



**Background  
Guide**



**HCC:  
DECRIMINALISING  
CANNABIS IN ASIA  
AND AFRICA**

**2023**

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## **Letter from Chairs**

Greetings delegates, we welcome you to the United Nations Office on Drugs and Crime and sincerely hope this background guide helps you with your impending mountain of research.

Whether or not you actually read this document, we'd like you to know that the Chairs of the UNODC would welcome you in with open arms.

Whether you're here to add an extra row to your MUN CV or to debate or to expand your social circle, we hope you have a fun, enriching experience at the UNODC of the United Nations Simulation Conference.

My name is Arjun Mahajan and I will be serving as the Chairperson of this committee and Arjun Pillai will be serving as the Co-chairperson. We hope that you take away lots of important MUN skills and enrich yourselves with information regarding the art of the proxy war.

While all committees at this conference prompt delegates to understand their country's policy, the UNODC adds another level of realism and diplomacy that requires delegates to refine their negotiating skills. To all the delegates who have committed themselves to this conference, we sincerely hope that we meet all your expectations and help you thrive at the art of repertoire. Wishing you all the best for the upcoming conference.

Warm Regards,

The Chairs of United Nations Office of Drug and Crime  
Arjun Mahajan and Arjun Pillai

## United Nations Office of Drug and Crime

Successful simulations of United Nations meetings, whether at the local, national or international level, require a great deal of preparation.

The United Nations Office on Drugs and Crime website offers resources that can be accessed prior to and during a Model United Nations conference.

These resources are valuable for the organizers of these conferences and are especially useful when preparing study guides and reviewing position papers. They are also relevant for delegates representing the different Member States and for the teachers who are responsible for training the Model United Nations delegates.

UNODC's mission is to contribute to global peace and security, human rights and development by making the world safer from drugs, crime, corruption and terrorism. This Strategy for the next five years will equip UNODC to deliver effectively, efficiently and with accountability, elevating our support to Member States to build just, inclusive and resilient societies that leave no one behind.

The COVID-19 pandemic has changed the world. The resulting health, humanitarian and economic crises are seriously putting at risk the lives and livelihoods of people everywhere. It has exacerbated problems of fragility, crime and terrorism and exposed inequalities.

This also jeopardizes the multilateral consensus reflected in the vision of wellbeing for all that is contained in the 2030 Agenda for Sustainable Development.

## **WORLD DRUG PROBLEM**

### **Improved prevention, treatment and care**

- **Effective criminal justice responses to trafficking**
- **Greater access to controlled medication for those in need**
- **Sustainable alternatives to illicit drug cultivation**
- **Strengthened international law enforcement cooperation**
- **Better understanding and monitoring of illicit drug markets**

## **ORGANIZED CRIME**

- **Effective legal frameworks to combat transnational organized crime**
- **Improved investigation and prosecution of criminal cases, and assistance to victims**
- **Better responses to cybercrime**
- **Greater and more timely analysis and monitoring of trends**

## **CORRUPTION AND ECONOMIC CRIME**

- **Strengthened legal, policy and institutional frameworks to counter corruption**
- **Increased cooperation among and between institutions at the local, national and international level to prevent and counter corruption**
- **Fast track implementation of the UN Convention against Corruption (UNCAC) review mechanisms recommendations**

## **TERRORISM**

- Effective and accountable criminal justice responses to terrorism**
- Increased international cooperation related to terrorism and its financing**

- **Application of human rights compliant measures to prevent terrorism and protect its victims**
- **Better programmes to prevent and counter violent extremism which can lead to terrorism**

## **CRIME PREVENTION AND CRIMINAL JUSTICE**

- **Strengthened access to justice for all, particularly the most vulnerable**
- **Effective, community and knowledge-based crime prevention**
- **Better prevention of violence and increased access to gender responsive justice - Strengthened prevention of and responses to violence against children**
- **Reforms to ensure safe and humane custody of prisoners**

Flexible and wide-ranging partnerships are critical for ensuring that we can continue to deliver assistance to counter the social and health effects of drugs, crime, corruption and terrorism when and where needed; to build national and local ownership and sustainability and maximize impact.

