

Forum: United Nations Office on Drugs and Crime

Issue: Discussing the Legalisation of Cannabis

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PERSONAL INTRODUCTION

Welcome delegates of the United Nations Office on Drugs and Crime,

I am Ed and it is a privilege to share with you all the experience of the 2024 QEGS MUN conference. Much like many of you, my journey in MUN began in last year's conference where I felt I was somewhat thrown into the deep-end, not feeling very confident in myself or how the procedure worked. However, gradually over the course of the conference I learned and tried to engage as much as I could in the process to the point where I was enjoying myself so much that I am now chairing. Hopefully you will also have a similar experience to me in your time being delegates, as I will try and make this journey as enjoyable, comfortable and beneficial to you all as possible.

Whilst this study guide should be informative on the legalisation of marijuana, it should not be your only source of information. I implore you to conduct your own research into this topic and to make the most out of the bibliography provided and the many resources available online, as this subject is very nuanced, with each country having their own unique perspectives, it is likely that your stance will not be accounted for in this broader picture.

I hope you find this study guide useful and I look forward to seeing you all over the course of the conference. If you are unsure on the topic or have any questions about the study guide feel free to email me at: 3332@queenelizabeths.kent.sch.uk.

-Edward Bullock-

TOPIC INTRODUCTION

The subject of the legalisation of marijuana has become evermore prominent starting from the 1900's where there has been a dramatic increase in self medicating and recreational usage. Historically marijuana has been used for thousands of years in oriental and middle eastern countries as medicine and intoxicants, acting as substitutes for the religious prohibition of alcohol. Cannabis first became more mainstream during the colonisation of south asia, when colonists would bring quantities back to europe, facilitated by the east india company and other such organisations in the 1800's. Despite this history of marijuana usage, drug abuse such as that of cannabis has only been the subject of international discussion since the 1912 international opium convention.

Marijuana is the world's most widely cultivated, trafficked and abused illicit drug, with half of all drug seizures worldwide stemming from cannabis. Approximately 2.5% of the world population consume cannabis annually, with consumption growing rapidly over the last couple decades. Possible reasons for this include that marijuana is closely associated with youth culture in many developed and developing countries, coupled with its low price and the euphoric high people feel when it is consumed.

The short term effects of consumption of marijuana can be critical to some people's health, as it is found to increase your heart rate and raise blood pressure, placing those with cardiovascular problems at risk. Consumption can also lead to impaired cognitive function which can last for up to 24 hours according to the DETR. This is a similar effect to drinking alcohol, meaning it makes driving or other skills requiring motor function dangerous. These are a few of the leading reasons for why marijuana should not be legalised, however they fail to consider the economic impact and effect on social welfare that marijuana contributes to a society.

On the other hand, studies conducted in states where marijuana has been legalised, such as Germany, have shown a correlation between cannabis consumption and better mental health, more specifically those taking for medical purposes have felt more stress free. Furthermore, marijuana can be a suitable substitute for alcohol, with the natural 'high' from smoking cannabis being found to be similar to drinking alcohol. The impairment to motor function is less substantial from consuming cannabis than alcohol, meaning that if cannabis were to be more widely used and act as a substitute, less serious accidents may occur, such as those while driving, as less risks will be taken whilst completing complex cognitive functions.

It is important to recognise the effects of legalisation other than those regarding health and economic benefits, such as aiding social justice through addressing the disproportionate impact of drug laws on marginalised communities, including striking criminal records, reducing incarceration rates for non-violent drug offences, and facilitating support to groups facing addiction and other hardships where consumption of marijuana has been detriment to their welfare.

Poor execution of legislation regarding the consumption of cannabis has led to the creation of black markets. These present serious issues such as the violence and organised crime associated with selling cannabis illegally, including trafficking and money laundering which also leads to public safety risks regarding unregulated products. Some economic costs may include increased spending on enforcing the markets, thus diverting investment in other areas, as well as a loss of income through taxing the legal consumption of cannabis.

This introduction to the legalisation of marijuana should give you a brief idea of the complex nature and thought that must go into researching this topic, as well as give you ideas on how to investigate further, such as understanding the effects caused upon places where it has been legalised, and consider the broader implications.

