


Review Article

Criminalization Versus Decriminalization of Cannabis use in Nigeria: What is the Fuss About?

Goar S.G*Department of Psychiatry, University of Jos****Correspondence: Goar S.G****Email:** igoars@unijos.edu.ng, goarsuwa@yahoo.com**Article Metrics****Date submitted:** 28/1/2021**Date Accepted:** 06/03/2021**Date Published:** 30/4/2021 <https://doi.org/10.46912/wjmbs.33>**ABSTRACT**

The continued criminalization and punitive approaches to cannabis use in Nigeria and elsewhere have not yielded positive expected outcomes. Many countries are now adopting new measures to cannabis control policies that are evidence-based, cost effective prevention, treatment and or interventions in favor of punitive approaches. There is large volume of scientific research supporting the need for decriminalization of cannabis use and put in place laws that prevent harsh criminal penalties for possession of small amount or use. In addition, government should review policies to support research and development of pharmaceutical cannabinoids and promoting research on the medical use of these compounds for the common good of humanity

Keywords: *Criminalization, Decriminalization, Cannabis.*

INTRODUCTION

Cannabis is produced in nearly every country of the world. It is the most controversial but widely produced and consumed illicit drug. The highest levels of cannabis herbs production in the world (25%) take place in Africa.¹ The International Drug Control Treaties of the 1961

Single Convention on Narcotics Drugs which majority of governments are signatories; that rendered cannabis products illegal was largely based on social and moral issues that have evolved and are evolving over time from one country to another. Many countries are now

adopting new approaches to cannabis control policies that are evidence-based and humane because, the former has failed to meet the expected outcome. This has generated fuss in many countries and Nigeria is not an exception for and against criminalization, decriminalization and legalization of cannabis.

COMPOSITION AND EFFECTS OF CANNABIS

Cannabis has been reported to contain over 500 different compounds belonging to diverse group of

chemical classes; the most important is the cannabinoids. The potency of cannabis is expressed as the contents of THC – tetrahydrocannabinol in the preparation.² Reports indicate that the potency of cannabis preparation has been increasing over the years. This has been attributed to the use of intensive indoor cultivation of female plants and clones, grown under artificial light using hydrophobic cultivation. Studies have shown that there is increase in the THC content in cannabis samples, from 3% in 1980 to 12 % in 2014, with the consequences now being worse than in the past.³ Higher THC content can increase anxiety, depression and psychotic symptoms, and can increase the risk of psychotic symptoms, dependence and increase adverse effects on the respiratory and cardiovascular systems in regular users.^{3,4} Some constituents of cannabis, for example cannabidiol which is non psychoactive have been cited as helpful for specific medical conditions such as multiple sclerosis, chronic pain. Syndrome, glaucoma, for increasing appetite and decreasing nausea and vomiting in patients undergoing chemotherapy. However, these studies have been said to be inconclusive for lack of standardization of the active ingredients, small sample size and a variety of administration routes.^{5,6}

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There are many factors that increase the vulnerability

of young people using cannabis. Some of these factors can be individual characteristics and environmental influence^{7,8}. It is important to note that these vulnerability factors are largely beyond the control of the individuals. In Nigeria, about 54% of the youths are unemployed and about 21% of these aged 15 – 24 have never been to school, thus making them highly vulnerable.⁹

CRIMINALIZATION OF CANNABIS USE AND ITS EFFECTS

The possession and use of cannabis is legally prohibited in Nigeria and in all countries that are signatures to the 1961 single convention, the treaty which provides the major legal framework for international prohibition of cannabis.¹⁰ Cannabis use remains classified in the control of substance Act as a schedule 1 drug. This classification implies that it has a high potential for abuse and currently no accepted safety for use under supervision by a physician.

The Concerns about the health and social consequences of cannabis use are the reasons behind the repressive drug policies in Nigeria, and law enforcement operations mostly target the cultivation, distribution of cannabis and vulnerable users. More worrisome, is that the formulation of cannabis and other drug policies in Nigeria is not guided by evidence of what works but rather based mostly on internal pressures; the prevailing moral, cultural and religious attitudes, and external pressures from western nations than threatened to impose economic and political sanctions on countries that do not fully comply^{11,12}

Despite these harsh laws, an estimated 192 million people used cannabis in 2018, making it the most used drug globally. Africa has the third highest cannabis prevalence rate in the world, after the Oceania, region and North America, with estimates ranging from 21.6 to 59.1 million users or 3.8% to 10.4% of the population¹³. In Africa, Nigeria leads with an estimated prevalence of use among 15 – 64 years' old which stood at 14.8% and

a third of them are dependent on the drug¹⁴. It is the primary drug of abuse among people seeking help for substance use disorders in treatment facilities. Cannabis accounts for the largest number of arrests for drug related offences in W/Africa¹⁵ and most arrests are for possession of small quantities for personal use. The rationale behind the criminalization of people who use drugs which has led to series of human right abuses is based on the ideology that the more the severity of punishment the lesser the chances for the individual to return to drug use. However, scientific evidence has shown that there is no correlation between severity of punishment and abstinence from drug use¹⁶. Studies have shown that prohibition does not reduce cannabis use, rather it produces social harms such as stigma, arrest and criminal record, disruption of relationships, loss of employment and housing, and related violence.¹⁷ It also pushes users into adapting more dangerous practices; strong drugs replace moderate drugs; consumptions move to riskier settings where social controls are weak. Furthermore, structural policies linking drug use to crime, along with popular belief of stereotyping drug users as criminals, no doubt contributes to labeling and targeting of street cannabis users as criminals.¹⁷ Consequently, fostering the normalization of police violence against cannabis users and aggravates their marginalization and suffering. With these monumental unintended consequences, there is no gainsaying that the current approach that relies more on supplying and applying punitive measures to drug use has failed. This has been aptly put by the then United Nations Secretary General Mr. Kofi Annan “Drugs have harmed many people, but bad government policies have harmed many more”.

THE WAY FORWARD

In as much as the objective of any policy or law is to reduce the risks of its citizenry of suffering from the health and social consequences of cannabis by curtailing the availability and accessibility, it should

also put in place practicable measures for its prevention of use, early identification, treatment, rehabilitation and social integration of persons with cannabis use disorders in line with best international practices by qualified and well trained personnel.

In addition, the right to health includes the right to be free from torture, non-consensual treatment and experimentation.¹⁸ Following the aforementioned, there is need for decriminalization of cannabis use and put in place laws that prevent harsh criminal penalties for possession of small amount or use. The routine arrest of people who only use cannabis should be stopped. Because it negatively affects their uptake of available services and drives them into hiding leading to more grievous consequences on the society. World Health Organization defines cannabis use disorder as a chronic relapsing brain disease and it is well documented that about 40-60% of people with drug use problem has comorbidities¹⁹; therefore, victims should be seen as patients in need of treatment rather than labeling them as criminals. Large volumes of published articles have shown that cannabis use is not without risks.

Its legalization for recreational use should not be condoned especially in the under 25 years because of its relationships with health and the developing brain.^{20, 21} However, in other not to “throw away the baby with the bath water” government should review policies to support research and development of pharmaceutical cannabinoids, and promoting research on the medical use of these compounds for the common good of humanity.

CONCLUSION

A paradigm shift is required in formulating drug policies that are about the protection and promotion of human health and welfare that are evidence-based and effective. It should not be based on response to internal pressure; moral, cultural attitudes and religious beliefs and external pressure; by other nations who often threatened imposition of both economic and political

sanctions on countries that do not fully comply

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