This Strategy is premised on political and financial partnerships, transparency and continuous engagement.

We shall hold ourselves accountable to achieving the goals and aspirations and undertake to communicate our results, successes and setbacks in a transparent manner to all our stakeholders.

We will expand the reach of our resource mobilization and our partnership efforts and provide better financial and substantive reporting. We will conduct evaluations in all areas of work and use evaluation and oversight results to produce actionable recommendations.

We recognize communications as a key strategic driver of UNODC fulfilling its mandate and as such we will increase investments in communications capacities throughout.

### **UNODC Strategic Vision Africa 2030**

UNODC's Strategic Vision for Africa 2030 outlines our mission to provide more safety to Africa's people, government and institutions from drugs, crime, corruption, terrorism and illicit financial flows. Our Vision 2030 seeks to strengthen crime prevention, enhance justice, address organized crime, ensure a balanced response to drugs, improve the rule of law and bolster resilience. Building on decades of partnership and engagement with African countries, we will work within our unique mandate towards these goals with a focus on whole-of-society approaches and inclusion of the most vulnerable and marginalized populations.

Africa has made considerable gains towards the Sustainable Development Goals and the aspirations of the Agenda 2063 of the African Union: The Africa We Want. Yet progress in several areas is not advancing at the scale nor speed required. Around the globe and in Africa, the impact of the COVID-19 pandemic threatens to reverse progress, hitting those most vulnerable hardest, and risking them being left behind further. Africa can leverage its many opportunities to help strengthen resilience to its challenges: the increasing youth demographic can come together in collective action for a sustainable future; Africa's commitment towards digital transformation and technology is bold and can drive fast-paced growth and foster inclusion; Africa's single market, wealth of natural resources and biodiversity offer advantages for the development of trade, industry, employment and tourism; urbanization widens opportunities for economic growth, human security, social development and cohesion



## **Decriminalising Cannabis in Asia and Africa**

Over 50 years since the foundation of the current global drug policy regime was laid, prohibitionist drug laws continue to inflict countless harms. An estimated \$100 billion is being pumped annually into law enforcement-led approaches around the world to combat drugs, with the results mainly involving the criminalisation and incarceration of low-level, nonviolent drug offenders. Indeed, an estimated 83 per cent of all drug-related offences worldwide are simple possession offences.

In spite of this undue emphasis on tackling drug use, the number of adults globally who have used drugs increased almost 20 per cent between 2006 and 2013 from 206 million to 246 million, underscoring how punitive approaches do not serve as a deterrent. Rather, they help swell prison populations, stoke the spread of blood-borne viruses and other infectious diseases and contribute to the shameful level of drug-related deaths, which in 2013 stood at close to 200,000 globally.

The aforementioned are just a select few of the myriad harms caused by criminalisation. As highlighted in our 2013 report, *The Numbers in Black and White: Ethnic Disparities in the Policing and Prosecution of Drug Offences in England and Wales*,

drug laws are often imposed most harshly against ethnic minority communities despite prevalence rates among these groups being no higher than among the white population. This disproportionality is reflected elsewhere in the world, particularly the United States where it has resulted in the mass incarceration of African Americans. Such a policing approach has had serious implications for community-police relations in many parts of the world.

However, cracks are beginning to emerge in the prohibitionist consensus, both in rhetoric and in practice. Across the globe governments are adopting different policy approaches to address drug use in their communities –

some are reducing harsh penalties for drug offences to save costs, while others are increasing their harm reduction and public health measures in an effort to properly address problematic drug use. Rising costs, commitments to personal autonomy, and mounting evidence of the devastating consequences of criminal justice responses to drugs for individuals – stigmatization, employment decline, housing issues, and public health harm, among others – have led a number of countries towards an alternative policy option: the decriminalization of drug possession and use. Under these regimes, the possession of small amounts of illicit drugs for personal use is no longer a criminal offence.

