



**Counter Evidence Report for the Claims used by the
UK Government to Justify the Continued Inclusion of
Cannabis Within MoDA 1971 and MDR 2001.**

**Report Researched and Compiled by
Seed Our Future and We The Undersigned**

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Summary:

As the world wakes up to the truth surrounding the relative safety and powerful health and therapeutic properties of cannabis, and the real truths surrounding the past century of escalating prohibition globally, the UK legislation remains stagnant as the UK Government remains adamant in regurgitating the influential voices of the past in that this non-toxic benign plant is a danger to individuals and society.

It was the British Government, who instigated one of the most detailed reports into the safety of cannabis via a Royal Commission 128 years ago. A succession of governmental reports, scientific papers since, which have confirmed the results of the above-mentioned commission have been ignored and the war on cannabis users in the UK has continued for 93 years.

As our Government has furiously defended the obvious mistakes of the past, they have desperately depended on self-commissioned, inconclusive reports, in an attempt to keep face with the public. This war has been a spectacular failure in its intentions and has caused insurmountable harm upon its people, society, our economy and the environment.

This report is a culmination of decades of research carried out by dedicated cannabis advocates and contains a wealth of indisputable evidence which collectively proves, without reasonable doubt, that the inclusion of cannabis within the Misuse of Drugs Act was based upon ideological, racial, political and economic motivations and not that of the science of harms. It also proves that these laws are incompatible with human rights laws as affirmed by the United Nations.

We hope and trust that the contents of this report will be of use to the Courts in returning long awaited justice to the people and in finding the continued inclusion of cannabis within MoDA 1971, not in the public interest.

The report is in both chronological and geographic order.

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Introduction:

Chris Daw QC, whilst discussing why we should legalise drugs in his recent book, 'Justice on Trial, Radical Solutions for a System at Breaking Point (2020)' states:

"It is difficult to think of an example of human behaviour, other than those evolved directly to facilitate the creation and sustenance of life itself, more ingrained and universal than the ingestion of substances that alter our perception of reality."

"There are countless research papers on the subject of the use of intoxicants by prehistoric mankind. They tell us something that we all know deep down – whether we like it or disapprove of it, people love to get high."

"The earliest date for which I could find a credible reference to drug use by hominids was around 200 million years ago, from which period archeological remains are said to provide evidence of the ingestion of psychoactive plants. Palaeogenetic research – not a form of evidence I have ever come across in day-to-day criminal practice – suggests the evolution in early humans of a capacity to metabolise ethanol around 10 million years ago."

"The science simply confirms what is obvious: humans have always taken and always will take drugs." (1)

It is now commonly known, through historical evidence that cannabis was unfairly vilified and ultimately prohibited, based on ideological, illogical and racist reasoning and that political and economic motivations have consistently trumped science.

There has never been **any** convincing scientific evidence of physical, mental or social harm from cannabis use, to justify prohibition. Alcohol and tobacco are considered to be traditional drugs. The use of Alcohol and tobacco results in approximately 90% of all drug related deaths yet there is **not one recorded death** in history of toxicological mortality from the responsible natural consumption of cannabis.

Alcohol also causes a great deal of social harm due to its propensity for violence in the home and in public spaces not to mention the significant escalating costs to the NHS and Police force.

Moreover, cannabis has been used as a medicinal, nutritional aid and as a relaxant for thousands of years.

The Advisory Council on the Misuse of Drugs (ACMD) review of the classification of cannabis concluded that 'the high use of cannabis is not associated with major health problems for the individual or society', the criteria required by the MoDA. However, the ACMD report continued, 'cannabis is not a harmless substance' which would imply that any substance with a degree of possible harm could be prohibited. Putting aside the evident harms caused by substances such as alcohol, tobacco and caffeine, this would also surely include substances such as sugar?

To this day, the UK Government continue to declare that they have no intention of legalising cannabis and that they have clear scientific evidence that cannabis causes harm to physical and mental health and harm to society. The evidence, clearly shows that this is simply untrue.

Following our assessment of available research below, it is clear that there is no and never has been any scientific evidence to justify the prohibition of cannabis and that the prohibition has caused serious harm to the physical, mental, societal and environmental aspects of our lives not to mention

the damage caused to people's freedoms, families and job prospects by having persecuted otherwise law abiding citizens through the misuse of the existing criminal justice system for the past 50 years.

We believe that in practice, the political policy of cannabis prohibition (MODA 1971) infringes several fundamental human rights; namely the rights to:

- A private life.
- Development of personality.
- The freedom of consciousness.
- Self-determination.
- Autonomy of health.
- Private beliefs and practises.
- Freedom of association.
- The expression of identity.
- Pursue health, well-being and happiness.

All of which are fundamental human rights. Rights which should know no boundaries, borders nor territories and all should be free from the risk or fear from societal prejudices, civil or legal sanctions or the arbitrary interference of 'The State,' until such time as those beliefs and practices infringe upon the rights of other human beings and cause harm, injury, loss of life or property to another.

Consequently, we seek to assert our Inalienable Sovereign Human Rights, as defined by the UN, EU and UK human rights legislation listed above, also supported by Magna Carter, Henry the VIII's Herbalist Charter and Common Law – to cause no harm or loss to another, and finally for those who believe, the Law of God, specifically through Genesis 1:29; which is, all have the God given right to sow any of the planet's seeds, to nurture, cultivate, prepare and share any nutritious herb, which we believe should include the now proven to be non-toxic recreational drug, traditional herbal health remedy, creative and spiritual aide cannabis, which was present in the Holy anointing oil according to the Bible (Exodus 30:23; Sula Benet 1975).

We assert our rights to a private life and self-determination to recognise and utilise cannabis, in whatever varieties and manner as we determine best for ourselves or our loved ones, and claim our actions should be free from the fear of arbitrary State interference, criminal or civil prosecution, insofar as much that there is no commercial activity and nor do our actions cause harm to others or their property.

To be clear from the start, the terms hemp, cannabis and marijuana are all the same, Cannabis sativa L. Charas and hashish are cannabis preparations made from the resin of the flowers, ganga describes the flowering tops and bhang is a milky drink made with cannabis leaves and seeds and is used in Indian traditional religious ceremonies.

A Brief History of Cannabis:

The use of hemp cord in pottery was identified at an ancient village site, dating back over 10,000 years ago, located in modern-day Taiwan. Finding hemp use and cultivation in this date range puts it as one of the first and oldest known human agriculture crops. Hemp has been used throughout human history, since the times of the ancient Chinese, Egyptian, Roman and British Empires.

In 1977, Carl Sagan proposed that cannabis may have been the world's first agricultural crop, leading to the development of civilization itself: *"It would be really interesting if in human history the cultivation of marijuana led generally to the invention of agriculture, and thereby to civilization."* Carl Sagan, *The Dragons of Eden, Speculations on the Origin of Human Intelligence* p 191 footnote.

Cannabis has been used in Chinese medicine for over 5,000 years (for over 120 diseases) and over 3,000 years in Indian medicine and ritual. Cannabis was widely used in Ayurvedic medicine and there are numerous references to it in the Atharva Veda, an ancient Vedic text written more than 3000 years ago, which many regard as the Ayurvedic bible.

Cannabis (hemp) was widely grown across Britain from at least 800 to 1800 AD, though the amount grown varied widely through the centuries. In Medieval times religious hospitals commonly grew hemp. Hemp features in the recommended plants section of the great religious gardening books. Many monastic houses have areas of land named after hemp, and some have remnants of hemp-retting pools. It is likely that hemp was mainly grown for its fibre, but also for medicine for the hospitals. (2)

It was mainly grown for fibre which was used to make sails, ropes, fishing nets and clothes; old clothes were recycled into paper. The Gutenberg Bible (15th Century) and the King James Bible (17th Century) were printed on hemp paper and our rich history of art was painted on hemp canvas. In fact, until the late 1800's, approximately 90% of paper was made from hemp. Oil was produced from the seeds and was burned in lamps. The seeds and flowers were also used in food, as a livestock feed and as a medicine/relaxant or served to prisoners and orphans as gruel.

In 1533, King Henry VIII made the cultivation of cannabis compulsory by law. The Tudor King wanted the strong, rot resistant fibres from the plant for the ropes, sails and clothing for his new British navy which famously beat the Spanish Armada, got us through the Reformation (the Brexit of the time) and led to the colonisation of the British Empire. Every ship carried a cargo of hemp seed and this was the first crop laid down upon the discovery of new lands. There was an early peak in hemp production in England from 800 - 1000 AD, followed by a slackening in interest by farmers as new crops were discovered. In the early sixteenth century hemp was re-introduced, and its growth recommended. Large amounts of hemp were grown in the eighteenth and nineteenth centuries, but not enough for the British Navy - the war against Napoleon's France in 1812 was fought, in part, to control the supplies of Russian hemp. In Victorian times peasant produced imported hemp undercut domestic hemp, and its growth died out in Britain.

In 1833, Irish physician William Brooke O'Shaughnessy was employed by the British East India Company as an assistant surgeon in Calcutta where he studied and researched the medicinal properties of cannabis for the treatment of cholera, rabies, rheumatism, tetanus and childhood epilepsy.

In 1841, O'Shaughnessy published several works and these were later re-published in British and European medical journals which led to an increase in cannabis research.

In 1856, the same year of the second opium war in China, the British Government decided to tax the cannabis trade in India and two years later, Queen Victoria was crowned Empress of India and the British Government realised that they could increase their revenues by raising the tax on cannabis.

In 1890, Sir J.R. Reynolds, Queen Victoria's personal physician, prescribed the Queen with a cannabis preparation for menstrual pains.

The classification of cannabis as a "drug" originated from the assessment of the eminent 18th century, Swedish botanist, Carolus Linnaeus. Even the greatest of men are capable of mistakes and the fact that he classified Cannabis Sativa L (the L represents his surname) as a "narcotic" was without doubt, his greatest blunder. Others at the time regarded it as a "stimulant", and some argued that it was merely an "intoxicant" but Linnaeus's reputation was such, that his opinion was accepted as fact. If he had classified it as a "stimulant" or an "intoxicant" there is no doubt that it would have been regulated much in the same way as alcohol or tobacco but sadly, that was not the case.

According to a medical dictionary, a narcotic is described as "pertaining to or producing narcosis, an agent that produces insensibility or stupor, applied especially to the opioids, i.e. to any natural or synthetic drug that has actions like those of morphine". Wikipedia informs us that the word "narcotic" is derived from Greek, meaning "to make numb" but under international law, a narcotic is defined as "any drug defined as such under the 1961 Single Convention".

History of Cannabis Prohibition:

In order to evaluate whether cannabis was appropriately placed within MoDA 1971, we must first assess the historical foundation evidence which led to cannabis being placed within the 'Act' as a Schedule 1 substance with a Class B penalty to which it remains 50 years later. This can only be accomplished by understanding the history of cannabis prohibition which preceded this Act. In the following chapters, the historical facts will show the true reasons for the prohibition of cannabis.

1893 – 1894 The Indian Hemp Drugs Commission:

In 1893, following a series of questions that were raised in the House of Commons, relating to the safety of hemp drugs, the British Government ordered a Royal Commission. The two most likely reasons for this were the fact that Queen Victoria had started taking cannabis as a medicine two years earlier and the embarrassment and shame from the involvement in the opium trade and wars over the past 70 years which caused devastation to more than 25 million lives through opium addiction in China.

Lord Kimberley proposed that the report should comprehensively assess cannabis use across the whole of India and the final report, consisting of 7 volumes containing more than 3000 pages, remains one of the most comprehensive and detailed studies of cannabis ever carried out. The report investigated the physical, mental and moral effects of cannabis, the medical and religious uses as well as the cultivation, regulation and taxation. The report took 12 months to complete and nearly 1,200 witnesses gave evidence at 86 hearings in 30 cities.

At the time, there was concern that cannabis use may cause insanity and crime, violent behaviour, weakened intellect, dysentery, asthma, laziness or habits of immorality or debauchery and even the possibility of temporary homicidal frenzy.

In relation to mental health issues the report stated:

“They have known nothing of the effects of the drugs at all, though the consumption is so extensive, except that cases of insanity have been brought to them attributed with the apparent authority to hemp drugs. They have generalised from this limited and one-sided experience. They have concluded that hemp drugs produce insanity in every case, or in the great majority of cases, of consumption. They have had no idea that in the vast majority of cases this result does not follow the use. They have accordingly without sufficient enquiry assisted, by the statistics they have supplied and by the opinions they have expressed, in stereotyping the popular opinion and giving it authority and permanence.”

Having studied 222 cases and consulted numerous medical experts, the commission concluded:

“The fact of the existence of the hemp habit is easy enough to ascertain, but that it is the cause, or one of the causes of the insanity, or that it even preceded the insanity, is much more difficult to establish.”

A probable cause for mental health issues, especially psychosis episodes, at the time in India was the frequent use of Datura as this was mixed with cannabis and smoked, especially in poorer communities. Datura is a poisonous psychoactive plant which causes hallucinations, psychosis and death if taken internally.

Brigade Surgeon Lieutenant Colonel D.D. Cunningham, a highly respected surgeon as well as a fellow of the Royal Society carried out experiments at the Biological Laboratory at the Zoological Gardens in Calcutta, the first involving a 16-pound male rhesus monkey who was placed in a chamber with cannabis smoke pumped in. The monkey inhaled the smoke 181 times over an eight-month period, considered comparable to an average chronic user of cannabis.

The autopsy revealed no brain malfunction of any kind.

The second experiment involved smaller monkeys who ate charas (cannabis resin). The amount given was calculated on a weight ratio between the monkeys and human users. After 62 days, with no apparent difference in behaviour the dosage was increased 400% but after three days, the monkeys refused to consume the charas and the monkeys were released.

The third experiment evaluated the effects of datura smoking on a large rhesus monkey. The datura smoke was pumped into the chamber every day for six weeks. There is no information of dosage used.

A post-mortem examination of the central nervous system revealed:

“On opening the cranium, the datura-matter was found to be somewhat thickened and, especially in the neighbourhood of the superior longitudinal sinus, very conspicuously congested. The cerebral substance was abnormally soft and so friable as to render any immediate removal of the membranes impossible.”

The surgeon, explaining the results of his tests concluded:

“In so far as a single experiment goes, the results in this case would seem to show that the habitual inhalation of the smoke of datura, even when only practiced for a brief period, is sufficient to

establish serious morbid changes in the cerebral nervous centres. It therein differs from the habitual inhalation of the smoke of ganga (cannabis) extending over a much more prolonged period."

"This clearly indicates the necessity of distinguishing between cases in which ganga and datura is substituted for it, as otherwise, certain prejudicial effects which are really due to the use of the latter drug, may be erroneously credited to the former one."

The commission conclude:

"So as far as the information from all sources before the commission is concerned, there is no evidence of any brain lesions being directly caused by hemp drugs, as they have been found to be caused by alcohol and datura; and there is evidence that the coarse brain lesions produced by alcohol and datura are not produced by hemp drugs."

"Those of my patients, who admitted having been habitual ganga smokers, suffered from dysentery or diarrhoea, but they have been exposed to conditions which produce these ailments. Hence, I do not draw any conclusion as to ganga being a primary cause of those diseases."

"Those ganga smokers who cannot command abundant wholesome food suffer from dysentery, but it is difficult to determine how far it is due to ganga or to improper food. As to asthma, I have not seen any typical case originating from the ganga smoking. I know that a chronic catarrhal condition of the air passages with a certain amount of spasm is the misfortune of many old ganga smokers."

"I do not believe that the habitual moderate use of any of these drugs produces any noxious effects, physical, mental or moral. I think perhaps that the use of bhang does endure the digestion and impair appetite even when used moderately, but I am convinced that it neither causes dysentery, bronchitis or asthma."

"There may be exceptional cases in which, owing to the idiosyncrasies of constitution, the drugs, in even moderate use may be injurious."

"There are also many cases where, in especially "malarious" climate, or in circumstances of hard work and exposure, the people attribute beneficial effects to the habitual moderate use of these drugs; and there is evidence to show that the popular impression may have some bias in fact."

"To be prevented of what one is inclined to, or from acting contrary to one's own judgement of what is desirable, is not only always irksome, but always tends, pro tanto to starve the development of some portion of the bodily or mental faculties, either sensitive or active; and, unless the conscience of the individual goes freely with the legal constraint, it partakes in a great or small degree, of the degradation of slavery." (4)

"Scarcely any degree of utility short of absolute necessity will justify any prohibitory regulation, unless it can also be made to recommend itself to the general conscience; unless persons of ordinary good intentions either believe already, or can be induced to believe, that the thing prohibited is a thing which they ought not to wish to do." (4)

"The Commission are prepared to state that the suppression of the use of bhang would be totally unjustifiable. It is established that this use is very ancient, and that it has some religious connotation among a large body of Hindus; that it enters into their social customs; that it is almost without exception harmless in moderation, and perhaps in some cases, beneficial; that the abuse of it is not so harmful as the abuse of alcohol; that its suppression, involving the extirpation of the wild hemp plant, would be a great matter of difficulty; that such a measure would be extremely unpopular, and

would give rise to wide spread discontent; and if successfully accomplished, it would lead to the use of more hurtful stimulants.”

“It would be useless to prohibit the use of ganga in a province like Assam, surrounded as it is by independent hill people, who would cultivate it in their hills and smuggle it down with little risk of detection. Any prohibition will only lead to the increase of illicit consumption and to the secret use of the drug.”

“Viewing the subject generally, it may be added that the moderate use of these drugs is the rule, and that the excessive use is comparatively exceptional. The moderate use practically produces no ill effects. In all but the most exceptional cases, the injury from habitual moderate use is not appreciable. Excessive use may certainly be accepted as very injurious, though it must be admitted, that in many excessive consumers, the injury is not clearly marked. The injury done by the excessive use, however, can find almost exclusively to the consumer himself; the effect on society is rarely appreciable. It has been the most striking feature in this enquiry, to find how little the effects of hemp drugs have obtruded themselves on observation.” (3)

On the recommendations made by the commission, Act XII of 1896 was passed, which enabled the Government to control the cultivation, importation and transportation of bhang, ganga and charas throughout the country.

International Opium Conventions:

The Anti-Opium League influenced the British Government who, in 1906 issued a statement saying that the opium trade was morally indefensible.

In 1908, the Chinese Emperor issued a formal edict, banning the trade, but the damage had already been done. In the same year, the British Government issued a white paper, which depicted a map of China showing the amount of opium that was produced in each province. The result was so shocking, it prompted the Lord Chief Justice to write; *“We English, by the policy we have pursued, are morally responsible for every acre of land in China which is withdrawn from the cultivation of grain and devoted to that of the poppy: so that the fact of the growth of the drug in China ought only to increase our sense of responsibility.”*

The map illustrated that the total production of opium in 19 provinces was 8787 tonnes. This once great, proud Nation, who had given the world silk, paper and tea and who had been the envy of the world for more than 600 years, had been reduced to a Nation of opium addicts.