KEY TERMS

Medical Marijuana

Cannabis used to treat specific health conditions which the properties are suited for. This includes usage for clinical trials and research, such as that for pain relief. Medical marijuana usually has strict regulations regarding the conditions it can treat, the quantity prescribed, and the means of obtaining it. This is to avoid giving fake prescriptions to people who don't need medical marijuana, and instead use it recreationally.

Recreational Marijuana

Cannabis used for personal enjoyment, leisure or addiction rather than for medical reasons. It is usually tracked through its entire cycle till being sold, having to be quality checked for potency and ensure it is free of any contaminants. However this level of testing can vary region to region.

Black Market Cannabis

Any cannabis cultivated illegally, including grown in unregulated conditions or from licensed dealers. Due to lack of regulation it can vary in quality and contain potential contaminants. It does not have to abide by safety standards and testing unlike medical or recreational marijuana.

Legalisation

The process of removing all/most prohibitions around cannabis and installing a regulated framework allowing adults to purchase, possess and consume marijuana. Those under the legal age limit are not allowed to follow these new regulations, and are still not to be sold or to consume any product relating to marijuana despite the legalisation. Also includes regulation on the cultivation, distribution and sale of marijuana such as licensing requirements, quality control, and advertising restrictions

Pilot projects

Cannabis pilot projects are experiments conducted to test the potential effects of the legalisation of recreational cannabis primarily in controlled environments. The objectives of these trials are to assess the impacts on public health and the economy, and to experiment different legalisation models on a small scale. Countries which have used such initiatives include Switzerland and Germany.

THC

Tetrahydrocannabinol (THC) is the main psychoactive compound found in the cannabis plant. It is responsible for the psychological effects that people experience when they use marijuana. THC interacts with your body by binding to receptors in some cells, which are associated with thinking, memory, pleasure, coordination, and time perception.



Cannabis Sativa

The species of the cannabis genus known for its psychoactive properties, medicinal benefits and recreational use. The plant which marijuana is cultivated from, and illegal to plant in many countries, including the UK since the 1971 Misuse of Drugs Act.

Fetotoxicity

Fetotoxicity is the effect of consuming marijuana whilst pregnant, which can lead to smaller gestation periods, lighter newborns, and foetal marijuana syndrome including tremors, aggressive behaviour and reduced responsiveness to stimuli in babies.

CBD (Cannabidiol)

A non-psychoactive compound found in cannabis that is often used for its potential therapeutic benefits, as well as antioxidant and anti-inflammatory properties. It is harvested from the flowers of the cannabis plant, but is legal in many places where marijuana is not due to its use in health products.

Cannabis Social Equity Programs

Initiatives aimed at ensuring communities disproportionately affected by past marijuana prohibition benefit from legalisation. Examples include using tax revenue from recreational cannabis sales to benefit areas most affected by the previous criminalisation of marijuana.

Microdosing

The practice of consuming very small amounts of cannabis to achieve mild euphoric effects without fully intoxicating yourself. Microdosing is often used to manage symptoms while minimising impairment and side effects. This is a way to reduce the long term damages to cognitive function and prevent tolerance.

Tolerance

Prolonged usage of marijuana means that more substance must be used to garner the same psychedelic effect. This can be detrimental to the use of medical marijuana in healthcare regarding costs to finance larger prescriptions, and also placing the patient at risk of overstimulating.

Social Consumption Spaces

Designated areas or establishments where individuals can legally consume cannabis in a social setting. This can help regulate usage and monitor consumption levels to prevent serious overdoses, as well as giving controlled environments to ensure marijuana is taken responsibly and safely.

Black market

The illegal sale of marijuana occurring outside of the official economy. It is not reported on taxes, such as income or sales tax leading to a loss of government revenue, and takes place unregulated without oversight by a governing body in the defiance of legal restrictions.

BACKGROUND INFORMATION

Ancient use

In a world of natural remedies cannabis was used widespread across different countries and cultures. The earliest recorded use of cannabis comes from 2700 BC in China, being used for medicinal purposes to treat illnesses and acting as an anaesthetic during surgery. Other uses include embalming in ancient Egypt. Other than medical, cannabis was used for spiritual purposes and played an important role in religious practices in ancient India. The Hindu god Shiva is referred to as the 'lord of bhang', with bhang being a form of cannabis, and is used in festivals like Holi to heighten spiritual senses. Cannabis was one of the first plants to be industrially cultivated, with hemp paper being made as early as 150 BC in China, and hemp fibres being used in early versions of sails. Eventually due to trade routes such as the Silk Road the cultural significance of cannabis expanded to include art and literature, becoming more modernised, however its prevalence in ancient societies reflects the plant's deep history.