To call decriminalization a *new* option is misleading. Some countries have had decriminalization policies in place since the early 1970s, while others never criminalized drug use and possession to begin with.

However, in the past 15 years, a new wave of countries have moved toward the decriminalization model, suggesting growing recognition of the failures of the criminalization approach and a strengthening political wind blowing in the direction of an historic paradigm shift.

The models of decriminalisation vary considerably – some countries adopt a *de jure* model (one defined by law), others have de-prioritised the policing of drug possession through *de facto* decriminalisation.

Furthermore, there is enormous geographical variance, with countries as disparate as Armenia, Belgium, Czech Republic, Ecuador, Estonia, Mexico, Portugal and parts of the United States all adopting or extending some form of decriminalisation within their jurisdictions in the last 15 years or so.

While the precise number of countries with formal decriminalisation policies is not clear, it is likely slightly above 30, depending on which definitions are used. Additionally, at the time of writing, Ireland was exploring the decriminalisation of all drugs along the lines of the model implemented in Portugal.

Decriminalisation has received considerable endorsement in recent years. The Global Commission on Drug Policy – a body comprised of former heads of state, human rights and global health experts, business leaders, economists, and UN leaders – has repeatedly called for decriminalisation since the launch of their first report in 2011.

What's more, **several prominent UN agencies, including UNAIDS, the World Health Organisation (WHO), the United Nations Development Programme, and the Office of the United Nations High Commissioner for Human Rights (OHCHR), have all expressed the need to decriminalise the possession of drugs for personal use.**

The United Nations Office on Drugs and Crime (UNODC) similarly advocated decriminalisation in a 2015 position paper, albeit suppressing its publication immediately prior to release. It has, however, publicly endorsed decriminalisation in joint publications.

Nowhere in the past few years has the fracturing consensus on prohibition's efficacy been more evident than on the international scene. In 2012, heads of state from Colombia, Mexico and Guatemala called on the UN to bring forward its General Assembly Special Session (UNGASS) on drugs scheduled for 2019. These countries, ravaged by the harms of aggressive prohibitionist policies, demanded a debate be held in order to explore alternative approaches, and achieved their goal with the UNGASS set to take place in April 2016.

Critics of a more progressive approach to drugs and drug use continue to claim that

adoption of decriminalisation will lead to a 'Pandora's box' of

horrors, increasing drug use throughout all levels of society and thus the overall harms of drugs. In light of the differing decriminalisation models in practice today, it is certainly difficult to make sweeping assessments of decriminalisation's impact on various metrics such as criminal justice savings, drug-related deaths, and the spread of infectious diseases.

**However, one conclusion that can be drawn is that the doomsday predictions are simply wrong, and removing criminal sanctions for possession and use of drugs does not lead to skyrocketing prevalence rates.** The United Kingdom Home Office concluded as much in a report looking into different countries' approaches to drugs, varying from repressive regimes like Sweden and Japan to decriminalised models such as Portugal and the Czech Republic. The report stated that there was no 'obvious relationship between the toughness of a country's enforcement against drug possession, and levels of drug use in that country'.

**Decriminalisation is not a panacea for all of the problems associated with problematic drug use; a country's drug-enforcement policies appear to have but a minor effect on the impact**

**of drugs in a society. But what emerges is that the harms of criminalisation far outweigh those of decriminalisation.**

As this report will show, decriminalisation when implemented effectively does appear to direct more people who use drugs problematically into treatment, reduce criminal justice costs, improve public health outcomes, and shield many drug users from the devastating impact of a criminal conviction. Decriminalisation when coupled with investment in harm reduction, and health and social services, can have an extremely positive effect on both individuals who use drugs and society as a whole. Even if a state is unable to invest in these services, decriminalisation removes the harms a criminal conviction can bring,

such as reducing people's education, housing and employment opportunities, and in some cases the right to vote.

