AN EXAMINATION OF THE MEDICINAL USE OF CANNABIS: PROSPECTS AND CHALLENGES AND LESSONS FOR NIGERIA

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Abstract

Clinical studies have demonstrated many therapeutic benefits of cannabis, which has been used for medicinal purposes for over 6000 years. Despite its curative properties and therapeutic advantages, many countries especially in the Caribbean and even in the West Africa sub-region such as; Antigua and Barbuda, Jamaica, Barbados, St. Vincent and the Grenadines, St. Kitts and Nevis, The Bahamas, Belize, Cayman Islands and Nigeria and Ghana respectively impose strict regulations due to the stigma attached to cannabis associated with its use as a medicine. The majority of these Caribbean and West African countries until recently, forbid the use of cannabis for either recreational or therapeutic purposes and impose severe punishments such as life imprisonment or a long term of years. However, history and modern research show that cannabis was used as a medicine in the past by different societies. Therefore, this article intends to examine the practice of some societies in using cannabis for medicinal purposes and the prospects of finding a legal framework for the control and regulation of the use of cannabis in Nigeria. In achieving the objective, the researcher uses a qualitative and doctrinal research methodology by analyzing previous literature using content analysis and drawing on the legal regime for the use of cannabis in some identified Caribbean countries. The doctrinal methodology was used to examine relevant provisions of the law, while the qualitative approach was also adopted in this article to explore secondary sources of information. The article also explores the prospects for cannabis as a treatment for various medical conditions, including chronic pain, nausea, and inflammation. This article provides a comprehensive examination of the medicinal use of cannabis, exploring its therapeutic potential, regulatory frameworks, and challenges associated with its implementation. The article investigates the current state of cannabis research, highlighting its benefits and risks, and discusses the experience of countries that have established medical cannabis programs. The analysis reveals a complex landscape of laws, regulations, and cultural attitudes, with implications for public health, economic development, and human rights. The article identifies key challenges, including regulatory hurdles, lack of standardization, and concerns around safety and efficacy. The findings of this article have significant implications for policymakers, healthcare professionals, and researchers, and contribute to the ongoing debate about legalization and medicinal use of cannabis.

Keywords: Cannabis, Medicinal Cannabis, Therapeutic Uses, Regulatory Frameworks, Challenges, Public Health, Economic Development, Human rights, Medico-legal.

Introduction

Cannabis Sativa L. is one of the world's earliest cultivated plants and is widely used as a medicine, recreation, food, fiber and textile[1]. The plant has been one of the oldest medicinal

[1] S Aroonsrimorakot, M Laiphrakpam and O Metadilogkul, 'Social, religious, recreational and medicinal usage of cannabis in India and Thailand' *Journal of Thai Interdisciplinary Research* [2019] 14(4).

plants cultivated for 10,000 years for several agricultural and industrial applications[2]. It contains more than 450 active constituents and over 60 exclusive cannabinoids[3]. The legal reform inclosing cannabis is astoundingly multifaceted and unsettled. The major active constituent in cannabis is tetrahydrocannabinol (THC), which is principally responsible for its therapeutic and psychoactive effects[4]. It also contains cannabinoid, which purely has only medicinal purposes with zero effect on mind and behavior[5]. The use of cannabis as a medicine is one with a long tradition, which modern medical practice is increasingly re-examining. A wide variety of ailments has been identified as potentially ameliorable by cannabis's psychoactive constituents and there is growing interest in its use for largely neuropsychiatric conditions[6].

The earliest records of its medicinal use date back to China[7]. It spread quickly to Asia, the Middle East, and Africa. Cannabis was unknown among people in pre-Islamic Arabia. In the ninth century, cannabis appears to have entered Arabic countries via two routes. First, from India via Persia. Therefore, the Arabs called cannabis Indian hemp[8]. Secondly, it resulted from knowledge with Greek medical and cultural literature. Cannabis is also known as hashish, banj,

[2] T Hussain, G Jeena, T Pitakbut, N Vasilev and O Kayser, 'Cannabis sativa research trends, challenges and new age perspectives' *iScience* [2021] 24(12):103391 <https://doi.org/10.1016/j.isci.2021.103391> accessed 18 April 2025

[3] HJ Barrales-Cureno, LG Lopez-Valdez, C Reyes, VM Cetina-Alcala, I Vasquez-Garcia, OF Diaz-Lira and BE Herrera-Cabrera, 'Chemical characteristics, therapeutic uses, and legal aspects of the cannabinoids of Cannabis sativa: a review' *Braz Arch Biol Technol* [2020] 63 <https://doi.org/10.1590/1678-4324-2020190222> accessed 16 April 2025.

[4] Z Atazan, 'Cannabis, a complex plant: different compounds and different effects on individuals' *Ther Adv Psychopharmacol* [2012] 2(6) 241-254 <https://doi.org/10.1177/2045125312457586> accessed 16 April 2025.

[5] Y Mouhamed, A Vishnyakov, B Qorri, et al, 'Therapeutic potential of medicinal marijuana: an educational primer for healthcare professionals' *Drug Healthc Patient Saf* [2018] 10 45-66.

[6] National Academic of Sciences, Engineering and Medicine, *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendation for Research* (National Academies Press, 2017) <https://doi.org/10.17226/24625> accessed 16 April 2025

[7] HL Li, 'An archaeological and historical account of cannabis in China' *Economic Botany* [1974] 28 437-448.

[8] JM Taha, 'Unknown contributions of the Arab and Islamic Medicine in the field of Anesthesia in the West' *Journal of the international society for the history of Islamic medicine (JISHIM)* [2010] 6(7) 1-134 <https://doi.org/10.1080/03085694.2018.1400268> accessed 16 April 2025.

in fiqh literature, shadanaj/shahdanj, ghonabv, qinnab and shartathd in the Nabataean language[9]. In the Caribbean vernacularism, cannabis is known as ganja, sensimilia (sensi), weed, grass etc. In Nigeria, cannabis is variously described as "igboe", "igboh", wee-wee, Indian hemp etc.

Cannabis sativa L. is a miracle species with over five hundred chemical compounds. The most studied chemical compounds are cannabinoids (CBD) and tetrahydrocannabinol (THC)[10]. THC is the cannabinoid that causes the psychoactive and euphoric effects desired by recreational users, such as high relaxation and enhanced sensory experiences6. There is also scientific proof that THC can be used medically to decrease nausea and vomiting, increase appetite, reduced cancer growth, and lessen chronic pain[11]. On the other hand, CBD is non-psychoactive and non-toxication and approved by World Health Organisation as a safe medicine[12]. CBD also has medicinal properties, such as reducing anxiety, depression, pain, epileptic seizures, and headaches[13]. However, these two cannabinoids were not discovered in Islamic medicine. Therefore, Muslim scientists used cannabis leaves or seeds, hemp seeds, stems, flowers, cannabis roots, or cannabis juice to treat illnesses.

That cannabis is widely used in the world is well known, largely for its pleasurable or religious psychoactive effects[14]. Reported rates of use vary significantly, although one in 20 people globally are reported to be illicit drug users, with cannabis being the commonest drug

[9]S Hamarneh, 'Pharmacy in medieval Islam and the History of Drug Addiction' *Medical History* [1972] 16(3) 226-237 <https://doi.org/10.1017/S0025727300017725> accessed 16 April 2025.
[10]EB Russo, 'Cannabis and epilepsy: An ancient treatment returns to the fore' *Epilepsy and Behavior* [2017] 70 292-297.
[11] LM Temple and JB Leikin, 'Tetrahydrocannabinol-friend or foe?-Debate' *Clinical Toxicology* [2020] 58(2) 75-81 <https://doi.org/10.1080/15563650.2019.1610567> accessed 16 April 2025.
[12] World Health Organisation, *Cannabinol critical review* report [2018]. <https://www.who.int/medicines/access/controlledsubstances/cannabinolcriticalreview.pdf> accessed 16 April 2025.
[13] S Pisanti, AM Malfitano, E Ciaglia, et al, 'Cannabinol: State of the art and new challenges for therapeutic applications' *Pharmocology and Therapeutics* [2017] 175 133-150 <https://doi.org/10.1016/j.pharmthera.2017.02.041> accessed 16 April 2025.
[14] W Hall, L Johnston and N Donnelly, 'Epidemiology of cannabis use and its consequences: In the health effects of cannabis' Ontario, Canada *Addiction Research Foundation* [1999].

used. Over the last eight years, there has been a trend for increasing cannabis use, a trend mirrored only by the other prescribed and illicit psychoactive substance: opioids[15]. In North America, cannabis use reaches 10% of the adult population, with almost a quarter of high school children using cannabis. Rates in the United States, where cannabis is legal for medical purposes in 23 states, have doubled from 2001 (when cannabis was not legal anywhere) to 2013[16]. Herbal cannabis use is also high in European and Australasian countries.

This begs the question that if cannabis use is already so prevalent, has the introduction of cannabis as a medication made any difference to date, and would it be expected to in the future? The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and National Survey on Drug Use and Health (NSDUH) have been interrogated at a state level in the US to examine this question. This shows a near doubling of both cannabis use and abuse/dependence associated with state legislation allowing the use of cannabis as a medication. These results have, however, been challenged, at least within a subsample, highlighting the complexity of examining this question[17].

With increasing use of cannabis in the community, and this use potentially related to the acceptance of cannabis as medicine, the mental health problems likely to be related to use may increase. These are well documented and include psychosis, anxiety disorders, cognitive problems and addictions. The latter of these warrants an in-depth view as potentially as many as three in ten cannabis users develop addiction issues16. Psychotic mental disorder is a significant mental health and public health concern. High-quality epidemiological data has outlined a partial

[15] United Nations Office on Drugs and Crime, *World Drug Report. New York: United Nations* [2009].
[16] DS Hasin, TD Saha, BT Kerridge, et al, 'Prevalence of marijuana use disorders in the United States between 2001-2002 and 2002-2013' *JAMA Psychiat* [2025] 72 1235-42.
[17] S Harper, EC Strumpf, JS Kaufman, 'Do medical marijuana laws increase marijuana use? Replication study and extension' *Ann Epidemiol* [2012]22 207-12.

causal pathway between early cannabis use and later psychotic mental disorder, albeit the pathway is complex, and the mechanism of action in individuals poorly understood[18].