First International Opium Convention:

On 23rd January 1912 13 countries including the US, UK, Germany and Russia signed the international opium convention, however it would take until 1915 for all countries to ratify and implement the contents of the convention. It gained greater adherence after the signing of the Treaty of Versailles in 1919. Whilst not specifically aimed at cannabis, the convention aimed to control and reduce the production and trade of addictive substances such as opium. Its objective was to establish international standards on the regulation and restriction of drugs with a primary focus on promoting medical and scientific use.

Second International Opium Convention:

The second international opium convention held in 1925 aimed to broaden the international drug control set in 1912. It did this by recognising drugs such as cannabis to have the potential for abuse, and thus the need for regulation, being the first international convention to do so. Cannabis was included into the treaty by concerns raised by Egypt, arguing that cannabis was raising substantial harm in its country. As a result, countries wishing to export cannabis had to acquire export licences to ensure that only medical cannabis was being traded, and also had to report their production and export figures to the PCOB.

Single Convention on Narcotic Drugs:

The single convention on narcotic drugs (1961) set out to combat drug consumption through coordinated international intervention by consolidating previous treaties, such as the international opium conventions, into a single framework that regulated measures for the cultivation, distribution, and use of drugs. It also aimed to deter illegal drug trafficking and resulted in the foundation of The International Narcotics Control Board which provided assistance to countries following the convention in the form of financial and technical aid when necessary. Due to the convention cannabis and cannabis resin have been classified under schedule 4, (the most tightly restricted category) being considered dangerous and highly addictive.

Countries such as India, Turkey, Pakistan and Indonesia favoured weaker restrictions which should be determined by regional conditions. Regulations directly harm cannabis based domestic industries in these countries, naturally making them oppose some of the regulations. These countries also disapproved of international control bodies under the UN, but benefited from aid acting as compensation for the strict regulations due to loss of income and contracting domestic industries.



On the other hand, western, industrialised states such as the UK, US and Canada favoured harsh controls on the production and trade of cannabis due to having no cultural or religious connection to drug usage and wanting to confront the rising issue of drug abuse. They collectively backed weak regulations on medical and scientific research, however countries were still obligated to form control systems to oversee the production and distribution of cannabis for these purposes.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Indonesia

Indonesia has one of the strictest cannabis laws in the world, with all parts of the plant being illegal. As of the 2009 'Narcotics Law' cannabis has been considered to be as dangerous and addictive as heroin and cocaine, with any medical benefits cannabis may have been disregarded. Indonesian society is majority muslim and therefore follow islamic teachings which generally prohibit the use of intoxicants which may cause harm to the body, such as cannabis. As a result those found guilty of breaking the law will be issued large fines up to 10 billion RP, sentenced up to life in prison, or even be given the death penalty.

During Indonesia's colonial past the Dutch East India company exploited the country in order to trade spices and other goods such as cannabis, known as the golden age of Dutch hemp. However following the 1925 international opium convention the dutch government restricted the trade, cultivation possession and use of cannabis in the region, starting the eventual strengthening of cannabis laws with the 1927 Decree on Narcotic Drugs.

Germany

Since the 1st April 2024 recreational cannabis has been legal for adults. This is partially due to immense public support with approximately 5 million Germans consuming recreational cannabis, and many more in support of the increased revenue estimated to be €3.4 billion in sales, and reduced burden on the legal and health systems. Medical cannabis on the other hand had already been legalised in 2017, permitting prescription based services in pharmacies and strict registration requirements.

The implantation of this law was very similar to that of Malta who legalised cannabis 3 years prior. For example 'pilot projects' were set up, as well as non profit 'cannabis social clubs'.

Canada

Canada, like many other North American countries, has a very progressive stance on cannabis consumption. Whilst some regulations differ from province to province, such as minimum age requirements, recreational cannabis has been legal across the whole country since 2018. The Canadian government is currently involved in ongoing research regarding the social implications of cannabis consumption, alongside the impacts of legalisation.

Cannabis has been legal for medical purposes since 2001 with the medical marijuana program. There has been heavy emphasis on the public health and safety of minors, in an attempt to lower underage drug usage.

