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INTRODUCTION

In a joint statement released in June 2017, The UN and the WHO (World Health Organisation) expressed their support for countries in the review and repeal of laws that criminalise 'drug use or possession of drugs for personal use'. This joint statement, which addresses discrimination in health care settings, comes in light of the Sustainable Development Goals which aim to "ensure that no one is left behind".

The WHO has previously called for drug decriminalisation as a necessary measure for public health but this joint statement with the UN represents another significant step in the global movement for drug decriminalisation.

<http://www.who.int/mediacentre/news/statements/2017/discrimination-in-health-care/en/>

THE WAR ON DRUGS IS FAILING

The war on drugs focuses on eradicating substances, suppliers, growers, producers, and traffickers.

By reducing the supply for something without reducing the demand, it increases the price. While this might lower sales for some products, the drug market is not price sensitive.

The effect of reducing the amount of product available is that more suppliers and traffickers are created to keep up with demand.

Super strains of cannabis are now more prevalent than ever. Much like during prohibition of alcohol in America, when people began using more spirits than beer because it was a stronger product that required less of it to take effect.

Regulation reduces costs and time spent on prosecuting people carrying small amounts for personal or medical use. By removing the inconsistent fines and sentences imposed for possession, revenue would be saved on arrests, trials, prosecutions, and custodial sentences. Regulation could potentially also eradicate both skunk and low-quality products due to regulated strains being available, quality controlled and possibly even created in Guernsey.

GUERNSEY'S WAR ON DRUGS

Guernsey has some of the most archaic drug laws in the western world while statistics show very high use of drugs in the island with relatively low arrest rates.

The GDSC would argue this highlights the need for reform to ensure that islander's health is the number one priority.

- 77% of people who responded to the GDSC annual survey stated that they have or do use cannabis.
- In 2014 & 2015 there were 81 & 72 offences reported in relation to drug offences.

In 2015, 2 seizures found 13 plants, 24 seizures found circa 74,000 grams of resin and 23 seizures found 221.01g of herbal cannabis. This is over double the amount seized in 2014 (even without the 2 largest finds of £1million worth in December and 10 kilos in April).

If regulated and sold, the cannabis seized in 2015 could have benefitted the Island with over £110,000 in taxes.

SENTENCING

The number of seizures of cannabis are increasing, but the sentencing is not always consistent for similar offences. Sentences and fines can vary drastically even when the amounts found are similar.

Below is a list of people who have been charged locally with possession taken from Guernsey Press articles during 2016. We have requested the approximate cost for cases of this nature from the Guernsey Police but have been advised they do not have nor do they hold this information.

Although some sentences are similar, some are much harsher for a similar amount and we fail to deliver any consistency in our sentencing;

	Quantity	Fine & conviction	Previous convictions
1:	Cannabis 0.2g	No conviction or fine	None
2:	Cannabis 0.04g	£400	None
3:	Cannabis 0.04g	£150	Previous (not drugs related)
4:	Cannabis 0.05g	£300	Previous (drugs related)
5:	Cannabis 0.13g	£400	None
6:	Cannabis plant 0.16g	100hrs community service	Previous (not drugs related)
7:	Cannabis 0.24g	£300	None
8:	Cannabis 0.26g	60hrs community service	None
9:	Cannabis 0.31g	£400	None
10:	Cannabis 0.79g	60hrs community service	None
11:	Cannabis 1.58g	£250	Previous (not drugs related)
12:	Cannabis 0.8g	£1,000	Previous (drugs related)
13:	Cannabis 0.8g	£400	None
14:	Cannabis 0.88g	£600	None
15:	Cannabis 1.64g	£800	Previous (drugs related)
16:	Cannabis 14.77g	3 months suspended sentence	Previous (drugs related)
17:	Cannabis 24.63g	15 months imprisonment	None

CANNABIS STATUS IN OTHER COUNTRIES

Cannabis is legal for medicinal use in 27 countries, it has been decriminalised for non-medical use in 32, and legalised for non-medical use in 8 countries.

Cannabis is still illegal but tolerated in the following countries;

- Bangladesh
- Belize
- India - while illegal at federal level, many areas tolerate its use.

Cannabis is Legal for medicinal use in the following countries;

- Argentina
- Italy (also for religious use)
- Australia
- Canada
- Macedonia
- Chile
- Philippines (Act pending)
- Columbia
- Poland
- Croatia
- Puerto Rico
- Czech Republic
- Slovenia (cannabis based pharmaceuticals only)
- Germany
- Turkey
- Israel
- USA (29 states)
- Ireland – (policy under review)
- Mexico
- Romania
- France – (cannabis based pharmaceuticals only)
- India
- Uruguay
- Spain
- Switzerland

Cannabis is legal in the following countries for non-medical purposes;

- Jamaica (religious purposes)
- India (some states and areas)

- Spain (only in private areas)
- Switzerland (certain cities)
- Uruguay
- USA – (8 states + district of Columbia)

Cannabis has been decriminalised in the following countries;

- Argentina - small amounts in certain areas
- Jamaica - <2oz
- Australia - certain areas
- Austria - <5 grams
- Malta - <3.5g, 1 plant
- Belgium - <3 g, 1 plant
- Mexico - <5g
- Bolivia - personal amount
- Moldova - small amount
- Cambodia
- Netherlands - <5g, <5 plants
- Chile - personal amount
- Paraguay - <10g
- Colombia
- Luxemburg
- Peru - <8g
- Costa Rica
- Portugal - <25g
- Croatia
- Russia - <6g, <20 plants
- Czech Republic - <15g, < 5 plants
- Slovenia
- Ecuador - <10g
- Switzerland - <10g
- Estonia - <7.5g
- Ukraine - <5g, <10 plants
- Greece - <0.5g
- USA - 12 states
- Italy
- Virgin Islands - <1oz
- Israel
- India – (some states or areas)

CANNABIS LAWS IN OTHER COUNTRIES

Because cannabis laws differ across the world, it is important to introduce a framework that allows for progressive policies in order to stay abreast of the latest scientific findings. The following examples show how diverse these policies can be and the need to implement policies that are both scalable and adaptable.

OREGON - USA

As of July 1, 2015, Oregonians are allowed to grow up to four plants on their property, possess up to eight ounces of usable cannabis in their homes and up to one ounce on their person. Recreational cannabis cannot be sold or smoked in public.