Debose, the founder of the Anti-opium League, wrote a letter to US senator John McLaurin, urging him to call upon the American Government, to own up to its own responsibility for the part that it had played in the opium trade.

The USA called for a meeting of all interested parties, to discuss the opium problem. Representatives of 13 Nations attended the International Opium Conference, held in Shanghai on February 1st, 1909 and during the course of a month, they discussed the problems at length.

It was agreed at the end of the conference, that they would meet again in the Hague for a formal convention, at which it was hoped they would all sign an international treaty, prohibiting the cultivation and use of a drug that had caused so much damage to the Chinese Nation.

Italy was concerned about the flourishing illegal hashish trade in its North African colonies, which it had acquired after a brief war with Turkey in 1911. They wanted to impose international controls on the cultivation of cannabis, which confused many of those attending, since cannabis remedies were common at the time. Many felt that any legislation concerning its use, was a matter that should be dealt with at national, not international level.

Dr Hamilton Wright, a member of the US delegation who was responsible for drafting the US domestic drug legislation, had already failed to include cannabis in the Smoking Opium Exclusion Act of 1909, and with his support, Italy was granted an addendum which was added to the conference.

“Conference considers it desirable to study the question of Indian hemp from the statistical and scientific point of view, with the object of regulating its abuses, should the necessity thereof be felt, by international legislation or by an international agreement.”

In January 1912 the international Opium Convention took place in the Hague in Holland. The treat, known as the Hague Convention, stated:

“The contracting Powers shall use their best endeavours to control, or to cause to be controlled, all persons manufacturing, importing, selling, distributing and exporting morphine, cocaine, and their respective salts, as well as the buildings in which these persons carry such an industry or trade.”

It was signed on January 23rd, 1912 by China, Germany, the US, Britain, France, Italy, Japan, the Netherlands, Russia, Persia, Siam and Portugal. It was due to be effective on February 11th, 1915 but due to the first World War, it did not come into effect until June 28th 1919 when it was incorporated into the Treaty of Versailles.

The Americans, keen to implement the Hague Convention as soon as possible, introduced the Harrison Narcotics Act, otherwise known as the Opium and Coca Leaves Trade Restrictions Act, signed by President Woodrow Wilson on December 17th, 1914 which became effective on March 1st 1915.

As a result of the International Opium Convention, Britain introduced the Dangerous Drugs Act in 1920.

This restricted the use of opium, morphine, cocaine and heroin and for the first time, under this new act, addiction, which was formally considered to be a disease, was now regarded as a criminal act, punishable by imprisonment. Notices were published in newspapers and periodicals, which advised doctors and medical practitioners of the new law.

Following the carnage of the Great War, the League of Nations was formed. Its main purpose was to avoid further conflict through the use of arbitration, the reduction of weapons and to take action against acts of aggression by imposing economic sanctions, or military force if necessary. Another purpose of the league was to improve the lives of ordinary people by putting into place, a series of measures that were designed to provide humane working conditions, the eradication of slavery, disease and the illegal opium trade throughout the world.

Following the US refusal to ratify the Treaty of Versailles, the US never became a full member of the League of Nations, but still wanted to be involved in international drug regulations.

Brazil had previously submitted a report to the Pan-American Scientific Congress in Washington in 1915, stating that cannabis was a “pernicious and degenerative vice” introduced by wild, black savages, who were now determined to demoralise the Brazilian nation, in revenge for the slave trade. South Africa introduced a ban on the cultivation, sale, possession and use of cannabis in 1924

following a history of racial tensions and in their report, they stated that in their opinion, cannabis was as dangerous and addictive as opium.

The Advisory Committee requested that delegates submit reports on cannabis at the first League of Nations convention in Geneva, 1924. The Egyptian delegate, Mohammed El Guindy, insisted that immediate talks regarding cannabis should be implemented without further delay. During Guindy's speech, he claimed that hashish was an even greater threat than opium, saying that its use had led to an increase in the number of people admitted to insane asylums. He insisted that failing to ban it would have a disastrous effect on the whole of the world. He claimed that hashish was responsible for up to 60% of cases of insanity.

It is interesting to note that a 1921 report, prepared by the Abbasiya Asylum in Cairo, Egypt's largest mental hospital, stated that of the total 715 patients, only 19 were attributed to hashish while 49 were entirely due to alcohol. The report also concluded that hashish was not the cause of insanity, merely a condition associated with the disease.

Guindy's provision stated:

"The use of Indian hemp and the preparations derived there from may only be authorised for medical and scientific purposes. The raw resin, charas however, which is extracted from the female tops of the cannabis sativa, together with various preparations including hashish, of which it forms the basis, not being at present utilised for medical purposes and only being susceptible of the utilisation of harmful purposes, in the same manner as other narcotics, may not be produced, sold or traded, under any circumstances whatsoever." (5)

The committee later reported that they were in favour of a complete ban on cannabis, which was supported by 13 of the 16 nations represented; only Britain, India and Holland opposed the move.

In 1925, the members met again in Geneva for another international opium convention, often referred to as the 1925 Geneva Convention. The Americans saw it as an opportunity to impose international controls over a wide range of issues concerning drugs, including restricting their use to scientific and medical use.

They proposed rigorous, uncompromising controls on drug production throughout the world, including the cultivation of the opium poppy, coca bush and the cannabis plant and when these were rejected, the US delegation refused to sign the treaty and walked out in disgust.

Unhappy that the conference was unable to arrive at an agreement in respect of opium smoking, China refused to sign, and they also withdrew and from that moment, both the US and China focused their legislation based on the original Hague Convention of 1912.

Britain however decided to follow the advice of the advisory council and in 1925, the Dangerous Drugs Act of 1920 was amended. This reversed the previous position on drug addiction, which was once again regarded as an illness, not a crime. The amended act also restricted the importation of cannabis, which, for the first time, was listed as a dangerous drug. In 1928, the act was amended again, to include the prohibition of the use and possession of cannabis.

At the 1925 Geneva Convention, China had refused to sign the treaty and India had not prohibited the use of cannabis, so under Article 11, the Yarkand Charas trade was completely legal under international law. As an Indian government report in 1928 stated, "Charas is imported from Central Asia (Yarkand), these imports are controlled as closely as native production, a special warehouse having been established at Leh in which they are deposited and from which they are distributed. In

1930, the British government introduced legislation to end the Yarkand charas trade, but it had very little effect.

Article 11: Section 1:

- a) *“The contracting parties undertake to prohibit the export of the resin obtained from Indian hemp, and the ordinary preparations of which the resin forms the base, to countries which have prohibited their use.”*
- b) *“In cases where export is permitted, a special import certificate must be issued by the government of the importing country, stating that the importation is approved for the purpose specified in the certificate, and that the resin or preparation will not be re-exported.”*

American Influences:

Harry J Anslinger, Commissioner of the Federal Bureau of Narcotics, leads a propaganda campaign against cannabis, based upon ideology, racism and corporate interests and this eventually leads to international prohibition via the 1961 Single Convention.

1930’s Propaganda and the Marihuana Tax Act:

In 1933, the U.S. congress repealed the 21st Amendment, ending alcohol prohibition; 4 years later the prohibition of marijuana was in full effect.

At the time, hemp/cannabis was a valuable commodity used for paper, rope, textiles, plastics, bio-composites, bio-diesel for cars and as a medicine. Henry Ford built a car using plant biomass based bio-composite and ran the engine on hemp seed oil. In short, cannabis at the time was a major competitor for the pharmaceutical, fossil fuel/plastics, cotton and timber (paper) industries.

Henry Ford dreamt of cars grown from the soil?

Well, with US alcohol prohibition repeal in 1933, most stills were abandoned or seized by the “dry squads”. Oil was super-cheap and everywhere, so oil engines grew more popular and alcohol engines less so. And with US hemp prohibition in 1937, the best raw material for making bio plastic feedstock was removed from the economy. It was (Rockefeller's) Standard Oil, (Mellon's) Gulf Oil and DuPont who had the most to do with hemp prohibition, and the most to gain from it.

Prior to 1931, Harry Anslinger was Assistant U.S. Commissioner for Prohibition. In June 1930, Anslinger, was hand-picked to head the new Federal Bureau of Narcotics (FBN) by his uncle-in-law, Andrew Mellon, Secretary of the Treasury under President Herbert Hoover, designer of the FBN, and head of Gulf Oil. Andrew Mellon was also the owner and largest stockholder of the sixth largest bank (in 1937) in the United States, the Mellon Bank in Pittsburgh, one of only two bankers for DuPont from 1928 to the present. DuPont also owned General Motors.

Anslinger and his team created a huge propaganda machine against cannabis called the ‘Gore Files,’ using lies, racism and misinformation to portray cannabis as a dangerous drug which led to crime, violence, insanity and death. Much of this propaganda was targeted at ethnic minorities.

To justify the prohibition of cannabis, false claims were made such as:

'There are 100,000 marijuana smokers in the US and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing, result from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers and any others.'

'Marijuana is an addictive drug which produces in its users, insanity, criminality and death!' 'You smoke a joint and you're likely to kill your brother.'

'Marijuana is the most violence-causing drug in the history of mankind.'

'Marijuana influenced Negroes to look at white people in the eye, step on white men's shadows and look at a white woman twice.' (5)

Harry Anslinger worked with William Randolph Hearst (Media Mogul, think Citizen Kane) to lace the National media with news headlines to vilify cannabis.

Anslinger would rearrange the facts, change evidence and plant motives from legal cases to produce shocking stories for Hearst's American Magazine. An example was a young, disturbed man who killed his entire family:

"An entire family was murdered by a youthful addict in Florida. When officers arrived at the home, they found the youth staggering about in a human slaughterhouse. With an axe he had killed his father, mother, two brothers, and a sister. He seemed to be in a daze, he had no recollection of having committed the multiple crimes. The officers knew him ordinarily as a sane, rather quiet young man; now he was pitifully crazed. They sought the reason. The boy said that he had been in the habit of smoking something which youthful friends called 'muggles', a childish name for marihuana."

The story was picked up by newspapers in every State of America. Nobody ever questioned Anslinger at the time, but it was revealed many years later that the young man in question had a long history of mental illness and had never smoked marihuana in his life.

Anslinger also spoke on many radio broadcasts. Some of his comments are as follows:

"The deadly, dreadful poison that racks and tears not only the body but the very heart and soul of every human being who once becomes a slave to it in any of its cruel and devastating forms."

"Marihuana is a short cut to the insane asylum, smoke marihuana cigarettes for a month and what was once your brain will be nothing but a storehouse of horrid spectres."

"Hashish makes a murderer who kills for the love of killing, out of the mildest mannered man."

The long history of Mellon, DuPont and Rockefeller intrigues, indicate a working relationship going back to the 1920's. During his first four years as Secretary of the Treasury, Mellon gave himself a tax refund of \$404,000, an amount second only to one of \$457,000 for John D. Rockefeller, Jr., and both of these men were tied to the "Teapot Dome" politicians-taking-bribes-from-oilmen scandal. There is also evidence to suggest that both Rockefeller and Mellon were given advance notice to remove their savings from the stock market right before the crash of 1929.

In 1934, DuPont and Rockefeller contributed to the newly formed anti-FDR American Liberty League. In that same year a bunch of wealthy men including Rockefeller, Mellon and DuPont were exposed by Smedley Darlington Butler – the most decorated Marine in US coup against FDR. Butler to make

him the ruler of the USA. Portions of Butler's story were corroborated, and the Senate committee did take the threat seriously and did verify that a fascist coup was indeed well past the planning stage, but the Senate committee expired before it could get around to punishing anyone.

The "Business Plot" as it came to be known, wasn't the only time DuPont and Standard Oil flirted with fascism. In 1936, these corporations were noticed by the US Federal government for aiding the Nazi war machine. The US Ambassador in Germany, William Dodd, wrote FDR in from Berlin on Oct. 19, 1936, that "The DuPonts have three allies in Germany that are aiding in the armament business.... Standard Oil Company (New York Sub Company) sent \$2,000,000 here in December 1933.

Mellon's Alcoa, DuPont and Standard Oil had all entered into cartel agreements with IG Farben, the Bayer-controlled super-chemical cartel and the Nazi's biggest financial backers. DuPont owned Farben stock, and Farben was a leading investor in Ford. (6)

Anslinger's campaign reached a crescendo when a film called 'Reefer Madness' was released to the general public in 1936. The written prologue, presented in the form of a government health warning, states the following:

"The motion picture you are about to witness may startle you. It would not have been possible otherwise, to sufficiently emphasise the frightful toll of the new drug menace which is destroying the youth of America in alarming increasing numbers. Marihuana is that drug, a violent narcotic, an unspeakable scourge, the real Public Enemy Number One."

"Its first effect is sudden, uncontrollable laughter, then comes dangerous hallucinations, space expands, time slows down, almost stands still. Fixed ideas come next, conjuring up monstrous extravagances, followed by emotional disturbances, the total inability to direct thoughts, the loss of power to resist physical emotions, leading finally to acts of shocking violence, ending often in incurable insanity. In picturing its soul-destroying effects, no attempt was made to equivocate. The scenes and incidents, while fictionalised for the purpose of this story, are based upon actual research into the results of marijuana addiction. If their stark reality will make you think, will make you aware that something must be done to wipe out this ghastly menace, then the picture will not have failed in its purpose. Because the dread marijuana may be reaching forth next for your son or daughter or yours."

1937 Marijuana Tax Act:

In 1937, the Marijuana Tax Act put hemp farmers out of business. It was a prohibition pretending to be a tax, similar to the machine-gun tax act created two weeks earlier. Anslinger testified at the poorly attended committee hearing, calling for a total ban on "marihuana". He stated under oath that "Opium has all the good of Dr. Jekyll and all the evil of Mr. Hyde. This drug [cannabis] is entirely the monster Hyde, the harmful effects of which cannot be measured". This statement contradicted what he wrote in a confidential memorandum to the Assistant Secretary of the Treasury that "the drug trade still has a small medical need for marihuana but has agreed to eliminate it entirely."

The U.S. Congress passed the Marijuana Tax Act which criminalized the drug. In response Dr. William C. Woodward, testifying on behalf of the AMA, told Congress that:

"The American Medical Association knows of no evidence that marijuana is a dangerous drug" and warned that a prohibition "loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis." (7)

His comments were ignored by Congress. A part of the testimony for Congress to pass the 1937 act derived from articles in newspapers owned by William Randolph Hearst, who had significant financial interests in the timber industry, which manufactured his newsprint paper.

Anslinger realised that by making marihuana a tax issue, the Act would have much greater appeal to the US House of Representatives.

Anslinger described his proposal as:

"An Act to impose an occupational excise tax upon certain dealers in marihuana, to impose a transfer tax upon certain dealings in marihuana, and to safeguard the revenue there from, by registry and recording."

The Act imposed a \$1 an ounce tax on registered users who were supplied by doctors, pharmacists and other medical practitioners, who had registered with the government. Physicians were allowed to supply people who had not registered, provided they had applied for a permit as a 'transferee' and paid a \$100 an ounce tax, as a transfer fee. Those who applied for a permit, had to provide their name, address and occupation and this information was passed to law enforcement officers. Anslinger knew that people wouldn't be able to afford the permit and that the cultivation of hemp for industrial purposes would be economically unviable.

In 1938, The U.S. company DuPont patented the processes for creating plastics from coal and oil and a new process for creating paper from wood pulp.

Anslinger continued to vilify the cannabis plant until his ultimate goal was realised in 1961 when cannabis became a schedule 1 drug globally.

La Guardia Report 1944:

Fiorello La Guardia, the Mayor of New York, was an outspoken critic of the 1937 Act and in 1939, after consultation with the American Medical Association, he commissioned a study to investigate Anslinger's claims.

The report, entitled; 'The Marihuana Problem in the City of New York: Sociological, Medical, Psychological and Pharmacological Studies' a combination of observations from undercover police and clinical studies was published in 1944.

Dealing with the physical effects, the report stated:

"The clinical studies were conducted with an experimental group of 77 persons, 72 of whom were inmates of various New York prisons. Forty-eight of these subjects had used marihuana previously and some had been heavy smokers of opiate narcotics. Both orally ingested cannabis concentrate, and ordinary marihuana cigarettes were administered in various quantities. A feeling of euphoria, occasionally interrupted by unpleasant sensations, was the usual response to cannabis."

"Also noted were other common aspects of a marihuana 'high', such as laughter and relaxation. No signs of aggression occurred, although some indications of anti-social feelings were expressed. Dizziness, a light floating sensation, dryness of the throat, thirst, an increase in appetite (particularly

for sweets), unsteadiness and a feeling of heaviness of the extremities, were among the common somatic symptoms noted.”

When comparing users to non-users, the report stated:

“There is definite evidence in this study but the marijuana users were not inferior in intelligence to the general population and that they had suffered no mental or physical deterioration as a result of their use of the drug.”

It concluded that marijuana use was relatively safe that it did not result in insanity, users were not prone to acts of violence and that it was not addictive, stating:

“The practise of smoking marijuana did not lead to addiction in the medical sense of the word, did not lead to morphine or heroin or cocaine addiction, and no effort was made to create a market for opiate narcotics by stimulating the practise of marijuana smoking. Marijuana was not the determining factor in the Commission of Major Crimes, nor was it a cause of juvenile delinquency. Finally, the publicity concerning the catastrophic effects of marijuana smoking in New York City is unfounded.” (8)

Anslinger condemned the report as being unscientific.

The Boggs Act 1951:

In 1948, Anslinger addressed Congress, informing them that marijuana was an even greater threat than he had previously imagined. He informed them that new research demonstrated that marijuana smokers became so passive they were incapable of fighting and that if it was not stamped out, the communists could simply walk into America and take it over without a fight.

Members of the American Congress were shocked by his revelations and fuelled by their fear of communism, without even bothering to check his latest evidence, the Boggs Act named in honour of Hale Boggs who introduced it was signed by President Truman on November 2nd 1951. When Anslinger addressed Congress, he told them:

“The danger is this: over 50% of those young addicts started on marijuana smoking. They started there and graduated to heroin; they took the needle when the thrill of marijuana was gone.”

He justified the mandatory minimum sentences by saying:

“Short sentences do not deter, in districts where we get good sentences, the drug traffic does not flourish.”