What follows is a snapshot of decriminalisation policies in practice around the world. The goal of this report is not to put decriminalisation on a pedestal or to give a comprehensive portrait of every policy detail, but rather to summarise some of the available research on decriminalisation and demonstrate that law enforcement-led approaches have little impact on drug prevalence rates. Not all countries that have decriminalised drug use and possession have been included here as some countries espouse a decriminalisation model but in the place of criminal sanctions have adopted deeply harmful systems for addressing drug use. Many Southeast Asian countries, for example, have introduced 'compulsory detention centres', where people are forcibly detained for up to two years. These centres are associated with serious human rights violations, where people are beaten or raped and may be used as forced labor.

The jurisdictions that form the case studies for this paper are examples of both those countries that have adopted good models of decriminalization and those that have adopted what could be described as hollow examples of decriminalization; that is, the possession thresholds are so low that the system is effectively unenforceable and most people who use drugs are still criminalized. Perversely, those countries that have weak systems of decriminalization also tend to have harsher sentences for those caught in possession of an amount above the threshold stated. This leads to a far more punitive response to those who use drugs, and is disproportionate when compared with other offences.

Decriminalization has brought a number of positive outcomes across the globe, though efforts should continually be made to address any failures in its implementation. In order to ensure a truly effective model is put in place, the criteria highlighted at the beginning of this report should be taken into strong consideration.

## **Definition of Key Words**

- **Cannabis:** A dried preparation of the flowering tops or other parts of the cannabis plant, or a resinous extract of it ( cannabis resin ), smoked or consumed, generally illegally, as a psychoactive(mind-altering) drug.
  
- **Arrest:** Seize (someone) by legal authority and take them into custody.
  
- **Decriminalisation:** The action or process of ceasing to treat something as illegal or as a criminal offence.
  
- **Drug:** A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.
  
- **Policy:** A course or principle of action adopted or proposed by an organization or individual.

## **History of Cannabis**



Cannabis has a long and colourful history. The use of cannabis originated in central Asia or western China. Cannabis has been used for its alleged healing properties for millennia. The first documented case of its use dates back to 2800 BC, when it was listed in the Emperor Shen Nung's (regarded as the father of Chinese medicine) pharmacopoeia.

Therapeutic indications of cannabis are mentioned in the texts of the Indian Hindus, Assyrians, Greeks and Romans. These texts reported cannabis to treat a vast array of different health problems, including arthritis, depression, amenorrhea, inflammation, pain, lack of appetite and asthma.

Hindu legend holds that Shiva, the supreme Godhead of many sects, was given the title 'The Lord of Bhang', because the cannabis plant was his favourite food. The ancient Hindus thought the medicinal benefits of cannabis were explained by pleasing the gods such as Shiva. Ancient Hindu texts attribute the onset of fever with the 'hot breath of the gods' who were angered by the afflicted person's behaviour. Using cannabis in religious rites appeased the gods and hence reduced the fever.

Recent scientific evidence provides an alternative explanation of course. Tetrahydrocannabinol (THC) acts on the hypothalamus to reduce body temperature.

### **A Brief Timeline of Cannabis and Cannabinoid Research**

*2800 BC*

Cannabis was listed in Emperor Shen Nung's pharmacopoeia.

*BC*

Hindu legend holds that Shiva was given the title 'The Lord of Bhang' because the cannabis plant was his favourite food.

*129-200 AD*

Galen used cannabis for its therapeutic properties and moodenhancement.

*1841*

William Brooke O'Shaughnessy introduced cannabis to Western medicine after living in India. He wrote of many therapeutic uses of cannabis, including a case where cannabis stopped convulsions in a child.

*1898*

Dunstan and Henry isolated cannabinal (CBN).

*1936*

The film *Reefer Madness* was released, demonising cannabis as a highly addictive drug that caused mental disorder and violence.