You may only purchase cannabis items at an Oregon Liquor Control Commission, licensed retail location. Business hours are limited to between 7am and 10pm.

The personal possession limits are:

- One ounce of usable marijuana in a public place;
- Eight ounces of usable marijuana;
- 16 ounces of a cannabinoid product in solid form;
- 72 ounces of a cannabinoid product in liquid form;
- Five grams of cannabinoid extracts or concentrates, whether sold alone or contained in an inhalant delivery system;
- Four immature marijuana plants; and
- Ten marijuana seeds.

Oregonians can home grow of up to four plants per residence, regardless of how many people live in the residence. Four adults in one residence does not mean 16 plants. The limit is four per residence.

Cannabis use or possession of recreational cannabis by anyone under 21 years of age is illegal. That includes home consumption. The retail price of recreational cannabis will be determined through a competitive marketplace. Taxes on recreational marijuana will be collected by the Oregon Department of Revenue at the retail level.

<http://www.oregon.gov/olcc/marijuana/Pages/FAQs-Personal-Use.aspx>

COLORADO - USA

Colorado residents are allowed to grow up to six plants and can buy or possess up to one ounce of cannabis. It's illegal for people under 21 to buy, have or use retail cannabis and valid ID is required.

Only licensed retailers can sell marijuana products. Adults over 21 can give up to 1 ounce of cannabis to another adult 21 or older, but can't sell marijuana. This includes homegrown product.

Leaving the state with any cannabis product is against the law. Marijuana use on federal land is illegal, this includes national parks, forests and ski slopes. This also includes airports. Using marijuana in any way — smoking, eating or vaping — isn't allowed in public places.

Drivers with 5 nanograms of delta-9 tetrahydrocannabinol (THC) per milliliter of whole blood can be prosecuted for DUI. Even if cannabis is used medically, officers can arrest you for impaired driving. Neither drivers nor passengers are allowed to open any cannabis packaging and use the product while in a vehicle.

Colorado voters passed Proposition AA in November 2013 to add a 10 percent sales tax to retail cannabis on top of the state's 2.9 percent standard sales tax rate. In addition, a 15 percent excise tax was added to the wholesale price of retail cannabis (between cultivators and businesses). These taxes don't apply to medical cannabis.

Retail cannabis businesses can be open only between 8 a.m. and midnight.

Retail and medical cannabis businesses are required to sell all cannabis products in packaging that's resealable, child-resistant and not see-through. The packaging protects children, teens and adults from accidentally eating something that they don't realise contains cannabis. Using the packaging from the store is an important first step in safe storage.

[https://www.colorado.gov/pacific/marijuana/laws-about-marijuana-use#Marijuana taxes](https://www.colorado.gov/pacific/marijuana/laws-about-marijuana-use#Marijuana%20taxes)

CANADA - Proposed Cannabis Act

The proposed cannabis Act would create a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada.

The Act seeks to:

- restrict youth access to cannabis
- protect young people from promotion or enticements to use cannabis

- deter and reduce criminal activity by imposing serious criminal penalties for those breaking the law, especially those who import, export or provide cannabis to youth
- protect public health through strict product safety and quality requirements
- reduce the burden on the criminal justice system
- provide for the legal production of cannabis to reduce illegal activities
- allow adults to possess and access regulated, quality controlled legal cannabis
- enhance public awareness of the health risks associated with cannabis

The current program for accessing cannabis for medical purposes would continue under the new Act. Cannabis will remain illegal as the bill moves through the legislative process. If it is approved by Parliament, the bill could become law with a target date of no later than July 2018.

Restricted access

The cannabis Act proposes many rules that would protect youth from accessing cannabis.

Protecting youth

No person could sell or provide cannabis to any person under the age of 18.

In addition, the Act would create 2 new criminal offences, with maximum penalties of 14 years in jail, for:

- giving or selling cannabis to youth, and
- using a youth to commit a cannabis-related offence

In order to prevent youth from using cannabis, the Act would also prohibit:

- products that are appealing to youth
- packaging or labelling cannabis in a way that makes it appealing to youth
- selling cannabis through self-service displays or vending machines
- promoting cannabis, except in narrow circumstances where the promotion could not be seen by a young person

Penalties for violating these prohibitions include a fine up to \$5 million or 3 years in jail.

The Government has also committed \$9.6 million to a comprehensive public awareness campaign to inform Canadians, especially youth, of the health and safety risks of cannabis consumption, and to surveillance activities.

Controlled access

Should the cannabis Act become law in July 2018, adults who are 18 years or older would be able to legally:

- possess up to 30 grams of legal dried cannabis or equivalent in non-dried form
- share up to 30 grams of legal cannabis with other adults
- purchase dried or fresh cannabis and cannabis oil from a provincially-licensed retailer
- In those provinces that have not yet or choose not to put in place a regulated retail framework, individuals would be able to purchase cannabis online from a federally-licensed producer.
- grow up to 4 cannabis plants, up to a maximum height of 100cm, per residence for personal use from licensed seed or seedlings
- make cannabis products, such as food and drinks, at home provided that organic solvents are not used

Other products, such as edibles, would be made available for purchase once appropriate rules for their production and sale are developed.

Strict regulation

The federal, provincial and territorial governments would share responsibility for overseeing the new system.

The federal government's responsibilities would be to:

- set strict requirements for producers who grow and manufacture cannabis
- set industry-wide rules and standards, including:
 - the types of cannabis products that will be allowed for sale
 - packaging and labelling requirements for products
 - standardized serving sizes and potency
 - prohibiting the use of certain ingredients
 - good production practices
 - tracking of cannabis from seed to sale to prevent diversion to the illicit market
 - restrictions on promotional activities

The provinces and territories would license and oversee the distribution and sale of cannabis, subject to federal conditions. They could also:

- increase the minimum age in their province or territory (but not lower it)
- lower the personal possession limit in their jurisdiction
- create additional rules for growing cannabis at home, such as lowering the number of plants per residence
- restrict where adults can consume cannabis, such as in public or in vehicles

Criminal penalties

The cannabis Act proposes offences targeting those acting outside the legal framework, such as those involved in organized crime.

Penalties would be set in proportion to the seriousness of the offence. Sanctions would range from warnings and tickets for minor offences to criminal prosecution and imprisonment for more serious offences.