Doctor Harris Isabel, an acknowledged researcher, was opposed to the inclusion of marijuana saying:

“Marijuana smokers generally are mildly intoxicated, giggle, laugh, bother no one, and have a good time. They do not stagger or fall, and ordinarily will not attempt to harm anyone. It has not been proved that smoking marijuana leads to crimes of violence or to crimes of a sexual nature. Smoking marijuana has no unpleasant after-effects, no dependence is developed on the drug, and the practise can easily be stopped at anytime. In fact, it is probably easier to stop smoking marijuana cigarettes than tobacco. In predisposed individuals, marijuana may precipitate temporary psychoses and is, therefore, not an innocuous practise with them.”

Under the Boggs Act, a first offence for the possession of heroin, cocaine or marijuana, carried a minimum sentence of two years imprisonment up to a maximum of five years, plus a fine of \$2000 on a second conviction, offenders would receive a minimum of five years and the third conviction carried a penalty of a minimum 10 years to a maximum 20.

As heroin was much easier to import the Boggs Act led to a heroin epidemic.

Anslinger informed the US Government that he needed even more powers and tougher controls, to combat the menace and in January 1956, the US Senate ordered a special committee to look into the problem. The committee proposed that existing laws in respect of search and seizure should be scrapped and Anslinger's men should be authorised to tap telephones, carry firearms and arrest without warrants.

Hale Boggs was put in charge of another committee, to investigate the situation further. He was completely opposed to the treatment of addicts in clinics, stating:

"To permit a government institution to engage in the ghastly traffic in narcotics, is to give the government the authority to render unto its citizens certain death without due process of law. The most effective weapon against the spread of addiction and the elimination of existing addiction, is severe punishment in the form of mandatory sentences which effectively determines traffickers." (9)

As a result, the Narcotics Control Act was introduced, which was signed by President Eisenhower on July 18th 1956. It was the quickest piece of legislation ever to take place completed within a three month period. Under the new act, the first offence for marijuana possession, carried a minimum sentence of 5 to 20 years imprisonment and 10-40 years for succeeding convictions. Narcotics agents and customs officers were given authority to carry guns, to serve warrants and to arrest anyone who was suspected of committing a drug offence, without a warrant.

Timothy Leary Ends the Marihuana Tax Act:

Timothy Leary, described by Richard Nixon in 1968 as: "The most dangerous man in America," was arrested in December 1965 for possession and illegal transportation of marijuana. He was sentenced consecutively to 20 years imprisonment and fine \$20,000 for illegal transportation and ten years and a fine of \$20,000 for failing to pay the transfer tax set out within the Marijuana Tax Act of 1937, 30 years and a \$40,000 fine in all. Leary appealed this decision. In December 1968, The US Supreme Court consider the facts that were placed before them by both the prosecution and Leary's defence team. It was the first time that the US Supreme Court had an opportunity to investigate the mechanisms and machinations of the Marijuana Tax Act of 1937 and to investigate the true purpose behind it.

Leary's main defence rested on the fact, that under the Marijuana Tax Act of 1937, he was required by law to register himself as a marijuana user. In order to comply with the transfer provisions of the act, he would have been forced to provide the authorities with information that would have incriminated him, which he said, was a blatant violation of his rights under the 5th Amendment.

During the course of the appeal, which was heard over a two day period, the court decided to focus first on Leary's claim, that full compliance of the act was in breach of his civil rights under the 5th Amendment.

As the Supreme Court noted:

“We can only decide that when reading according to their terms, these provisions created a real and appreciable hazard of incrimination.”

They further added:

“The foregoing shows that at the time Mr Leary acquired the marijuana, he was confronted with a statute which on its face permitted him to acquire the drug legally, provided he paid the \$100 per ounce transfer tax and gave incriminating information, and simultaneously with a system of regulations so out of keeping with the statute as to be ultra vires.”

The verdict was delivered on May 19th, 1969. In a unanimous decision, penned by Justice John Marshall Harlan II, the court declared the Marijuana Tax Act of 1937 to be unconstitutional and Timothy Leary's conviction was overturned.

Mr Justice Brook, concurring in the result said:

“Congress had no more constitutional power to tell a jury it can convict upon any such forced and baseless inference than it has power to tell juries they can convict a defendant of a crime without any evidence at all from which an inference of guilt could be drawn.”

Nixon and the Schafer Report:

At the same time that the 1971 Misuse of Drugs Act came into power in the UK, President Richard Nixon stated:

“Americas Public Enemy number one in the United States is drug abuse. In order to fight and defeat this enemy, it is necessary to wage an, all-out offensive.”

Nixon was not a fan of the swinging sixties and white, middle-class students were perceived to be the biggest threat to his presidency. Portraying them as unpatriotic hippies, who spent their time smoking marijuana and experimenting with LSD, enabled him to segregate them from mainstream society.

The Controlled Substance Act gave authorities the power to disrupt their meetings, imprison their leaders and wage a propaganda war against them in the American media.

There were many members of Congress who felt that marijuana had potential medical benefits and as a result, they were unhappy that it had been classified as a schedule one substance. Some of them were in favour of an official inquiry, which they felt would ultimately lead to the reclassification of marijuana. In order to keep them happy, in 1971 the National Commission on Marijuana and Drug Abuse was established, to carry out a thorough study. Nixon appointed Raymond P. Schafer, Governor of Pennsylvania and a former prosecutor who had a reputation for being tough on crime, to head the investigation.

Nixon was worried from day one, and telephone conversations that were de-classified in 2002, which were later released to the public, illustrate his concerns. Speaking to his aide, H.R Haldeman, Nixon said:

“I want a goddam strong statement about marijuana. Can I get that out have this son of a bitching domestic council? I mean one on marijuana that just tears the ass out of them.” (10)

Articles began to appear in the American press, written by prominent psychiatrists, which led some to believe that marijuana may be legalised. Nixon was furious about many of the articles, some of which had been written by medical experts, telling his aide:

“Every one of those bastards that are out for legalising marijuana is Jewish. What the Christ is the matter with the Jews Bob, what is the matter with them? I suppose it's because most of them are psychiatrists, you know, there's so many, all the greatest psychiatrists are Jewish. By God, we are going to hit the marijuana thing, and I want to hit it right square in the puss. I want to find a way of putting more on that. I want a goddam strong statement about marijuana, I mean one that just tears the ass out of them.” (10)

On September 9th 1971, Nixon met Shafer and once again the tape machine was rolling, when he told him:

“I think there's a need to come out with a report that is totally oblivious to some obvious differences between marijuana and other drugs, other dangerous drugs. Don't go into the matter of penalties and that sort of thing, as to whether there should be uniformity in penalties, whether in courts, I'd much rather have uniformity than diversity. You're enough of a pro to know that for you to come out with something that would run counter to what the Congress feels and what the country feels and what we're planning to do, would make your Commission look just bad as hell. Keep your Commission in line.” (10)

The Commission held formal and informal meetings, which considered the opinions of public officials, community leaders, medical practitioners and experts, as well as students and other members of the public. They conducted surveys among judges, probation officers, health officials and members of law enforcement agencies as well as commissioning studies on the effects of marijuana and the enforcement of marijuana laws. The result of this comprehensive study, ‘Marijuana: A Single Understanding’, was presented to the US Congress in 1972 by Raymond Schafer. Its initial introduction stated:

“In order to maximise public awareness, we are apt to characterise situations as being far worse than they really are. Because any activity is commonly regarded as a move toward a solution, rhetoric and stopgap legislation sometimes substitute for rational reflection. The appointment of this Commission, and the publication of this report, reflect the escalation of marijuana use into the realm of a social problem. Since the beginning of our official life, we have grappled with the threshold question: why has the use of marijuana reached problem status in the public mind?”

“The belief that marijuana is causally linked to crime and other anti-social conduct first assumed prominence during the 1930s as the result of a concerted effort by governmental agencies and the press to alert the American populace to the dangers of marijuana use.”

“Newspapers all over the country began to publish lurid accounts of marijuana atrocities. In the absence of adequate understanding of the effects of the drug, these largely unsubstantiated stories profoundly influenced public opinion and gave birth to the stereotype of the marijuana user as physically aggressive, lacking in self-control, irresponsible, mentally ill and, perhaps most alarming, criminally inclined and dangerous.”

“The data show that marijuana users were much less likely to commit aggressive or violent acts than with those who preferred amphetamines or alcohol. They also show that most marijuana users were able to condition themselves to avoid aggressive behaviour even in the face of provocation. In fact,

marijuana was found to play a significant role in youths transition from a rowdy, to a cool, non-violent lifestyle.”

“Unfortunately, fact and fancy have become irrationally mixed regarding marijuana's physiological and psychological properties. Marijuana clearly is not in the same chemical category as heroin insofar that it's psychological and physiological effects are concerned. In a word, cannabis does not lead to physical dependence. No torturous withdrawal syndrome follows this sudden sensation of chronic, heavy use of marijuana.”

“Citizens concerned with health issues must consider the possibility of marijuana use leading to use of heroin, other opiates, cocaine or hallucinogens. This so called ‘stepping-stone’ theory first received widespread acceptance in 1951 as a result of testimony at congressional hearings. The implication of these descriptions was that a causal relationship existed between marijuana and subsequent heroin use. When the voluminous testimony given at these hearings is seriously examined, no verification is found of a causal relationship between marijuana use and subsequent heroin use.”

“The Commission believes that the contemporary American drug problem has emerged in part from our institutional response to drug use. We have failed to weave policy into the fabric of social institutions. Unless present policy is redirected, we will perpetuate the same problems, tolerate the same social costs, and find ourselves as we do now, no further along the road to a more rational legal and social approach than we were in 1914.”

In conclusion, the Schaefer commissions report stated the following:

“The Commission feels that the criminalization of possession of marijuana for personal use be self-defeating as a means of achieving this objective. We have attempted to balance individual freedom on one hand and the obligation of the state to consider the wider social good on the other. We believe our recommended scheme will permit society to exercise its control and influence in ways most useful and efficient, meanwhile reserving to the individual American his sense of privacy, his sense of individuality, and, within the context of an interacting and independent society, his options to select his own lifestyle, values, goals and opportunities.” (9)

President Nixon rejected the commission's findings, and the war against marijuana and other drugs began. In order to enforce the new law effectively, Nixon established a powerful, new, para-military force and in July 1973 the Drug Enforcement Agency was created. This combined the Bureau of Narcotics and Dangerous Drugs with US Customs Agents.

It must be noted that in 1965, less than 25,000 Americans were arrested for marijuana offences but by 1975, this figure had increased to over 400,000.

Today, America has more prisoners than anyone else in the world. In 2016, there were nearly two and a quarter million Americans in prison, of which nearly half a million were in there for drug offences.

In 2017, Morgan Fox, director of communications for the Marijuana Policy Project said:

“Arresting and citing nearly half a million people a year for a substance that is objectively safer than alcohol is a travesty. Despite a steady shift in public opinion away from marijuana prohibition, and the growing number of states that are regulating marijuana like alcohol, marijuana consumers continue to be treated like criminals throughout the country. This is a shameful waste of resources and can create lifelong consequences for the people arrested.”

He concluded by saying:

“Regulating marijuana for adults creates jobs, generates tax revenue, protects consumers and takes money away from criminals. It is time for the Federal Government and the rest of the States to stop ruining people’s lives and enact sensible marijuana policies.”

As of Jan 2021, 17 US States have legalised cannabis for both medical and recreational use and a further 21 States have legalised medical use only.

International Influences:

The 1961 Single Convention:

The most important development throughout history in securing world-wide prohibition of cannabis was its inclusion within the 1961 Single Convention on Narcotic Drugs. The first draft of the single convention was written in 1950 where two alternative approaches to the substance were offered. Both assumed the recreational consumption was bad and should be rigorously discouraged and the other aspect was to decide whether cannabis had any meaningful medicinal value.

After much deliberation, in April 1954, the WHO’s clear-cut position was that ‘there was no justification for the medical use of cannabis preparations,’ and that the presence in the pharmacopeia was not evidence of actual use. This accepted position by the commission was taken without any clear sense of what evidence the WHO had used, and without any recourse to any scientific data of its own.

When assessing the physical, mental and societal harms of cannabis, the WHO presented a report, ‘The Physical and Mental Effect of Cannabis’ in 1955. This document was the primary evidence used to assess the harms of cannabis and it closely reflects the ‘reefer madness/gore files propaganda of 1930’s America, and of course Harry Anslinger, UN delegate for the US was involved.

The 1955 report included all of the disproved theories we have seen and as it was thin on actual examples or scientific trials, it contained a collection of somewhat sensational clippings from newspapers and hearsay from officials.

Outlandish claims were made such as:

“under the influence of cannabis, the danger of committing unpremeditated murder is very great; it can happen in cold blood, without any reason or motive, unexpectedly, without any preceding quarrel; often the murderer does not even know the victim, and simply kills for pleasure”.

In contrast WHO’s 1995 cannabis report states *“cannabis appears to play little role in injuries caused by violence, as does alcohol”.*

Some other excerpts from the WHO document:

“A series of atrocious cases is mentioned in the important book recently published by H. J. Anslinger and W. F. Tompkins, " A few of many cases which illustrate the homicidal tendencies and the generally debasing effects arising from the use of marihuana"; for instance, a bellboy shot a federal guard, who was unknown to him, working in another building, not remembering later what he did; the officers of a merchant vessel were under continuous danger of being attacked by members of the crew using marihuana; murder of a man of 74 years, unknown to the murderer; a cotton-picker of 25

years of age drank, then smoked a "reefer", picked up a 17 months old baby girl which had been left in the family car, violated and suffocated her; "the real criminal in this case is marihuana", said the murderer's own counsel."

"Bulimia is a typical cannabis symptom; there are cannabis smokers who say that because of the hunger they develop they are capable of stealing and even of killing. They have a particular longing for sugar and sweet things in general, due to hypoglycemia cannabica, for instance, bunches of bananas; such as are found in Brazilian markets. Parreiras also refers to the cannabis cachexia observed in Brazil among inveterate smokers, which can appear even some time after withdrawal, taking the form of pro-stration, low spirits, dyspepsia, frequent attacks of diarrhoea, inappetence, bronchitis -in short, a picture of human ruin, with a grave prognosis." (11)

Evidence that was submitted to the Commission which painted a positive picture of cannabis use was disregarded and in the final phase of redrafting the single convention, cannabis drugs were regarded as 'dangerous from every point of view' and that 'consumption constitutes a widespread habit and often serious social evil.'

Following more deliberation and uncertainty, cannabis was finally placed in Schedule IV and Schedule 1 of the convention, with the most dangerous drugs (except for alcohol and tobacco which were not scheduled), 60 years ago on the 30th March 1961.

To support our (SoF/WTU) claim that cannabis was illegally placed in International controls as above and thus placed as a Schedule 1 drug within the Misuse of Drugs Act 1971 without any foundation evidence, the thorough paper, **'The IHO as Actor: The case of cannabis and the Single Convention on Narcotic Drugs 1961'**, written by James H. Mills, Professor of Modern History at the University of Strathclyde (12), and the **'1955 World Health Organisation's report 'Physical and Mental Effects of Cannabis'** provide undisputable evidence to support our claim.

According to Blacks Dictionary Maxims of Law: ***"an act invalid from the start cannot be validated by subsequent acts."***

As the law was based on ideology, racism and political objectives, opposed to the science of true harms to the public and society, the law could be seen to be invalid from the start and this in itself should be sufficient to remove cannabis from the 'Act'.

International Treaty Considerations:

Part of the solution to protect otherwise law-abiding people who use cannabis from potential dangers, such as the risk of imprisonment, exposure to bad quality cannabis and addictive substances and the general world of crime, would be to allow legal regulated outlets for supply and to allow people to grow plants at home. This would remove many of the dealers out of the equation, divorce the connections of cannabis with hard drugs and reduce exposure to crime.

Government insists that major change to legislation is not possible because of the UK obligations to international treaties – This is simply not true. If the UK decides that a system other than prohibition is most appropriate for protecting public health and welfare and for deterring illicit trafficking, the government is not obliged by virtue of the Single Convention to maintain a prohibition policy.

A legal regulated control of cannabis use, and supply is an entirely legitimate collective purpose, enforceable with all appropriate civil and criminal sanctions and in accord with the UK Government's international obligations:

Consideration of the international treaties are vital to the discussion of cannabis policy:

The Single Convention on Narcotic Drugs, 1961, and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

The Single Convention on Narcotic Drugs 1961 [amended 1972]:

Article 36 of The Single Convention on Narcotic Drugs 1961 requires the signatories to adopt such measures to ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of this Convention, and any other action which in the opinion of such Party may be contrary to the provisions of this Convention, shall be punishable offences when committed intentionally.

Paragraph 3 of Article 28; The Parties shall adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant.

Article 22 of the Single Convention reads as follows: In all cases in which, in light of the circumstances prevailing in the country or area of a Party, prohibition of the cultivation of the poppy plant, coca plant or cannabis plant is, in the view of that Party, the most appropriate measure for protecting public health and welfare and to prevent the narcotic substances from finding their way to illicit trafficking, the Party involved can prohibit cultivation.

Article 2(5) requires:

(a) A Party shall adopt any special measures of control which in its opinion are necessary having regard to the particularly dangerous properties of a drug so included; and

(b) A Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug except for amounts which may be necessary for medical and scientific research only, including clinical trials herewith to be conducted under or subject to the direct supervision of the Party - It must be emphasised, however, that Article 2(5) is not mandatory. Rather, special measures of control can be imposed if, in the opinion of the Party, they are 'necessary' or 'appropriate'.

The 1972 Protocol added a second subparagraph (s-Para 1(b)) to Article 36, paragraph 1:

Notwithstanding the preceding subparagraph, when abusers of drugs have committed such offences, the Parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration.

The Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988:

Among other things, this requires individual states - subject to their constitutional principles and the basic concepts of their legal systems - to establish the possession of cannabis, as a criminal offence under their domestic law. The states are free, however, to determine what level of sanctions to apply to such an offence in conformity with their domestic law."

At face value, it is difficult to see how the Misuse of Drugs Act 1971 could be amended within in the terms of the UN Conventions to allow 'a legal regulated supply'.

However, these treaties are much more subtle and flexible than they are sometimes interpreted. They provide provisions and discretion for varying interpretations to allow for alternatives to punishment.

Nothing in the convention requires signatory States to establish the possession, purchase or cultivation of controlled cannabis for the purpose of non-medical, personal consumption as a criminal offence, if to do so would be contrary to the constitutional principles and the basic concepts of UK domestic legal system.

"The term 'possession' used in the penal provisions of the Single Convention means only possession for the purpose of illicit traffic. Consequently, unauthorized possession and purchase of narcotic drugs including cannabis for personal consumption need not be treated as punishable offences or as serious offences".

[Adolf Lande, Sec. UN Permanent Central Narcotics Board and UN Drug Supervisory Body and drafters of the 1961 Convention].

"The requirement that Parties limit the use of drugs to medical and scientific purposes does not require them to attain that goal by providing penal sanctions for unauthorized 'use' or 'personal consumption' of drugs."