Portugal

Portugal is currently the second largest exporter of cannabis in the EU, with approximately 34 tonnes of medical cannabis. Despite this there has been a severe shortage of medical cannabis available to the



Portuguese public considering that it became legal in 2018 with the cultivation and distribution through pharmacies being monitored by Infarmed.

In 2001 Portugal decriminalised all drugs including cannabis, where instead prosecution there would be an 'administrative violation', meaning fines or appropriate treatment would be imposed rather than jail time. Because of this recreational cannabis is not fully legal however public opinion is greatly in favour of Portugal's drug policy and some are pushing for complete legalisation.

International Narcotics Control Board (INCB)

Established by the single convention of narcotic drugs in 1961, the INCB oversees the implementation of drug control and is considered an independent, quasi-judicial body. Its main functions are monitoring compliance with international drug control treaties, regulating the global trade of drugs including but not limited to cannabis for medical and scientific purposes, and providing assistance in combating illicit trade of drugs such as black markets.

Permanent Central Opium Board (PCOB)

The PCBO was created by the league of nations under the 1925 international opium convention. It was established to monitor the production and distribution of narcotic drugs, but mainly opium. It wasn't until the 1961 single convention on narcotic drugs when cannabis became a controlled substance, and the PCBO merged with other organisations to form the INCB. Hence the PCBO is often referred to as the predecessor to the INCB.

Commission on Narcotic Drugs (CND)

The CND is a body part of the UN responsible for the scheduling of narcotic drugs such as cannabis. In 2020 it played a major role in the reclassification of cannabis from schedule 4 to schedule 1, however may have to cooperate with organisations such as the WHO and INCB in decision making. Being managed by the UNODC, the commission on narcotic drugs also provides guidance on the UN's drugs control programme .

Minor Countries

Iran

Iran's strict drug control is tied with the country's religious constitution, being prohibited for both recreational and medical use. Under sharia law drug use is mostly forbidden, leading to harsh punishments including flogging, prison time and the death penalty. Despite this marijuana has historically been used in spiritual and religious ceremonies in the form of 'hashish' and still grows naturally in some regions.

India

According to hindu sacred books, cannabis is considered one of the five most sacred plants on earth and is commonly found in some rural parts of the country in religious communities. Whilst recreational cannabis is illegal in India, its traditional use as bhang is commonly sold in government licensed shops, however the enforcement of illicit cannabis use varies from state to state.

Uruguay

Uruguay was the first country in the world to fully legalise recreational cannabis. This was done to regulate the cannabis markets and reduce the influence of black markets by allowing the government



to oversee the production, distribution and sale through the IRCCA (Institute for the Regulation and Control of Cannabis). However medical cannabis is legal it is not regulated the same way, because the primary focus of legislation was to combat illicit trade and consumption.

Singapore

Singapore classifies cannabis as a class A controlled drug, meaning it is illegal for both recreational and medical uses. As result there is a zero tolerance policy towards cannabis in which the death penalty may be given if found trafficking it into the country. Singapore has consistently opposed international movements towards the decriminalisation of cannabis, and justifies its incredibly strict stance by highlighting the effects on public health and safety cannabis use can cause. Consequently, there is emphasis on rehabilitation when regarding treatments.

TIMELINE OF KEY EVENTS

Event	Date
The First International Opium Convention was the first example of international collaboration towards controlling the production and distribution of drugs. It focussed on restricting exports of narcotics, creating a framework for the control of other drugs such as cannabis in the Second International opium convention. The convention was implemented into the treaty of Versailles in 1919, and thus imposed worldwide.	1912
The Second International Opium Convention officially marked cannabis as a narcotic, expanding what was discussed in the first convention, and placing cannabis under international regulation. Export and import regulations limited cannabis to be used for scientific and medical reasons only, and was overseen by the Permanent Central Opium Board (PCOB), which was partially integrated into the League of Nations.	1925
The Single Convention on Narcotic Drugs had a major part in the eventual global prohibition movement of cannabis in the 20th century. Its classification of cannabis as a schedule 4 drug severely restricted its medical and scientific uses, setting the foundations for countries to create laws criminalising its use. Its stigma of highly addictive and dangerous effects are just starting to be challenged, with the decision to remove cannabis from schedule 4 to schedule 1 in 2020, acknowledging its therapeutic and medical benefits.	1961
The Netherlands' tolerance policy allowed for people with possession of under 30g of cannabis to not be prosecuted, although it was still considered illegal. Cannabis was described as a 'soft drug', meaning it posed less harm if consumed compared to 'hard drugs' like heroin, loosening regulations. The policy allowed select establishments to sell under 5g of cannabis to those of age.	1976
Portugal's 2001 Decriminalisation Bill decriminalised the possession and personal use of small amounts of cannabis (up to 25g of cannabis, or 5g of cannabis resin). This meant that instead of being prosecuted medical and social care professionals would assess and carry out an appropriate response if caught possessing cannabis. As a result there was large investment into rehabilitation and counselling services, and drug related	2001