Offence	Penalties
Illegal distribution or sale	<ul style="list-style-type: none"> • Tickets for small amounts • Up to 14 years in jail
Possession over the limit	<ul style="list-style-type: none"> • Tickets for small amounts • Up to 5 years in jail
Production of cannabis beyond personal cultivation limits or with combustible solvents	<ul style="list-style-type: none"> • Tickets for small amounts • Up to 14 years in jail
Taking cannabis across Canada's borders	<ul style="list-style-type: none"> • Up to 14 years in jail

Further penalties related to cannabis-impaired driving have been put forward in the proposed drug-impaired driving legislation.

The proposed Cannabis Act is informed by the recommendations of the Task Force on Cannabis Legalization and Regulation.

<https://www.canada.ca/en/services/health/campaigns/legalizing-strictly-regulating-cannabis-facts.html>

JAMAICA

In 2015, the Jamaican Houses of Parliament voted to decriminalise cannabis (known as ganja in Jamaica). Under the new law, trafficking and possession is still illegal, but possessing less than 2 ounces of cannabis is considered a petty offense that does not incur a criminal record. Citizens are also permitted to cultivate up to 5 cannabis in their homes.

Rastafarians are allowed to use it in religious ceremonies, and citizens can apply to sell medical marijuana to tourists and locals alike.

STATEMENT BY MINISTER OF JUSTICE ON REFORMS TO THE LAWS RELATING TO GANJA 2015+

- A. The Dangerous Drugs Act is to be amended to make possession of small quantities of ganja for personal use a ticketable infraction:

1. Possession of two ounces (0.057kg) or less will become a non-arrestable, ticketable infraction attracting a monetary penalty which shall be payable outside the court system and which does not give rise to a criminal record.
 2. Failure to pay the ticket within a specified time (30 days) will be a minor offence punishable in the Petty Sessions Court by an order for community service.
- B. Additionally, where the person found in possession of ganja in the quantities indicated above is a minor, or an adult who appears to be dependent on ganja, the police officer (in addition to giving the person a ticket) should refer him/her to the National Council for Drug Abuse. This is similar to the treatment afforded under the Drug Court (Treatment and Rehabilitation of Offenders) Act, to persons who are charged with minor offences under the Dangerous Drugs Act, including possession of eight ounces or less of ganja and smoking ganja. The procedure under the Drug Court (Treatment and Rehabilitation of Offenders) Act requires that the person be charged with an offence and be brought before the court and the court will refer the person to the drug treatment programme. It is proposed that in the case of a ticketable offence, as proposed, the referral will be made by the police. In our internal consultations it was recognized that we will need to design a procedure to ensure that a person who is referred for drug treatment follows through with this, and we intend to work with the Ministry of Health in this area.
- C. The smoking of ganja should not be permitted in places where the smoking of tobacco is not allowed. Smoking ganja should be absorbed into the general non-smoking regime, with the same penalty structure, except that the smoking of ganja will be permitted only in private places, meaning that – (i) the special provisions for designated smoking areas or zones within certain public premises that are being introduced into the Tobacco Control Regulations will not apply to the smoking of ganja), and (ii) special provisions are to be made for the smoking of ganja by Rastafarians in places designated for their religious worship. Violations should be ticketable, and payable outside the court system. Non-payment should be punishable by an order for community service.
- D. Given (b) above, the Dangerous Drugs Act is to be amended to remove the smoking of ganja as an offence under that Act, and also to remove as offences the possession of pipes or other utensils for use in connection with the smoking or other use of ganja.
- E. Possession of ganja for use for religious purposes, or for therapeutic purposes as prescribed by a registered medical practitioner, or for purposes of scientific research conducted by an accredited tertiary institution or otherwise approved by the Scientific

Research Council, is to be decriminalized. The Dangerous Drugs Act is to be amended to provide that these are exceptions to the unlawful possession of ganja. The evidential burden of satisfying the court that the ganja is possessed for purposes falling within one of these exceptions should rest on the person relying on that as a defence.

<http://jis.gov.jm/statement-minister-justice-reforms-laws-relating-ganja>

DRIVING LAWS

The DUI law in effect in Colorado sets a legal limit for active THC in your system while driving. The legal limit is 5 nanograms per millilitre of blood. This law was fiercely debated with the main issue being that people metabolise THC at different rates and thus, the amount of impairment varies drastically from person to person. Unlike alcohol, where if you are over 0.08 you are impaired, it's hard to determine if a person is impaired or not based upon THC levels alone.

In the Netherlands, there are strict laws limiting quantities of the admitted soft drugs, conditions of their sale and use. Driving under the influence of the soft drugs is equal to driving under the influence of alcohol.

Some American states have implemented roadside impairment tests to evaluate an individual's level of impairment. This approach adopts the understanding that everyone will have their own limits. To protect daily medical users from a false positive, blood and hair strand tests can determine user habit and subsequent likelihood of impairment along with road side impairment tests.

Because THC is fat soluble, it moves readily from water environments, like blood, to fatty environments. Fatty tissues act like sponges for the THC. It's been proven you can still measure THC in the brain even if it's no longer measurable in the blood. This means that frequent users are most at risk of a false positive even if they have not smoked for weeks.

TAX PROFIT

Colorado

Recreational cannabis sales began on 1st January 2014 in Colorado, population 5.35 million. Colorado was the first state to launch a retail cannabis program. In that first month, there were \$46.9 million in total sales — \$14.7 million was recreational, \$32.2 million medical. August 2014 marked the first time that recreational sales exceeded medical sales. In 2014, total cannabis revenue was \$76.2 million. The population rose to 5.541 million by 2016.

There are three types of state taxes on recreational cannabis: the standard 2.9% sales tax, a 10% special cannabis sales tax and a 15% excise tax on wholesale cannabis transfers. For August 2015, Colorado collected \$11.2 million in recreational taxes and fees and \$2 million in medical taxes and fees, bringing the 2015 cumulative revenue total to nearly \$86.7 million.

Colorado's first week of legal sales reached \$5 million. Guernsey's population is around 1.18% of Colorado. An equal amount of sales revenue would be over £44,000. (Exchange at \$1 - £0.76, October 2017)

It took 10 months for the state to pass \$1 billion in legal cannabis sales in 2016, less than 2 years after the first shops opened.