(Noll, a senior legal officer of the United Nations Division of Narcotic Drugs)

"The word 'possession' in Article 36 refers not to possession for personal use but to possession as a link in illicit trafficking.' The Commission concluded that measures such as "an educational program and similar approaches designed to discourage use" could be employed to meet treaty obligations."

(U.S. National Commission on Marihuana and Drug Abuse)

"...[none] of the three international drug Conventions insist on the establishment of drug consumption per se as a punishable offence. Only the 1988 Convention clearly requires parties to establish as criminal offences under law the possession, purchase or cultivation of controlled drugs for the purpose of non-medical, personal consumption, unless to do so would be contrary to the constitutional principles and basic concepts of their legal system... None of the Conventions requires a party to convict or punish those who commit such offences, even when they have been established as punishable; alternative measures may always substitute for criminal prosecution."

[United Nations Drug Control Panel, World Drug Report, New York: Oxford University Press, 1997:185].

In 2006, the UK Government stated:

“It has always been the position of the UK Government that the United Nations Conventions, to which the UK is a signatory, do not pose a significant barrier to a change in the system by which drugs are controlled in this country. However, the Government is not free to legislate entirely as it pleases. It must do so within the parameters set by the Conventions.” (13)

In 2009, the UNOCD confirmed that offences involving the possession, purchase or cultivation of illicit drugs for personal use should not be criminalised as this would be a contradiction of their human rights:

UNITED NATIONS OFFICE ON DRUGS AND CRIME: Vienna: From coercion to cohesion: Treating drug dependence through health care, not punishment.

Discussion paper based on a scientific workshop: UNODC, Vienna, October 28-30, 2009.

“The report of the International Narcotics Control Board for 2007 (EN/INCB/2007/1), when discussing the principle of proportionality, highlighted that “with offences involving the possession, purchase or cultivation of illicit drugs for the offender’s personal use, the measures can be applied as complete alternatives to conviction and punishment”

In conclusion, they stated:

“In responding to the problem of drug use, “many countries have introduced severe penalties for drug use and related crime, which have resulted in large numbers of people in prisons, compulsory treatment centres, or labour camps without significant long-term impact on drug use, drug dependence or drug-related crime in the community and are in contradiction with human rights.” (14)

This was reaffirmed in 2010 with the addition that limiting access to what may be considered essential medicine is a breach of the human right to health, and that the UN recommend that the personal use of drugs should be decriminalised or depenalised:

United Nations General Assembly 6th August, 2010: 65th session item 69 (b) of the provisional agenda: Promotion and protection of Human Rights:

“The right of everyone attainable standard of physical and mental health.”

“General Assembly and the above session concluded that “Certain countries incarcerate people who use drugs, impose compulsory treatment upon them, or both. The current international drug control regime also limits access to essential medicines, which violates the enjoyment to the right to health.”

“The Special Rapporteur also recommend that “human rights be integrated into the international response to drug control, through use of guidelines and indicators relating to drug use and possession, and that the creation of an alternative drug regulatory framework should be considered. Member states should ensure that harm reduction measures and drug dependence treatment services are available to those who use drugs, especially focused on incarcerated populations. They also should reform domestic laws to decriminalize or depenalize the use or possession of drugs, and increase access to controlled essential medicines.” (15)

In December 2020, Cannabis was finally removed from Schedule IV of the CND, accepting the medicinal value of cannabis and also admitting that cannabis cannot be considered as harmful as other Schedule IV drugs such as heroin and cocaine. The vote between States was close and unfortunately, cannabis remains as a Schedule 1 substance in the Treaty. What's more, countries (including the UK) have ignored the recommendations of the UN, and the use, possession and cultivation continues to be criminalised in contravention of human rights.

The UK Situation:

Dangerous Drugs Act Amendment 1965:

In 1965 the Dangerous Drugs Act was amended and the changes imposed the same penalties for unlawful possession as for unlawful supply. There was also no differentiation between cannabis and heroin or cocaine.

In the same year a quote was published in the 'Guy's Hospital Gazette', summoning up the situation in a sentence:

"The available evidence shows that marijuana is not a drug of addiction and has no harmful effects, the problem of marijuana has been created by an ill-informed Society, rather than the drug itself."

On July 24th, 1967 'The Times' published a full-page advertisement which had been paid for, and signed by 50 prominent people which included, doctor Francis Crick, fellow of the Royal Society, author Graham Greene, the political activist Tariq Ali, artist Graham Hockney, and The Beatles:

"The law against marijuana is immoral in principle and unworkable in practise."

"The prohibition of cannabis has brought the law into disrepute and has demoralised police officers faced with the necessity of enforcing an unjust law."

"Un-counted thousands of frightened persons have been arbitrarily classified as criminals and threatened with arrest, victimisation and loss of livelihood. Many of them have been exposed to public contempt in the courts, insulted by uninformed magistrates and sent to suffer in prison."

"The use of cannabis is increasing, and the rate of increase is accelerating. Cannabis smoking is widespread in the universities, and the custom has been taken up by writers, teachers, doctors, businessmen, musicians, scientists, and priests. Such persons do not fit the stereotype of the unemployed criminal dope fiend. Smoking the herb also forms a traditional part of the social and religious life of hundreds of thousands of immigrants in Britain."

"It is almost certainly correct to state that the risk to cannabis smokers of becoming heroin addicts is far less than the risk to drinkers of becoming Alcoholics."

It was a very powerful, social statement at the time, which concluded with a five point plan:

1. *The government should encourage research into medical applications.*
2. *Smoking cannabis on private premises should be legal.*
3. *Cannabis should be removed from the dangerous drugs list.*
4. *For possession, should either be legally permitted, or considered as a misdemeanour, punishable by a fine of not more than £10 and not more than £25 for subsequent offences.*

5. *All persons now imprisoned for possession of cannabis should have their sentence is commuted.*

The advertisement also contained statements from established respected, medical practitioners, including a very dismissive quote, published in The Times three months earlier. Doctor David Stafford Clark, director of psychological medicine at Guy's Hospital in London stated:

“Certain specific myths require objective confrontation since otherwise they recurrently confuse the issue, and incidentally divert the energy and attention of police and customs and immigration authorities in directions which have very little to do with the facts and much more to do with prejudiced beliefs. The relative innocence of marijuana by comparison with alcohol is one such fact, its social denial, a comparable myth.”

Wootton Report 1968:

In response to the rise of cannabis use during the 1960's, The British Government commissioned the Advisory Committee on Drug Dependence, to compile a report on the use and effects of cannabis in the UK. Barbara Wootton, Baroness of Abinger, a British economist and social scientist, was appointed chair over a separate committee which consisted of 11 people, including several of the most respected experts in the field of drug use and dependency.

The Wootton Report was very critical of British legislation and of the sentences imposed on convicted offenders:

“We believe that the association of cannabis in legislation with heroin and the other opiates is entirely inappropriate and that new and quite separate legislation to deal specially and separately with cannabis and its synthetic derivatives should be introduced as soon as possible. We are also convinced that the present penalties for possession and supply are altogether too high.”

“Over two thirds of all cannabis offenders (and nearly all found guilty of possessing more than 1kg) did not have a record of non-drug offences. Nine out of ten of all cannabis offences were for possessing less than 30g. About a quarter of all cannabis offenders were sent to prison (or borstal, detention centre, or approved school); only about 13% were made subject to a probation order; and about 17% of first offenders were sent to prison. In considering the scale of penalties our main aim, having regard to our view of the known effects of cannabis, is to remove for practical purposes, the prospect of imprisonment for possession of a small amount and to demonstrate that taking the drug in moderation is a relatively minor offence. We would hope that juvenile experiments in taking cannabis would be recognised for what they are, and not treated as anti-social acts or evidence of unsatisfactory moral character.”

“The dangerous drugs act 1965 imposes the same penalties for unlawful possession as for unlawful supply. A high maximum penalty for possession has been justified in the past by the argument that it must be allowed for due punishment of the trafficker, who is more likely to be found in possession than in the act of supply.”

On the aspect of criminality, the report stated:

“From our study of the statistics and other evidence about the supply of cannabis in the United Kingdom we have come to the conclusions that the traditional view of the supplier as a large scale

criminal is an oversimplification, and that having a heavy maximum penalty for possession to allow for punishment of the large scale trafficker exaggerates the criminality of drug taking itself. It seems clear that in cannabis society there is a regular give and take of the drug and that many users are in a position to supply it, and do supply it, in very small quantities without real criminal intent. 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 1891 to 1894 and the New York Measures Committee on Marijuana 1955, that the long term consumption of cannabis in moderate doses has no harmful effects."

With regards to the addictive nature of cannabis, the report stated:

"Unlike the hard drugs, such as heroin, cannabis does not produce tolerance. Consuming the same, sometimes even a smaller amount of cannabis, continues to produce the original effect. Unlike heroin, cannabis does not cause physical dependence and withdrawal effects do not occur when its use is discontinued. The majority of users regard cannabis as pleasurable and so continue its use, but if they decide to give it up, they do not usually experience difficulty." (16)

Misuse of Drugs Act 1971:

The Misuse of Drugs Act 1971 (MoDA) drug classification was initially based upon the 1961 UNCND. The intention was that the classification system would evolve with the scientific evidence base, with independent scientific advice provided by the Advisory Council on the Misuse of Drugs (ACMD). ACMD have a statutory duty to advise Government about harmful drug use "sufficient to constitute a social problem" and to provide Government with regulatory recommendations for "restricting the availability of such drugs".

Cannabis was placed within the act as a Schedule 1 substance with a class B penalty and it remains so 50 years later.

Both the 'Seed our Future' and 'We the Undersigned' campaigns are keen to seek out the truth but more importantly, receive admittance from the Government of the truth. In 2020, Seed our Future sent 45 FOI's to every Police and Crime Commissioner (PCC) in the UK, the Crown Prosecution Service (CPS), the Home Office and the ACMD requesting the following information:

I write to you under the Freedom of Information act 2000 to request five pieces of evidence:

- 1. FOUNDATION EVIDENCE for the claim that all genus of cannabis meets the currently accepted criteria for a schedule 1 substance in its raw form.*
- 2. FOUNDATION EVIDENCE for the claim that cannabinoid preparations meet the currently accepted criteria for a schedule 1 substance.*
- 3. FOUNDATION EVIDENCE for the claim that cannabis is a 'controlled' substance in the UK and who is making that claim of control.*
- 4. FOUNDATION EVIDENCE for what is considered misuse of raw cannabis and its various preparations.*
- 5. The Clear Scientific Evidence of physical and mental harm and harm to communities, resultant from the use of cannabis to justify the class B penalty as per the 1971 Misuse of Drugs Act. (17)*

The PCC's and CPS did not hold this information and nervously tried to pass us to different departments. It appeared that the Police and the Prosecution Service had never thought to enquire about the evidence for the most common laws they deal with. The Home Office and ACMD provided their interpretation of the evidence, but this was disputed within a Critical Review document which you can access here: <https://www.seedourfuture.co.uk/wp-content/uploads/sites/11/2020/11/Critical-Review-of-Home-Office-and-ACMD-FOI-Responses.pdf> (30)

One of our members, an 80-year-old, who was recently convicted for growing his own medicine at home but now holds a private prescription, wrote to the Home Office, the answer revealing that the evidence had been destroyed. The Home Office reply stated:

Thank you for your email of 26 October 2020, in which you ask for:

"The Foundation Evidence that was provided to Ministers that led to the enactment of the 1971 MODA Act. The scientific data that led to their conclusions."

"Your request has been handled as a request for information under the Freedom of Information Act 2000. We have carried out a thorough search and we have established that the Home Office does not hold the information which you have requested. Many files relating to the Misuse of Drugs Act 1971 ("the 1971 Act") have been destroyed as a matter of course under retention and disposal schedules; however, our search has indicated that a number of files relating to the 1971 Act and which may contain material which falls within the scope of your request have been transferred to The National Archives (TNA)."

Following 50 years of a failed 'war on drugs' via the 1971 MoDA and following repeated attempts to engage with the Home Office with extensive reports, including those compiled by us, the Home Office continue with their unfounded rhetoric of:

"This Government has no plans to legalise cannabis for recreational use, or to hold a vote on the legalisation of cannabis."

"Cannabis is a Class B Drug under the Misuse of Drugs Act 1971. There is a substantial body of scientific and medical evidence to show that controlled drugs, such as cannabis, are harmful and can damage people's mental and physical health, and our wider communities. Evidence from the Government's independent experts, the Advisory Council on the Misuse of Drugs ("ACMD"), is that the use of cannabis is a 'significant public health issue and can unquestionably cause harm to individuals and society'."

"Given these harms, the Government does not intend on legalising the recreational use of cannabis and the penalties for unauthorised supply, possession and production will remain unchanged."

"The legalisation of drugs in the UK would not eliminate the crime committed by the illicit trade nor would it address the harms associated with drug dependence and the misery this can cause to families and society. Legalisation of recreational use of cannabis would send the wrong message to the vast majority of people who do not take drugs, especially young and vulnerable people, with the potential grave risk of increased misuse of drugs." (18)

Home Office, 19 March 2019.

In the following sections, we will prove, without reasonable doubt, that these statements are unfounded.

Discovery of the Endo Cannabinoid System:

Cannabis is without a doubt the most important medicinal plant to which we possess.

Following 300 million years of evolution, it massively outshines every pharmaceutical drug ever manufactured as it has been found not only to have the potential to treat every disease known to man, it can also prevent them without unnecessary danger nor adverse side effects in comparison to man-made drugs.

‘Cannabis has been used medicinally for millennia.’ An article published in *The Economist* on April 27, 2006, under the heading, ‘Marijuana is medically useful, whether politicians like it or not,’ stated:

‘If Marijuana was unknown, and bio-prospectors were suddenly to find it in some remote mountain crevice, its discovery would no doubt be hailed as a medical breakthrough. Scientists would praise its potential for treating everything from pain to cancer and marvel at its rich pharmacopeia; many of whose chemicals mimic vital molecules in the human body.’ (6) Barrie, N. and Manolios, N. (2017) ‘The endocannabinoid system in pain and inflammation: Its relevance to rheumatic disease.’, *European journal of rheumatology*. AVES, 4(3), pp. 210–218.

Although there is a rich history of the use of cannabis as a medicine for hundreds of diseases and conditions, little was known about the pharmacological interactions with our biology.

It wasn’t until the mid-1990’s that arguably the most important discovery within modern history in relation to biology was made; the discovery of the Endocannabinoid system.

“We humans are machines. A tightly coordinated biological machine comprised of trillions of cells. Each of these cells is in a constant state of communication with its immediate neighbours as well as with the central controlling system that is the brain. These communications are tightly regulated and balanced by the body. We are now realising that in disease, this tightly coordinated communication is often compromised and dysregulated in some way. The identification of the cannabis-based cannabinoid or phyto-cannabinoid, tetrahydrocannabinol (THC) ultimately led to the discovery of the system that is responsible for this delicate balancing act, the Endocannabinoid System (ECS). Since its initial discovery in the late 1900’s, our knowledge of the endocannabinoid system has advanced at a startling pace. We now know the ECS to be involved in almost all diseases. This provides researchers with the unique opportunity to begin reanalysing methods of treating a variety of diseases. This is particularly exciting for conditions for which no treatments currently exist. The ECS is comprised of 3 elements that provide a feedback loop for all cellular communication, reducing signalling when cells become overstimulated, and increasing signalling when stimulation is needed.” (19)

In layman’s terms, we have an endogenous system (and this relates to all mammals on the planet) within our body which regulates all of our systems which keep us healthy and balanced and this is commonly referred to as ‘homeostasis’. This endocannabinoid system can, for many reasons, be affected by external stimuli and this can put us out of balance, causing dis-ease (imbalance).

Phyto-cannabinoids from plants (cannabis being the only plant to contain a full spectrum of cannabinoids) can moderate this system and so restore balance, leading us to health and vitality whilst preventing and treating virtually all diseases.

Of course, it's not that simple, cannabis contains approx. 500 compounds (Approx 115 Cannabinoids and a range of terpenoids and flavonoids) which all work synergistically together. This amazing activity was coined by Dr Ethan Russo as 'the entourage effect.'

It is also why modern cannabis based pharmaceutical drugs using isolated or synthetic cannabinoids are less effective, save in a few instances where an isolate is preferable for medical reasons. As a broad-spectrum approach however, isolates are not effective as treatment.

The work of Dr Ethan Russo highlights that many illnesses could be attributed to an endocannabinoid deficiency and "suggests that a clinical endocannabinoid deficiency might characterize their origin. Its base hypothesis is that all humans have an underlying endocannabinoid tone that is a reflection of levels of the endocannabinoids, anandamide (arachidonylethanolamide), and 2-arachidonoylglycerol, their production, metabolism, and the relative abundance and state of cannabinoid receptors. Its theory is that in certain conditions, whether congenital or acquired, endocannabinoid tone becomes deficient and productive of pathophysiological syndromes." These findings reinforce the belief that cannabis is an essential nutrient for the maintenance of health through plant cannabinoids interacting with the endocannabinoid system, thereby regulating homeostasis.

It can therefore be argued that the removal of cannabinoids from our diet over the past century, has reduced the health index of the Nation and is currently a public health issue, similar to the effects if certain vitamins and minerals were to be removed from our diet.

Cannabis undoubtedly, regulates our health (homeostasis of our endocannabinoid system) and prevents disease, not in a medical sense but as supplementary nutrition. We instinctively know what our bodies need and the 'recreational' use of cannabis may be more than just a pursuit of pleasure; a pursuit of relaxation (stress reduction) and supplementation of our ECS.

1998 Robson Report:

In 1996 the Department of Health commissioned Philip Robson to investigate the therapeutic aspects of cannabis and cannabinoids.

In 1998 Robson reported that:

- 1. Cannabis had a long history of therapeutic use and relative safety.*
- 2. Time was needed to develop marketable cannabis-based products.*
- 3. Government should cease the criminalisation of peaceful people who are assuaging their symptoms with natural herbal cannabis.*

The report was submitted to the British government in 1998 and the Government chose to maintain the misinformation campaign about cannabis to justify their "war on cannabis". Robson was licenced as the Medical Director of GW Pharmaceuticals and he was given the desired time to develop marketable cannabis-based medicinal products.

Even with the knowledge of these products being developed, alongside the wealth of knowledge of past medicinal uses, the Government chose to continue the unjustified criminalisation of peaceful people who choose to assuage their symptoms with natural herbal cannabis whilst consistently claiming that cannabis had no therapeutic value.

Abstract:

Background: Review commissioned in 1996 by the Department of Health (DOH).

Aims: Assess therapeutic profile of cannabis and cannabinoids.

Method: Medline search, references supplied by DOH and others, and personal communications.