The medicinal benefits of cannabis cannot be underrated. This ranges from its potential use in managing Parkinson's diseases, opioid addiction, sleep problems, multiple sclerosis, epilepsy, Tourette Syndrome, acute and chronic pains to gastrointestinal disorders, among other conditions5. However, the available clinical trial data suggest that many purported indications of cannabis and cannabinoids are not evidenced by good clinical data[19]. Clinicians worldwide are also worried about the addiction potential and other adverse effects that cannabis can cause19. Despite this, Food and Drug Administration (FDA) has approved one cannabis-derived (Epidiolex) and three cannabis-related drug products (Marinol, Cesamet, and Syndros) for use in the United States and there is also a growing interest on cannabis use for medical purposes in some Caribbean Countries and Africa[20].

Recently, there has been an expanding fascination with the therapeutic benefits of cannabis and its growing utilization in contemporary medicine and for recreational purposes. However, due to the psychoactive component of cannabis, there is a stigma around the use of cannabis for medicinal purposes, especially the status of cannabis as a medicine in Islam[21]. In spite of the above, and against the backdrop of earlier prescription and criminalization of the use of cannabis, several Western and Caribbean Countries are now exploring the potential benefits of

[18]A Mustonen, S Niemela, T Nordstrom, GK Murray, P Maki, E Jaaskelainen, et al, 'Adolescence cannabis use, baseline prodromal symptoms and the risk of psychosis' *Br J Psychiatry* [2028]212 227-33.
[19] EA Levinsohn and KP Hill, 'Clinical uses of cannabis and cannabinoids in the United States' *J Neurol Sci* [2020] 411:116717 <https://doi.org/10.1016/j.jns.2020.116717> accessed 16 April 2025.
[20] WJ Maule, 'Medical uses of marijuana (Cannabis sativa): Fact or fallacy?' *Br J Biomed Sci* [2015] 72(2) 85-91 <https://doi.org/10.1080/09674845.2015.11666802> accessed 16 April 2025.
[21] M Reid, 'A qualitative review of cannabis stigmas at the twilight of prohibition'. *Journal of cannabis research,*2(1) <https://doi.org/10.1186/s42238-020-00056-8> accessed 16 April 2025.

cannabis such as; Antigua and Barbuda, Jamaica, Barbados, St. Vincent and the Grenadines, St. Kitts and Nevis, The Bahamas, Belize, and Cayman Islands.

The overall effects of the changes in cannabis laws and policies is multifaceted ranging from economic growth, increased investment to diversification of economy and cultural and social impact. Therefore, this article aims to examine the use of cannabis for medicinal, recreational and religious purposes, alongside the paradigmatic shift from criminalization and proscription to de-criminalization and legitimization in various countries. This shift is informed by recent research affirming the curative properties and therapeutic advantages in the use of cannabis. Thus, the thrust of the article is on medico-legal analysis of the use of cannabis in various countries in context.

In addition, this article discusses the existing legal practices with patent information for the use of Cannabis sativa L. in different countries. The article also discusses the new potential use of cannabinoids for treatment of different ailments. The article is divided into 6 sections. Section one deals with the medicinal, recreational and religious use of cannabis, section two deals with the regulatory frameworks of cannabis in the Caribbean, section three deals with cannabis legislation in Nigeria broadly and Ghana briefly, section four deals with the prospects and challenges in the use of cannabis, section five deals with summary, findings and conclusion, while section six deals with recommendations and suggestions.

(i) Medicinal, Recreational and Religious Use of Cannabis

Clinical studies have demonstrated many therapeutic benefits of cannabis, which has been used for medicinal purposes for over 6000 years[22]. History shows that cannabis was used as a medicine with curative properties and therapeutic advantages. Previous and existing literature

[22] KE Ekmil, MI Shahrul and N Rohaida, 'The medicinal use of cannabis documented by muslim scientists' *International journal of academic research in business and social sciences* [2023] 13 issue 2.

demonstrate that cannabis was and is used as a medicine for various types of illness by different societies22. It has also been reported that cannabis or its components can be used for surgical anesthetic as sedatives and analgesics and have been used since the ancient era[23]. Cannabis medical use is documented and is known to be utilized for various medical treatments such as surgical anesthetics, as painkillers to alleviate pain, treatment for ear diseases, depression, epilepsy, headache, cannabis for vermifuge and vermicide properties, and others23.

Classical Islamic literature suggests that there is substantial scientific data and proof to support the usage of medical cannabis as a traditional remedy by Muslim scientists. They were several centuries in advance of our current knowledge of the medicinal properties of cannabis. For many years, Muslim scientists have used Cannabis sativa as a medication, and this use has been supported by pertinent pharmacological evidence. This makes it plausible to imply that information contained in Arabic literature could be used as a preliminary step for future studies on the medicinal value of cannabis and hemp seeds. The current scientific evidence on the medical benefits of cannabis supports some Muslim scientists' knowledge of using cannabis as a medicine.

Furthermore, from pharmacological perspective, medicinal cannabis has also been proven to have a greater efficacy in some disease conditions than the present medicinal agents use in their management and has been suggested as an alternative therapy for these diseases5. Although most countries around the world, including some Caribbean and African countries, have a restriction on the medicinal use of cannabis20. There are emergent facts on the safety and efficacy of medicinal cannabis in pharmacotherapy. With the increasing role of pharmacists in

[23] MS Takrouri, 'Historical essay: An Arabic surgeon, Ibn al Quff's (1232-1286) account on surgical pain relief' *Anesthesia: Essays and Researchers* [2010] 4(1) 4 <https://doi.org/10.4103/0259-1162.69298> accessed 16 April 2025.

public health[24], the role of pharmacists in the successful use and access to medical cannabis/marijuana has accentuated understanding of the importance of cannabis in terms of the medical use of cannabis in Africa and the Caribbean.

The Medicinal cannabis use involves utilizing cannabis or its compounds to treat various medical conditions, offering potential therapeutic benefits such as pain relief in terms of managing chronic pain, especially neuropathic pain6; nausea and vomiting in terms of reducing symptoms in chemotherapy patients[25]; muscle spasticity in terms of relieving muscle stiffness and spasms in conditions like multiple sclerosis[26]; seizure control in terms of reducing seizure frequency and severity, particularly in epilepsy; anxiety and stress relief in terms of potential benefits for anxiety disorders6. However, medicinal cannabis use also carries risks, including adverse effects like dizziness, drowsiness, and cognitive impairment; dependence and addiction in terms of the potential for cannabis use disorder and interactions with other medications are also possible, highlighting the need for careful consideration and medical supervision.

In Africa and the Caribbean, cannabis commonly known as marijuana is widely used by many people especially adolescents for recreational purposes. Several empirical studies suggest that recreational cannabis/marijuana is popularly perceived as an essentially harmless rite of passage that ends as young people settle into their careers and their adult intimate relationships[27]. The question may arise as to whether this perception accurate. In order to answer this question, the article evaluates the morality of recreational cannabis use from a virtue perspective guided by

[24] AO Bamgboye, IA Hassan, YA Adebisi, RO Farayola and T Uwizeyimana, 'Towards improving community pharmacy-based mental health services in Nigeria' *J pharm policy pract* [2021] 14(1) 34 <https://doi.org/10.1186/s40545-021-00316-9> accessed 16 April 2025.
[25] PF Whiting, RF Wolff, S Deshpande, et al, 'Cannabinoids for medical use: Asystematic review and meta-analysis' *JAMA* [2015] 313(24) 2456-2473.
[26] BS Koppel, JC Brust, T Fife, et al. 'Systematic review: Efficacy and safety of medicinal marijuana in selected neurologic disorders'. *Neurology* [2014] 82(17) 1556-1563.
[27] S Ezra, and A Nicanor, 'A virtue analysis of recreational marijuana use' *The Linacre quarterly* [2016] 83(2) 158-173.

the theological synthesis of St. Thomas Aquinas. Since the medical data reveals that recreational cannabis use is detrimental to the well-being of the user, the article concludes that it is a vicious activity, an instance of the vice of intoxication, and as such would be morally illicit27.

For example, cannabis holds a prominent position in the cultural and socioeconomic fabric of Jamaica. Historically rooted in the practices of the Rastafarian movement, its use has expanded beyond religious rituals to become a part of recreational activities among various age groups, particularly adolescents[28]. The leading Jamaican musicians such as Peter Tosh, Bob Marley and Bonny Wailers glamourized and promoted the use of marijuana (ganja) in their various songs, such as, "Legalize It", "Se Me Nah Go a Jail", "Buckingham Palace", etc. The lyrics and meaning of these songs express their frustration with the injustice of the Jamaican justice system particularly regarding the treatment of people caught with ganja (marijuana). The title "Se Me Nah Go a Jail" roughly translates to "They can't take me to jail" or "I am not going to jail".

"Se Me Nah Go a Jail" by Peter Tosh is a powerful reggae song that speaks to the struggles of the oppressed and the injustices of the system. The song's cultural significance lies in its message of resistance and defiance against oppressive forces, particularly in the context of Jamaica's history. Viewed from a cultural context, the song is deeply rooted in Jamaican culture and the Rastafarian movement, which emphasizes social justice, equality, and resistance to oppression. Tosh's lyrics reflect the frustrations of the marginalized and the struggles of the Rastafarian community. In the same vein, "Legalize It" is an iconic reggae song by Peter Tosh, released in 1976. The song's cultural significance lies in its powerful message advocating for the legalization of marijuana, as well as its impact on social justice and cultural identity. From

[28] AA Bernard, 'The material roots of Rastafarian marijuana symbolism' *Hist Anthropol Chur* [2007]18 89-99 <https://doi.org/10.1080/02757200701234764> accessed 16 April 2025.

cultural context, "Legalize it" was released during a time when marijuana was heavily criminalized and stigmatized in Jamaica. Tosh's song was a bold statement in favor of decriminalizing cannabis, which was seen as a sacred herb by many Rastafarians.