Colorado saw a record \$82.8 million in retail cannabis sales in October 2016 alone, along with more than \$35 million in medical cannabis sales. By October 2016, It was predicted that the state's legal cannabis market could hit \$1.3 billion for the year, which would represent a 30% spike in sales over the previous year. In 2015, the state saw a 42% rise in legal cannabis sales from 2014, which was the year the state's legal recreational cannabis market opened for business. Medical cannabis has been legal in the state since 2000.

In 2010, before cannabis was made legal recreationally, the state collected \$2.2 million in tax annually with monthly medical sales averaging around \$265,000. In November 2016, sales exceeded \$106 million, up 32% from the previous year.

The Netherlands

The Dutch government benefits from €400 million (almost £350 million) a year in taxes from the country's 730 cannabis-selling coffee shops.

Total sales at the coffee shops are around 265,000 kilos of hashish and cannabis annually, with an annual gross revenue of about \$3.2 billion. There is no tax on the sale of cannabis for recreational use but medical cannabis and seeds are taxed with 6% VAT and cannabis clones with 19%. Coffee shop owners pay income tax or corporate tax on the gains from cannabis sales.

Very little cannabis is imported as the technology is such that strains from all over the world can be grown in local greenhouses. "Netherlands weed" is now refined, like wine. There is great potential to use derelict and overgrown agricultural land in Guernsey to create a supply to exceed demand. Up to 95% of Dutch cannabis is exported to other countries.

PROJECTED TAX FIGURES FOR GUERNSEY

According to the World Drug Report 2017, 5.2% of the world’s population use cannabis. This report contains data collated from 164 countries.

With a population of around 63,000 people, Guernsey has over 3,250 potential recreational cannabis users, and up to 1/3 of the population are likely eligible for treatment with medicinal cannabis. (This figure is explained further in the section entitled MEDICAL USE).

Using both worldwide statistics for cannabis use, Colorado sales figures and calculating the equivalent percentages against Guernsey’s population, Guernsey has the potential to put over £650,000 back into the community from cannabis sales tax in the first year alone. These figures are based on recreational cannabis sales at an average of £10 a gram with a 15% tax.

The decriminalised or legal amount of cannabis varies by country, state or region:

- Oregon residents are legally allowed to grow up to 4 cannabis plants per property, legally possess up to 8oz (224 grams) of usable cannabis in their homes and up to 1oz (28 grams) on their person.
- Colorado residents are legally allowed to possess 1oz (28 grams) of cannabis and grow 6 cannabis plants per person.

Our figures are based on a conservative 30 grams per person per month, or 1 gram per day.

Using these figures we can estimate the amount of tax which could be payable to the Guernsey government if cannabis were to be legalised for recreational purposes.

Frequency of use	Users	Demand	Potential monthly sales	Potential tax
>once a month (1g)	29.2% (956)	0.3%	£9560	£1434
1-5 days (3g)	24.5% (802)	3.3%	£24060	£3609
6-10 days (8g)	7.5% (245)	2.7%	£19600	£2940
11-15 days (13g)	3.2% (104)	1.9%	£13520	£2028
16-20 days (18g)	5.8% (190)	4.7%	£34200	£5130
21-25 days (23g)	8.1% (265)	20.2%	£60950	£9142
26-31 days (28g)	21.8% (714)	66.9%	£199920	£29988
TOTAL	100.1% (3276)	100%	£361810	£54271

HEALTH BENEFITS FOR GUERNSEY

Treatable conditions

Proponents of medical cannabis have used the CBD and THC found in cannabis for an extremely wide variety of illnesses throughout history. Today, doctors prescribe medicinal cannabis as a treatment for issues such as

The following conditions are just a few of the main diseases or conditions that are receiving funding and investigation. All of them are recognised as benefiting from treatment with cannabis in the United States.

The following estimated numbers are based on percentage of the UK population taken from either government, charity, or NHS web pages. Information about our population, including people over a certain age is taken from the Health Profile for Guernsey and Alderney 201315.

<https://www.gov.gg/CHttpHandler.ashx?id=104975&p=0>

GLAUCOMA - According to the NHS, 1 in 10 people over 75 years of age suffer with Glaucoma. It is a condition of increased pressure within the eyeball, causing gradual loss of sight. In Guernsey, around 20 people could benefit from treatment with cannabis.

Despite an overwhelming amount of research dating back to the early 1970s, some of the most convincing evidence for the efficacy of cannabis for glaucoma is provided by patient testimonies. Dozens of additional statements regarding the effectiveness of cannabis for this disease are available via YouTube and the internet. The studies in the 70s showed that cannabis lowered intraocular pressure. It can slow progression and prevent eventual blindness. Because cannabis only lowers the pressure for a few hours, it is required a few times a day but it is a very possible alternative to the chemicals many take for this condition.

Whoopi Goldberg uses cannabis to treat her glaucoma.

EPILEPSY - Epilepsy.org.uk states that over 600,000 (1 in 103) people suffer with some sort of seizures and 5 people in 100 will have at least one seizure in their lifetime. 87 people are diagnosed daily in the UK, and Guernsey could have around 630 current sufferers.

Medical researchers have validated anecdotal evidence that cannabis is an effective treatment for seizures. A study published in May 2017 in the New England Journal of Medicine clearly establishes cannabidiol as an effective anti-seizure drug.

<https://www.scientificamerican.com/article/marijuana-treatment-reduces-severe-epileptic-seizures/>

One of the most well-known is that of Charlotte Figi, a child with Dravets syndrome, featured in Dr Sanjay Gupta's weed videos and the girl who the low THC/high CBD strain Charlotte's Web is named after.

CANCER - Cancer research UK claims that 50% of us will be diagnosed with cancer at some point in our lives. This figure has more than doubled in the last few years. There were 608 new cases between 2007 and 2009 in Guernsey and the death statistics taken from the Health Profile for Guernsey and Alderney 2013-15 show that 29% of our population died from neoplasms in that time. We could have as many as 4% of our population or 2520 current cancer patients on our island.

A study, published in the Journal of Molecular Cancer Therapeutics found that CBD can stop cancer by turning off a gene called Id-1. Cancer cells make more copies of this gene than cells and it helps them to spread throughout the body. Cannabis also helps to alleviate pain and nausea and help with appetite loss caused by chemotherapy and radiation treatment.

