In the case of the animals, they all returned to normal after 30 days.

A quick look at the birth rates amongst the regular cannabis smokers in many third world countries dispels this myth instantly.

Cannabis suppresses the immune system - wrong.

Two studies in 1978 and 1988 showed that cannabis actually stimulated the immune system.

From "Marijuana Myths, Marijuana Fact" by Zimmer and Morgan:

"The principal study fueling the original claim of immune impairment involved preparations created with white blood cells that had been removed from marijuana smokers and controls. After exposing the cells to known immune activators, researchers reported a lower rate of transformation in those taken from marijuana smokers.

"However, numerous groups of scientists, using similar techniques, have failed to confirm this original study.

"In fact, a 1988 study demonstrated an increase in responsiveness when white blood cells from marijuana smokers were exposed to immunological activators.

"Studies involving laboratory animals have shown immune impairment following administration of THC, but only with the use of extremely high doses. For example, one study demonstrated an increase in herpes infection in rodents given doses of 100 mg/kg/day -- a dose approximately 1,000 times the dose necessary to produce a psychoactive effect in humans.

"There have been no clinical or epidemiological studies showing an increase in bacterial, viral, or parasitic infection among human marijuana users. In three large field studies conducted in the 1970s, in Jamaica, Costa Rica and Greece, researchers found no differences in disease susceptibility between marijuana users and matched controls.

"Marijuana use does not increase the risk of HIV infection; nor does it increase the onset or intensity of symptoms among AIDS patients. In fact, the FDA decision to approve the use of Marinol (synthetic THC) for use in HIV-wasting syndrome relied upon the absence of any immunopathology due to THC.

"Today, thousands of people with AIDS are smoking marijuana daily to combat nausea and increase appetite. There is no scientific basis for claims that this practice compromises their immune responses. Indeed, the recent discovery of a peripheral cannabinoid receptor associated with lymphatic tissue should encourage aggressive exploration of THC's potential use as an immune-system stimulant."

Cannabis a motivates - wrong.

Dr. Andrew Weil (Rubin & Comitas Ganja in Jamaica, 1975) said: "A-motivation [is] a cause of heavy marijuana smoking rather than the reverse."



Cannabis impairs short-term memory - wrong.

This statement may be partially true for people who stop concentrating, or become too involved with a particular activity. In other people, cannabis actually improves short-term memory. In either case, the effects on memory disappear when the cannabis has worn off.

(US Jamaican Study, 1974):

"No impairment of physiological, sensory and perceptual performance, tests of concept formation, abstracting ability, and cognitive style, and tests of memory".

(Panama Canal Zone Report, 1925):

"There is no evidence... [of] any deleterious influence on the individual using [cannabis]"

(LaGuardia Commission Report, New York, 1944):

"[Cannabis smoking] does not lead directly to mental or physical deterioration... Those who have consumed marijuana for a period of years showed no mental or physical deterioration which may be attributed to the drug."

(The Wootton Report, UK, 1968):

"Having reviewed all the material available to us we find ourselves in agreement with the conclusion reached by the Indian Hemp Drugs Commission appointed by the Government of India (1893-94) and the New York Mayor's Committee (1944 - LaGuardia) that the long-term consumption of cannabis in moderate doses has no harmful effects."

(The USA Merck Manual of Diagnosis and Therapy, 1987):

"Cannabis can be used on an episodic but continual basis without evidence of social or psychic dysfunction. In many users the term dependence with its obvious connotations, probably is mis-applied... The chief opposition to the drug rests on a moral and political, and not toxicological, foundation".

(Indian Hemp Drugs Commission, 1894):

"The commission has come to the conclusion that the moderate use of hemp drugs is practically attended by no evil results at all. ... moderate use of hemp... appears to cause no appreciable physical injury of any kind,... no injurious effects on the mind... [and] no moral injury whatever."

Cannabis lingers in the body like DDT - wrong.

Although cannabis does linger in the fatty tissues of the body by clinging onto fatty cells and dissolving, this effect is not like that produced by DDT, which is highly toxic. Cannabis can stay in the body for up to 90 days, although the effect has worn off after hours. Vitamin A is also fat-soluble but potentially toxic. This is no reason to prohibit cannabis use.

Cannabis causes cancer - wrong.

BOSTON, Jan. 30, 1997 (UPI) - The U.S. federal government has failed to make public its own 1994 study that undercuts its position that marijuana is carcinogenic - a \$2 million study by the National Toxicology Program. The deputy director of the program, John Bucher, said the **study found absolutely no evidence of cancer**. In fact, animals that received THC had fewer cancers. Bucher denies his agency had been pressured to shelve the report, saying the delay in making it public was due to a personnel shortage.



The study indicated not only that the main ingredient in marijuana, THC, does not cause cancer, but also laboratory tests on animals show that it may even protect against malignancies.

The report comes on the heels of an editorial in the prestigious New England Journal of Medicine, that favours the controlled medical use of marijuana and calls current federal policy misguided, heavy-handed and inhumane.

Cannabis smoke harms the lungs - wrong.

The KAISER PERMANENTE. 'Prohibition is unhealthy', 1997.

Kaiser Permanente is a large US health-care provider. This study into the effects of long-term smoking of cannabis took 10 years, and involved 65,000 people who had received check-ups between 1979 and 1985. The patients were divided into those who had, and those who had not, used cannabis regularly or currently. It was reported that risks associated with cannabis smoking were lower than for tobacco smoking. It also noted that smokers with AIDS had no higher death rate than non-smokers with AIDS. The report stated: "*Relatively few adverse clinical effects from the chronic use of marijuana have been documented in humans. However, the criminalization of marijuana-use may itself be a health hazard, since it may expose the users to violence and criminal activity.*"

UCLA SCHOOL OF MEDICINE.

