Forum: decriminalization versus criminalization of cannabis
David M. Ndetei\textsuperscript{a}, Julio Arboleda-Flórez\textsuperscript{b} and Tarek Gawad\textsuperscript{c}

\textsuperscript{a}University of Nairobi, Nairobi, Kenya, \textsuperscript{b}Department of Psychiatry and Department of Community Health and Epidemiology, Health Sciences Centre, Queen's University, Kingston, Ontario, Canada and \textsuperscript{c}Addiction Unit, Faculty of Medicine, Cairo University, Cairo, Egypt


Criminalization or decriminalization of cannabis: which way now?
Both Nady el-Guebaly and Win van den Brink present well-balanced, evidence-based arguments that tilt the balance towards both selective criminalization and decriminalization of various aspects of cannabis, and in particular decriminalization of cannabis for personal use.

So far the existing practices have generally not been evidence based but rather based on social and moral issues which themselves vary with time and from country to country. This is clearly evident from the historical review of the developments at the United Nations over the decades in regard to cannabis and other drugs. It is also evident from the current differences best illustrated by the practices in the USA compared with Europe in general and within several European countries. The disparity between de-jure status and de-facto status, even within the same country and best exemplified by the USA, brings out the point that criminalization of cannabis use has not only failed to work, but is not necessary, can be unnecessarily expensive and cannot be justified in terms of the resources committed to that particular course of action. Yet the policy-makers and the legal experts in the USA cannot say they do not have the scientific evidence generated in their own country by their own experts and systems. So there must be more to operative practices and policies than science dictates.

Whereas the evidence for decriminalization of cannabis use is overwhelming this is not so for other aspects of cannabis, such as growing and peddling it for monetary gain.

The argument that the two legal drugs, alcohol and nicotine, cause more problems than cannabis is likely to surprise the general population, and even more so the politicians who are the policy-makers. The clergy, leaders of public opinion and parents of young people will cry foul and will have no time for science that is alien to their day-to-day beliefs and practices. It is also an argument that will incur the wrath of the already paranoid but still economically influential alcohol and tobacco industries that will see a sinister move to increase pressure on them for further regulation. However, it is still a move worth further consideration based purely on the balance sheet of medical risks and nonrisks.

Also worthy of consideration in favour of decriminalization are the economic gains to the exchequer through legal taxation and the savings on legal activities to implement policies that do not work. Vested interests in cannabis will also want it to be legalized, a position that medical science will not be able to defend fairly unless it also supports the alternative argument that drinking and smoking should be criminalized. It will also not be easy to defend the arguably moral nonscientific stand by Nady el-Guebaly that we simply do not want to have a third legal drug.

So the question of which way now still remains. However, the weight on which direction to take will vary from country to country depending on the prevailing moral, cultural and religious attitudes. These are the attributes that will have an upper hand over and above science. One cannot legislate against the majority public opinion on such issues as morals, culture and religion. Science alone is not enough, no matter how persuasive. Even more important is the question of where that science was generated. Countries and regions will move at their own pace depending on the overall public opinion of individual countries and on locally generated scientific evidence.

Thinking of my own country, Kenya, I can see parallels between North American and European data with our own data. From the limited data available, the use of cannabis is on the rise in Kenya. The public opinion is that there is an association between cannabis and unacceptable behaviour, and with socially sanctioned groups in Kenya (rightly or wrongly), some of which say openly that they take cannabis as part of a ritual. Public opinion in Kenya about cannabis is so strong that it is almost professionally suicidal to advance the scientific argument of differentiating between a drug and its associated behaviours, especially if such evidence is perceived to be foreign. After all, the various treaties of the United Nations ably summarized by Nady el-Guebaly and positions taken by the USA seem to be based on the then and current assumption that societal values take precedence over science.

I am not denying the power of scientific evidence, I fully embrace it, but its impact on society would have to be in the context of prevailing moral, cultural and religious
attitudes and in a broad sense political acceptability. These will vary from country to country at any particular time and from time to time in any specific country. Science has no choice but to accept and respect that.

That social, cultural and religious acceptabilities in different combinations can and do overshadow science is best illustrated by tobacco and alcohol. These are far worse drugs than cannabis that are still legal in many countries where there is overwhelming current scientific evidence against them. If they were to be introduced to humankind for the first time and with all the evidence we have about their harmful effects, they would be criminalized and nobody would suggest their decriminalization.

Julio Arboleda-Flórez

On drugs and crime
To center a debate about substance abuse exclusively on the user is, in my opinion, a myopic approach to the multifaceted problems presented by drug use and the abuse of illicit substances. Further, to frame the problem by dichotomizing it between legalization of use, even for medical purposes, and prohibition/criminalization, leaves aside the multifaceted problems caused by the production, marketing and demand of illicit drugs.