With the increasing discussions surrounding the potential benefits and harms of cannabis use, understanding its prevalence and the factors associated with its consumption becomes particularly critical. Adolescence, marked by the age group of 13-17 years, is a crucial development phase characterized by physical, psychological, emotional and social changes[29]. During this period, the propensity for risky behaviors, including substance use, tends to rise due to a combination of curiosity, peer pressure, and brain development processes[30].

Cannabis is one of the most widely consumed psychoactive substances globally, with the United Nations World Drug Report (UNWDR) stating that 183 million people, or 3.8% of the world's population, used it in 2014, and its cultivation was reported by 129 countries[31]. Under the United Nations System for International Control of Narcotic Drugs and Psychotropic Substances, cannabis is the most consumed of all controlled drugs and is subject to the strictest legal status due to its perceived harm and lack of control over its recreational use, making it one of the most prohibited substances31. Psychoactive substances, refers to substances which affect the mind, emotions, or behavior by producing changes in mood in terms of altering feelings of happiness, sadness, or anxiety[32]; perception in terms of changing the way one experiences the world, such as through hallucinations; cognition in terms of affecting thought processes,

[29] J Jacobus and SF Tapert, 'Effects of cannabis on the adolescent brain' *Curr Pharm Des* [2014]20 2186-93 <https://doi.org/10.2174/13816128113199990426> accessed 16 April 2025.
[30] KN Balogh, LC Mayes and MN Potenza, 'Risk-taking and decision-making in youth: relationships to addiction vulnerability'. *J Behav Addict* [2013]2 1-9 <https://doi.org/10.1556/JBA.2.2013.1.1> accessed 16 April 2025.
[31] United Nations Office on Drugs and Crime, *World Drug Report. Executive Summary* Vienna UNODC [2016]. <http://www.unodc.org/doc/wdr2016/WDR_2016_ExSum_English.pdf> accessed 16 April 2025.
[32] National Institute on Drug Abuse, *DrugFacts: Understanding Drug Use and Addiction (*Bethesda, MD: NIDA, August 2018) <https://nida.nih.gov/pub;ications/drugfacts/understanding-drug-use-addiction> accessed 17 April 2025.

judgment, or memory; or behavior in terms of influencing actions, reactions, or decision-making. Cannabis containing tetrathydrocannabinol (THC) is an example of psychoactive substance and these substances can offer recreational uses but also carry risks of addiction, side effects or interactions32 .

There are numerous potential explanations for the observation of greater recreational cannabis use among men, mostly rooted in gender norms, roles, and relations[33]. One likely explanation for sex/gender differences in recreational cannabis use relates to early opportunities- boys tend to have more opportunities to use cannabis than girls[34]. Boys may be less supervised by parents, more likely to engage in outdoor activities that increase exposure to drug use opportunities or more likely to affiliate with older peers who have access to cannabis34. Qualitative studies indicate that recreational cannabis use is positively associated with adherence to traditional masculine gender norms[35], whereas adherence to traditional feminine gender norms tends to have a negative association with cannabis use[36], for both boys and girls. Using cannabis recreationally might be a way for boys and girls expressing masculinity to demonstrate "toughness"[37]. Qualitative studies support this showing that adolescents and adults may use recreational cannabis to reinforce masculinity or resist femininity, while regular use by girls is often seen as inappropriate, unlike use by boys, which is perceived as "cool"[38].

[33] N Hemsing and L Greaves, 'Gender norms, roles and relations and cannabis-use patterns: a scoping review' *Intl J EnvironRes Public Health* [2020] 17:947 <https://doi.org/10.3390/ijerph17030947> accessed 17 April 2025
[34] ML Van Etten and JC Anthony, 'Comparative epidemiology of initial drug opportunities and transitions to first use: marijuana, cocaine, hallucinogens and heroin' *Drug Alcohol Depend* [1999] 54:117-25.
[35] HB Shakya, B Domingue, JM Nagata, et al, 'Adolescent Gender norms and adult health outcomes in the USA: a prospective cohort study' *Lancet Child Adolesc Health* [2019]3 529-38.
[36] AL Wilkinson, PJ Fleming, CT Halpern, AH Herring and KM Harris, 'Adherence to Gender-typical behavior and high frequency substance use from adolescence into young adulthood' *Psychol Men Masculinity* [2018] 19 145-55.
[37] S Kulis, FF Marsiglia, BL Nuno-Gutierrez, MD Lozano and ME Medina-Mora, 'Traditional gender roles and substance use bahaviors, attitudes, exposure and resistance among Early adolescent in large cities of Mexico' *J Subst Abus* [2018] 23 471-80.
[38] RJ Haines, JL Johnson, CI Carter, K Arora, 'I couldn't say, I'm not a girl' *Soc Sci Med* [1982] 2009:2029-36.

In terms of the religious use of Cannabis, almost all the three major monotheistic religions or faiths- Islam, Christianity and Judaism- forbid the use of cannabis. For example, the majority of Muslim nations forbid the use of cannabis for either recreational or therapeutic purposes and impose punishments such as imprisonment or death sentences22. However, in some Caribbean countries like Jamaica, the religious use of cannabis, particularly within Rastafarianism, holds a significant and sacred place. In Rastafarian spirituality, the smoking of cannabis commonly known as "ganja" is considered a sacred act of religious worship, deeply intertwined with their belief system[39]. Rastas view ganja (cannabis) as the "holy herb" or "wisdom weed," citing Bible verses such as Genesis 1:29, which states, "And God said, Behold I have given you every herb bearing seed, which is upon the face of the earth, and every tree, in which is the fruit of a tree yielding seed; to you it shall be for meat," and Revelation 22:2, "…the leaves of the tree were for the healing of the nation"39. They believe that God reveals Himself through herbs, with ganja (cannabis) being chief among them, intended not only to heal but also to foster a deeper understanding of Jah. The act of smoking is categorized into recreational use, healing, and religious worship, with the latter being the most prominent, symbolizing communion and a connection to the divine[40].

The ritual surrounding ganja in Rastafarianism underscores its sacramental significance. Before smoking, whether alone or communally, Rastas engage in a careful preparation of the herb, often using a chalice or kochi, a type of water pipe constructed from materials like gourds or bamboo[41]. The lighting of the chalice is preceded by a moment of silence, removal of caps, and prayers, frequently drawn from Psalms 19 and 121, offering blessings and praise to Jah

[39] NL Erskine, *From Garvey to Marley, Rastafari Theology* (Gainesville:University Press of Florida 2005).
[40] EB Edmonds, *Rastafari* (New York: Oxford Unviversity Press, 2003)
[41] K Bilby, 'The Holy Herb: Notes on the Background of cannabis in Jamaica' *in Caribbean Quarterly Rastafari Monograph* [2000].

Rastafari. Rastas compare this act to the communion cup, believing that puffing deeply on the pipe fulfills Jesus' command to partake of the cup, symbolically sipping of Jesus Himself39. This practice is seen as the purest form of attaining communion with God, distinct from other religious traditions like Roman Catholicism, where incense is burned in buildings rather than within the "true temple" of the believer's body[42].

Ganja's (cannabis) role extends beyond ritual to facilitate contemplation, inspiration, and insight, serving as a medium for spiritual and psychological growth. Rastas believe that smoking the holy herb intensifies the reasoning faculty, opening a "new world of illumination, vision and enlightenment" and allowing them to reach into the "depths of wisdom" to discover divine revelation39. It is viewed as incense offered to God, a sacred act of worship that frees the mind from the constraints of colonialism, referred to as "Babylon." Through ganja, Rastas achieve an "I-and-I" consciousness, a transformative intersubjective experience uniting the individual with Jah, marking a shift from the dehumanization of slavery to personhood42. This underscores ganja's role in transcending societal inequalities and fostering a sense of spiritual liberation.

The use of ganja also induces an altered state of consciousness, aligning with Rastafarian spiritual goals. Described as a psychoactive drug, ganja influences thinking processes, enhances understanding, and promotes feelings of rejuvenation and hope[43]. Rastas report that it facilitates a sense of transformation, freeing them from the bonds of Babylon and instilling a conviction in truths such as the reverence for Haile Selassie and Ethiopia as a spiritual homeland. These experiences correlate with characteristics of altered consciousness, including changes in meaning, insights, and a sense of divine presence, which Rastas interpret as profound spiritual

[42] J Owens, *Dread: The Rastafarians of Jamaica* (Kingston Sangster's Publishing, 1975)
[43] N Hayes, *Psychology* (Illinois: Contemporary Books, 2002)

encounters[44]. Despite skepticism from some researchers about the transcendent claims of such states, Rastas maintain that ganja's use in their faith provides not only spiritual enlightenment but also a means to address the deeper societal issues of poverty, inequality, and oppression in Caribbean countries like Jamaica.