*1937*

The uses of cannabis for medicinal and recreational purposes were effectively taxed out of existence in the USA by the Marijuana Tax Act.

*1940s*

Adams and Todd independently isolated cannabidiol (CBD).

*1964*

Mechoulam isolated THC from the cannabis plant.

*1970*

US introduced the Controlled Substance Act that lists cannabis as having ‘no accepted medical use and a high potential for abuse’.

*1988*

Howlett discovered CB1 receptors in the rat brain.

*1992*

Devane and Mechoulam discovered anandamide.

*1993*

Discovery of CB2 receptors.

*1995*

Mechoulam and Sugiura independently discovered 2-AG.

*1996*

California legalised medical cannabis by introducing the Compassionate Use Act.

*1999*

Endocannabinoids discovered to activate TRPV1 receptors (these are the receptors activated by the spicy compound in chilli)

*2007*

Endocannabinoids shown to activate GPR55.

*2012*

CBD shown to alleviate schizophrenia symptoms in patients comparable to a conventional antipsychotic drug.

*2016*

Australia legalised medical cannabis and its cultivation for medical purposes.

*2017*

CBD demonstrated to reduce seizures in childhood epilepsy in a placebo-controlled trial.

**Main Issues of Concern**

Key challenges of legalizing cannabis is seen in the social order and in the regulation and enforcement of the drug, the major issues faced are as follows;

- **Regulation and Enforcement**

Colorado had existing medical marijuana regulatory structures in place before making their move to legalize recreational use. As a result, accommodating the new laws involved revising a pre-existing infrastructure, rather than starting from square one. States considering legalization without existing structures face higher hurdles implementing legal marijuana laws, including regulation and enforcement concerns.

Tax revenue, for example, is an essential feature of bringing marijuana production and distribution into the public domain, so accommodations must be made to process revenues and enforce tax laws tied to legal marijuana sales. Success relies on compliance from producers and sellers, requiring dedicated tax codes for a variety of situations. And production must be regulated, in order to control the market and capture tax benefits at every level of the marijuana supply chain.

- **Legalization is Unprecedented**

Though laws are now on the books in some areas, legalized marijuana still operates in uncharted territory. There is little data supporting the efficacy of such laws, and no track record of references to call on for validation. As a result, the risk for unintended consequences remains high for legal marijuana laws, which have not yet proven their merits. Social attitudes toward the drug will ultimately change as legal pot continues to proliferate, potentially leading to a host of unintended social shifts. While outcomes might be positive, there is simply not enough information available to confidently project success.



- **Access for Minors**

Though in its infancy, there is [ANECDOTAL EVIDENCE](#) pointing to problems with minors and marijuana, as a result of Colorado's legalization initiative. According to observers, the prevalence of marijuana in schools is on the rise. More alarmingly, however, is the trend of increasingly younger students bringing the drug to school, impacting middle school students in higher numbers than those seen before legalization. Though statistical confirmation is not presently available, the observed trend underscores a potential negative consequence of legalizing pot.

- **Black Market Remains**

It is naïve to think a once illegally traded drug will automatically come completely above board due to legalization. As long as black market marijuana remains affordable, buyers and growers will continue to do business underground. In Colorado, for example, taxes and licensing push marijuana costs higher than black market rates, adding incentives for illicit trade.

- **Inconsistent Federal and State Laws**

The ramifications of putting-forth incongruent state and federal pot laws are as yet unknown. Though the Federal Government has not made an effort to challenge state rights on the issue, marijuana use and possession remain illegal according to federal laws. As a result, banks will not process funds associated with the sale of marijuana in Colorado and Washington. Dispensaries there operate as all-cash businesses, which itself opens the door to tax fraud and unsavory conduct. In addition to the potential for fraud, operators handle and transport large amounts of cash, putting them at risk from opportunistic criminals seeking to cash-in on the unusual circumstances.