<http://mct.aacrjournals.org/content/6/11/2921>

There is an overwhelming amount of anecdotal evidence from all over the world where people have used cannabis to treat cancer such as Deryn Blackwell, the boy in 7 billion.

ANXIETY - mentalhealth.org estimates that 1 in 6 people will have suffered with mental health problems, anxiety, or PTSD in the past week. 7.8% of the adult population regularly experience panic attacks, depression, stress, anxiety, uncontrollable phobias, fear, PTSD, or other mental health problems. This could equate to just under 5,000 people locally who suffer with symptoms on a regular basis.

Research in 2010 at Harvard Medical School showed that cannabis can benefit people's mental health by reducing anxiety, improving mood, reducing nightmares, and helping with insomnia by acting as a sedative. THC also helps to regulate the system that causes fear, assisting with phobias.

Many highly-decorated veterans use cannabis to treat their PTSD.

ALZHEIMERS- alzheimers.org 2015 estimate is that there are over 850,000 sufferers of dementia or Alzheimer's in the UK, costing over £26 billion per year. 7.1% of over 65's will have lost some degree of brain function. 4% of Guernsey's population is over 65, meaning that we could currently have around 1,800 people who could benefit from cannabis treatment for dementia or Alzheimer's.

In 2006, a study of Molecular Pharmaceutics at the Kim Janda Scripps Research Institute found that THC slows the formation of amyloid plaques by blocking the enzyme in the brain that makes them. These plaques kill brain cells and are the cause of the disease.

<https://www.scripps.edu/news/press/2006/080906.html>

MULTIPLE SCLEROSIS - The local MS charity website tells us that there are around 150 sufferers in Guernsey. The UK statistics show that 0.15% of the population have this condition, yet our figures are much higher at 0.24%. Multiple sclerosis affects the brain and spinal cord. Early MS symptoms include weakness, tingling, numbness, and blurred vision. Other signs are muscle stiffness, thinking problems, and urinary problems. These symptoms worsen as the disease progresses.

Research by the Canadian Medical Association found that cannabis reduces pain in MS sufferers by THC binding to receptors in nerves. Cannabis also helps to control the muscle spasms experienced by MS patients, resulting in less pain and more controlled movements. Studies in the UK have shown reduced pain and muscle spasms as well as improved quality of life for many people with Sativex.

(Sativex® is an oromucosal spray of a formulated extract of the cannabis sativa plant that contains the principal cannabinoids THC and CBD as well as specific minor cannabinoids and other non-cannabinoid components.) While Sativex has worked wonders for many, it is not available on the NHS, is extremely expensive and does not work for every sufferer.

<http://www.cmaj.ca/content/early/2012/05/14/cmaj.110837>

Montel Williams has used cannabis since 1999 to help with his MS.

HEPATITIS C - the UK Government estimate that there are 160,000 people in the UK with Hep C. Treatment is harsh and can last for months. Many do not finish the course due to the extreme side effects of fatigue, nausea, muscle aches, loss of appetite and depression. Hepatitis C can also lead to liver failure and to cancer. In Guernsey, we could have as many as 157 people with Hepatitis C.

Results of a 2006 study published in the European Journal of Gastroenterology and Hepatology suggest that modest cannabis use may offer symptomatic and virological benefit to some patients undergoing HCV treatment by helping them maintain adherence to the challenging medication regimen.

<http://journals.lww.com/eurojgh/pages/articleviewer.aspx?year=2006&issue=10000&article=00005&type=abstract>

IBS - patient.info states that IBS occurs in 10-20% of the population in the UK, but prevalence is thought to be higher than this as many people with the disorder do not seek medical advice and it could affect up to 45% with women almost twice as likely as men to have bowel or gut problems. 20% of Guernsey's population would mean that around 12,600 people could find relief through cannabis from stomach pain, gassiness, bloating, constipation, diarrhea, or both. Chronic, painful abdominal cramping is common and peak prevalence is between 20 and 30 years of age. The cause of IBS is not known, and there is no cure. Although not life threatening, IBS has a huge impact on the sufferer's life. The two most common forms of Inflammatory Bowel Disease are Crohn's Disease and Ulcerative Colitis (UC). Together they affect 1 in every 250 people in the UK giving an estimated Guernsey population of 2,331 who have this condition.

A small Israeli study showed that cannabis reduced Crohn's symptoms in 10 out of 11 patients. Cannabis helps to regulate gut bacteria and intestinal function to reduce vomiting, pain, diarrhoea and weight loss.

<https://www.ncbi.nlm.nih.gov/pubmed/23648372>

Melissa Etheridge has been using medical cannabis for the past 9 years to deal with the lingering gastrointestinal effects from her cancer.

ARTHRITIS - arthritisresearch.co.uk quotes figures from the Office for National Statistics of 8,670,309 sufferers of arthritis in the UK. With 13.3% of the population having this condition, Guernsey is estimated to have over 8,000 people who have one of over 100 types of this condition and/or suffering with joint pain and stiffness.

Morgan Freeman uses cannabis to help with Fibromyalgia which is considered one of the most painful and debilitating forms of all rheumatic conditions.

LUPUS - lupus.uk.org estimates around 50,000 sufferers in the UK. Lupus is a chronic autoimmune disease in which the body's immune system becomes hyperactive and attacks normal, healthy tissue. This results in symptoms such as inflammation, swelling, and damage to joints, skin, kidneys, blood, the heart, and lungs. It is estimated that there are around 130 sufferers in Guernsey.

PARKINSON'S DISEASE - Every hour in the UK, someone is diagnosed with Parkinson's disease. Parkinsons.org estimates there are around 127,000 sufferers in the UK. The cause is unknown, and although there is presently no cure, there are treatment options such as medication and surgery to manage its symptoms of tremors of the hands, arms, legs, jaw and face, rigidity of the limbs or trunk, instability, and impaired balance and/or coordination. In Guernsey, it is estimated that around 126 people have been diagnosed with Parkinson's disease.

Cannabis provides relief of symptoms in patients with Parkinson's disease, according to observational trial data published in the March/April edition of the journal Clinical Neuropharmacology. Investigators at Tel Aviv University, Department of Neurology evaluated Parkinson's disease symptoms in 22 patients at baseline and 30-minutes after inhaling cannabis. Researchers reported that inhaled cannabis was associated with significant improvement after treatment in tremor, rigidity, and bradykinsea (slowness of movement). There was also significant improvement of sleep and less pain.

