

REGIONAL COMMISSION ON MARIJUANA

TERMS OF REFERENCE¹

Introduction

The main issue underpinning marijuana liberalization surrounds its classification as a drug. The United Nations Convention on Psychotropic Substances - to which many, if not all Caribbean countries are Party and model their local Dangerous Drugs legislation - contains four Schedules of controlled substances, ranging from most restrictive (Schedule I) to the least restrictive (Schedule IV). Marijuana is currently placed in Schedule II. This means that it is classified as a dangerous drug for which possession of any quantity becomes an offence. It is as a result of this classification that the other issues that fuel the currently marijuana debate stem. The main being the burden on the legal and judicial system, arising from possession of small quantities of marijuana and the lack of its availability and accessibility for medical, recreational and research purposes.

While there is scientific evidence that supports the medical benefits of cannabinoids (the chemical compounds derived from marijuana), there is also evidence that confirms the adverse effects of tetra hydrocannabinol (THC), which is the psychotropic or mind-altering constituent found in the plant. In considering re-classification, the salient issue to be determined is therefore whether the benefits to be derived from removal of current restrictions will outweigh possible harms of increased use.

Objective of the Commission

- (a) To conduct a rigorous enquiry into the social, economic, health and legal issues surrounding marijuana use in the Caribbean and to determine whether there should be a change in the current drug classification of marijuana thereby making the drug more accessible for all types of usage (religious, recreational, medical and research);
- (b) To recommend, if there is to be a re-classification, the legal and administrative conditions that shall apply;
- (c) The Regional Commission comprising expertise from relevant professions and Institutions will be coordinated by the CCS in conjunction with CARPHA. It will collate the findings and prepare a final report to be submitted to Heads.

Scope of Work

To achieve these objectives, the Commission should undertake the following scope of work:

1. Conduct a thorough review of documentation and findings from previous regional and international Marijuana Commissions to outline the benefits and adverse effects of marijuana use, including but not limited to the reports from the following –
 - (a) United States Institute of Medicine (IOM) enquiry conducted at the request of the White House, Office of National completed in 1999;
 - (b) National Commission on Ganja, appointed by the Hon. P.J. Patterson, Prime Minister of Jamaica, 7 August 2001; Recreational marijuana users;
 - (c) United Kingdom Home Affairs Select Committee Report of 2012.
2. Examine the Dangerous Drug Acts in all Caribbean territories and identify the current state of legislation as it pertains to possession and distribution of marijuana and outline the legal status of marijuana use across CARICOM both de jure and de facto.

¹ Endorsed by CARICOM Heads of Government at the Thirty-Fifth Regular Meeting of the Conference of Heads of Government (July 2014, Antigua and Barbuda)

3. Review available data on marijuana use in the Caribbean by type - recreational, socio-cultural, and medicinal.
4. Examine global trends in relation to changes in accessibility and availability of marijuana. In particular the legal and administrative systems that have been developed to accommodate:
 - (a) possession of small, specified quantities of the drug for personal use;
 - (b) medical marijuana programs.
5. Engage in an extensive consultation process with members of the community and other key stakeholders at the national level to elicit the population's view about current usage and re-classification. This consultation process should use surveys, structured and semi-structured interviews, focus groups, village meetings and other methodologies and should embrace a broad cross section of interest groups in society including but not limited to:
 - (a) Researchers;
 - (b) Medical and herbal practitioners;
 - (c) Drug addiction treatment and rehabilitation service providers;
 - (d) Faith based and Non-governmental organizations;
 - (e) Medical marijuana users;
 - (f) Recreational marijuana users;
 - (g) Representatives from the legal and judicial system;
 - (h) Psychiatrists/mental health practitioners;
 - (i) Educators;
 - (j) Law enforcement and custodial services;
 - (k) Youth Groups.
6. Examine incarceration patterns in the Caribbean as a result of Marijuana use.
7. Examine mental health disorders in the Caribbean as a result of Marijuana use.
8. Review the state of research of Medical products from marijuana and define the state of use of approved medicines derived from marijuana.
9. Examine possible economic benefits which might accrue from more liberal marijuana policies in the Caribbean.
10. Examine possible economic benefits against real cost associated with the treatment and management of marijuana addiction/use.
11. Based on the balance of evidence collected and assessed and in the interest of society at large, make recommendations for maintenance of the state of classification of marijuana or for its re-classification and the specific legal and administrative changes that would be required.

Deliverables

12. A series of Reports should be identified to align with the scope of work.

Composition

Representatives from:

- (a) Law Enforcement;
- (b) Legal Practitioners;
- (c) Medicine and allied health practitioners;
- (d) Health Research;
- (e) Anthropology/Sociology/Culture;
- (f) Faith Based Organizations;

- (g) NGOs (a substantial number of treatment and rehabilitation facilities are operated by NGOs);
- (h) Ethics;
- (i) Youth;
- (j) Education.

Time Frame

No less than 18 months