Legalization experiments in western states return a mixed-bag of results, based on data gleaned from relatively short-term observation. So while the effort has not been a clear failure, it is also too soon to qualify legalized marijuana as an unmitigated success. For other states moving toward legalization, continued analysis is required to address and overcome key challenges noted above.

## **India**

The use of cannabis is not completely banned in the country as its medical and scientific use is allowed under the law, the Centre has told the Delhi High Court which, on Monday refused to advance the date of hearing of the plea seeking to legalize its use on various grounds including medicinal purposes.

The bench headed by Justice Rajiv Shakhder refused to allow the early hearing application by the petitioner Great Legalization Movement India Trust which contended that there were reports to suggest that cannabinoids helped in countering the impact of Covid-19.

Looking at the board position, the application can't be entertained at this junction. We are trying to do whatever is possible, the bench, also comprising Justice Talwant Singh told counsel for the petitioner, advocate Abhishek Avadhani.

The petition, which is listed for further hearing in March, has challenged provisions of the Narcotic Drugs and Psychotropic Substances (NDPS) Act which prohibit the use of cannabis and has contended that the drug has medicinal and industrial benefits.

The petitioner has sought directions to the central government to frame rules permitting and regulating use of cannabis, especially for medicinal purposes.

In its affidavit filed last year, the Centre urged the court to dismiss the petition with costs and claimed that it has adopted a balanced approach on cannabis by empowering the State governments to permit, control and regulate the cultivation of any cannabis plant, production, manufacture, possession, transport, import inter-state, export inter-state, sale, purchase, consumption or use of cannabis (excluding charas) for medical, scientific and industrial purposes.

The central government stated that the present legal framework regulating the usage of cannabis did not violate Articles 14 (right to equality), 19(1)(g) [freedom of trade], 21 (right to life or other fundamental rights guaranteed under the Constitution).

"There is no complete ban on cannabis under NDPS Act but can be used for medical, scientific, industrial, horticultural purposes by taking requisite permissions from respective State Governments, the affidavit filed by Director, Narcotics Control, Department of Revenue, Ministry of Finance said.

Cannabis transaction is largely illegal and strictly controlled in India. But now, the United Nations has decided to remove cannabis and cannabis resin from the list of dangerous narcotic substances. And, India voted in favor of the decision.

Regulation of cannabis and its products has been under public lens in India in the wake of high-profile arrests including that of actor Rhea Chakraborty in recent times. **There have been demands to legalise cannabis in India.**

The decision was taken by the UN Commission on Narcotic Drugs (UNCND) by a majority voting. India was among the 27 countries that

voted for removal of cannabis and cannabis resin from the list of prohibited substances. This decision flowed from a series of recommendations made by the World Health Organisation (WHO) on marijuana and its derivatives.

Cannabis and its derivatives are banned in India under the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985. Cannabis is a generic name, according to the WHO, for a range of preparations of the Cannabis sativa plant. Marijuana, a Mexican word, is a frequently used name for products made from Cannabis's leaves or other parts.

The NDPS Act strictly regulates cannabis plant and its products. Charas is separately mentioned as regulated substance under the law. Charas is resin extracted from the cannabis plant. Hashish or hash is another name for charas. Cannabis oil or hashish oil is also regulated in India.

There is another common thread. That the US had canvassed strongly in 1961 for strict regulation of cannabis as it criminalized its usage. Now, several US states have decriminalized cannabis and there is growing public opinion for decriminalizing cannabis, the US has favored the plant being taken off the strict control schedule. India voted for the resolution to reclassify cannabis at the UN.

The UN decision to reclassify cannabis, however, would not immediately change the way it is being regulated by countries across the world. Still, it is expected that the UNCND decision would lead to an international protocol to legalise cannabis.

Many being arrested or investigated by the NCB in connection with possession or suspicion of possession of cannabis or its derivatives may rue that the decision of the UN agency came a little late for them.