<https://www.ncbi.nlm.nih.gov/pubmed/24614667>

Former police captain Larry Smith became famous for his short video showing the incredible difference in his dyskinesia after taking cannabis.

LOCAL TREATABLE CONDITIONS

Approximately 21,500 people living in Guernsey have these most common conditions recognised by other Governments as treatable with cannabis. A more extensive list of treatable conditions can be found at the end of this document. 21,500 equates to almost 33.3% of our population.

Figures taken from the Health Profile for Guernsey and Alderney 2013-15 in the leading causes of loss of life statistics show that 29% of 1643 deaths were from neoplasms (Cancers), 7% were from mental and behavioural disorders, 4% from diseases of the digestive system (including liver disease and other intestinal diseases) and 4% were from diseases of the nervous system (including Parkinson's and Alzheimer's). These conditions are treatable with cannabis. There is some evidence to suggest that cannabis can be used to treat heart disease and other cardiovascular conditions but not enough studies have been completed to show conclusive evidence. 31% died from diseases of the circulatory system, 44% of this number were from strokes which can also be treated. (almost 10% of total deaths) 13% were from diseases of the respiratory system (including pneumonia and emphysema) There is much conflicting evidence and ongoing studies showing both benefits and disadvantages of smoking cannabis on the lungs. Many respiratory problems suffered by cannabis smokers are due to mixing with tobacco.

Cannabis does not have to be smoked. Tinctures, oils, butters, creams, vape liquids, smoothies and all manor of edibles are available alternatives to smoking.

Whoopi Goldberg has developed her own range of products especially for women to aid with menstrual difficulties. Her range is entirely natural and comprises of topicals, edibles, bathing products and oils.

TOURISM BENEFITS

In the Netherlands, the majority of cannabis use (70%) is by tourists. With overnight visitors around 8,333,000 and day visitors of around 15,854,000 per year, the city is the 8th most popular city destination in Europe. Over 1,500,000 tourists a year visit one or more of Amsterdam's coffee shops, and 23.4% of all the city's 100,000 kg a year is purchased by tourists.

Countries where cannabis has been decriminalised or legalised have reported increases in visitor numbers. In Colorado, 11% of visitors chose Colorado especially for cannabis. Half of all sales in cities and 90% of mountain communities' sales are from out of state visitors.

David Nutt suggested during his Thrive 2020 talk, that if Guernsey were to use their unique position as a separate jurisdiction within the British Isles to regulate and legalise medicinal cannabis, we could expect up to 50,000 medical patient visitors. This would assist with Culture and Leisure's desire to increase tourism by 30% by 2025.

LONG HELD BELIEFS ARE FALSE

Cannabis is not a gateway drug

<https://www.scientificamerican.com/article/the-truth-about-pot/>

One of the biggest and most widespread arguments from cannabis detractors is that smoking cannabis will lead to using other drugs. As Scientific American points out, the studies that show people who use cannabis first before trying other drugs is correlation and not causation. People who go on to use harder drugs also tend to smoke cigarettes and drink alcohol before anything else.

Cannabis has a very low risk of abuse

Contrary to popular belief, cannabis is not as addicting as one may think. Dr. Sanjay Gupta, CNN's Chief Medical Correspondent, wrote in his essay, "Why I Changed My Mind About Weed," that we have been "systematically misled" on cannabis. He reports that cannabis leads to dependence in around 9-10 percent of adult users. Cocaine hooks about 20 percent of its users, and heroin gets 25 percent of its users addicted. The worst culprit is tobacco, with 30 percent of its users becoming addicted. Approximately 17 % of men and 8% percent of women will be dependent on alcohol in their lifetime.

But what about the children?

Statistics show that the use of cannabis by minors in Colorado has decreased since the change in the law. Colorado also has the best figures in the nation for Cannabis use in youths aged 12-17. Since cannabis was legalised in 2014, it became harder to obtain without proof of age. Shops are not permitted to sell any cannabis products to anyone without proof that they are over 21 years of age and this law is strictly adhered to.

Can Cannabis cause poor short term memory loss and schizophrenia?

In teenagers who use cannabis while their brains are still developing, cannabis can boost levels of dopamine in the brain which can increase the risk of schizophrenia. That is different from saying that cannabis causes schizophrenia. If cannabis caused schizophrenia, the 20% rise in Cannabis use in the UK from 1970-2000 would have been matched with an increase of mental health conditions.

In youths with no family history or genetic ties to mental health disorders

- The chance of developing psychosis is 7 in 1,000.
- With cannabis use it can increase to 14 in 1,000, this risk can only be reduced with a regulated market.

According to the Harvard health publications, HRT can increase your risk of breast cancer by 75% even with short term use and a 50% increase in heart attack or stroke during the first year. Women with a history of coronary heart disease should avoid it. Asthma sufferers avoid aspirin, beta-blockers, NSAIDS (non-steroidal anti-inflammatory drugs) etc. as they can exacerbate their condition. The recommendation for those who have or who are likely to develop schizophrenia is to avoid cannabis use.

Cannabis can cause some short-term memory loss. It's harder to remember a 10-digit phone number. Alcohol causes similar short term memory loss to cannabis. The effect is temporary and wears off completely. The time this effect takes to wear off depends on the strain, method used and user habits. There is no conclusive proof that it has any long-term effects on the brain of adult users. As with alcohol, it should not be used by minors or those with certain medical conditions.

Will crime increase?

Throughout Colorado, a decrease of 1% has been seen in all crime since cannabis was legalised in January 2014 with a 3.1% drop and a huge 12.8% drop in property crime and homicide respectively. In Denver, figures compared during the first 3 months of 2013 and 2014 show a decrease in all main areas.

The Dutch see the use of drugs as a health matter, like the use of tobacco and alcohol, and in fact not very distant from problems of obesity, alcoholism, and tobacco smoking. They also point to the fact that prohibition of alcohol in the US in the years 1919-1933 brought more negative effects of increased criminality, than the positive social changes and had to be withdrawn.

Portugal have decriminalised all drugs with the aim that shifting drug use from a criminal to a public health problem would reduce crime, save lives, and reduce addiction. Drug related HIV is down an enormous 90% since 2001, drug related deaths are the 2nd lowest in the EU, drug related offenders in prison are down from 44% in 1999 to 21% in 2012.

Canada proposed cannabis Act would create a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada.