Production and distribution of marijuana is like the worm in the tequila bottle for the uninitiated; once you are inebriated, your revulsion does not matter, the worm goes down with the last swill. Recreational users, medical avantgardists, abusers and addicted individuals are far removed from the damage that production causes to all those involved. Those who support depenalization and decriminalization of the weed and those who support tougher sanctions for possession and trafficking concentrate on the users and the impact of the substance on their health, but they miss the point that production and marketing is perhaps the most important destructive link in the operation.

Drug use is not just a matter of individual choice or a way to show that governments do not interfere unnecessarily with individual freedoms. Drug use is also a matter of major interest to communities and to society in general, which have to suffer the consequences in criminalization and in health costs of those who exercise their free will to enjoy or to abuse substances. Drug use is but one link in the whole of the narcotics business. The gateway theory does not apply only to the user and the possibility that by smoking marijuana the user will eventually graduate to harder drugs. Gateway theory also applies to production, in that small producers will graduate to dealing harder drugs.

Drug use eventually faces society with a destruction of a way of life as production becomes a business enmeshed in crime, with fatal consequences to the moral fiber of the community where production takes place and to the sociopolitical fabric of nations where drugs are cultivated.

In Canada, legalization of marijuana for medical use and de-facto depenalization of possession have sent a message to the population that the weed has health value and that its use is allowed. Demand has increased and production has increased accordingly to satisfy the demand. Despite federally approved growers of medical marijuana [1], home-growing operations have sprung up all over the country and have created a major criminal destabilizing factor in small communities and in affluent neighborhoods where large homes are being converted into hydroponic farms. These operations produce large incomes for the producers who eventually are confronted by criminal gangs who want to share the profits or who offer larger returns by exchanging marijuana produce for ecstasy, liquid hashish or cocaine, or by selling the produce to buy cocaine and heroin in the USA and transporting these drugs to Canada. Violent crime due to drug rip-offs and rivalry has now migrated to residential areas.

Small-scale operators also get pressured into producing weed of increased potency. In 1965 high-quality marijuana had a tetrahydrocannabinol (THC) content of 2%. It is not uncommon now to find plants yielding THC contents of 10% or more [2]. The extent of illicit activity, the involvement of organized crime and the potency of the drug threaten the safety of communities and pose health hazards to operators and neighbors alike, due to electrical by-passes and high-energy equipment required for the operations (electrocution and fire hazards) and by the production of highly toxic emissions and growth of mold. High profitability, low risk and lenient sentences entice growers to take larger risks, disregarding the damage caused to their communities. In inner-city and affluent neighborhoods homes used for growing operations usually lose value because of property damage and the presence of criminal gangs. Apart from declining moral values among the residents, many of whom feel attracted by easy money in large amounts and potential bribery of police officers and government officials, these operations cause a general decay of neighborhoods, thus bringing down real-estate values. Many communities in Canada are starting to rally against what they rightfully perceive as no more than an invasion of criminal syndicates into their communities and a lax justice and
government response to the situation [3]. Whereas possession and production of marijuana are still crimes in Canada, the perception seems to be that the gains far outweigh the risks. Safety hazards, violent crime, health hazards and economic loss seem to be the fate for law-abiding Canadians in the present climate of complacency about marijuana.

At an international level, whole countries are under siege because of narcoterrorists [4] who, while sprouting leftist slogans, nationalistic or religious revivals, are only interested in the profits they get from drug trafficking. Spurred by huge demand for drugs in North America and European countries, producing countries are under siege as incomes of narcotraffickers are used to mount guerrilla movements and terrorist organizations to challenge the authority of legitimate governments and even the legitimacy of states. Arguments that only 33%, or 'just' 22%, of marijuana users graduate to hard drugs such as cocaine play with the misery suffered by many at the hands of producers and do not take into account the social and political damage wreaked by producers of either kind of drug.

Glamorization of drug use among shapers of public opinion, especially entertainers, sends a message to the public and more so to the young that drug use for recreational purposes is the ‘in thing’ to do and, possibly, a way to get accepted. Entertainers use their huge incomes to support drug traffickers that wreak havoc in other places. Adopting babies from poor African countries or rallying political support and funds for worthy causes is hypocritical when their ‘recreational’ drug use causes so much damage otherwise. Their recreation is enjoyed on the backs of the misery that the narcotraffickers inflict on their communities and countries and among the young in their own countries.

In recent weeks in Colombia, don Diego, a narcotrafficker, was arrested [5]. His organization was said to be responsible for shipping about 70% of the cocaine arriving in the USA. The value of his business was estimated at about US$5 billion a year, enough to spread corruption at all levels of government and society. The exact number of homicides with which he was directly involved is not known, but they are already counted at 1500 [6]. Similarly, as well in Colombia, el Negro Acasio, a Fuerzas Armadas Revolucionarias de Colombia (FARC) narcoguerrilla was killed in action. He was the business brain of the FARC, the ‘commando’ for a narcobusiness whose income has kept this leftist, communist group fighting for over 40 years, committing massacres of innocent civilians, intimidating and murdering local politicians, kidnapping and murdering the kidnapped victims in cold blood, destroying the ecosystem to increase areas for coca cultivation and, in the process, destroying any desire for peace and progress among the general population [7].