**USA**

In the U.S., cannabis was widely utilized as a patent medicine during the 19th and early 20th centuries, described in the United States Pharmacopoeia for the first time in 1850.

Federal restriction of cannabis use and cannabis sale first occurred in 1937 with the passage of the Marihuana Tax Act.

In 1996, California became the first state to permit legal access to and use of botanical cannabis for medicinal purposes under physician supervision with the enactment of the Compassionate Use Act.

The emergence of interest in botanical medicinal cannabis is thought by many to be a collateral effect of the opioid abuse epidemic; public perception surrounding the use of medicinal cannabis suggests that this plant-based therapy is viewed as not much different than a botanical drug product or supplement used for health or relief of symptoms if disease persists

But there are a few cons as well, The black market and organized crime benefit from marijuana legalization. Legalized marijuana creates steep costs for society and taxpayers that far outweigh its tax revenues.

Legalizing marijuana hurts businesses by causing preventable accidents and lost productivity. There is no federal policy other than prohibition, which exists in an awkward and unresolved tension with the variety of state laws in force.

## **Africa**

Cannabis is an important crop in Africa. African farmers produce enough to meet demand on the continent and to export small quantities to Europe (United Nations Office on Drugs and Crime, 2018). Cannabis

is not significantly imported into the continent, but international trading is common within Africa due to variations in supply, demand, law enforcement, and other farming opportunities.

South African Constitutional Court ruling in September, 2018, upheld and extended the Western Cape High Court judgment, which found the criminalization of home use and cultivation of cannabis by adults, as specified in the Drugs Act of 1992 and the Medicines Act of 1965, unconstitutional

## **China**

Fiber-rich biotypes of cannabis (hemp) were extensively used in ancient China for clothing and the production of paper, rope, and fishing nets, and the achenes (“seeds”) of cannabis have been continuously used in Chinese medicine for at least 1800 years. Today, China is regarded as one of the world's ancient epicenters of hemp cultivation

Since 1985, marijuana is classified in China as a dangerous narcotic and the possession of hemp seeds is illegal.

In China, marijuana is seen as a dangerous narcotic, and possession is strictly punished. That hasn't stopped the country from trying to become a powerhouse in the fast-growing industry for cannabis products.

The heart of these efforts is in Yunnan in southwestern China, the first province to make it legal to farm cannabis on an industrial scale. Here, farmers have planted vast plots of hemp that tower above their heads and stretch for miles.

The heart of these efforts is in Yunnan in southwestern China, the first province to make it legal to farm cannabis on an industrial scale. Here, farmers have planted vast plots of hemp that tower above their heads and stretch for miles.

But government worries have mixed with parental concerns, especially from an upper-middle class with children overseas. In June, deputy director of narcotics control Liu Yuejin publicly denounced marijuana legalization as a “new threat to China,” claiming domestic usage had grown by over 25 percent in 2018.

But the scale of the marijuana menace—an estimated 24,000 users, according to Liu, out of a population of 1.4 billion—reflects Beijing’s wobbly logic, in which Chinese society is besieged with threats from afar that the government has entirely under control.

## **Conclusion**

Legalization of cannabis poses both benefits and threats to the countries that do so. Despite the economic benefits of legalization and decriminalization of cannabis, the impact on public health needs to be ascertained. In Colorado, marijuana use in undergraduate college students increased substantially after legalization. In Canada, impaired driving is the number one contributor of cannabis-attributed disease.

Data from other countries has also demonstrated an increase in motorvehicle related accidents and deaths after legalization of marijuana. Cannabis smoking has been associated with an increase in bronchial and pulmonary disease, including chronic obstructive pulmonary disease as well as an increase in rates of lung cancer. Respiratory effects from marijuana use is an important topic that medical providers should be aware of but likely are not. The legalization and decriminalization of cannabis also proposes an increase in cannabis use disorder in addition to negative mental health impacts, including increased rates of psychosis.