(ii) The Regulatory Frameworks of Cannabis in the Caribbean

Until recently, many Caribbean countries such Barbados, Jamaica, Antigua and Barbuda, St. Vincent and the Grenadines, St Kitts and Nevis, Belize, Cayman Islands and the Bahamas, had different laws that prohibits or forbid the use of cannabis with strict legal sanction for its contravention. For example, in the Caribbean island of Barbados, the use, sale, possession, and cultivation/production of cannabis and its derivatives was illegal[45] until 2019. The Barbados Drug Abuse (Prevention And Control) Act46 represents the prohibitive stance of the Government of Barbados towards the use, possession, cultivation, sale, and trafficking of cannabis in any form45. The Laws of Barbados refer to cannabis as 'any plant of the genus Cannabis from which the resin has not been separated and includes any part of that plant by whatever name it may be designated'[46]. Sections 4–9 and 11 of the Act make C. Sativa cultivation, possession, import, export, sale/supply, misuse, and possession of any equipment for its use as well as its resin illegal in the island45. Furthermore, the possession of cannabis on or near school premises, the inclusion of a child or young person in the drug trade, and the purchase of cannabis from a child or young person was illegal and on indictment could result in imprisonment for life45. Thus, Barbados legalized medical cannabis in 2019 and since then has a

[44] RT Carroll, *Altered State of Consciousness* [2006] <https://skepdic.com/altstates.html> accessed 17 April 2025.
[45] DD Griffith and DH Cohall, 'Conceptualizing a policy framework for the implementation of medical marijuana in the Caribbean territory of Barbados' *Drug science policy and law* [2018] <https://doi.org/10.1177/2050324518796349> accessed 19 April 2025
[46] *Drug Abuse* (*Prevention and Control) Act* (Chapter 131) (Barbados: Government Printing Department, 1990).

licensing regime for cultivation, processing and distribution. They have also explored the potential for cannabis tourism.

Other territories in the Anglophone Caribbean like Jamaica, Belize, and Antigua and Barbuda have decriminalised marijuana. For example, in 2019, Antigua and Barbuda approved the Misuse of Drugs (Amendment) Bill allowing possession of up to 10 grams of cannabis without a criminal charge45. They also established a medical cannabis industry. Jamaica decriminalized cannabis in 2015 and has since established a thriving medical cannabis industry. The country exports cannabis products to countries like Canada, Australia and Germany. In 2018, St. Vincent and the Grenadines decriminalized possession of up to 2 ounces of cannabis and has established a regulatory framework for medical cannabis. St. Kitts and Nevis, one of the small countries in the Caribbean in the same vein has initiated a National Marijuana Commission (NMC) to investigate the potential benefits and risks of cannabis. Furthermore, other Caribbean countries such as The Bahamas, Belize and Cayman Islands have considered the benefits of medical cannabis and have enacted legislations and laws decriminalizing and the proscribing the use of cannabis in their countries. Even Trinidad and Tobago, US Virgin Islands and Panama have decriminalized cannabis and legalized medical cannabis since 2019 and 2022.

Initially, all member states of CARICOM had prohibitive laws and policies against the use of cannabis in any form and for any purpose. Of these CARICOM countries, Jamaica was the first to amend its Dangerous Drugs Act in 2015 and decriminalize cannabis to make the possession of up to two ounces or 56 grams a minor offence. Subsection 3(a) of Section 7D of the Jamaica Dangerous Drugs (Amendment) Act also created the legal framework to cultivate ganja for scientific and medical research[47]. Section 6(2) makes provision for those who have been prescribed marijuana by a registered medical practitioner or health practitioner as approved

[47] *Dangerous Drugs (Amendment) Act* [2015] Jamaica.

by the Ministry of Health as published in the Gazette. In 1999, the Government of Jamaica established a National Commission on "ganja" to investigate the complexities of the cannabis situation, addressing disparities in government approaches, inequities in justice administration, cultural insensitivities, health-related facts and opinions, and global shifts in cannabis perspectives[48] [49].

The 2001 commission chair reported in the Gleaner[50] that most individuals favored decriminalization, though legalization was strongly advocated by the Rastafari community for religious purposes, noting that eradicating cannabis use was futile and that legal farming could be economically beneficial48. In 2014, the death of Mario Deane in police custody after arrest for possessing a "ganja" spliff reignited discussions, with Minister of Justice Hon. Mark Golding emphasizing decriminalization of small quantities48. The Dangerous Drugs (Amendment) Act 2015, effective April 15, decriminalized possession of two ounces (56.6 grams) or less, allowing a J$500 fine payable within 30 days, mandatory counseling for dependency, and permitting households to grow up to five cannabis plants, while possession over two ounces remained a criminal offense[51]. The Act also established the Cannabis Licensing Authority (CLA) to regulate a lawful cannabis industry for medical, therapeutic, or scientific purposes, including hemp, and granted Rastafari provisions for sacramental cannabis use in registered worship locations48.

Fellow CARICOM Member state Belize on 2 November 2017 decriminalized the possession of up to 10 grams of cannabis. The Belizean Misuse of Drugs (Amendment) Act 2017 also allows

[48] MA Emmanuel, AY Haughton and KA K'nife, 'Policy analysis and implications of establishing the Caribbean Cannabis Economy (CCE): lessons from Jamaica' *Article in Drugs and Alcohol* [2018] <https://doi.org/10.1108/DAT-09-2017-0052> accessed 19 April 2025

[49] Chevannes, B. (2001), "Report of the national commission on Ganja", Jamaica Information Service, available at: www.cannabis-med.org/science/Jamaica.htm (accessed 19 April 2025).

[50] The Gleaner (2014), "Government saddened by death of St James man beaten in police custody", Jamaica Gleaner News Online, available at: http://jamaica-gleaner.com/article/news/20140807/gov't-saddeneddeath-st-james-man-beaten-police-custody (accessed 19 April 2025).

[51] Ministry of Justice (2015), "Dangerous Drugs (Amendment) Act", available at: www.japarliament.gov.jm/attachments/339_The%20Dangerous%20Drug%20bill%202015.pdf (accessed 19 April 2025).

for private consumption in one's home or other accommodation where the owner has given permission. The possession of amounts over 10 grams, and possession on school premises and other educational facilities still remain criminal offences. In its definition of cannabis, Section 2 specifically excludes medicines derived from the C. Sativa plant[52]. A distinction was also made between industrial hemp and cannabis.

Antigua and Barbuda's amendment of its Misuse of Drugs (Amendment) Act 2018 allows for the possession of up to 15 grams and aims to reduce the burden on the criminal justice system and the potential of young people obtaining criminal records. Caribbean Community (CARICOM, 2017) countries have established a regional marijuana commission to investigate the status of marijuana in its member states[53]. CARICOM (2017) has embraced marijuana policy reform and has established its Regional Commission on Marijuana that is presently investigating whether the prohibitions on the drug should be removed for religious, research, recreational, and/or medicinal use45.

On the global level, global prohibitive policies are evidenced in The United Nations Office on Drugs and Crime Single Convention on Narcotic Drugs 1961 and its Convention on Psychotropic Drugs 1971[54]. These international treaties govern the control of drugs and have informed laws on cannabis use in Barbados and categorise marijuana as Schedule I classifying it as a dangerous drug. Article 4(c) of the Single Convention on Narcotics 1961 under General Obligations states, 'The parties shall take such legislative and administrative measures as may be necessary … subject to the provisions of this Convention, to limit exclusively to medical and

[52] Misuse of Drugs (Amendment) Act [2017] Belize
[53] CARICOM, *Regional Marijuana Commission: Terms of Refernce* [2017] <https://caricom.org/tor_marijuana_commision.pdf> accessed 17 April 2025.
[54] United Nations Convention on Psychotropic Substances [1971].

scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs[55].'

The incrementalist model of policymaking acknowledges that attempting rational approaches result in consumption of time and in reality, government decisions are made in small steps[56]. It is posited that marginal adjustments to existing policy ensure that a faster response can be made to unanticipated consequences with there being greater ease for securing agreement on small changes although being a conservative approach to change[57]. It is this reason that the gradual approach towards implementing medical marijuana laws is favoured for Barbados and other Caribbean countries. Marginal adjustments to existing policy can be done in at least two phases. Phase one could see the addition of approved marijuana-derived medicines to the drug formulary while phase two would see the introduction of different formulations of raw forms, tinctures, and oils that have shown bioequivalence to established forms of medical cannabis products.

(iii) Cannabis Legal Frameworks in Nigeria and Ghana

Cannabis policy liberalizations have been one of the most significant reforms over the last 15 years. These reforms have been a key part of what has been termed the fractured consensus of global drug control, which has meant a move away from dominant prohibitionist thinking[58]. Over this period, a wide range of cannabis policy reforms were implemented in many regions of the world. Yet, most of the popular and academic focus has been on cannabis reforms in the

[55] United Nations Single Convention on Narcotic Drugs [1961]
[56] R Mayer, 'Policy and program planning: A development perspective' *Eaglewood cliffs, NJ: Prentice Hall, inc [1985].*
[57] A Walker, *Social planning: A strategy for socialist welfare* (Basil Blackwell Publisher ltd, [1984])
[58] DR Bewley-Taylor, *International Drug Control: Consensus Fractured.* Cambridge: Cambridge University Press [2012].

global North, especially in Europe and North America[59]. Few studies have explored cannabis liberalizations in Southern countries, although examples from Uruguay[60] and Jamaica[61] offer some insights. This section addresses this imbalance in existing research by adding a critical Southern perspective, focusing specifically on Nigeria's cannabis legislation landscape.

Research that emphasizes Northern jurisdictions ensures Northern experiences where liberalization dominate the global policy debate. While it is important to critically examine developments in Europe and North America, they are not necessarily always applicable elsewhere, especially in Southern countries exploring cannabis policy reform. This continued pre-dominance of Western-focused research and models is even more problematic when considering the history of global drug control, which has shown that Western and especially US-inspired models of drug control have led to considerable harm in the global South[62]. In Nigeria, these dynamics are particularly relevant, as the country grapples with its own cannabis policy framework amid global shifts towards liberalization, criminalization and proscription.