Results and conclusions: Cannabis and some cannabinoids are effective anti-emetics and analgesics and reduce intra-ocular pressure. There is evidence of symptom relief and improved well-being in selected neurological conditions, AIDS and certain cancers. Cannabinoids may reduce anxiety and improve sleep. Anticonvulsant activity requires clarification. Other properties identified by basic research await evaluation. Standard treatments for many relevant disorders are unsatisfactory. Cannabis is safe in overdose but often produces unwanted effects, typically sedation, intoxication, clumsiness, dizziness, dry mouth, lowered blood pressure or increased heart rate. The discovery of specific receptors and natural ligands may lead to drug developments. Research is needed to optimise dose and route of administration, quantify therapeutic and adverse effects, and examine interactions. (20)

2000 Runciman Report:

The Runciman Report was commissioned by the Police Federation and was published in 2000. Chapter 7 of the report was entirely dedicated to cannabis. The concise and thorough report clearly had concerns that enforcing cannabis laws was far more harmful than cannabis itself, especially when placed against alcohol and tobacco.

Within the report they note that the British Medical Association has said: *“The acute toxicity of cannabinoids is extremely low: they are very safe drugs and no deaths have been directly attributed to their recreational or therapeutic use.”*

The Lancet published an article summarising the evidence on the most probable adverse health and psychological consequences of acute and chronic use, and its editorial in the same issue comments that *‘...on the evidence summarised by Hall and Solowij, it would be reasonable to judge cannabis less of a threat than alcohol or tobacco....We...say that, on the medical evidence available, moderate indulgence in cannabis has little ill-effect on health, and that decisions to ban or legalise cannabis should be based on other considerations.’*

‘If, as we argue, the present classification of cannabis is not justified, it follows that the response of the law is disproportionate to the drug's harm and may bring the law into disrepute.’

The report's conclusions and recommendations on cannabis were as follows:

“Weighing the harm from cannabis against the costs of the current system of control leads us to the conclusion that cannabis is in the wrong class in the MDA, both as a reflection of its dangers relative to other drugs and in respect of the penalties attached to its possession, cultivation and supply. International comparisons indicate that different approaches are possible within the United Nations Conventions, and do not pose significant risk of worsening the situation.”

“As long as cannabis is illegal and so widely used, it will be the drug that occurs most frequently in all enforcement activities against drug misuse, whatever their objective. Inevitably, cannabis offences and especially offences of cannabis possession, will dominate the operation of the law in statistical

terms, reflecting very large numbers of arrests, prosecutions and criminal records. Despite this expense of time and resources by the courts, and especially the police, there is little evidence of the law's effectiveness as a deterrent. While we have accepted that the police need to retain the powers of stop and search conferred by the MDA, we have seen no evidence to persuade us that they need to retain the power of arrest following the discovery of cannabis, whether as a result of stop and search or other operations."

"There can be no doubt that, in implementing the law, the present concentration on cannabis weakens respect for the law. We have encountered a wide sense of unease, indeed scepticism, about the present control regime in relation to cannabis. It inhibits accurate education about the relative risks of different drugs including the risks of cannabis itself. It gives large numbers of otherwise law-abiding people a criminal record. It inordinately penalises and marginalises young people for what might be little more than youthful experimentation. It bears most heavily on young people in the streets of inner cities who are also more likely to be poor and members of minority ethnic communities. The evidence strongly indicates that the current law and its operation creates more harm than the drug itself."

"We see our recommendations as the first steps of an incremental process. The aims of this process are to achieve less coercive but more effective ways of reducing the harms of cannabis, and to bring those harms and the harms of the law into a better balance."

The report's recommendations on the law on cannabis and its implementation were:

- i) Cannabis should be transferred from Class B to Class C of Schedule 2 of the MDA and cannabinol and its derivatives should be transferred from Class A to Class C.*
- ii) The possession of cannabis should not be an imprisonable offence. As a consequence, it will no longer be an arrestable offence in England and Wales under section 24 of PACE, and arrests will only be possible under section 25 of PACE where there are identification or preventative grounds.*
- iii) Prosecution of offences of cannabis possession should be the exception and only then should an offence, resulting in a conviction, incur a criminal record. An informal warning, a formal caution, a reprimand or warning in the case of those aged 17 or under, or a fixed out-of-court fine should be the normal range of sanctions.*
- iv) 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, being neither arrestable nor imprisonable and attracting the same range of sanctions. Cultivation of cannabis for personal use under section 6 and production under section 4 should be mutually exclusive offences.*
- v) The maximum penalty for trafficking offences for Class C drugs, including cannabis, should be 7 years imprisonment and/or an unlimited fine. This is broadly in line with those European countries which we have studied and somewhat higher than most of them. Cannabis trafficking offences would, like all such offences, continue to attract the confiscation powers of the Drug Trafficking Act 1994.*
- vi) Permitting or suffering people to smoke cannabis on premises which one occupies or manages should no longer be an offence under section 8 of the Misuse of Drugs Act 1971.*
- vii) Statutory sentencing guidelines should include vicinity to schools, psychiatric services and prisons as aggravating factors for the purposes of sentencing for trafficking offences.*

viii) *Cannabis and cannabis resin should be moved from Schedule 1 to Schedule 2 of the MDA Regulations thereby permitting supply and possession for medical purposes. If there is to be any delay in adopting this recommendation pending the development of a plant with consistent dosage, we recommend a defence of duress of circumstance on medical grounds for those accused of the possession, cultivation or supply of cannabis. (21)*

The Advisory Council on the Misuse of Drugs Report's (2002 – 2008):

The Advisory Council on the Misuse of Drugs (the Council) is established under the Misuse of Drugs Act 1971. The Council is required under the Misuse of Drugs Act “to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem”.

Substances that are controlled under the Misuse of Drugs Act are grouped, **on the basis of their harmfulness**, into one of three classes:

Class A (the most harmful) includes cocaine, diamorphine (heroin), 3,4-methylenedioxymethamphetamine (ecstasy), lysergic acid diethylamide (LSD) and methamphetamine.

Class B (an intermediate category) includes amphetamine, barbiturates, codeine and methylphenidate.

Class C (less harmful) includes benzodiazepines, anabolic steroids, gamma-hydroxybutyrate (GHB) and cannabis.

This system of classification serves to determine the penalties for the possession and supply of controlled substances. The current maximum penalties are as follows:

Class A drugs: for possession – 7 years’ imprisonment and/or an unlimited fine; for supply – life imprisonment and/or fine.

Class B drugs: for possession – 5 years’ imprisonment and/or an unlimited fine; for supply – 14 years, imprisonment and/or fine.

Class C drugs: for possession – 2 years’ imprisonment and/or an unlimited fine; for supply – 14 years, imprisonment and/or fine.

At the time the Misuse of Drugs Act was introduced, cannabis preparations (apart from cannabidiol and certain derivatives of cannabidiol) were placed in Class B. In 2002 the Council recommended that all cannabis products be reclassified to Class C. The Home Secretary accepted the Council’s advice and the legislative changes came into force on 29 January 2004.

In 2005 the Council, at the request of the Home Secretary, reconsidered the classification of cannabis products but advised that they should remain Class C. The Home Secretary accepted the Council’s advice. In July 2007, the Home Secretary requested, in the light of “real public concern about the potential mental health effects of cannabis use, in particular the use of stronger forms of the drug, commonly known as skunk”, that the Council re-assess the classification of cannabis.

The final report in 2008 (there hasn't been another assessment of cannabis for 'illicit' use since) again advised that cannabis should remain in Class C but this was ignored and cannabis was returned to Class B shortly thereafter.

The three reports (2002, 2005 and 2008) are all very similar in their assessment and conclusions and the conclusions which infer 'harms' are far from definitive, they are almost entirely inconclusive and unfounded just as we have seen through history. In fact, nearly every observation within the reports is qualified by statements such as:

"not found a major cause for concern", "suggest that", "may"

"As well as the personal costs to individuals, there are unquantified, but real, economic costs to society"

Moreover, every single one of the reports actually paints a fairly positive overall picture about cannabis and cannabis use, but some important and highly significant statements get lost in the noise:

"cannabis use does not commonly produce the mental states leading to violence to others; but the illegal market does contribute to violence in some parts of our cities." 2002

"The high use of cannabis is not associated with major health problems for the individual or society" 2002

"These harmful effects of cannabis, however, are very substantially less than those associated with similar use of other drugs," 2002

"It is not possible to state, with certainty, whether or not cannabis use predisposes to dependence on Class A drugs such as heroin or crack cocaine. Nevertheless, the risks (if any) are small and less than those associated with the use of tobacco or alcohol." 2002

"The Council does not consider the risks of progression to Class A drugs as a consequence of using cannabis to be substantial" 2008

"On balance, the Council considers that the evidence points to a probable, but weak, causal link between psychotic illness and cannabis use" 2008

"The evidence available to the Council does not suggest that cannabis use is a substantial cause of acquisitive crime" 2008

Although it is perfectly clear and well accepted both in history and presently that the use of cannabis does not lead to violence, crime or a 'gateway' to harder drugs, it is obvious, that the prohibition leads to the illegal trafficking by gangs and those caught in possession, in most cases, acquire a criminal record. The end of prohibition and a regulated market would eradicate the majority of these issues.

This leads us to the question of harms to individuals physical and mental health and harms to society as consistently claimed by the Government.

The statement which is used with monotonous regularity by the Home Office and Ministers is:

"... the use of cannabis is a significant public health issue. Cannabis can unquestionably cause harm to individuals and society."

The above statement is not mentioned in the reports themselves, but merely an unqualified opinion in the covering letter from the chair of the ACMD. The Home Office consistently claim:

“There is a substantial body of scientific and medical evidence to show that controlled drugs, such as cannabis, are harmful and can damage people’s mental and physical health, and our wider communities.”

Below are the ACMD’s findings on the harms to physical, mental and social harms, none of which could conceivably be described as a *“substantial body of scientific and medical evidence”*:

Physical Health:

“...cannabis can disrupt the control of blood pressure, leading to a lower standing blood pressure and an increased risk of fainting when standing up.”

“Cannabis produces an increase in heart rate which is maximal within 15 to 30 minutes of inhalation and remains elevated for about two hours.”

“The effects of cannabis on the heart and blood vessels are similar to the effects of moderate exercise and do not constitute a risk in healthy adolescents or adults. Furthermore, tolerance occurs with repeated use. In essence there may be a risk to health for people with a low tolerance to cannabis with cardiovascular conditions, however it is no more dangerous than exercising.”

In a legal regulated market, warnings on packaging and cannabis products with a ratio of CBD/THC would easily overcome these dangers of harm and in general, the harm is comparable to going for a jog minus the risks of traffic.

“Concerns of cannabis smoking being related to long-term damage to the respiratory tract and the lungs, with an increased risk of chronic bronchitis and risks of lung cancer are inconclusive. The extent to which these longer-term effects are causally related to cannabis use is uncertain: such changes also occur in people who use tobacco over long periods of time. In Britain, cannabis is commonly smoked with tobacco. Due to the nature of cannabis use, fewer joints are smoked by an individual over long periods compared with cigarettes. The Council therefore considers that smoking cannabis, even when mixed with tobacco, is less likely to harm lungs than if tobacco is used alone.”

In comparison, researchers at the University of California (UCLA) School of Medicine announced the results of an 8 - year study into the effects of long-term cannabis smoking on the lungs. In Volume 155 of the American Journal of Respiratory and Critical Care Medicine, Dr. D.P. Tashkin reported "Findings from the present long-term, follow-up study of heavy, habitual marijuana smokers argue against the concept that continuing heavy use of marijuana is a significant risk factor for the development of [chronic lung disease. ..Neither the continuing nor the intermittent marijuana smokers exhibited any significantly different rates of decline in [lung function]" as compared with those individuals who never smoked marijuana. Researchers added: "No differences were noted between even quite heavy marijuana smoking and non-smoking of marijuana."

A small number of women use cannabis during pregnancy. Use is associated with low birth weight babies and there have been suggestions of an increase in minor birth defects. In addition, there is some evidence that cannabis use during pregnancy may produce subtle alterations in the neuropsychological performance of the child. All these effects are seen in women who use tobacco during pregnancy and it is not possible to be certain that cannabis itself causes additional harm. Nevertheless, pregnant women should be warned to avoid both cannabis and tobacco.

Mental Health:

“On balance, the Council considers that the evidence points to a probable, but weak, causal link between psychotic illness and cannabis use. Whether such a causal link will become stronger with the wider use of higher potency cannabis products remains uncertain.”

“Only a minority of young people who use cannabis will develop a psychotic illness. Hickman and colleagues estimate that around 5,000 young men, or 20,000 young women, would need to be prevented from using cannabis to avoid one person developing schizophrenia.”

“The Council remains unconvinced that there is a causal relationship between the use of cannabis and the development of any affective disorder (anxiety or depression).”

Again, with a legal, regulated market for adults, high THC products could have a health warning and cannabis products with a higher ratio of CBD would provide those with psychosis/schizophrenia and other personality disorders the option to use natural, non-toxic alternatives (CBD is a known anti-anxiety and anti-psychotic).

Social Harms:

“The stated social harms comprise of the short-lived psychoactive effects and how these may influence those driving, piloting an aircraft or using heavy machinery however consideration of those who have built a tolerance is not discussed and the evidence is inconclusive.” It is also scientifically known that the effects are short lived (2-4 hours). Official guidance given to medical cannabis users is *“Patients, on higher THC products especially, should be warned not to drive or operate heavy machinery whilst under the influence of side effects of a cannabis product.”* A regulated market would allow responsible users to avoid convictions via Section 5(A) of the RTA by following ‘over the counter’ instructions, currently unavailable to the average user.

When discussing anti-social behaviour, *“There is, however, a clear perception among the public that cannabis is associated with anti-social behaviour. In the opinion of experts on the Council, anti-social behaviour is probably largely exacerbated by alcohol. It is therefore possible that the public regard smoking cannabis in the presence of others is, in itself, a form of anti-social behaviour.”*

Finally, *“the Council recognises (and shares) the concern of the police at the appearance, over the past three years, of very substantial numbers of cannabis farms. The involvement of “organised crime”, the diversion of the farms’ profits into other (sometimes even more serious) illegal activities, and the associated “people trafficking” (including children) are unacceptable.” (22)*

Again, allowing people to cultivate for personal use or as a collective for sustainability, coinciding with a regulated market would prevent the above which are clearly a result of prohibition, not that of cannabis use.

Following the 2008 report, Jacqui Smith decided this time to ignore the ACMD’s recommendation to leave cannabis in Class C and move cannabis back to Class B. Also, Gordon Brown openly admitted that putting cannabis in class B was a moral choice and not made on the scientific evidence laid out in front of the home office. Jacqui Smith also openly & publicly admitted after her position as home secretary that the decision caused nothing but dissent and chaos for the home office and "In reflection" was not the right choice, interestingly she later stated: *“Knowing what I know now, I*

would resist the temptation to resort to the law to tackle the harm from cannabis. Education, treatment and information, if we can get the message through, are perhaps a lot more effective.”

She also described legislation as a “blind alley” that prompted discussion of the law rather than the impact of the drugs themselves and acknowledged that some people could use cannabis without harm. The classification for cannabis still stands at Class B. **(18)**

Making a Hash of it 2006:

The damning report ‘Drug Classification: Making a hash of it?’ Published 2006 by the House of Commons Science and Technology Committee’ makes it clear that the MoDA classification system and scale of harm are based on political objectives with no scientific evidence on which to draw in making policy decisions.

Colin Blakemore, Chief Executive of the Medical Research Council described the MDA’s classification saying: *“It is antiquated and reflects the prejudice and misconceptions of an era in which drugs were placed in arbitrary categories with notable, often illogical, consequences”.*

Below are some findings from the report:

“With respect to the ABC classification system, we have identified significant anomalies in the classification of individual drugs and a regrettable lack of consistency in the rationale used to make classification decisions. In addition, we have expressed concern at the Government’s proclivity for using the classification system as a means of ‘sending out signals’ to potential users and society at large—it is at odds with the stated objective of classifying drugs on the basis of harm and the Government has not made any attempt to develop an evidence base on which to draw in determining the ‘signal’ being sent out.”

“We have found no convincing evidence for the deterrent effect, which is widely seen as underpinning the Government’s classification policy and have criticised the Government for failing to meet its commitments to evidence-based policy making in this area. More generally, the weakness of the evidence base on addiction and drug abuse is a severe hindrance to effective policy making and we have therefore urged the Government to increase significantly its investment in research.”

“Finally, we have concluded that the current classification system is not fit for purpose and should be replaced with a more scientifically based scale of harm, decoupled from penalties for possession and trafficking. In light of the serious failings of the ABC classification system that we have identified, we urge the Home Secretary to honour his predecessor’s commitment to review the current system, and to do so without further delay.”

“The Government’s desire to use the Class of a particular drug to send out a signal to potential users or dealers does not sit comfortably with the claim that the primary objective of the classification system is to categorise drugs according to the comparative harm associated with their misuse. It is also incompatible with the Government’s stated commitment to evidence-based policy making since it has never undertaken research to establish the relationship between the Class of a drug and the signal sent out and there is, therefore, no evidence base on which to draw in making these policy decisions.”

“If, as the ACMD Chairman indicated to us, the Council’s work has been seriously hindered by the lack of evidence, the ACMD should have been far more vocal in pressing Ministers to ensure that more research was commissioned to fill the key gaps in the evidence base.”

“We understand that the ACMD operates within the framework set by the Misuse of Drugs Act 1971 but, bearing in mind that the Council is the sole scientific advisory body on drugs policy, we consider the Council’s failure to alert the Home Secretary to the serious doubts about the basis and effectiveness of the classification system at an earlier stage a dereliction of its duty.”

“We urge the new Home Secretary to honour his predecessor’s promise to conduct the review—our findings suggest that it is much needed. Although we are, of course, pleased that the Home Office is placing such store by our recommendations, the long delay in publishing the consultation paper on the review of the classification system has been unfortunate and should be rectified immediately.”

“It is vital that the Government’s approach to drugs education is evidence based. A more scientifically based scale of harm would have greater credibility than the current system where the placing of drugs in particular categories is ultimately a political decision.”

On 19 January 2006, following his statement on the classification of cannabis, the then Home Secretary Charles Clarke announced that he was initiating a review of the ABC classification system: *“The more that I have considered these matters, the more concerned I have become about the limitations of our current system. [...] I will in the next few weeks publish a consultation paper with suggestions for a review of the drug classification system, on the basis of which I will make proposals in due course.” (23)*

This review did not happen, and the classification system remains the same 15 years later. It is clear that in relation to cannabis, the inclusion within the 1971 MoDA was based on the non-evidenced scheduling from the 1961 UN Drug Convention and both the Home office and the ACMD have not only failed in carrying out their duties, failed to respond to the evidence or lack thereof but have also failed the credibility of the entire judicial system when it comes to drug laws for half a century; more importantly, they have failed the community they have sworn to serve.