deaths have remained below the EU average since.	
Uruguay became the first country to fully legalise recreational cannabis' cultivation, distribution and sale in 2013 by forming a state regulated model of production and distribution, with minimal commercial interference. By doing so the government controls all large scale production in the country, and has set up cannabis social clubs as a means of selling marijuana, as well as pharmacies. Some examples of regulation enforced by the government include no more than 10g can be purchased per week, and no more than 6 plants can be grown if being cultivated from home as a part of a government scheme.	2013
The Canadian Cannabis Act legalised the use of recreational cannabis, allowing people to possess up to 30g of cannabis in public, and grow up to 4 cannabis plants. The act made purchasing cannabis widespread, available from licenced retailers and some government run online platforms. The act gave the provinces and territories power over regulating the territory, for example age limits. Overall the act aided in a growing industry, creating jobs, as well as boosting cannabis related tourism, however some illicit sellers still remain.	2018
Portugal legalised the use of cannabis for medical purposes , expanding the 2001 decriminalisation bill. This allowed for medical cannabis to only be dispensed in pharmacies through a prescription based service monitored by INFARMED, a government agency under the Portuguese health ministry.	2018
The south african constitutional court decriminalised the use and cultivation of cannabis on private land. However, the ruling kept the commercial sale and distribution of cannabis illegal, as well as consumption in public areas. This was greatly supported in rastafarian communities which used cannabis in religious practices and became a precursor to the 2024 cannabis for private purposes act.	2018
The UN Commision on Narcotic Drugs reclassified cannabis and cannabis resin from schedule 4 to schedule 1. This reclassification will not affect any non medical restrictions or uses, but instead remove various international barriers regarding the research and development of cannabis based medical products. As result, cannabis and cannabis resin are now classified as having a similar degree of abuse and dependency as morphine (schedule 1), instead of heroin (schedule 4) due to recent scientific advancements and the appreciation of cannabis in medical science.	2020
The push for decriminalisation of cannabis in Mexico was driven by a series of supreme court rulings starting in 2015. These rulings dictated that the criminalisation of recreational cannabis went against the country's constitution. Whilst reform began in 2018, no action was taken till 2021 with the cannabis bill, legalising possession of up to 28g of recreational cannabis, as well as restrictions on retailers and home cultivators.	2021
Malta became the first EU country to legalise recreational cannabis with the passing of Bill No. 241. The bill legalises the possession of up to 7g of cannabis in public and the home cultivation of up to 4 plants.	2021

<p>Cannabis social clubs were established, which were regulated non profit organisations allowed to grow and distribute marijuana amongst its registered members, with a maximum of 50g per person per month. This bill aimed to combat illicit cannabis markets and protect the youth in a safe manner.</p>	
<p>Germany passed the Cannabis Reform Act in 2024, allowing those 18+ to possess up to 25g of cannabis in public and home cultivation of up to 3 plants. Similarly to Maltas execution, Cannabis clubs can get registered with the local government and allow people to collectively grow and use cannabis as long as they are registered with the club, with the same 50g limit per person per month. Due to how recent the act is, several 'Pilot projects' were set up, where licensed stores would record the sale of cannabis to study the impacts on health and the economy for future legislation.</p>	<p>2024</p>
<p>South Africa passed the Cannabis for Private Purposes act to address gaps left by the 2018 supreme court ruling and to provide a form of legal structure in its execution. Whilst the act permitted possession of up to 600g per adult in private property, it was still illegal to use any form in public with penalties including imprisonment. The bill also allowed home cultivation of up to 4 plants per adult strictly for private use, as commercial cultivation and sale remains illegal without licensing.</p>	<p>2024</p>

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

The legalisation of cannabis is a contentious topic which can be addressed in many ways. Below is an overview of some of the approaches taken to both prohibit and facilitate cannabis use.