African states and their experiences with cannabis policy reforms remain particularly under-studied, and existing knowledge on this topic is often based on official or corporate gray literature[63]. These publications frequently laud the economic benefits of cannabis legalization, especially for governments or corporations[64], and rarely address the challenges associated with implementing legal markets. The paucity of critical academic research on cannabis policy

[59] H Bodwitch, M Polson, E Biber, GM Hickey and V Butsic, 'Why comply? Faemer Motivations and Barriers in Cannabis Agriculture' *Journal of Rural Studies* [2021]86 155-70.
[60] D Corva and J Meisel, *The Routledge Handbook pf Post-Prohibition Cannabis Research.* New York: Routledge [2021].
[61] A Klein, M Rychert and MA Emmanuel, 'Towards Social Justice and Economic Empowerment? Eploring Jmaica's Progress with implementing cannabis law reform' *Third World Quarterly* [2022] 43(11) 2693-711.
[62] P Andreas and E Nadelman, *Policing the Globe: Criminalizatiin and Crime Control in International Relaytions.* London, UK: Oxford University Press [2008].
[63] Prohibition Partners, 'African Cannabis Report' [2019] <https://prohitionpartners.com/reports/the-african-cannabis-report/> accessed 17 April 2025.
[64] United Nations Office on Drugs and Crime, *Nigeria Cannabis Survey: 2019 Baseline Assessment in Six States.* Vienna, Austria: UNDOC [2022].

liberalization in Africa has remained, even though countries such as Morocco, Nigeria, and South Africa are some of the largest producers of cannabis in the world[65]. Nigeria's significant role in global cannabis production underscores the need for a deeper examination of its legislative approach.

The research gap has also persisted despite the key role that cannabis has played in the livelihoods of communities in many parts of the continent[66]. Changes to cannabis policies in African countries are thus destined to have a significant effect not only on local economies but also on the global cannabis market65. In Nigeria for example where cannabis cultivation and trade are deeply embedded in certain communities, legislative reforms could reshape economic and social structures, yet the country remains largely prohibitionist.

To some extent, African experiences of cannabis policy liberalization remain understudied because relatively few countries have shifted away from the prohibitionist norm[67]. Furthermore, African countries (e.g., Egypt and Nigeria) are some of the staunchest supporters of the prohibitionist approach on the international level (IDPC 2024). Nevertheless, since 2017, a growing number of African countries (e.g., Ghana, Lesotho, Morocco, South Africa, and Zimbabwe) have made significant moves away from cannabis prohibition[68]. These reforms have often b een cautious and slow and have generally focused on legalizing medical and industrial cannabis for export markets65. Nigeria, however, has not followed this trend, maintaining stringent anti-cannabis laws.

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[65] EU Nelson, G Klantschnig, 'Contesting Cannabis Leglization in Nigeria: Hidden Narratives of Illicit Farmers and Traders. *Sociological Inquiry* [2025] <https://doi.org/10.1111/soin.12649> accessed 18 April 2025.

[66] J Clemencot, 'Cannabis: An African Green Gold Rush' [2019] <https://www.theafricareport.com/19723/cannabis-an-african-green-gold-rush> accessed 17 April 2025.

[67] N Carrier and G Klantschnig, 'Illicit Livelihoods: Drug Crops and Development in Africa' *Review of African Political Economy* [2016] 43(148) 174-89.

[68] C Rusenga, G Klantschnig, N Carrier and S Howell, 'Cannabis and Livelihoods in Africa: A call for Policy Reform that is inclusive, equitable and evidence-based' *PolicyBristol Policy Rport* [2024] <https://www.bristol.ac.uk/policybristol/policy-briefings/cannabis-africana-drugs/> accessed 17 April 2025.

In debates about these reforms in African countries, cannabis is often portrayed as the new "green gold," and emerging reforms in the region are usually driven by potential economic benefits for governments[69], especially as these benefits are touted in the gray literature65. On the other hand, due to the role that cannabis has long played in rural economies, there has been vigorous debate about cannabis policy reform in some African countries, including Nigeria, where there has been no change in cannabis laws yet. In Nigeria and Kenya, there have even been politicians who have included cannabis legalization in their campaign promises in recent elections[70]. While some of these debates have been described in the news and gray literature, they have not been studied systematically, and little is known about what African cannabis farmers, traders, and users think about proposed policy reforms. In fact, these key market actors have routinely been excluded from policy debates and reforms in Nigeria and across Africa, with few exceptions[71].

Nigeria plays a prominent role in the international production and trade of cannabis today, with an estimated 10.6 million past-year users according to the most recent national survey[72]. Cannabis has a long history in the country, and its use and cultivation expanded significantly since the 1960s in the context of changing consumer cultures[73]. A recent survey conducted by the UN Office on Drugs and Crime (UNODC) found an estimated 8900 ha of cannabis in six states in Nigeria, notably the Southwest region64 65. Nigeria's role in the

[69] EUE Nelson, *Between Prohibition and Regulation: Narrative Analysis of Cannabis Policy Debate in Africa.* Policy Brief 17. Swansea: Global Drug Policy Observatory [2021].
[70] E Peralta, 'In Kenya, Promise of Marijuana Paradise Electrify the Electorate' [2022] <https://www.npr.org/2022/08/08/111638338/kenya-election-marijuana-wajackoyah> accessed 17 April 2025.
[71] C Rusanga, G Klantschnig, N Carrier and S Howell, 'Business as Usual? Cannabis legalization and Agrarian Change in Zimbabwe' *Journal of peasant studies* [2024] 51(4) 982-1001.
[72] United Nations Office on Drugs and Crime, *Drug use in Nigeria.* Vienna, Austria: UNODC [2019].
[73] G Klantschnig, 'Histories of Cannabis Use and Control in Nigeria, 1972-1967' *Drugs in Africa: Histories and Ethnographies of use, trade and control,* [2014] 69-88.

production and trade of cannabis further consolidated itself in the 1980s[74], during a period of rapid economic decline owing to foreign donor-imposed Structural Adjustment Programs (SAPs) and government mismanagement[75]. SAPs, which entailed drastic reductions in public spending and downsizing the public sector, plunged many Nigerians into poverty and incentivized illegal economic activities, which expanded as the state's regulatory capacity weakened.65

The illegal drug market in Nigeria is still shaped by conditions of severe poverty and social marginalization that are a detriment to the lives of large segments of the Nigerian populace69. An estimated 82.9 million Nigerians live in poverty (World Bank Group 2022), where poverty is multi-dimensional and includes inadequate employment, food, healthcare, sanitation, education, and housing (Federal Government of Nigeria 2022). Illicit activities such as cannabis cultivation and trading became a livelihood strategy for many people struggling with unemployment and obtaining income. Reductions in government spending on agriculture and declining prices for key commodities also encouraged local farmers to resort to cannabis cultivation for income diversification67. Felbab-Brown[76] has described how, in Africa, endemic corruption, widespread poverty, and limited opportunities for upward social mobility have created a context where illegal activities are seen as legitimate undertakings to secure livelihoods in challenging circumstances.

Nigeria, a signatory to the three main UN drug control conventions, has historically relied on repression to control illegal cannabis markets. Nigerian drug laws promote punitive law enforcement, including raids on cannabis farming communities, burning of plantations, seizures

[74] S Ellis, 'West Africa's International Drug Trade' *African Affairs* [2009] 108(431) 171-96
[75] A Olukoshi, *The politics of structural adjustment in Nigeria.* London, UK: James Currey [1993].
[76] V Felbab-Brown, 'The west African Drug Trade in the Context of the Region's illicit economies and poor governance' [2010] <https://www.brookings.edu/wp-content/uploads/2016/06/1014_africa_drug_trade_felbabbrown.pdf> accessed 17 April 2025.

of cannabis, and arrest of farmers and sellers[77]. Nevertheless, farmers and sellers can often negotiate with law enforcement by bribing officials. The Nigerian state and its National Drug Law Enforcement Agency (NDLEA) have remained vehemently opposed to cannabis legalization even though there have been reforms in other areas of drug policy, such as harm reduction services for people who inject drugs65[78]. In fact, there has recently been an intensification of enforcement-based responses, including attempts to remove judicial discretion in sentencing for drug offenses, as well as an attempt to reintroduce the death penalty for drug trafficking65[79].

The production and trade of cannabis by Nigerians has long been an issue of concern to international drug control agencies, which often view these activities through the narrow prism of drug trafficking (rather than as a livelihood strategy) and are often more concerned about the interests of Western consumer markets rather than those of the transit and producer countries[80]. This concern buttresses international cooperation with the Nigerian state to interdict cannabis cultivation and trade. It also helps to explain international support for crop-substitution programs for illicit cannabis farmers[81], a top-down approach that involves replacing cannabis with other cash crops, which are often not as economically viable as cannabis65. These programs fail to address the broader socioeconomic marginalization that drives many Nigerians to engage in the illegal cannabis market as a means of survival.

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[77] O Ajayi, 'Drug control officer's perception of Nigeria's narcotics control policy' Doctoral Dissertation. Waldon University.

[78] EUE Nelson, *Harm Reduction programmes for people who inject drugs in Nigeria: Challenges in implementation and sustainability.* Policy brief 20. Swansea: Global Drug Policy Observatory [2024]

[79] T Obiezu, 'Nigeria lawmakers, activists divided over drug abuse penalties' [2024] <https://www.voanews.com/a/nigerian-lawmakers-activists-divided-over-drug-abuse-penalties/761.3084.html> accessed 17 April 2025.

[80] G Klantschnig, *Crime, drugs and the state in Africa: The Nigerian Connection.* Leiden: Brill [2013]

[81] MM Abdalla, 'Operational recommendations an alternative development, regional, inter-regional and international cooperation on development-oriented, balanced drug policy: Addressing socio-economic issue'. Commission on narcotic drugs, Vienna [n.d.]

In the context of Nigeria's stringent cannabis legislation, this section has attempted to address the Nigerian approach and policy on cannabis production, use regulation and control. It appears that the Nigerian masses just like their Caribbean counterparts are entertaining hopes for the legalization, production and use of cannabis and freedom from the punitive actions of the Nigerian state and its National Drug Law Enforcement Agency (NDLEA), as well as their concerns about a future legal cannabis market fraught with inequities, which they know too well from other legal markets in Nigeria. It can be said here that the findings of this article trouble extant views on cannabis legalization, which simply laud their economic benefits without understanding the broader context of socioeconomic marginalization that many current illicit market actors face in such countries such as Nigeria and Ghana and which is rarely addressed by policy reforms by their respective governments. The article findings advocates for a more inclusive policy reform process that actively engages these market actors to chart the way forward for a more bottom-up approach, adding a needed Nigerian perspective on cannabis policy reform grounded in the voices of currently criminalized and hard-to-access market actors.