An 8-year study at the University of California at Los Angeles (UCLA) School of Medicine concluded that long-term smokers of cannabis do not experience a greater annual decline in lung functions than non-smokers. Researchers said:

"Findings from the present long-term follow-up study of heavy, habitual marijuana smokers argue against the concept that the continuing heavy use of marijuana is a significant factor for the development of [chronic lung disease]."

"No differences were noted between even quite heavy marijuana smoking and nonsmoking of marijuana."
Volume 155 of the American Journal of Respiratory and Clinical Care Medicine 1997

NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE, AUSTRALIA, January 1997.

A study of 268 cannabis smokers who, on average, had smoked for 19 years, and 31 non-using partners and family members, concluded that the health of the long-term smokers is virtually no different from that of the general population. Chief researcher Richard Reilly said: "*The results seem unremarkable...the exceptional thing was that the respondents were unexceptional.*" (For more information e-mail James Danenberg :hempSA@va.com.au)

Cannabis is dangerous for driving - wrong

U.S. Department of Transportation, National Highway Traffic Safety Administration conducted a thorough study into the actual effects on driving skills from smoking cannabis in small, moderate and large amounts. The tests were conducted in simulators and on the road in both urban and motorway conditions. This is the Introduction to their report issued in 1993:

"This program of research has shown that marijuana, when taken alone, produces a moderate degree of driving impairment which is related to the consumed THC dose. The impairment manifests itself mainly in the ability to maintain a steady lateral position on the road, but its magnitude is not



exceptional in comparison with changes produced by many medicinal drugs and alcohol. Drivers under the influence of marijuana retain insight into their performance and will compensate, where they can, for example, by slowing down or increasing effort. As a consequence, THC's adverse effects on driving performance appear relatively small."

As this edition is being finalised, the results of a study by the Transport Research Laboratory (UK) on 15 cannabis users are being announced. The study used so-called "grade A" cannabis imported from the USA. Drivers were tested on simulations to gauge reaction times and awareness. Researchers discovered that although the cannabis effected reaction times in regular users, its effects were substantially less dangerous than fatigue or drinking alcohol.

Source: Sunday Times, 13 August 2000.

Other studies in Australia have confirmed that there is no need for concern that increased use of cannabis would detrimentally affect the accident rates.

Unlike the so-called evidence to the contrary presented by prohibitionists, these studies were on the actual driving skills of the subjects, not their blood or urine. Prohibitionist and Government literature often cite the statistics based upon the blood analysis of fatal accident victims, as if they were meaningful, claiming that about 30% in some cases had cannabis in their systems. However, alcohol and other drugs were usually also present, and no control figure of the number of drivers with cannabis but not involved in accidents is ever present.

It is no more logical to suggest that cannabis caused the accident than to suggest that the absence of cannabis in the other 60% of accident fatalities was responsible for their accidents.

It makes sense to test driving skill, not body samples, and to prosecute those driving dangerously, not those driving safely.

For a more detailed discussion on cannabis myths we direct the reader to the excellent work of Professors Zimmer and Morgan : "*Marijuana Myths, Marijuana Facts.*"



HARM MINIMALISATION

Harm minimisation - or more commonly 'harm reduction' - is all about reducing the possibility of harm that activities can cause. We wear seat belts in cars, we have safety procedures for handling dangerous chemicals - things like that. There's nothing special about harm reduction, it's just knowing a bit about what you're doing and taking sensible precautions when doing it.

We hear very little about harm reduction for.

Cannabis is a very safe substance, so it may seem strange that we should be talking of making its use less dangerous, but there are a few things to think about - in particular what's in the cannabis and how it's used.

The most important harm reduction measure is to ensure that what you think your taking is indeed what you're taking. With some forms of cannabis in the UK, this has become an issue. So-called 'soap bar' - hash mostly from Morocco - is sometimes badly polluted. It is often "cut" with all sort of unknown substances, stuff often more dangerous than cannabis.

The biggest health issue for cannabis users though is the way cannabis is used. Most of us smoke it mixed with tobacco. The dangers of tobacco are well known, it's addictive and carcinogenic for a start. Perhaps it's because cannabis is illegal and tobacco is not that this situation has continued for so long that Government and agencies feel unable to advise the users of an illegal substance (cannabis) to avoid using a legal one (tobacco).

In some respects, tobacco is not unlike cannabis. Both are plants and hence totally natural herbs and both are smoked. However, this is where the similarity ends.

Tobacco is responsible each year for 140,000 deaths in the UK and 4 million deaths worldwide. Cannabis smoking has never directly killed anyone.

Tobacco is a more addictive drug than heroin. Breaking a tobacco habit can be a very agonizing and difficult experience, whereas cannabis isn't physically addictive. You can stop using cannabis any time you want and there's nothing like withdrawal to go through as with tobacco.

Joint-smokers are experiencing the effect of the two drugs in combination, so people are often introduced to tobacco from smoking joints. Smoking tobacco on its own doesn't give the same experience, so users often start to need a joint not realising that it is the tobacco addiction kicking in.

Many users of cannabis in tobacco joints start to smoke it at regular intervals in order to keep up their nicotine levels to satisfy the craving tobacco produces (you know the expression "dying for a cigarette"). For the minority of people who do suffer some negative effects from using cannabis, this is clearly not a good thing, for others it may mean they just get stoned all day.

So there is room for a harm reduction campaign in relation to the use of cannabis and that is to try and encourage cannabis users to use it without tobacco.

A harm reduction campaign aimed at cannabis users is well overdue though and had it not been for the illegality of the herb, this would have happened many years ago.

Perhaps the advice could go something like this "If you smoke cannabis, don't mix it with tobacco."



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