Within the written evidence, Transform Drug Policy Foundation stated: *“It is this omission from the classification system that, perhaps more than any other, truly lays bare its fundamental lack of consistency, reasoning or evidence base” on the grounds that together tobacco and alcohol cause “approximately 40 times the total number of deaths from all illegal drugs combined” (this equates to approx. 90% of all drug related deaths).*

Transform continue in their written evidence:

Any and all medical authorities will acknowledge that by far the greatest harm to public health from drugs stems from alcohol and tobacco use. In the UK they are estimated to be responsible for 30,000 and 100,000 premature deaths each year respectively, more than 300 a day. This figure is approximately 40 times the total number of deaths from all illegal drugs combined, and even if relative numbers of users are taken into account, if classified under any realistic assessment of toxicity, addictiveness and mortality rates both drugs would certainly be criminalised and prohibited under the current system. The reason they are absent from the classification system is that they are, for entirely political/ historical reasons, absent from the international prohibitionist legal system. This distinction is arbitrary, perverse and illogical.

“Why not criminalise tobacco, place it within the Misuse of Drugs Act, put it into Class C and have two years for simple possession of this dangerous drug?”. . . it is an awkward question in the debate that needs to be asked.” Stated Griffiths Edwards (former chair of the ACMD).

“It should also be noted that the special place of alcohol and tobacco in drug policy extends beyond the absurd exception from the UN and MDA classification system. Alcoholic beverages are the only food or beverage not required to list ingredients. Alcohol is also the only widely consumed dangerous drug not required to have standard pharmaceutical health warnings on the packaging. Tobacco products similarly are not required to list the many hundreds of potentially harmful additives which can constitute up to 30% of their content. These policy anomalies further expose the bizarre a-scientific world in which UK and international drug policy is formulated.” **(23)**

Within the Government’s response to this report in October 2006, in relation to alcohol and tobacco, they state:

“The distinction between legal and illegal substances is not unequivocally based on pharmacology, economic or risk benefit analysis. It is also based in large part on historical and cultural precedents. A classification system that applies to legal as well as illegal substances would be unacceptable to the vast majority of people who use, for example alcohol, responsibly and would conflict with deeply embedded historical tradition and tolerance of consumption of a number of substances that alter mental functioning (ranging from caffeine to alcohol and tobacco). Legal substances are therefore regulated through other means.”

“However, the Government acknowledges that alcohol and tobacco account for more health problems and deaths than illicit drugs and this is why the Government intervenes in many ways to prevent, minimise and deal with the consequences of the harms caused by these substances through its dedicated Alcohol Harm Reduction Strategy and its smoking/tobacco programme. At the core of this work, which is given considerable resources, is a series of education and communication measures aimed at achieving long term change in attitudes. It is through this that the public continues to be informed in an effective and credible manner.” **(24)**

It is interesting to note that cannabis use in Britain pre-dates the discovery and use of both tobacco and caffeine. The historical traditional and cultural uses of cannabis globally are on par with alcohol; the big difference is the insurmountable number of deaths from alcohol and tobacco compared to zero deaths from the toxicity of cannabis; in history.

Prof David Nutt Sacked for Speaking the Truth 2009:

Professor David Nutt was the former Chief Scientific Officer for the Government and the ACMD. In October 2009 he was sacked from his position and publicly disgraced for speaking out on the unscientific rationale of certain scheduled drugs within MoDA which were far safer than alcohol or tobacco. Following the past several years as described above, his frustrations must have reached breaking point.

Below is the content of an article in ‘The Guardian’ on 30th October 2009:

Alan Johnson, the home secretary, has sacked Professor David Nutt as senior drugs adviser after the scientist renewed his criticism of the government's decision to toughen the law on cannabis.

Johnson wrote to Nutt saying he no longer had confidence in him as chairman of the Advisory Committee on the Misuse of [Drugs](#) (ACMD) and asking him to consider his position.

Nutt had accused ministers of "devaluing and distorting" the scientific evidence over illicit drugs by their decision last year to reclassify cannabis from class C to class B against the advice of the ACMD.

A Home Office spokesman said: "The home secretary expressed surprise and disappointment over Professor Nutt's comments which damage efforts to give the public clear messages about the dangers of drugs."

In his reply, Nutt said: "If scientists are not allowed to engage in the debate then you devalue their contribution to policymaking."

The sacking is likely to raise concerns among scientists over the independence of advice to the government and may trigger further resignations. The Home Office describes the ACMD as an independent expert body that advises on drug-related issues, including recommendations on classification under the 1971 Misuse of Drugs Act.

It is not thought that the home secretary spoke directly to Nutt before requesting his resignation in writing.

Nutt told the BBC: "I think the issue is whether I am straying into the realm of policy. I personally don't think I was."

The decision follows the publication of a paper by the Centre for Crime and Justice at King's College London, based on a lecture Nutt delivered in July. He repeated his familiar view that illicit drugs should be classified according to the actual evidence of the harm they cause and pointed out that alcohol and tobacco caused more harm than LSD, ecstasy and cannabis.

He also argued that smoking cannabis created only a "relatively small risk" of psychotic illness.

The shadow home secretary, Chris Grayling, backed Johnson's decision. "This was an inevitable decision after his latest ill-judged contribution to the debate but it is a sign of lack of focus at the Home Office that it didn't act sooner given that he has done this before."

Richard Garside, director of the centre for Crime and Justice Studies at King's College London, accused Johnson of undermining scientific research. He said: "The message is that when it comes to the Home Office's relationship with the research community honest researchers should be seen but not heard."

Phil Willis, the Lib Dem MP who chairs the Commons science and technology committee, said independent advice to the government was essential and the sacking of Nutt was "disturbing if an independent scientist should be removed for reporting sound scientific advice".

The charity DrugScope's director of communications, Harry Shapiro, said: "The home secretary's decision to force the resignation of the chair of an independent advisory body is an extremely serious and concerning development and raises serious questions about the means by which drug policy is informed and kept under review."

1970 *Special class B category, half way between "hard" and "soft" drugs, created for cannabis as a compromise between Labour home secretary, James Callaghan, who believed it was as dangerous as heroin, and a "student faction" in cabinet who did not.*

1978 Advisory Council on Misuse of Drugs recommends downgrading cannabis from class B to C. Labour home secretary Merlyn Rees rejects advice.

2002 ACMD looks again at status of cannabis at request of home secretary David Blunkett, who accepts recommendation to downgrade it from B to C, on grounds it is less harmful than class B drugs such as amphetamines.

2008 Home secretary Jacqui Smith rejects advice from ACMD to keep cannabis at class C after a review concludes that evidence of a link between mental illness and stronger strains of cannabis remains weak.

February 2009 Smith vetoes ACMD recommendation that ecstasy be downgraded from class A after it reviewed 4,000 papers on the subject.

October 2009 Alan Johnson sacks Professor [David Nutt](#) as ACMD chair. (25)

The Medical Cannabis Situation:

Below is a timeline of events that led to cannabis prescriptions in the UK (by Matt Hughes):

1991 - Elizabeth Brice had been diagnosed with Multiple Sclerosis and began researching about the use of cannabis in the US to treat spasms and pain.

1992 - She secured her first radio interview and was beginning to warm to the prospect of launching a national campaign. She viewed it, at first, as a bit of "mischief-making," but by the end of 1992, she was in touch with the Alliance for Cannabis Therapeutics (ACT) in the U.S. and solicited both their help and their name.

1993 - Brice established the UK branch of the ACT, and through her campaigning, lead to the government researching cannabis for MS.

1996 - Government approach two scientists - Doctors Geoffrey Guy and Brian Whittle to research cannabis.

1998 - GW Pharmaceuticals was formed. During this period, they were granted a schedule 1 licence from the Home Office and MHRA to cultivate, process and supply cannabis-based medicines.

2016 – Theresa May wins the general election.

Capital Group, who employed Philip May at the time as a business relations manager, owns a 21% share of British based company GW Pharmaceuticals, the largest producer of cannabis for medical purposes in the world.

Jan 2017 - Hannah Deacon joins Peter Carroll in forming End Our Pain campaign group.

2017 – Victoria Atkins Becomes Parliamentary Under Secretary – despite almost no government experience.

Atkins' husband is a senior Director of British Sugar – The company that produces cannabis within 45 acres of glasshouses in Norfolk. This is used by GW Pharmaceuticals in their Sativex and Epidyolex products.

March 2018 - Hannah Deacon meets the Prime Minister (Theresa May) who agrees to allow Alfie to apply for a schedule 1 license.

2018 – Victoria Atkins Is Promoted to Home Office Minister.

May 2018 - Victoria Atkins has been accused of "hypocrisy on a grand scale" after it emerged that she voluntarily excused herself from speaking for the government on cannabis and other aspects of her Drugs Brief, because her husband was involved with a legal cannabis farm.

The Home Office minister and former Criminal Drugs Prosecutor has previously spoken out against both legalising and regulating the drug.

June 2018 – The Home Office seize cannabis medication from a child at the airport, and then return it after the press are alerted to the story.

16 June 2018 – The Home Office starts to make exceptions for children who need cannabis oil to treat epilepsy.

19th June 2018 - Hannah Deacon clinicians and importers receive a schedule 1 licence to import and prescribe cannabis for Epileptic son Alfie Dingle.

June 2018 - Expert Panel setup - The panel, will assess individual applications for the prescription of cannabis-based products based upon set criteria to ensure the treatment is safe. These applications must be made by senior clinicians who are on the General Medical Council's register with an active licence to practice.

Danielle Davis (Sophia) and Charlotte Caldwell (Billy) were granted licences. (There were others, but by the time they received a decision, the law had changed).

25 June 2018 – GW Pharmaceuticals announces the FDA has approved cannabis medication it has made, to treat childhood epilepsy.

The cannabis medication is now being reviewed by a European body, whilst the government considers making cannabis medication legal in the UK.

July 2018 - First THC medicine brought into the UK under a schedule 1 license for an individual (Alfie Dingle).

Oct 2018 Tannine Montgomery Anthony Clarry issued licence for epileptic daughter Indie.

Nov 1st 2018 - The law is changed and Cannabis is moved from Schedule 1 down to Schedule 2 to allow research and clinicians on the specialist register to prescribe on the NHS.

Expert panel disbanded, Hannah Deacon (Alfie) and Danielle Davis (Sophia) given NHS prescription shortly after.

Early 2019 – GW Pharmaceuticals finds out that their cannabis medication has been approved by the European Medicines Agency (EMA).

March 2019 - Parents of End Our Pain meet with MPs, Lords and Ladies. Hand in a petition of nearly 750,000 signatures to number 10 and met face to face with Matt Hancock, Health Secretary, to discuss why no NHS prescriptions had granted since law change.

April 2019 - Emma Appleby medication for epileptic daughter Teagan seized at Southend Airport.

May 2019 - Private prescriptions for Bedrolite and Bedrican begin to be prescribed.

July 2019 - Emma Appleby travels to Holland with Labour MP Tonia Anatonzi, medication is yet again seized on return at Stansted Airport.

July 2019 - Matt Hancock Health Secretary receives results from the NHS Review Board who advise children who are currently using cannabis be put into an observational trial and advise more research.

July 2019 - Home office puts pressure on Dutch Governments Office of medical cannabis to stop prescriptions of more than 1 months supply. (Before this date we were able to access 3 months supply on UK private prescription).

Aug 2019 - Ant Clarry medication for epileptic daughter seized at Stansted Airport.

Aug 2019 - Draft NICE guidelines released on use of cannabis advising no evidence cannabis is effective for pain or epilepsy.

Aug 2019 - GW Pharmaceuticals release profits of Epidyolex, their CBD medicine to treat Epilepsy which had increased in the 2nd quarter to \$68.4m from \$33.5m.

Sep 2019 - EOP families meet with Director of the Centre of Guidelines at NICE, Dr Paul Chrisp, giving evidence that cannabis helped their children.

Nov 2019 - NICE final guidelines released, stating Epidyolex be prescribed for epilepsy. GW Pharmaceuticals and NICE reached a confidential deal to reduce costs to the NHS. Guidelines still state there is no evidence in treating pain. Access to full extract cannabis oil containing THC to treat epilepsy is not advised.

Nov 2019 - Pro David Nutt of Drug Science launches the first UK and Europe's largest observational trial 'Twenty21' into adults using cannabis to treat their symptoms.

Dec 2019 - High Court judge in the case of Billy Caldwell urges Home Office and Dept of Health clarify access to prescription cannabis.

Jan 2021 – Only three NHS prescriptions for full extract cannabis oil have been written since Nov 2018. Over 1.4 million UK citizens continue to suffer unnecessarily and self-medicate with the constant fear of prosecution.

WHO 2018:

The Fortieth meeting of the Expert Committee on Drug Dependence (ECDD) was held in Geneva, Switzerland, 4-7 June 2018. The 40th ECDD was a specially convened session dedicated to carrying out pre-reviews of cannabis and cannabis-related substances”,

Mental health:

“A frequently cited adverse effect of cannabis use is increased risk of psychosis, where the user experiences disordered thinking, hallucinations and delusions. There are frequent reports of acute cannabis intoxication precipitating a short-lasting psychotic state that reverses once the effects of the drug have abated. Human population studies have linked cannabis use to schizophrenia, which is characterized by hallucinations, delusions and cognitive dysfunction, with cannabis increasing the risk of developing the disorder by around 2-fold. The relationship between cannabis use and risk of schizophrenia appears to be dose-dependent: heavier cannabis use increases the risk of developing schizophrenia. There is also some evidence that cannabis use during adolescence may bring forward the age of schizophrenia onset. It has been argued that reducing the incidence of cannabis-induced

schizophrenia would be difficult, because it has been estimated that 4700 young people would need to be dissuaded from cannabis use to prevent a single case of schizophrenia.” [Our emphasis added]

“The argument that cannabis causes schizophrenia is contentious, however, as some have observed that sharp increases in global cannabis use in recent decades has not increased the incidence of schizophrenia. However, other studies have linked increased prevalence of cannabis use in specific localities with increased incidence of schizophrenia.”

“Importantly, most of the evidence that cannabis causes schizophrenia comes from studies of during-adolescence users, and adolescence is the period of highest risk for developing schizophrenia. The rates of cannabis-induced psychosis may be lower in patients who commence cannabis use in adulthood. The vast majority of people who use cannabis will never develop a psychotic disorder, and those who do are likely to have some genetic vulnerability to cannabis-induced psychosis.” [Our emphasis added]

“For over 90 years, members of our generally peaceful community have suffered from the Police violent attack in the streets, or in our own homes, with violent kidnapping, unjustified detention, discrimination, eviction and unemployment, resulting in unnecessary pain, suffering, shame and even death. This is a direct result of a political policy, based not on truth and justice, but bias, ideology and lies.” (WHO 2018). (26)

Professor Dame Sally Davis Review 2018:

Nine years following the sacking of Professor David Nutt, Professor Dame Sally Davis, Professor Nutt’s predecessor, produced a report entitled: ‘Cannabis Scheduling Review Part 1: The therapeutic and medicinal benefits of Cannabis based products – a review of recent evidence.

In her review, Dame Sally stated that:

*“Cannabis has many active chemicals and **only cannabis or derivatives produced for medical use** can be assumed to have the correct concentrations and ratios. Using other forms, such as grown or street cannabis, as medicine for therapeutic benefit is potentially dangerous. The evidence that cannabis and some of its derivatives can be addictive and harmful has been known for some time and is not disputed by recent science, so I believe the reasons it is a controlled drug in the UK stand.”*

Her report goes on to highlight that:

*“Grown cannabis has over 100 active **drugs**, which can have a wide variety of concentrations and ratios **creating different and often severe side effects**. Most important are two drugs: tetrahydrocannabinol usually shorted to THC, and cannabidiol. THC has the great majority of the effect including **harmful effects on the brain**; cannabidiol to some extent counteracts this. Because different forms of grown cannabis have different concentrations and ratios of these drugs, grown or street cannabis cannot safely be substituted for medicinal cannabis.”*

The majority of cannabis medicines available globally are natural raw ‘grown cannabis’ or cannabis preparations. Raw cannabis and preparations have been used successfully as medicines for over 100 diseases for the past 5000 years with no serious side effects and not one recorded death from toxicity. There were over 2000 Western whole plant medicines for over 100 diseases prior to cannabis being removed from the US Pharmacopeia in 1941. Whole plant cannabis medicines were available in UK pharmacies until 1973 and were not removed on the basis of safety.

The Police Federation advised in 2000, 'Until 1973, tincture of cannabis had been available for medical use for over 100 years. In 1973, the medical use of cannabis was prohibited in the United Kingdom following a long decline in its use in favour of what were considered more reliable drugs.'

It is scientifically known that there are approx. 500 compounds within the cannabis plant which work synergistically together to create what was termed by Dr Ethan Russo, a prominent medical cannabis expert, as the 'entourage effect.'

Professor Dame Sally Davis continued: *As Schedule 1 drugs by definition have little or no therapeutic potential, it is therefore now clear that from a scientific point of view keeping cannabis based medicinal products in Schedule 1 is very difficult to defend. Moreover, I believe that it would not make sense to move cannabis and its derivatives out of Schedule 1 whilst leaving synthetic cannabinoids, which the evidence suggests have potentially greater therapeutic benefit and less potential for harm, in Schedule 1. I therefore recommend that the whole class of cannabis based medicinal products be moved out of Schedule 1. (27)*

Professor Dame Sally Davis is clearly defending the position of the MHRA and the pharmaceutical industries position that pharmaceutical drugs derived from isolated and/or synthetic compounds are safer and have more efficacy than plant-based medicines with varying consistencies even though the lack of efficacy, the addictiveness, serious side effects, serious harms to physical and mental health and the shocking morbidity rates of these drugs is well documented. Also, the fact that whole plant, raw cannabis or preparations cannot be patented and thus sold into the pharmaceutical market to appease the need of profits for shareholders is clearly not discussed nor the colossal damage to health and society we have seen from the synthetic cannabinoid known as 'spice'.

Professor Dame Sally Davis's statement: "*Evidence of harm has been extensively covered by the Advisory Committee [sic] on Misuse of Drugs (ACMD). I see no reason to revisit this; cannabis is an addictive and harmful drug*" shows that her statements regarding the harms associated with raw cannabis and cannabis preparations are hearsay, regurgitations of the Home Office's official statements and that she relies on the ACMD's findings to back up her argument.