Unlike Nigeria, cannabis legislation in Ghana has undergone significant changes, reflecting global trends toward legalization and decriminalization. Historically, cannabis was introduced to Ghana by ex-servicemen who served in the Second World War[82]. Its criminalization began with the Pharmacy and Drugs Act 1961 (Act 64), which prohibited possession, cultivation, use, and trafficking of narcotic drugs, including cannabis, in fulfillment of Ghana's obligations under the 1961 Single Convention on Narcotic Drugs[83]. This was replaced by the Narcotics Drugs (Sanctions, Enforcement and Control) Act, 1990 (PNDCL 236), which imposed harsher penalties

[82]H Bernstein, 'Ghana's drug economy: some preliminary data' *Review of Africa Political Economy*, (1999 79 13-32 <https://doi.org/10.1080/03056249908704358> accessed 17 April 2025.

[83] J Agboli, 'Implications of legalization of cannabis cultivation in Ghana: a critical review' *Article in drugs habits and social policy* [2023] <https://doi.org/10.1108/DHS-06-2023-0023> accessed 18 April 2025

and established the Narcotics Control Board to enforce its provisions83. PNDCL 236 remained the regulatory framework until 2020, when Parliament passed the Narcotics Control Commission Act, 2020 (Act 1019), marking a shift by legalizing cannabis cultivation for medical and industrial purposes under strict conditions83.

Under Act 1019, cannabis cultivation, possession, and use remain criminalized without a license from the Minister of Health83. Section 43, a key provision, allows the Minister of Interior, upon the Narcotics Control Commission's recommendation, to grant licenses for cultivating cannabis with no more than 0.3% THC content for industrial purposes (e.g., fiber or seed production) or medicinal use, explicitly excluding recreational use83. Violators face fines of 200 to 25,000 penalty units (GHC 12 per unit, approximately US$1.2), imprisonment from 15 months to 25 years, or both, with imprisonment including hard labor unless otherwise stated. Research indicates that illegally cultivated cannabis in Ghana far exceeds the 0.3% THC limit, with samples showing THC levels of 4.496% to 15.146%[84]. Currently, no licenses have been issued, as the necessary Legislative Instrument (LI) to regulate the application process is pending, and the required forensic laboratory for testing THC content has not been established83.

The passage of Act 1019 aimed to align Ghana with global and continental trends, as seen in Uruguay (2013), Lesotho (2017), and numerous countries across Europe, Africa, Asia, The Caribbean and the Americas. Industrial hemp, as noted by Owusu[85], offers potential in health, fashion, and manufacturing, though some uses, like biofuel or construction, are currently

[84] M Agyepong, 'Determination of the contents of three major cannabinoids in cannabis samples found in Ghana' [2019] <http://ugspace.ug.edu.gh/handle/123456789/33068> accessed 17 April 2025

[85] NO Owusu, B Arthur. And EM Aboagye, 'Industrial hemp as an agricultural crop in Ghana' *Journal of Cannabis Research*, [2021]3 1-8 <https://doi.org/10.1186/s42238-021-00066-0> accessed 17 April 2025.

impractical in Ghana. Unlu[86] highlight scientific evidence supporting cannabinoids' medicinal benefits, driving interest in medical cannabis. However, the Supreme Court in Ezuame Mannan v. Attorney General [2022] declared Section 43 unconstitutional due to its improper insertion into the Bill without adequate debate, rendering it null and void83. On review, the Court upheld this procedural flaw but did not challenge the section's substance. The Ghanaian Parliament subsequently re-passed Section 43, leaving the passage of the LI as the final step for implementation83.

Ghana's policy shift promises significant economic and medicinal benefits83. The Minister for the Interior in Ghana estimates annual exports could generate $3 billion, with excise taxes and levies boosting revenue[87]. Legalization is expected to spur industrial growth, creating jobs through factories producing cannabis-based goods like medications and beverages[88]. Medicinally, cannabis-derived products could treat conditions like epilepsy and rheumatism, though evidence for some uses remains limited[89]. Ghana's reluctance to legalize cannabis earlier stemmed from public health concerns, including its potential as a gateway drug and neuropsychiatric effects on youth[90]. Despite these concerns, the government's commitment

[86] A Unlu, T Tammi, and P Hakkarainen, 'Drug decriminalization policy literature review: models, implementation and outcomes', *Finnish Institute for Health and Welfare Report*, [2020] 9 1-92 <https://www.julkari.fi/bitstream/handle/10024/ 140116/URN_ISBN_978-952-343-504-9.pdf> accessed 17 April 2025.

[87] S Riley, N Vellios, and C Walbeek, 'An economic analysis of the demand for cannabis: some results from South Africa', *Drugs: Education, Prevention and Policy,* [2019]27 No. 2, 123-130 <https://doi.org/10.1080/09687637.2019.1581139> accessed 17 April 2025

[88] M Doussard,'The other green jobs: legal marijuana and the promise of consumption-driven economic development', *Journal of Planning Education and Research,* [2019]39 No. 1, 79-92, <htpps://doi.org/ 10.1177/0739456X17719498> accessed 17 April 2025.

[89] Odieka, A.E., Obuzor, G.U., Oyedeji, O.O., Gondwe, M., Hosu, Y.S. and Oyedeji, A.O, 'The medicinal natural products of Cannabis sativa Linn.: a review', *Molecules (Basel, Switzerland),* [2022]27 No. 5, 1689, <https://doi.org/10.3390/molecules27051689> accessed 17 April 2025

[90] KB Mensah, and PKT Adu-Gyamfi, 'To legalise cannabis in Ghana or not to legalise? Reviewing the pharmacological evidence', *Archives of Pharmacy and Pharmaceutical Sciences,* [2019]3 No. 1, 82-88, <htpps://doi.org/10.29328/journal.apps.1001018> accessed 17 April 2025

suggests licenses for cultivation will soon be issued, enabling Ghana to capitalize on these opportunities83.

However, legalization poses challenges. Clinicians globally worry about addiction and other adverse effects[91]. Although Act 1019 prohibits recreational use, the risk of abuse remains high, as observed in South Africa[92]. Illegal cultivation persists in places like Washington despite legalization (Washington State Institute of Public Policy, 2019), and Ghana already faces a significant drug abuse problem, with cannabis being the most commonly abused substance[93]. Legalization may increase availability, social acceptance, and demand, straining regulatory capacity and exacerbating health and social issues92. With an estimated 8% to 21.5% of Ghanaians using cannabis—higher than the global 3.8% average90—effective regulation will be critical to balance the benefits and risks of this policy change83.

(iv) Prospects and Challenges in the Use of Cannabis

Cannabis has been documented for its therapeutic potential across various medical conditions since the medieval Islamic civilization era. Hemp seed oil was noted for alleviating neuropathic pain, a finding validated by recent clinical investigations[94]. In medieval texts, cannabis was described as a pain reliever for conditions such as dysentery and intestinal worms. Cannabis

[91] YA Adebisi, and QD Olaoye, 'Medical use of cannabis in Africa: the pharmacists' perspective', *INNOVATIONS in Pharmacy*, [2022]13 No. 1, 10-24926, <https://doi.org/10.24926/iip.v13i1.4430> accessed 17 April 2025.

[92] K Mokwena, 'Social and public health implications of the legalisation of recreational cannabis: a literature review', *African Journal of Primary Health Care & Family Medicine*, [2019]11 No. 1, e1-e6, <https//doi.org/10.4102/phcfm.v11i1.2136> accessed 17 April 2025

[93] Cadri, A., Nagumsi, B.A.A., Twi-Yeboah, A., Yeboah, L.D., Adomah-Afari, A., Ane-Loglo, M.G. and Aboagye, R. G, 'Facilitators and barriers to health seeking among people who use drugs in the Sunyani municipality of Ghana: an exploratory study', *BioMed Research International,* [2021] 1-11, <https://doi.org/10.1155/2021/2868953> accessed 17 April 2025.

[94] Russo, E. B. (2017). Cannabis and epilepsy: An ancient treatment returns to the fore. Epilepsy and Behavior, 70, 292–297. https://doi.org/10.1016/j.yebeh.2016.09.040

seeds, leaves, and roots were utilized to treat toothaches[95]. For ear ailments, a 17th-century Persian medical text highlighted cannabis' benefits, while in antiquity, cannabis seeds and juice were prescribed for earaches[96]. Arabic physicians further documented its use for ear infections and otalgia, advocating hemp seed oil for such conditions[97].

In psychiatric care, cannabis was recognized as an effective tranquilizer or antidepressant during medieval times. Medieval medical texts recorded cannabis, alongside hellebore and mandrake, as treatments for depression, functioning as purgatives, sedatives, digestive aids, and emetics95. This historical use aligns with modern explorations of cannabis in mental health, suggesting its potential and prospects to address psychiatric disorders. The calming properties noted in these texts indicate an early understanding of cannabis' psychoactive effects, which are now being studied for their therapeutic applications in mood regulation and anxiety management. For epilepsy, medieval Arabic texts provide some of the earliest accounts of cannabis use. Its application in treating seizures was described, with one case noting immediate relief for a patient using cannabis leaf and music therapy94. In the 10th and 11th centuries, insufflating cannabis leaf juice was recommended to prevent seizures, a method potentially advantageous for acute attacks97. A 15th-century case documented hashish resin completely curing an epileptic child, though addiction developed[98]. These historical insights align with contemporary research

[95] Taha, J. M. (2010), 'Unknown Contributions of the Arab and Islamic Medicine in the Field of Anesthesia in the West'. *Journal of the International Society for the History of Islamic Medicine (JISHIM),* 6–7, 1–134. https://doi.org/10.1080/03085694.2018.1400268

[96] Dioscorides. (2000). De Materia Medica (Being An Herbal With Many Other Medicinal Materials) (R. T. Gunther (ed.)). IBIDIS PRESS.