The Act seeks to:

- restrict youth access to cannabis
- protect young people from promotion or enticements to use cannabis
- deter and reduce criminal activity by imposing serious criminal penalties for those breaking the law, especially those who import, export or provide cannabis to youth
- protect public health through strict product safety and quality requirements
- reduce the burden on the criminal justice system
- provide for the legal production of cannabis to reduce illegal activities

- allow adults to possess and access regulated, quality controlled legal cannabis
- enhance public awareness of the health risks associated with cannabis

The current program for accessing cannabis for medical purposes would continue under the new Act.

Cannabis is safer than other substances

Cannabis is far safer than alcohol, tobacco and multiple other illicit substances, and strict, legal regulation of cannabis would be a more reasonable approach than current prohibitions. Dr. Jack E. Henningfield of the National Institute on Drug Abuse and Dr. Neal L. Benowitz of the University of California at San Francisco ranked six substances based on five problem areas.

Withdrawal: Presence and severity of characteristic withdrawal symptoms.

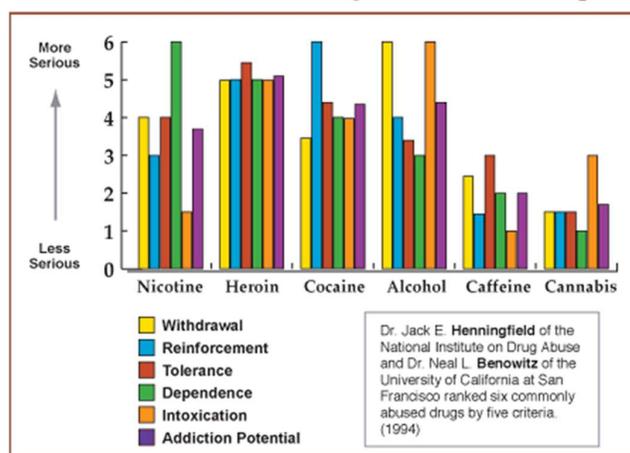
Reinforcement: A measure of the substance's ability, in human and animal tests, to get users to take it repeatedly, and in preference to other substances.

Tolerance: How much of the substance is needed to satisfy increasing cravings for it, and the level of stable need that is eventually reached.

Dependence: How difficult it is for the user to quit, the relapse rate, the percentage of people who eventually become dependent, the rating users give their own need for the substance and the degree to which the substance will be used in the face of evidence that it causes harm.

Intoxication: Though not usually counted as a measure of addiction the level of intoxication is associated with addiction and increases the personal and social damage a substance may do.

How does cannabis compare to other drugs?



It is physically impossible to overdose on Cannabis

Experts agree that a fatal dose of cannabis would require ingestion of around fifteen hundred pounds in fifteen minutes — a physical impossibility for any human.

Synthetic cannabis, otherwise known as Legal Highs or 'Spice' has been attributed to overdose deaths. However, these drugs have nothing to do with cannabis and are a completely different class of substances.

ESTIMATING DRUG HARMS

The following figures are from the Office for National Statistics from England and Wales statistical bulletin in 2015.

These include accidents and suicides involving drug poisoning as well as abuse and dependence. They do not include car accidents or adverse effects i.e.: anaphylactic shock.

There were 3,674 drug related deaths involving both legal and illegal drugs. This is an increase of 15% from 2014. Of the 3,674 deaths recorded in 2015, 2,479 or 67% of these deaths were from illegal drugs, and 33% due to legal/prescribed pharmaceuticals. The most commonly known legal and illegal drugs are shown in the following table of recorded deaths for the years 2013-2015.

Number of drug-related deaths where selected substances that are commonly abused were mentioned on the death certificate, deaths registered in England and Wales between 2011 to 2015.

England and Wales					
	2011	2012	2013	2014	2015
All drug poisoning deaths	2,652	2,597	2,955	3,346	3,674
Any Opioid	1,439	1,290	1,592	1,786	1,989
Heroin and/or morphine	596	579	765	952	1,201
Methadone	486	414	429	394	434
Tramadol	154	175	220	240	208
Codeine	88	73	130	136	128
Dihydrocodeine	109	103	102	86	94
Other specified opioid	90	80	93	129	113
Unspecified opioid	131	92	145	169	196
Cocaine	112	139	169	247	320
Any amphetamine	62	97	120	151	157
Amphetamine	46	49	56	85	90
MDMA/Ecstasy	13	31	43	50	57
Cannabis	7	14	11	28	21
Any new psychoactive substance	31	55	63	82	114
Any benzodiazepine	293	284	342	372	366
Diazepam	179	207	228	258	252
Gabapentin	4	8	9	26	49
Pregabalin	4	4	33	38	90

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

In 30% of all drug related deaths, alcohol or long term alcohol abuse is also mentioned. A small number of cannabis related deaths have been recorded, due to cannabis being identified in toxicology reports alongside other illegal substances such as Heroin or Amphetamine. Cannabis in these instances was not the recorded cause of death. There have been no reported deaths directly linked to cannabis overdose in the UK or Worldwide.

The numbers are low compared to Heroin or Morphine but NPS (New Psychoactive Substances) or legal highs such as spice were more popular around 2008/09. These drugs were marketed as 'synthetic cannabis' or 'fake weed.' This drug is nothing like cannabis and when spice was made illegal, its use died out quickly as people went back to cannabis or other drugs which gave a greater 'high' than spice.

There is a sharp increase in the use of these so called 'legal highs' from 82 deaths in 2014 to 114 in 2015. Of these deaths, 25 were caused by drugs which were still legal at the time. These drugs are developed because cannabis is illegal.

In comparison, alcohol accounted for 8,724 deaths in the same year and over 80,000 die each year from smoking related diseases.

Drug poisoning accounts for 1 in 6 deaths between the ages of 20 and 30.

Over half of all drug related deaths involved an opioid such as heroin, morphine, tramadol, or fentanyl. This figure has doubled in 3 years.

There is a decrease in people under 25 presenting for treatment. This has fallen 60% between 2009/10 and 2014/15 and an increase by 21% in people over 40 needing treatment for a long term physical illness due to drugs.

83% of male and 67% of female drug related deaths are accidental poisonings.

KEY CONSIDERATION FOR GUERNSEY'S CANNABIS MARKET

Licensing

If only medical use is permitted, licenses could be granted to current pharmacies and appropriately qualified medical professionals. Any licensed medical professional should be able to prescribe cannabis.