Poppy growth in the Golden Triangle in southeast Asia (an area formed by Myanmar, Laos, Vietnam and Thailand) and manufactured into opium and heroin in Thailand is openly marketed in the streets of Canada and the USA [8]. Poppy growth has increased substantially in Afghanistan over the past few years (with a 17% increase in cultivation areas in 2006). The amount of land dedicated to cultivation is the largest in the world, even larger than the lands used for coca growing in all Latin American countries combined. The United Nations now fears that Afghanistan is becoming a narco-state. The growth in cultivation has been reported most in Helmand Province, the Taliban stronghold, with an income already calculated at $2.8 billion. Afghan poppy growth is the source of most of the opium and heroin flooding the streets of Europe [9]. Profits obviously go to sustain the ‘Taliban forces’ killing of NATO troops.

Drugs were once described by a Colombian narcotrafficker as the atomic bomb of the Third World. The effects of that bomb are felt in the homes of affluent citizens of North America and Europe with the increase in drug abuse and addiction, whose health costs are already straining the health budgets of many communities and health insurers, not to mention the demoralizing effects in the general population. The lack of social conscience and political blindness among the entertainers, leftist intelligentsia and some politicos engaged in ‘recreational’ use of drugs in Europe and North America is appalling.

Although treatment of the abusers is of importance, curbing the demand among the young in schools and deglamorizing drugs in the media and among entertainers should be part of the solution. Education of the population on the damage of drugs to the political stability and the economies of many communities and countries should be made a priority. A strong media rebuke should follow disclosure of any entertainer or important personality caught using recreational drugs. Justice responses are also needed. Alcohol is not the only drug that causes cognitive impairment when driving; any other drug affecting the brain, including ‘soft’ drugs such as marijuana, does the same. Penal codes in all countries should include drugs of any kind in offenses of driving while under the influence. Media and social rebuke could be imposed by boycotting films and shows of entertainers known to be drug users and by invoking a labor response from potential employers and impresarios through freezing their lucrative entertainment contracts. Drug enforcement and legal sanctions should be harsher on
recreational users than on those who have succumbed to the most damaging scourge of our modern world.

References


Tarek M.S.A. Gawad

This subject bears controversial attitudes and positions worldwide among those working in the field of addiction, especially physicians and psychiatrists. This was expressed clearly by the vast knowledge and clinical experience of both el-Guebaly and van den Brink. Each offered their views and hence suggested solutions, which by the end coincided in part but largely depended on wide perspectives.

The immense burden caused by cannabis use either directly or indirectly – especially during the last decade – has resulted in different national and international positions that agree on major principles. These are the need for reductions in supply and demand, a change in current legislation, more management facilities and definitely more evidence-based scientific research.

What creates the wide variation for the implementation of those principles are the differences in societal behaviour, norms and attitudes towards the problem of addiction in general, and cannabis in particular. These differences are reflected in how medical professionals view the health burden caused by cannabis use. Both researchers stressed the physical and psychological risks of cannabis use, which are mostly chronic. These risks involve the respiratory system, ranging from bronchitis to cancer, pregnant women, resulting in low-birth-weight babies, cognitive impairment, contributing to motor road accidents and schizophrenia in vulnerable subjects, and finally dependency [1]. However, like most, they consider this scientific evidence debatable. Perhaps well-designed, multinational research that specifically includes nations with a huge problem of either cannabis production or consumption (e.g. Morocco, India, Mexico and Egypt) would provide more evidence-based conclusions for determining the extent of harm caused by cannabis.

In my opinion, the legal status of drugs with a well-documented health burden and an addictive nature, such as alcohol and tobacco, is based mainly on economical considerations that are contrary to all known scientific evidence. This could act as a revolving-door policy to establish a third legal drug, especially if we do not know the extent of its harmful effects.

The cross-national studies of life-time prevalence rates, comparing cannabis consumption with regard to differences in policy, showed almost no difference in rates of cannabis consumption between countries with hard-line and more liberal legislation [2]. This is strong evidence that, again, legalizing or criminalizing use only will not add much to solving the problem. The fact remains that these results have little to do with national policies but more to do with acculturation from norms and demands as well as social conflicts with the law [1]. In my view, personal freedom should be infringed to the degree necessary to restrain serious levels of harm not only to users but also to others and to society as a whole. Each society should determine what are integrated and comprehensive policies to fit within international understanding.

Finally, I agree that we should have a more balanced and integrated drug and health policy to be determined by each nation within the context of a broader international agreement, that legislative control of cannabis is required and that there is no need to create a third legal addictive drug. In addition, more effective and less expensive treatment modalities and facilities are required.

References