[97] Lozano, I. (2001). The therapeutic use of Cannabis sativa (L.) in Arabic medicine. Journal of Cannabis Therapeutics, 1(1), 63–70. https://doi.org/10.1300/J175v01n01_05

[98] Zuardi, A. W. (2006). History of cannabis as a medicine: A review. Revista Brasileira de Psiquiatria, 28(2), 153–157. https://doi.org/10.1590/S1516-44462006000200015

supporting cannabis, particularly CBD, for reducing seizure frequency in conditions like Dravet and Lennox-Gastaut syndromes[99].

Cannabis also shows prospects in treating headaches and migraines, with over a thousand years of use in Islamic medicine. Ninth-century Persian practices of applying cannabis juice intranasally to prevent vomiting and treat migraines were highlighted[100]. A compound medicine, derived from cannabis flowers and seeds, was noted for relieving headaches, uterine pain, and preventing miscarriage94. Cannabis was further endorsed for head and ear pain[101]. Modern studies corroborate these findings, showing significant pain relief in chronic pain patients using cannabis or cannabinoids[102].

Beyond pain and neurological conditions, cannabis was valued for its antiparasitic and antitumor properties. Its vermicidal and vermifugal effects were documented, noting its ability to eradicate worms in the human body, a practice supported by later texts advocating hemp seeds for tapeworm treatment97. Cannabis' potential to dissolve hardened tumors using hemp seed oil was also described, a practice echoed in 17th-century treatments for uterine tumors97. These historical uses suggest early recognition of cannabis' bioactive compounds, which are now under investigation for their anticancer potential and ability to combat parasitic infections.

In dermatology and gynecology, cannabis demonstrated versatile applications. Its use for skin rashes, inflammation, joint diseases, and wounds was recorded, while benefits for skin

[99] Fiani, B., Sarhadi, K. J., Soula, M., Zafar, A., & Quadri, S. A. (2020). Current application of cannabidiol (CBD) in the management and treatment of neurological disorders. In Neurological Sciences (Vol. 41, Issue 11, pp. 3085–3098). https://doi.org/10.1007/s10072-020-04514-2

[100] Russo, E. (2001). Hemp for headache: An in-depth historical and scientific review of cannabis in migraine treatment. Journal of Cannabis Therapeutics, 1(2), 21–92. https://doi.org/10.1300/J175v01n02_04

[101] Golshani, S. A., & Mosleh, G. (2015). Drugs and Pharmacology in the Islamic Middle Era. Pharmaceutical Historian, 45(3), 64--69.

[102] Abrams, D. I. (2018), 'The therapeutic effects of Cannabis and cannabinoids: An update from the National Academies of Sciences, Engineering and Medicine report'. *European Journal of Internal Medicine*, 49, 7–11. <https://doi.org/10.1016/j.ejim.2018.01.003> accessed 19 April 2025

conditions were noted[103]. In obstetrics, cannabis seed juice mixtures were described to alleviate uterine pain and prevent miscarriage, though hemp seeds were cautioned to reduce milk production[104]. Current research continues to explore cannabis' role in treating skin disorders and gynecological conditions, building on these historical foundations to validate its anti-inflammatory and analgesic properties across diverse medical fields[105].

Despite the promising prospects of cannabis for medical and economic benefits, its widespread global use, primarily for psychoactive effects, poses significant challenges. One in 20 people are reported as illicit drug users, with cannabis being the most common[106]. Over the past eight years, its use has increased, a trend paralleled only by opioids[107]. In North America, 10% of adults and nearly a quarter of high school students use cannabis, with rates in the United States doubling from 2001 to 2013, coinciding with its legalization for medical purposes in 23 states[108]. High usage is also noted in European and Australasian countries. This prevalence raises the question of whether introducing cannabis as a medication has impacted use or will in the future. The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and National Survey on Drug Use and Health (NSDUH) show a near doubling of cannabis use and

[103] Fakhry, B., Abdulrahim, M., & Chahine, M. N. (2021), 'Medical Cannabis in Lebanon : History & Therapeutic , Ethical , and Social Challenges' . *A Narrative Review*. 5(2), 137–157.
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abuse/dependence in states with medical cannabis legislation[109], though these findings have been challenged in subsamples, underscoring the complexity of this issue[110].

The rising community use of cannabis, potentially linked to its acceptance as medicine, may amplify mental health problems. These include psychosis, anxiety disorders, cognitive issues, and addiction, with up to three in ten users potentially developing addiction108. Psychotic mental disorder is a significant concern, with epidemiological data suggesting a partial causal link between early cannabis use and later psychosis, though the mechanisms remain poorly understood[111]. This association complicates the use of cannabis as a medicine, particularly in youth and early adulthood, where the risk of long-term psychotic disorders is notable. As cannabis is investigated for conditions like childhood epilepsy and pain management, clinicians may face scenarios where young patients demand trials despite these risks, posing burdens on both individuals and society if mental disorders develop.

An association between cannabis and anxiety disorders is also reported, particularly pronounced in teenagers[112]. This may relate to tetrahydrocannabinol levels, while CBD is being trialed as an anxiety treatment[113]. Cannabis, whether prescribed or illicit, may act as the 'stress' in a diathesis-stress model of mental disorder, with outcomes like psychosis or anxiety depending on individual predispositions and the hierarchical nature of psychopathology[114]. This

[109] Cerdá M, Wall M, Keyes KM, Galea S, Hasin D, 'Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence'. *Drug Alcohol Depend* [2012]; 120: 22–7.
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[113] Blessing EM, Steenkamp MM, Manzanares J, Marmar CR,
'Cannabidiol as a potential treatment for anxiety disorders'. *Neurotherapeutics* [2015]; 12: 825–36.
[114] Kotov R, Krueger RF, Watson D, Achenbach TM, Althoff RR,

suggests that medical cannabis use could inadvertently exacerbate mental health issues in vulnerable populations, especially adolescents, where sensitivity to cannabis' psychoactive effects is heightened. Balancing therapeutic benefits with these risks remains a critical challenge for prescribers.

Cognitive problems linked to cannabis use present another hurdle, as their nature and long-term impact are unclear. While not strongly tied to younger age, they may contribute to lower life satisfaction in chronic users. For prescribers, weighing cannabis' benefits for conditions like spasticity, pain, or seizures against potential reductions in life satisfaction is challenging, with no current evidence to guide this balance. Close attention to functional outcomes may mitigate this dilemma, but it underscores the difficulty of prescribing cannabis for neuropsychiatric conditions. Ensuring that therapeutic improvements outweigh cognitive or quality-of-life detriments requires careful monitoring, a task complicated by the lack of standardized protocols.

Sociologically, the growing acceptability of cannabis as a medicine may drive increased use, particularly among youth, who face the greatest risks[115]. Liberal policies are linked to rising use, and as cannabis gains medical legitimacy, even if restricted to specific conditions or older adults, it may implicitly encourage youth consumption. This is concerning given the mental health risks in this group. Additionally, individuals with severe mental illnesses, like schizophrenia, where cannabis worsens outcomes, may view it as 'medicine' to justify use, prioritizing short-term highs over long-term stability. This creates a dilemma for psychiatrists, who may become gatekeepers, weighing the harm of prescribing cannabis to ensure a safe

Bagby RM, et al, 'The Hierarchical Taxonomy of Psychopathology (HiTOP): a dimensional alternative to traditional nosologies'. *J Abnorm Psychol* [2017]; 126: 454–77.

[115] Berg CJ, Stratton E, Schauer GL, Lewis M, Wang Y, Windle M, et al, 'Perceived harm, addictiveness, and social acceptability of tobacco products and marijuana among young adults: marijuana, hookah, and electronic cigarettes win'. *Subst Use Misuse* [2015]; 50: 79–89.

product against the risks of patients sourcing illicit supplies, akin to methadone use for opioid dependence but without supporting evidence.

Clinicians and policymakers face multifaceted challenges with cannabis as a medication, from rising use and worsening psychopathology to its pervasive acceptance among vulnerable groups. Understanding the risks, especially for youth, requires screening for mental disorder risk factors, addiction, and early monitoring to ensure functional benefits outweigh harms. Modeling this on practices for psychoactive drugs like methylphenidate or methadone could help, including minimizing diversion. Medical practitioners will manage these issues directly, but scientists, clinicians, and policymakers must address them as cannabis moves toward global regulation as a medicine. Ongoing observational and interventional research is essential to navigate this complex landscape.

(v) Summary, Findings and Conclusion

The article explores the multifaceted use of cannabis for medicinal, recreational, and religious purposes, tracing its historical and contemporary significance while highlighting the global shift from criminalization to decriminalization and legitimization. The article finds that- historically, cannabis has been utilized for over 6,000 years across various cultures22, with substantial evidence especially from classical Islamic literature and medieval Arabic scholars documenting its therapeutic benefits for conditions such as neuropathic pain, epilepsy, and depression23. These early insights align with modern clinical studies that validate cannabis's efficacy in managing chronic pain, nausea in chemotherapy patients25, muscle spasticity in multiple sclerosis, and seizure control in epilepsy26. However, the article underscores that alongside these benefits, medicinal cannabis carries risks, including dizziness, cognitive impairment, and potential dependence, necessitating careful medical supervision. This historical and scientific

foundation supports the ongoing paradigmatic shift toward legitimizing cannabis for medical purposes in various countries, as its therapeutic potential gains recognition.