To conclude, the inclusion of a 'review of reviews' into what are now schedule 2 substances when a HO licence is acquired and hearsay statements which clearly contradict those of her predecessor Professor David Nutt who publicly stated that 'cannabis was by far safer than alcohol' prior to him being immediately sacked by the HO from his position, we feel that hearsay from employees who may well be under duress is not a suitable response. (28)

Dame Carol Black Review (2020):

Most recently, the alleged harms associated with cannabis were commented on by Dame Carol Black in part 1 of her Independent Review of Drugs, commissioned by the Home Office and published in February 2020.

Dame Carol stated: "*After heroin and crack cocaine, cannabis is the most common drug that results in people seeking treatment (around 25,000 people in 2017/18).*"

This **statement is extremely misleading** as the report excludes the most dangerous and addictive drugs, alcohol and tobacco which cause approx. 90% of deaths from all drugs combined and to place the harm of tobacco in perspective, there were 77,800 deaths and almost 500,000 hospital admissions attributed to smoking tobacco in 2017.

In England, there are an estimated 586,780 dependent drinkers (2017/18), of whom 82% are not accessing treatment. In the UK, in 2016 there were 9,214 alcohol-related deaths (around 15 per 100,000 people) and alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages.

<https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics>

The Dame Carol's review estimates 2,500,000 cannabis users in the UK (the results of a survey (Nov 2018) estimates that 15% of the UK adult population have consumed cannabis which equates to approx. 10 million + a further 6 million CBD users -

<https://www.statista.com/statistics/976850/cannabis-use-in-the-uk/>

and 25,000 would be 1% of the reviews estimated users (0.25% using our estimates).

Dame Carol also stated: *"Proportion of cannabis users in treatment: 2% in 2018/19, with nearly half of those also in treatment for heroin use. Many of those in treatment for cannabis are also receiving interventions for other substances including alcohol."*

Unfortunately, the report does not provide data on the treatment statistics for alcohol (not considered a dangerous drug even though deaths, dependency, violent crimes and treatment outcompete all illicit drugs combined) nor does it mention the number of those in treatment for cannabis being related to the criminal justice system (choose prosecution or treatment).

However, it does show 25% of those in treatment for opiate and crack cocaine are within the criminal justice system, many more people are arrested for cannabis offences than any other illicit drug so we should expect a higher percentage. In reality, the percentage of cannabis users in treatment primarily for cannabis use is 0%.

Therefore, this is incompatible with the Government's stated commitment to evidence-based policy making.

Dame Carol also stated: *"Cannabis poses a large number of health risks, including psychological and respiratory disorders, particularly given recent increases in potency."*

Physical Health:

Dame Carol also stated: *"Main harms/risks to individual users (aside from the harms of criminalisation {WTU emphasis added}) Cannabis is associated with increased risk of psychotic symptoms and disorders."*

Dame Carol also stated: *"There are also risks associated with smoking of the substance often alongside tobacco. • Risks of chronic bronchitis/lung damage; • subtle impairment in higher cognitive functions of memory, learning processes, attention and organisation; • insomnia; • depression; • aggression; • anxiety."*

Ironically, the conditions described above are currently being treated with both grown and street cannabis or with the pharmaceutical CMPD's provided by UK registered private clinics.

In essence, a legal regulated market, with warnings on packaging and cannabis products with an identified ratio of CBD/THC, would easily overcome these potential harms, whilst also eradicating the concrete harms of criminalisation for non-violent cannabis offences.

Concerns of cannabis smoking being related to long-term damage to the respiratory tract and the lungs, with an increased risk of chronic bronchitis and risks of lung cancer are inconclusive. The extent to which these longer-term effects are causally related to cannabis use is uncertain: such changes also occur in people who use tobacco over long periods of time.

The home office has failed to consider that many consumers of cannabis are now choosing to be tobacco free or are avoiding traditional combustion, by using a variety of consumption options like dry herb vaporizers, tinctures, balms, infused foods (also known as edibles).

Mental Health:

Dame Carol also stated: *Potential for treatment to disrupt markets:*

*Limited as **the vast majority of cannabis users will not require drug treatment.***

Research shows that only a minority of young people who use cannabis will develop a psychotic illness.

Matthew N. Hill, PhD declared, *“What can be said is that the extreme opinions on this subject are not rooted in science. There is little evidence that, at a population level, cannabis use during adolescence is a primary contributing factor in the development of psychiatric illness.”*

In fact, it has even been suggested that at a societal level, **3000-4000 adolescents would need to be criminalised for using cannabis**, in order to **potentially prevent only 1 case of psychosis** from emerging.

WTU acknowledges the evidence that, in high-risk populations cannabis can be highly adverse and we are not claiming that cannabis is innocuous but are stating that criminalisation is significantly more harmful than our beliefs and practices with cannabis plants.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3937283/>

WTU assert that with a legal, regulated market, high THC products could have a health warning and cannabis products with a higher ratio of CBD would provide those with psychosis/schizophrenia and other personality disorders the option to use natural, non-toxic alternatives (CBD is anti-anxiety and anti-psychotic). **(18)**

Social Harms:

Dame Carol also stated: *“**Most of the societal costs associated with cannabis use are from enforcement and mental ill health support and treatment.**”*

The stated social harms comprise of the short-lived psychoactive effects and how these may influence those driving, piloting an aircraft or using heavy machinery however consideration of those who have built a tolerance is not discussed and the evidence is inconclusive. The other harms are from serious organised crime gangs and the potential of being prosecuted (consequences of prohibition).

Dame Carol also stated: *“**Links to violence, the available data indicates that cannabis markets are less closely linked to violence than the markets for heroin/crack and powder cocaine.**” (29)*

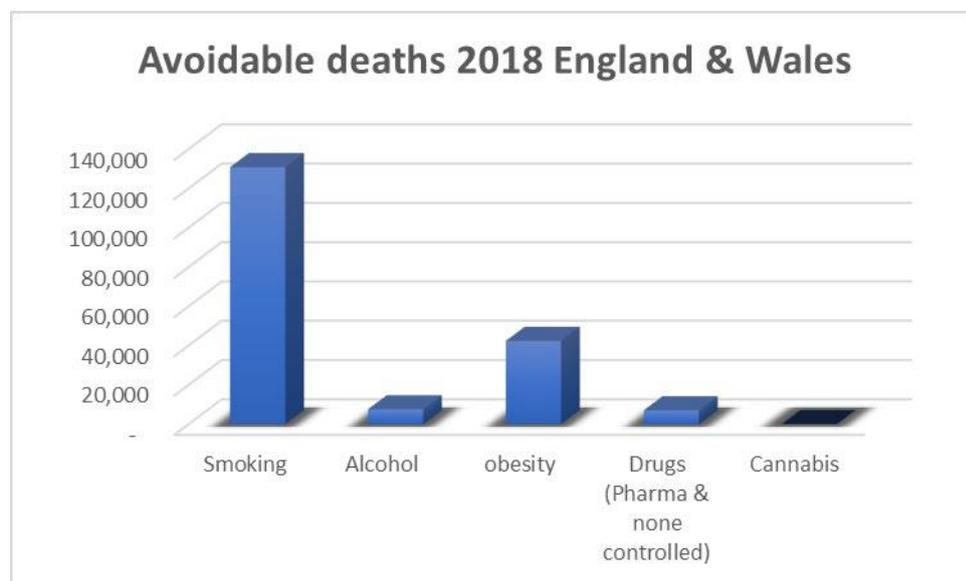
Harms from Other Substances (Equity):

On grounds of Justice and Equity, all controls of cannabis are illegal. To be legal any criterion of 'harm' or 'danger' must be uniformly applied, without inequity or caprice. If harm were truly the basis for prohibition then under the uncompromising requirements of legal equity, all substances and activities which do harm to people must be subjected to the harm criteria equally, i.e. equitably. Including alcohol, tobacco, caffeine, Sugar etc.

By moral obligation and under existing constitutional, civil and Human Rights laws, both national and international, the legislation must be fair and just. De jure, to pick out one activity or group in an unfair way is illegal. In a democratic society, governments and judiciaries have the moral human obligation and the paramount lawful duty of preventing enforcement of any measure taken by parliamentary legislation which is unjust and inequitable.

Alcohol is a powerful drug of inescapable physical dependence, inducing degeneration of the physical and mental condition. In addition to damaging health, extreme use of alcohol is so frequent it is commonplace, causing widespread social problems and grievous behaviour. Tobacco mortalities apart, of all drug habits alcohol is the worst. Its use being a special generator of many forms of socially destructive behaviour.

Alcohol and tobacco are deadly, toxic and addictive, capable of inducing acute physical dependence. Alcohol and tobacco are without significant medical or therapeutic use. By any legal, medical, social or logical criteria tobacco and alcohol are the most harmful drugs with the highest potential for abuse and maltreatment of the user; producing large-scale disease and death. Sugar is also a leading cause of obesity and diabetes and commonly used pharmaceutical drugs cause many deaths and an array of awful side-effects. Their legality demonstrates the claim that prohibition is installed to protect health is a fraud. Harm is not the reason for prohibition on selected tradeable substances.



As an objective comparison, the use of cannabis as a medication or personal relaxant induces no anti-social behaviour, is not capable of inducing acute physical dependence, has recognised medical and therapeutic benefits, and in recorded history has not produced a single fatality, it being non-toxic.

This comparison highlights the inequity in the persecution of individuals who choose to use cannabis either for medical benefit or as an alternative to the dangerous substance of alcohol, confirming the inequity and illegality of selecting one activity or group in an unfair way.

Harms of prohibition:

“Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself” President Jimmy Carter.

Prohibition is far more harmful to the public than the claims of potential harm cause by cannabis.

Employment:

Most employers ask a potential employee to disclose any police records [A 2016 YouGov survey \(30\)](#) revealed that 50% of employers would not consider hiring an ex-offender, while 45% of businesses felt ex-offenders would be unreliable employees. Many employers request DBS checks and this has detrimental effects on the scope of employment opportunities coinciding with economic disadvantages to both the individual and society.

DBS Checks Despatched (broken down by Route)										
Month	Standard				Enhanced				Basic	Total
	Paper Volunteer	Paper Paid	E-bulk Volunteer	E-bulk Paid	Paper Volunteer	Paper Paid	E-bulk Volunteer	E-bulk Paid		
Apr-20	118	463	3,557	20,138	3,170	9,781	69,135	136,510	120,035	362,907
May-20	79	332	3,702	18,575	1,803	5,674	58,980	112,214	118,116	319,475
Jun-20	64	386	2,367	20,759	2,426	7,575	55,339	154,144	138,014	381,074
Jul-20	82	498	1,562	23,127	2,341	9,070	63,208	202,938	138,237	441,063
Aug-20	97	581	1,162	24,485	2,352	10,886	59,515	181,602	138,423	419,103
Sep-20	108	622	1,424	25,753	2,898	14,152	68,199	228,889	207,496	549,541
Oct-20	110	666	1,670	27,446	3,380	15,684	76,562	221,342	241,767	588,627
Nov-20	121	648	1,940	27,934	3,534	13,766	72,062	201,743	287,783	609,531
Dec-20	71	502	1,706	21,933	2,771	9,804	56,020	152,682	171,466	416,955
Jan-21										
Feb-21										
Mar-21										

This table indicates the volumes of check applications completed by level of check (basic, standard or enhanced), submitted on paper or electronically (e-bulk) or paid/free-of-charge volunteer.

Note, there is no paper route for basic applications and all are subject to a fee. We do not accept free-of-charge volunteer applications for this product.

(31)

Policing Cost:

The administrative and financial burden on police forces of processing cannabis-related offences is substantial. In 2015, more than a million police hours were spent on processing cannabis-related offences and it has been estimated that taxpayers pay at least £13.5 million for the cost of police forces locking up people for 12 hours or more after arresting them for possession. **(32)**

Cannabis involved in highest number of seizures in 2018/19 the police seized Cannabis over 108.3 thousand seizures. <https://www.statista.com/statistics/283103/drugs-in-england-and-wales/>

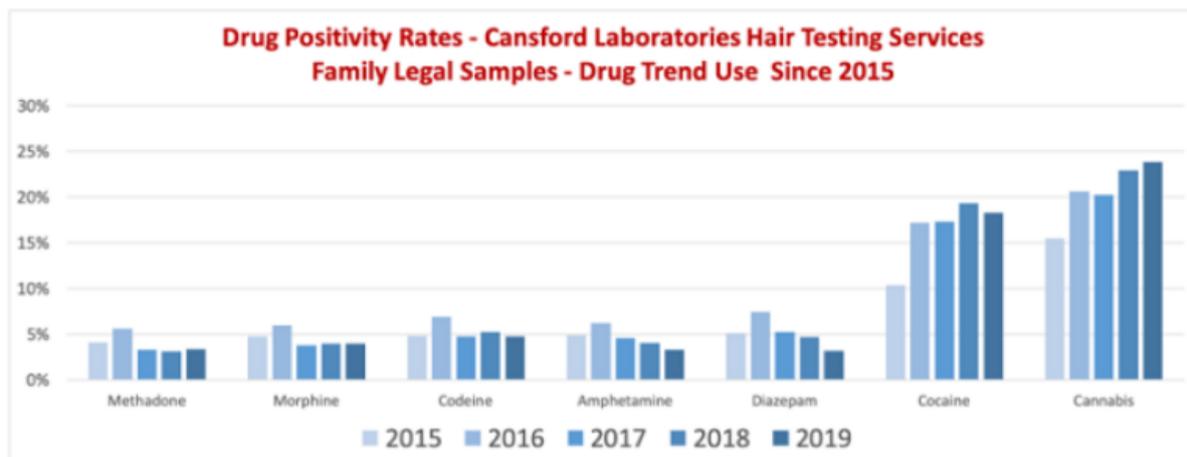
Family Separation:

The Court's view is essentially that **abuse of these substances (including Cannabis) is incompatible with responsible childcare** insofar as it undermines a parent's ability to properly and safely look after a child. Of course a parent who drinks alcohol at home and which often leads to domestic violence in the home is socially and legally acceptable. **(33)**

Losing a Child Residency Order:

A Court can be asked to order certain tests which will prove whether he is abusing substances (including Cannabis & Alcohol). If it is shown that this is a problem and the Court takes the view that he presents a risk to the children, then the Court can refuse him/her contact (formerly known as access) or only order indirect contact (i.e. by email, text, letters etc.) or ensure that contact is supervised so that it is safe.

"The substances that we detect the most frequently in family law cases have not changed. Cannabis takes the top spot, while cocaine is second, with these two substances alone making up over 40% of the positive samples we tested last year." **(34)**



Families are affected by Custody convictions (not cannabis specific):

Most prisoners have children and report being close to their families: • Fifty-four per cent of all prisoners reported having children under the age of 18. Most prisoners (61%) reported being single when they entered custody. Twenty-four per cent were living with a partner, and 8% married. • Based on the number of unique persons estimated to have been in prison in 2009, and the average number of children reported by prisoners in the SPCR sample, it is estimated that approximately 200,000 children had a parent in prison at some point in 2009. Looking at the number of children with a parent in prison at a single point in time, approximately 90,000 children had a parent in prison at the end of June 2009. **(35)**

Adoption:

Applying for adoption can be difficult with a Cannabis conviction; attitudes towards Cannabis and adoption are outdated: Rules are based on purely conjecture and anecdotal evidence. Mr John

Simmonds, British Association for Adoption and Fostering – sighting the paper ‘Hidden Harm’ which states ambiguously:

“Smoking cannabis during pregnancy is associated with lower birth weight and with subtle changes in the child’s neurological and psychological performance that may persist into later life.”

“It is unclear whether this is due to the cannabis itself or the tobacco with which it is often smoked.”

This statement can prevent an adoption from occurring for a cannabis user.

Whilst the figures, published by the Department for Education show, the number of children who were adopted dropped to 3,570 in the year leading up to the end of March, down from a peak of 5,360 in 2015. Meanwhile, in the last year the number of looked-after children rose by 4% to 78,150. **(36)**

Housing:

Most mortgage advisors are required to take a standard DBS checks, Banks cannot take unnecessary risks. If a criminal record exists, the lenders are concerned about the repayment ability of the mortgage or the very preservation of the property and can decline the application.

Mortgage Provider	Lending Criteria
Abbey National (part of the Santander Group)	'We do not accept applications from customers with a criminal record (or where they are living with someone who has), unless the conviction is for a minor traffic offence, or is spent under the Rehabilitation of Offenders Act 1974'.

The same risks apply to rented accommodations, with initial checks, estate agents can decline your application, with a Cannabis Conviction to protect the property.

Assured Shorthold Tenancy Agreement states:

1 LANDLORD’S STATUTORY GROUNDS (REASONS) FOR POSSESSION DURING THE FIXED TERM

Ground 14 (the tenant or other person residing in or visiting the property is guilty of nuisance / annoyance in the locality or convicted of a criminal offence in relation to the property or committed in the locality). **(37)**

Prevented from Jury Service and Public Office:

A person found guilty of one or more offences (whether before or after the passing of this Act and whether in the United Kingdom or elsewhere), and sentenced or ordered to be imprisoned or detained indefinitely or for more than one year, shall be disqualified for membership of the House of Commons while detained anywhere in the British Islands or the Republic of Ireland in pursuance of the sentence or order or while unlawfully at large at a time when he would otherwise be so detained. **(38)**

It is interesting to note that Prime Minister Boris Johnson has in the past publicly admitted to smoking cannabis and Michael Gove admitted to taking cocaine but remain within their positions.

Prohibition's Loss in Tax Revenue

According to Christopher Snowden: The Head of Lifestyle Economics at the Institute of Economic Affairs:

"A commercialised marijuana market which capped THC levels at 15 per cent would virtually eradicate the black market, but some unlicensed cannabis would remain. If licensed cannabis made up 95 per cent of market, it would produce annual tax revenues of £495 million (with VAT plus a 10 per cent tax), £557 million (VAT plus a 20 per cent tax) or £690 million (VAT plus a 30 per cent tax). The total market size in these three scenarios (including the unlicensed share) would be 339 tonnes, 329 tonnes and 321 tonnes, respectively."

Help to the NHS:

The same report states: Savings to the NHS and other public services are beyond the scope of this report, but previous studies have suggested that they would amount to at least £300 million per annum. When these savings are added to excise tax revenues of £690 million plus new streams of income tax, business tax and VAT created by the legal industry, claims about cannabis legalisation providing a £1 billion windfall to the Treasury seem pessimistic. It is likely that tax revenues alone would exceed this. Meanwhile, lower prices would leave cannabis consumers with more money in their pocket, allowing hundreds of millions of pounds to flow into other areas of the economy. **(39)**

It is also often the case that many cannabis users refrain from using alcohol or tobacco and with the health giving effects via the Endo-cannabinoid System, many diseases including treatment resistant conditions would inevitably reduce, also taking less pressure off the NHS.