If cannabis is decriminalised, licenses would need to be applied for, and permitted to those who meet determined criteria for both growing and selling cannabis.

If cannabis is legalised, licenses would follow similar rules as for decriminalisation. Legalisation would not have to permit anyone to cultivate or sell cannabis without a license.

Licensed premises

If only medical use is permitted, current pharmacies would follow limits on how much can be kept on the shop floor and on the entire premises. Opening times would be restricted to current pharmacy times. Cards could be issued to patients in place of prescriptions. A transaction limit could be set of up to 5 grams per person per day, Advertising could be restricted to licensed premises only.

If cannabis is decriminalised, establishments with both dispensary and usage facilities could be permitted subject to appropriate location, structure, and ventilation. They could also follow set limits on how much can be kept on the premises. Opening times could be limited to the current Public House laws. A transaction limit could be set of 5 grams per person per day with a 15% tax on all cannabis sales. While the tobacco smoking ban could still be enforced, there are alternative mixers that do not have the same harmful effects as tobacco that can be used alongside cannabis, and permission could be sought to use outdoor facilities if available. Vaping is becoming more popular and is one of the safest and healthiest ways to use cannabis along with topicals, edibles and oils. Advertising should be restricted in the same ways as alcohol and tobacco. Cannabis sales could be restricted to those over the age of 21 or those with a prescription. Prescriptions could also limit persons to particular strains or products to limit exposure to THC before the brain is fully mature. This would be especially useful when prescribing oils or other products to minors.

If cannabis is legalised, similar rules would apply as for decriminalisation. Restrictions can be placed on premises and sales as with alcohol.

Individual usage and cultivation

If only medical use is permitted, a carry limit could be set of 5-10 grams per person. Similar restrictions to tobacco could be introduced prohibiting cannabis on government land and other appropriate places. Medical facilities should be excluded from these restrictions.

Individuals could apply for a personal grow license permitting them to grow up to 6 plants. This figure allows for more than one strain to be cultivated as well as having plants at different stages of growth.

If cannabis is decriminalised, a carry limit could be set of 5-10 grams per person. Similar restrictions to tobacco would be introduced prohibiting cannabis on government land and other appropriate places. Medical facilities should be excluded from these restrictions. Individuals could apply for a personal grow license permitting them to grow up to 6 plants.

If cannabis is legalised, similar rules would apply as for decriminalisation. Restrictions can still be placed on its sale as with alcohol and tobacco.

Commercial cultivation

If only medical use is permitted, only reputable imports or locally cultivated strains could be permitted to be sold. Agricultural land and greenhouse owners could apply for and purchase a license to use their property for growing. Grants could be made available to private individuals for greenhouse restoration projects in return for allowing their products to be used for research and their facilities for developing new strains.

Similar rules could apply for both decriminalisation or legalisation and exports would increase revenue, create jobs, and strengthen relationships with other countries

Driving

Colorado law specifies that drivers with five nanograms of active tetrahydrocannabinol (THC) in their blood can be prosecuted for driving under the influence (DUI). However, no matter the level of THC, law enforcement officers base arrests on observed impairment.

While there is a reliable test to measure alcohol levels in the blood, there's no science that shows of drivers becoming impaired at a specific level of THC in the blood. A lot depends upon the individual. Drivers with relatively high levels of THC in their blood might not be impaired, especially if they are regular users; others with relatively low levels may be unsafe behind the wheel.

To protect daily medical users from a false positive, blood and hair strand tests can determine user habit and subsequent likelihood of impairment along with roadside impairment tests.

Police officers trained in roadside sobriety tests would be the most pragmatic solution, backed up by a test for the presence of THC rather than a specific threshold. User habit and dosage should be taken into account. This approach adopts the understanding that everyone will have their own limits.

WHAT THIS MEANS FOR GUERNSEY

No change to the law will mean that the government will continue to spend money on prosecuting people deemed criminals by an out of date justice system for a victimless crime. Whether pharmaceutical or illegal, addiction needs to be recognised as a medical condition so that Guernsey residents can get the help and support they need instead of spending thousands of pounds a year on imprisonment.

We do not need to blindly follow the UK laws when we have the resources, information, and willingness to make positive changes not just to our island but in Europe.

Permitting cannabis for medical use only would mean many people with treatable conditions could find relief without the need for overused and overprescribed pharmaceuticals. While a step in the right direction, this does not fully address the concerns over prescription addiction nor does it address other illegal drug use which are both a problem in Guernsey.

If this is the only change approved, it would be beneficial to allow for all medicinal cannabis products to be made available including oils, edibles and whole plant medicine. Restrictions should not automatically exclude minors as there are many available products that are suitable for even young children.

Decriminalisation would mean that the use or possession of cannabis is not a criminal offence but the production and commercialisation continue to be outlawed. As in the Netherlands. Restrictions can be placed on amounts deemed acceptable and on age to purchase while those who wish to use cannabis, for whatever benefits, may do so while reducing crime, substance abuse and saving the Government money on excessive prison sentences, medical fees, and law enforcement.

Legalisation would put cannabis at the same level as Tobacco. It lifts the ban on the use, production and distribution but still allows for control. The Government replaces the clandestine market, regulating both demand by excluding certain consumers, such as minors, (except for medical products for minors) as well as the commercialisation through authorised controlled "pharmacies" or other venues.

The world's most prestigious newspapers are regularly showing support for cannabis. The Guardian, New York Times, Washington Post, Sydney Morning Herald, Times of India and even the Wall Street Journal all have many articles advocating the use of what many are coming to see as a remarkable plant. In 2016, BBC Guernsey held a phone in debate during the mid-morning show. Despite repeatedly asking for comments from those against cannabis, every call, every message, and every Email received contained positive comments from people of all ages wanting a change in the law – BBC Radio Guernsey have since confirmed they have never previously had a debate where the topic was not met with opposing views.

We waste hundreds of thousands of pounds on arresting and imprisoning cannabis users for having a plant which is less harmful than alcohol.

Many countries with new regulations have proven that the problems cited by those who wish to keep prohibition have not materialised. There has been no spike in use, no increase in road fatalities and no increase in crime.

We need to recognise the difference between the behaviour caused by drugs and behaviour caused by the current drugs policy.