The recreational use of cannabis, particularly among adolescents, presents a contrasting perspective, often perceived as a harmless rite of passage but deemed morally problematic from a virtue ethics standpoint, drawing on St. Thomas Aquinas's theological synthesis27. The article finds that recreational cannabis use, associated with intoxication, can be detrimental to well-being, underscoring some obvious risks such as psychosis, anxiety disorders, and cognitive issues, particularly in young users. In Caribbean countries such as Jamaica and some other Caribbean countries, where cannabis is deeply embedded in cultural practices28, its recreational use extends beyond the Rastafarian religious context, driven by social factors like peer pressure and gender norms, with boys engaging due to greater social opportunities and expectations of "toughness37." This widespread recreational use, coupled with increasing global consumption (183 million users reported in 2014 by the UN)31, complicates the shift toward decriminalization, as countries grapple with balancing individual freedoms against public health concerns, prompting reforms in places like Jamaica, Barbados, Belize, and Antigua and Barbuda, where possession of small amounts has been decriminalized.

Religiously, cannabis holds a sacred role in Rastafarianism, particularly in Jamaica, where it is revered as the "holy herb" or "wisdom weed," believed to facilitate spiritual communion, divine revelation, and liberation from societal oppression39. The article detailed the ritualistic preparation and use of cannabis in Rastafarian practices, drawing on biblical references to justify its sacramental significance. This religious legitimization contrasts sharply with the prohibitive stance of many Muslim nations, where cannabis use, even for medicinal purposes, faces severe penalties22. The religious dimension underscores the complexity of cannabis policy

reform, as cultural and spiritual values influence the move toward decriminalization in Caribbean nations, where religious use is increasingly accommodated alongside medical and scientific applications, reflecting a broader global trend of reevaluating cannabis's legal status.

The article examined the regulatory frameworks in the Caribbean and Africa, illustrating the shift from prohibition to decriminalization and legitimization. In Jamaica for example, the 2015 amendment to the Dangerous Drugs Act decriminalized possession of up to 56 grams and permitted cultivation for medical research, while Belize and Antigua and Barbuda followed with reforms allowing limited possession52. In Africa, Nigeria upholds a stringent prohibitionist stance despite its significant role in global cannabis production, while Ghana's 2020 Narcotics Control Commission Act legalized cultivation for medical and industrial purposes, aligning with global trends84. These reforms reflect a fractured consensus in global drug control, moving away from the prohibitionist norms of the UN's 1961 and 1971 conventions54, driven by economic potential and recognition of cannabis's medicinal value, though challenges like regulatory capacity and public health risks persist.

The prospects and challenges of cannabis use highlight the tension between its therapeutic promise and societal risks, central to the global shift toward legitimization. The article notes that cannabis's medical applications, supported by historical and modern evidence, offer significant benefits, yet its rising recreational use, particularly among youth, raises concerns about mental health issues, including psychosis and addiction114115. The growing acceptance of cannabis as a medicine may inadvertently increase recreational use, especially in liberalized regions, complicating policy efforts to balance therapeutic access with harm prevention. In Nigeria, repressive enforcement continues to marginalize cannabis farmers and traders77, while Ghana's legalization efforts face hurdles like inadequate regulatory

infrastructure. The article advocates for inclusive policy reforms that engage local communities and address socioeconomic factors, ensuring that the shift toward decriminalization and legitimization prioritizes both medical benefits and public health, aligning with the evolving global perspective on cannabis.

This article has also delved into the multifaceted nature of cannabis, tracing its historical medicinal applications from ancient and Islamic civilizations to its contemporary roles and challenges in regions such as the Caribbean, and Africa. By evaluating its therapeutic potential, cultural significance, regulatory frameworks, and socioeconomic impacts, the article illuminated cannabis's intricate position in global health, policy, and society. Historical accounts from medieval Islamic scholars94, substantiated by modern clinical research, confirm cannabis's efficacy in treating conditions like neuropathic pain, epilepsy, and psychiatric disorders. However, its widespread recreational use, particularly among adolescents, raises critical public health concerns, including risks of addiction, cognitive impairment, and mental health disorders. The article also highlighted diverse regulatory approaches, from Jamaica's decriminalization and Rastafarian sacramental use to Nigeria's stringent prohibition and Ghana's cautious steps toward medical and industrial legalization.

Exploring these dynamics within the context of global and regional shifts in cannabis policy, this analysis underscored the need for balanced, evidence-based approaches to regulation. By integrating historical, pharmacological, cultural, and policy perspectives, it advocated for frameworks that reconcile cannabis's therapeutic benefits with the risks of misuse, particularly in vulnerable populations. These frameworks must also address socioeconomic inequities faced by communities engaged in illicit cannabis markets, ensuring their inclusion in policy reform processes. Moving forward, collaboration among policymakers, clinicians, and researchers

would be vital to establish systems that promote safe access to medical cannabis, mitigate public health risks, and reflect the voices of marginalized stakeholders. Sustained research and vigilant monitoring will be essential to navigate the evolving global landscape of cannabis use, fostering equitable and sustainable outcomes for societies worldwide.

(vi) Recommendations and Suggestions

The multifaceted nature of cannabis, encompassing its medicinal promise, cultural significance, and public health challenges, necessitates comprehensive and evidence-based policy approaches. The following recommendations address the diverse regulatory landscapes in regions like the Caribbean and Africa aiming to maximize therapeutic benefits, mitigate risks associated with recreational use, and promote socioeconomic equity. These suggestions are designed to foster evidence-based, inclusive, sustainable, equitable approaches, and culturally sensitive frameworks that balance global trends with regional realities.

Adopt Phased Regulatory Reforms

Countries with stringent cannabis prohibitions, such as Nigeria, should consider incremental liberalization models, drawing on Jamaica's and Ghana's experiences. A phased approach could begin with approving cannabis-derived medicines for specific conditions, such as epilepsy or chronic pain, followed by regulated cultivation and distribution of raw forms, tinctures, or oils. Robust licensing systems, aligned with Ghana's Narcotics Control Commission Act, should enforce THC limits (e.g., 0.3% for industrial hemp) and ensure compliance. Investments in forensic laboratories for quality control and mandatory prescriptions by registered practitioners will enhance safety and efficacy, minimizing risks like dependency or cognitive impairment.

Strengthen Public Health Interventions

The risks of recreational cannabis use, particularly among adolescents, demand proactive public health measures. Governments should launch targeted education campaigns to dispel myths about cannabis as a harmless substance, highlighting risks of addiction, psychosis, and cognitive effects, as evidenced by studies like the National Epidemiologic Survey on Alcohol and Related Conditions. Screening programs in schools and healthcare settings can identify at-risk individuals, especially those predisposed to mental health disorders, enabling early interventions. Harm reduction strategies, modeled on opioid dependence programs, should provide counseling and access to regulated products in legal markets to support individuals with cannabis use disorders.

Integrate Cultural and Religious Contexts

In Caribbean countries like Jamaica, where cannabis holds deep cultural and religious significance within Rastafarianism, policies must respect these practices. Regulated exemptions for sacramental use, as permitted under Jamaica's Dangerous Drugs Act, can balance spiritual needs with oversight to prevent diversion to recreational markets. Engaging cultural and religious leaders in policy design will foster community trust and reduce resistance to reforms. Such consultations ensure regulations align with traditional practices, enhancing their legitimacy and effectiveness in diverse sociocultural contexts.

Address Socioeconomic Inequities

To support communities engaged in illicit cannabis markets, particularly in Nigeria, reforms must prioritize economic inclusion. Policymakers should involve farmers, traders, and users in policy dialogues to reflect their livelihood needs, as Nigerian research emphasizes. Replacing ineffective crop-substitution programs with sustainable initiatives, such as training for legal cannabis cultivation or alternative agricultural ventures, can transition illicit actors into regulated

economies. Leveraging cannabis legalization for economic growth, as Ghana projects with potential $3 billion in exports, requires investments in local industries like pharmaceuticals and textiles to create jobs and alleviate poverty.

Advance Research and Data Collection

Bridging knowledge gaps in African and Caribbean contexts requires robust research investment. Clinical trials should validate historical uses of cannabis (e.g., for ear infections or antiparasitic effects) and assess long-term medical outcomes, building on medieval Islamic insights and modern evidence. Region-specific epidemiological surveys, addressing the data scarcity noted in UNODC (2022), can track usage patterns and health impacts. Policy impact assessments in decriminalized regions like Jamaica and Belize will inform adaptive reforms, ensuring policies respond to unintended consequences and local needs.

Foster Regional and Global Collaboration

Caribbean and African nations should leverage regional bodies like CARICOM and the African Union to harmonize cannabis policies. Expanding CARICOM's Regional Commission on Marijuana to share best practices on medical cannabis regulation and public health strategies will promote coordinated approaches. Globally, advocating for revisions to outdated UN drug control conventions, such as the 1961 Single Convention on Narcotic Drugs, will reduce barriers to research and access in prohibitionist countries like Nigeria. Such collaboration ensures policies reflect current evidence and regional priorities, enhancing their effectiveness.

Empower Pharmacists and Clinicians

As pharmacists and clinicians play pivotal roles in public health, specialized training and guidelines are essential for managing medical cannabis. Integrating cannabis pharmacology and risk management into medical and pharmacy curricula will equip professionals to counsel

patients effectively. Standardized clinical protocols for prescribing cannabis, specifying dosage, indications, and contraindications, will minimize adverse effects and ensure therapeutic benefits. These measures, coupled with ongoing monitoring, will support safe and informed use of medical cannabis in diverse healthcare settings.

Ensure Effective Implementation

Successful implementation requires adequate resources for enforcement, monitoring, and evaluation, alongside public-private partnerships to develop infrastructure like testing labs and cultivation facilities. Incremental reforms, as proposed for Barbados, allow policymakers to assess impacts and adapt to local contexts. Transparency through public reporting on licensing and enforcement will build trust and ensure equitable access. By prioritizing evidence, inclusivity, and cultural sensitivity, these recommendations can harness cannabis's therapeutic and economic potential while safeguarding public health and addressing inequities in global drug policy.