Racism:

Throughout the history of prohibition, we have clearly demonstrated that there has always been a racist influence and unfortunately, this remains to this day.

"Stops and searches bear disproportionately on young people from minority ethnic communities in inner city areas. They certainly appear to be discriminatory, although there may be demographic and socio-economic reasons which would make it hard to eliminate the appearance of discrimination altogether."

Cannabis prohibition has always been closely linked to racism and although the above paragraph was written by the Police Federation 20 years ago, a recent FOI to the Metropolitan Police shows that approx. 75% of cannabis related arrests between 2016-2018 were with those from black and ethnic minorities which demonstrates that this institutional racism within the UK Police force continues today. The Runciman Report 2000 continued:

"Cautions are part of an offender's criminal record. There is no provision at present for these records to expire under the Rehabilitation of Offenders Act 1974. The Government has recently issued a consultation paper proposing that this anomaly should be corrected and that cautions should be immediately spent. This would also apply to reprimands and warnings, which are to replace cautions for young people under 18 under the Crime and Disorder Act 1998."

"More than half of the arrests for cannabis offences result in a caution. We do not criticise the police for their extensive use of cautioning. It is currently the only realistic and proportional response."

“Without it, the courts would have ground to a halt. However, the use of discretion does not lessen the disproportionate attention that the law and the implementation of the law unavoidably give to cannabis and cannabis possession in particular.”

“Even with the use of discretion on this scale, 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 may be doing to society. Moreover, young people, particularly young black and Asian people and particularly where stop and search are concerned, perceive the law as unfair.” (21)

Sadly, it is apparent in disproportionate stop & searches and convictions. There exists significant racial discrimination in arrests of Cannabis possession in the UK.

Black and Asian people were convicted of cannabis possession at 11.8 and 2.4 times the rate whites despite their lower rates of self-reported use, providing prima facie evidence of discrimination. Black people made up a quarter of all those convicted of cannabis possession even though they comprise less than four per cent of the population.



<https://www.release.org.uk/publications/ColourOfInjustice> (40)

Breaches of Human Rights (incompatibility with MoDA 1971):

The inclusion of cannabis within the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 is in violation of the rights of men and women who claim the recognition and protection under the UN Declaration of Human Rights (UNDHR), European Convention of Human Rights (ECHR), our own Human Rights Act 1998 which is binding to the ECHR, the International Covenant of Civil and Political Rights (ICCPR) and International Covenant on Economic, Social and Cultural Rights.

The legislation against cannabis violates rights expressed in sections 1, 2, 3, 5, 7, 8, 9, 10, 12, 16, 21, 25, 26, 28, 29 and 30 of the UNDHR.

The legislation also violates Articles 3, 5, 8, 9, 14, 17 and 18 of the ECHR and Human Rights Act 2001 which is binding to ECHR. Articles 1 and 2 of ICCPR and Articles 1,2,3,5 and 12 of ICESCR.

These inalienable fundamental human rights have been recognised in countries and continents across the world for a number of years with multiple Supreme Courts, ruling that cannabis cultivation and use is a fundamental human right, acknowledged by both the UN and ECHR. A fundamental human right which has been recognised for one person is therefore a fundamental human right for the whole of the human family as per the international treaties which the UK has

ratified. Are we in the UK less human than those in other countries throughout the world? A limitation to any of the fundamental human rights must be evidenced to pass the necessity test, is necessary and proportionate within a democratic society.

It is also relevant that Article 14(2) of the Illicit Traffic Convention explicitly states that measures against illicit cannabis cultivation “shall respect fundamental human rights”. Moreover, the preparatory work for both the Single Convention on Narcotic Drugs and the Illicit Traffic Convention contains several references to human rights that implicitly or explicitly suggest state’s awareness of the importance that obligations under the drugs conventions should not violate human rights. Accordingly, pursuant to Article 103 of the UN Charter, “In the event of a conflict between the obligations of the Members of the United Nations under the present Charter and their obligations under any other international agreement, their obligations under the present Charter shall prevail”.

It’s clear that through the various charters, treaties and international laws, human rights laws are supreme, all parties to the treaties are obligated by international human rights law to uphold human rights above all other treaties or laws. This was recognised by Uruguay when legalising personal cannabis cultivation and use who stated: *“The obligations that our State, as well as other States Parties, have assumed under other Conventions, must be taken into account, in particular those related to the protection of human rights, since they constitute jus cogens (“compelling law”) and cannot be ignored”*.

Below are the areas within human rights laws to which we believe MoDA 1971 is incompatible with:

Universal Declaration of Human Rights: (41)

Following is the complete text of the United Nations Universal Declaration of Human Rights. The UDHR was adopted and proclaimed by General Assembly resolution 217 A(III) of 10th December 1948.

PREAMBLE:

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the

United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore, The General Assembly Proclaims this Universal Declaration of Human

Rights as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1:

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2:

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3:

Everyone has the right to life, liberty and security of person.

Article 4:

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6:

Everyone has the right to recognition everywhere as a person before the law.

Article 7:

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8:

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9:

No one shall be subjected to arbitrary arrest, detention or exile.

Article 10:

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11:

1. Everyone charged with a penal offense has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
2. No one shall be held guilty of any penal offense on account of any act or omission which did not constitute a penal offense, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offense was committed.

Article 12:

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation.

Everyone has the right to the protection of the law against such interference or attacks.

Article 13:

1. Everyone has the right to freedom of movement and residence within the borders of each State.
2. Everyone has the right to leave any country, including his own, and to return to his country.

Article 14:

1. Everyone has the right to seek and to enjoy in other countries asylum from persecution.
2. This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15:

1. Everyone has the right to a nationality.
2. No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16:

1. Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
2. Marriage shall be entered into only with the free and full consent of the intending spouses.
3. *The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.*

Article 17:

1. Everyone has the right to own property alone as well as in association with others.
2. No one shall be arbitrarily deprived of his property.

Article 18:

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19:

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20:

1. Everyone has the right to freedom of peaceful assembly and association.
2. No one may be compelled to belong to an association.

Article 21:

1. Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
2. Everyone has the right to equal access to public service in his country.
3. The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22:

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23:

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24:

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25:

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26:

1. Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

2. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

3. Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27:

1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

2. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28:

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29:

1. Everyone has duties to the community in which alone the free and full development of his personality is possible.

2. In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

3. These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30:

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Extract from ECHR: (42)

Article 3:

Prohibition of torture:

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Article 5:

Right to liberty and security:

1. Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:

Article 8:

Right to respect for private and family life:

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Article 9:

Freedom of thought, conscience and religion:

1. Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his 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, practice 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 morals, or for the protection of the rights and freedoms of others.

Article 14:

Prohibition of discrimination:

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Article 17

Prohibition of abuse of rights

Nothing in this Convention may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms set forth herein or at their limitation to a greater extent than is provided for in the Convention.

Article 18

Limitation on use of restrictions on rights:

The restrictions permitted under this Convention to the said rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed.

End

Extract from ICCPR & ICESCR:

International Covenant on Civil and Political Rights: (44)

Preamble:

The States Parties to the present Covenant,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that these rights derive from the inherent dignity of the human person,

Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying civil and political freedom and freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his civil and political rights, as well as his economic, social and cultural rights,

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant,

Agree upon the following articles:

PART I:

Article 1:

1. All peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.
2. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence.
3. The States Parties to the present Covenant, including those having responsibility for the administration of Non-Self-Governing and Trust Territories, shall promote the realization of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

PART II:

Article 2:

1. Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
2. Where not already provided for by existing legislative or other measures, each State Party to the present Covenant undertakes to take the necessary steps, in accordance with its constitutional processes and with the provisions of the present Covenant, to adopt such laws or other measures as may be necessary to give effect to the rights recognized in the present Covenant.
3. Each State Party to the present Covenant undertakes:
 - (a) To ensure that any person whose rights or freedoms as herein recognized are violated shall have an effective remedy, notwithstanding that the violation has been committed by persons acting in an official capacity;
 - (b) To ensure that any person claiming such a remedy shall have his right thereto determined by competent judicial, administrative or legislative authorities, or by any other competent authority provided for by the legal system of the State, and to develop the possibilities of judicial remedy;
 - (c) To ensure that the competent authorities shall enforce such remedies when granted.

Extract from ISESCR: (45)

Preamble:

The States Parties to the present Covenant, Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal

and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that these rights derive from the inherent dignity of the human person,

Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights,

Considering the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

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3. The States Parties to the present Covenant, including those having responsibility for the administration of Non-Self-Governing and Trust Territories, shall promote the realization of the right of self-determination, and shall respect that right, in conformity with the provisions of the Charter of the United Nations.

PART II

Article 2:

1. Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.
2. The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

3. Developing countries, with due regard to human rights and their national economy, may determine to what extent they would guarantee the economic rights recognized in the present Covenant to non-nationals.

Article 5:

1. Nothing in the present Covenant may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights or freedoms recognized herein, or at their limitation to a greater extent than is provided for in the present Covenant.

2. No restriction upon or derogation from any of the fundamental human rights recognized or existing in any country in virtue of law, conventions, regulations or custom shall be admitted on the pretext that the present Covenant does not recognize such rights or that it recognizes them to a lesser extent.

Article 12:

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene;

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

Extract from International Guidelines on Human Rights and Drug Policy, Part II:

1. Right to the highest attainable standard of health.

Everyone has the right to enjoy the highest attainable standard of physical and mental health. This right applies equally in the context of drug laws, policies, and practices.

iv. Repeal, amend, or discontinue laws, policies, and practices that inhibit access to controlled substances for medical purposes and to health goods, services, and facilities for the prevention of harmful drug use, harm reduction among those who use drugs, and drug dependence treatment.

v. utilise the available flexibilities in the UN drug control conventions to decriminalise the possession, purchase, or cultivation of controlled substances for personal consumption.

6. Freedom from torture and other cruel, inhuman, or degrading treatment or Punishment:

*Torture and other cruel, inhuman, or degrading treatment or punishment are absolutely prohibited, in all circumstances. This includes during the arrest, questioning, and detention of persons alleged to have committed drug-related crimes or otherwise implicated during an investigation. **The withholding of drugs from those who need them for medical purposes, including for drug dependence treatment and pain relief, is considered a form of torture.***

i. Take effective legislative, administrative, judicial, and other measures to prohibit, prevent, and redress all acts of torture and ill-treatment in their jurisdiction and in all settings under their custody or control, including in the context of drug dependence treatment, whether administered in public or private facilities.

ii. Promptly investigate allegations of torture and cruel, inhuman, or degrading treatment or punishment by State agents, as well as acts that occur in their territory or under their jurisdiction (whether carried out by State or non-State actors), and prosecute and punish those responsible, including when victims are persons alleged to have committed drug-related offences or who are dependent on drugs.

9. Right to privacy.

Everyone has the right to privacy, including people who use drugs.

v. Utilise the available flexibilities in the UN drug control conventions to decriminalise the possession, purchase, or cultivation of controlled substances for personal consumption.

10. Freedom of thought, conscience, and religion.

Everyone has the right to freedom of thought, conscience, and religion, which includes the freedom to manifest one's religion or belief, either individually or in community with others, in public or private. This right applies to those for whom such manifestations may involve the use of drugs for religious or spiritual purposes.

i. Utilise the available flexibilities in the UN drug control conventions to decriminalise the possession, purchase, or cultivation of controlled substances for personal consumption.

11. Right to enjoy cultural life

Everyone has the right to enjoy cultural life. This right applies equally to all without discrimination, including people who use drugs recreationally, people who use drugs for cultural, spiritual, or religious purposes, people who need controlled substances for medical purposes, and people who cultivate illicit drug crops as a traditional way of life.

i. Refrain from discriminatory and otherwise unnecessary or disproportionate interference with the exercise of cultural practices and with access to cultural goods and services on grounds of drug control law and policy.

ii. Take necessary measures to ensure the preconditions for participation in, facilitation of, and promotion of cultural life without discrimination, including access to and preservation of cultural goods where these involve controlled plants and substances.

iii. Foster a rich and diverse cultural life through the conservation, development, and diffusion of culture and by ensuring the participation of relevant communities in the governance of cultural heritage, including where these involve controlled plants and substances.

Notable Human Rights Cases:

Given the supremacy of Human Rights Laws it is no surprise that an international consensus is developing that recognises it is unlawful to criminalise cannabis. Recent notable cases recognising the fundamental human rights include the following:

R v Parker (2000) 188 DLR (4th) 385, the Ontario Court of Appeal held under the Canadian Charter that an absolute prohibition on possession of cannabis without any medical exemption violated the accused's right to liberty in a manner not according with principles of fundamental justice, and declared the prohibition illegal, while suspending the declaration for a year.

Ravin v State of Alaska 537 P.2d 494, the Supreme Court of Alaska found that a statute prohibiting possession of marijuana in Alaska was in breach of the right to sanctity of the home in the United States constitution.

2015 SMART brought a case before Mexico's Supreme Court. The Supreme Court ruled that prohibition on the cultivation, possession, transportation and use of marijuana represents a violation of fundamental human rights for the right to the free development of one's personality.

31/10/2018 No.140/2018: Mexico gave its fifth judgement in the Supreme Court stating that penalising private cultivation, possession and use of marijuana, cannabis and tetrahydrocannabinol was unconstitutional and against the principle of free development of the personality.

30/06/2018 Georgia's Constitutional Court ruled that punishment of the use of marijuana and cannabis in private without a doctor's prescription was in breach of the right to development of their personality, privacy and right to self-determination.

18/10/2018 CCT 108/17: 10 judges of the Constitutional Court in South Africa ruled that it was not reasonable to penalise an adult who cultivates, uses, or possesses marijuana or cannabis for personal consumption is unconstitutional as it was incompatible with their right to privacy. **(46)**

Conclusion:

The fact that cannabis laws are entirely political (electoral votes) opposed to evidenced based is outdated assumption. Recent surveys show the UK general public is almost twice as likely to support the legalisation of cannabis in the UK than they are to oppose. 59% strongly support or tend to support the legalisation of cannabis, compared to 31% who strongly oppose or tend to oppose. There has been a 37% increase in support since the May 2018 YouGov survey was conducted (from 43% to 59%), and accordingly opposition has fallen by 32% (from 41% to 31%). This is clear evidence that the public interest is not to persecute individuals for exercising their right to the highest attainable standard of health and freedoms. Persecution and prosecution is against the public interest for this benign plant. The prosecution and judiciary are failing to fulfil their duty to the public, and their contractual obligation of all members of public office, which is to act only in the public interest.

Any claim that relevant human rights laws are in opposition with the UN Single Convention on Narcotic Drugs, established fraudulently and using selective, ideological and racist disinformation (see: 'WHO: The Physical and Mental effects of Cannabis (1955)' and 'The case of cannabis and the single convention on narcotic drugs 1961: Prof James H Mills') to which the inclusion of cannabis within 1971 MoDA was based, proves without doubt that International cannabis laws are entirely political and not based on evidence, therefore illegal. The more recent changes of opinion within the UN rightly affirm that the criminalisation of persons for personal cannabis use is indeed a contravention of human rights and this must now be accepted by the UK Government and the courts.

The above collated evidence serves to document the history of the unwarranted so called "War on Cannabis", that was evidently founded and maintained for Political and Corporate gains, whilst inadvertently causing great harm, discrimination and injustice in British society, when cannabis is in fact humanity's most ancient and traditional herbal health remedy, food supplement, non-toxic recreational drug, spiritual or creative aide and sustainable industrial resource.

Cannabis has been inappropriately legislated for, in the UK for almost a century, and this has caused insurmountable harm upon the people's health, liberty, freedom and crime, economic and environmental harms upon society.

Cannabis prohibition is based upon lies, misinformation and greed, bringing the Great British Legal System into disrepute, so long as it continues to be a political tool to protect invested interests.

We believe that the continued prohibition of cannabis infringes several of our inalienable human rights. Specifically, our rights to our freedom of consciousness, freedom of association, free development of personality, autonomy of health, rights to a private life, beliefs, and practices, insofar as much, our actions cause no harm to others.

History proves that humanity has a far more complex relationship with cannabis than the government created binary paradigm of cannabis for medical or recreational purposes. Many British adults recognise and utilise cannabis for a broad range of purposes to improve their quality of life.

Often our members have chosen to replace Government's preferred, promoted and protected poisonous recreational drug alcohol, tobacco or side effect ridden pharmaceuticals with home grown or illicit cannabis. These health choices should not see our lives destroyed by criminalisation.

We believe that cannabis consumers should be treated equally by Law and Society. We should have equal rights, responsibilities and protections as are granted to the consumers of the recreational drug alcohol. Those being specifically:

- The right to seek self-sufficiency with our preferred cannabis varieties and preparations (home brewers & home grower's rights).
- The right to share with friends and family.
- The right to possess quantities of cannabis as preferred.
- The right to purchase from licensed vendors with clubs to socialise, whilst having the consumer protections of an accountable, licenced, and regulated market.
- The right to become a licensed cannabis entrepreneur.
- The responsibility not to cause harm to another whilst consuming cannabis.

As fully informed, autonomous adults, we believe we should all have full autonomy over our body health choices and preferred beliefs and practices in our pursuit of health, well-being and happiness, as we have determined best for ourselves and our loved ones. Moreover, our health choices should

not be dictated by Government nor coerced through intimidation with fear of the Law. It is not Government's right nor responsibility to dictate people's available states of consciousness or health choices upon pain of prosecution.

Proposals:

- That cannabis and cannabis products should be removed from the UK Misuse of Drugs Act, thereby being re-legalised.
- That the personal possession, cultivation, use and sharing 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 all uses including the many industrial uses to support the repair of our economy and environment, including the purpose of the localised production of virtually cost-free fuels (bio-diesel, petrol and aviation) through the process of pyrolysis on cannabis biomass, the development of cannabis-based graphene technology which has been proven to exceed the current available technologies for energy production/storage solutions and the development of bio-plastics and packaging; all indispensable, environmentally sound technologies which would have undoubtedly replaced fossil fuel technologies had it not been for prohibition.
- That provision be made to enable the setting up of public 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 cannabis consumer as is given to the consumers of other commodities: weights and measures, quality etc.
- That all prisoners presently held only on cannabis convictions or charges be released from custody without delay and that all criminal records for cannabis offences be expunged.

'Quamvis lex generaliter loquitur restringenda tamen est, ut cessante ratione et ipsa cessat.'

"Though the law speaks generally, it must be limited (by restrictive clauses), as, where the reason (for the law) ceases to apply, the law itself ceases." **(47)**

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Please note that a great deal of the content of this report, from the Indian Hemp Commission, 1893 through to the Wootton Report, 1968 is taken primarily from the outstanding work by Rupert Simmington in his book, 'Cannabis: A Study of its History, Prohibition and Use', a 'Pull No Punches' publication (2019).

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