International Treaties and Conventions

- ❖ The single convention on narcotic drugs (1961) created a significant barrier to the legalisation of marijuana by classifying the drug as having a high potential for abuse and restricting its production.
- ❖ The convention on psychotropic substances (1971) declared synthetic cannabinoids a psychotropic substance as they were attempting to mimic the effects of THC. This convention added controls to how laboratory-made, synthetic substances were to be controlled in future.
- ❖ The UN commission on narcotic drugs (2020) removed cannabis from its classification in schedule 4 set in the single convention, acknowledging its medical potential and aiding the legalisation process. However no international controls or barriers were removed.

National Decriminalisation Efforts

- ❖ In 2001 Portugal decriminalised all drug use and possession. Under the new law instead of being prosecuted for consuming drugs people would be sent for specific treatment by a 'dissuasion commission', or fined.
- ❖ The Netherlands' tolerance policy (1976) allowed possession of up to 5g to avoid prosecution. While larger scale production and trafficking remain illegal, cannabis could be purchased from licensed 'coffee shops'.
- ❖ (1991) Spain's constitution allowed for the decriminalisation of personal use and cultivation in private spaces by advocating for privacy rights. As a result cannabis clubs have been

created where members cultivate and share cannabis. However it is illegal to use cannabis for commercial purposes.

National Criminalisation Efforts

- ❖ The United States' Marijuana Tax Act (1937) imposed heavy nationwide tariffs, taxes and regulations on cannabis's cultivation, trade and sale. This made cannabis too expensive to purchase for most, and greatly reduced its sale. However the act was later declared unconstitutional.
- ❖ The UK's Misuse of Drugs Act (1971) categorised cannabis as a class B drug, making its possession, production and distribution illegal. If found breaking this act imprisonment or large fines may be imposed.
- ❖ The General Health Act in Mexico (1984) criminalised cannabis, imposing severe penalties for possession, cultivation and trafficking. This was done to try to reduce the smuggling of drugs into the country.

Scientific and Medicinal Policies

- ❖ In 2003 the Netherlands' medical cannabis programme provided patients prescription based medical cannabis which was sold through pharmacies and overseen by the countries ministry of health.
- ❖ Ireland's medical cannabis access programme (2019) allows consultants to prescribe medical cannabis under select conditions where standard treatments have failed. Projects like this are often called 'compassionate use'.

POSSIBLE SOLUTIONS

Social Equity Programmes

To combat the disproportionate effect cannabis criminalisation had on marginalised communities, social equity programmes can be established to direct the government revenue gained from a new cannabis industry towards investment in these areas. The Expunging of criminal records to non-violent cannabis offenders can help revitalise regions where cannabis abuse has been prevalent, as well as community development projects such as investment in education.

Education

Educational programmes or changes in national curriculums aimed at informing young people about the risks of cannabis use, such as the impacts on mental health, can help deter any association of drug abuse with youth culture, which is already a problem in parts of the developed and developing world. Educational campaigns to inform the public about responsible cannabis use can combat the high strain on health services by preventing overdoses and encouraging safer consumption.

Government Intervention

By having domestic production, distribution and sale of cannabis regulated by a devoted body under government supervision it would be easier to regulate the standard of cannabis and control the levels of consumption in a country. By restricting the private commercial use of cannabis, strict advertising guidelines can be implemented, especially in vulnerable areas, to minimise the potential for abuse. Strict restrictions on cultivating cannabis such as quality control standards to ensure no contamination



or abnormal THC levels, and licensing systems for growers, distributors and sellers makes the market easier to maintain and regulate.

Scientific research

Decisions to legalise cannabis are heavily influenced by scientific research because it uncovers the potential benefits and costs of the effects of legalisation. Research has found that cannabinoids such as THC have therapeutic benefits and anaesthetic properties, giving cannabis several medical benefits and allowing for the creation of medical cannabis programs. Research can also be used to evaluate the economic impacts of legalising marijuana including job creation. However, scientific research also suggests cannabis can have negative effects, like on cognitive development, as well as having potential for addiction.

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