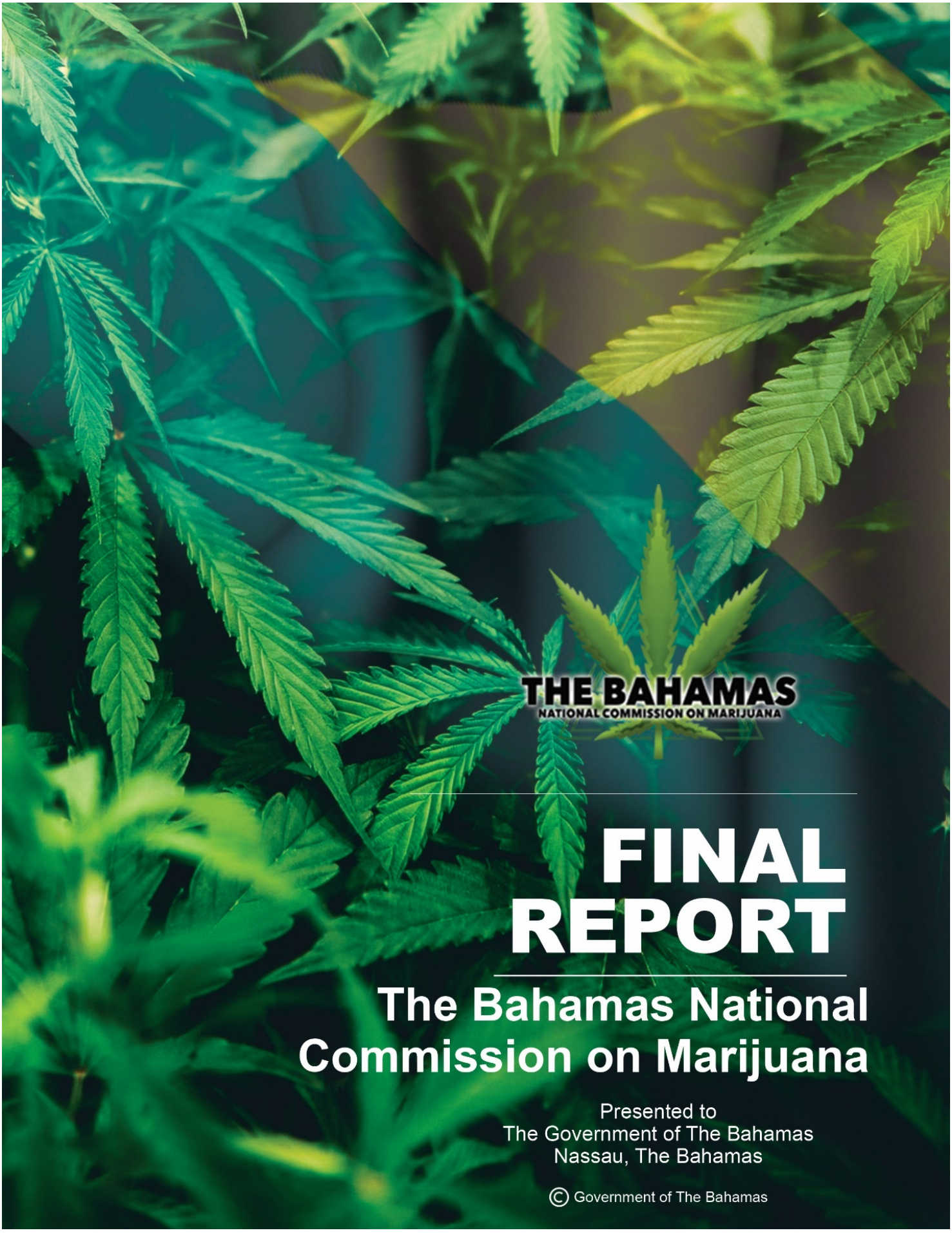

FINAL REPORT

The Bahamas National Commission on Marijuana

Presented to
The Government of The Bahamas
Nassau, The Bahamas

The Bahamas National Commission on Marijuana
Nassau, The Bahamas

31 August 2021

The Most Honourable Dr. Hubert A. Minnis, ON, MP
Prime Minister
Office of the Prime Minister
Sir Cecil Wallace Whitfield Centre
West Bay Street
NASSAU

Dear Prime Minister:

FINAL REPORT OF THE BAHAMAS NATIONAL COMMISSION ON MARIJUANA

We are pleased, on behalf of the members of the Bahamas National Commission on Marijuana (BNCM), to submit the Commission's Final Report to you.

You will recall that when we submitted our Preliminary Report on 21 January 2020, we acknowledged that our work was not yet complete as we were finalising a significant aspect of our mandate, which was to engage members of the Bahamian public to codify their views on this important topic. We are pleased to report that a national survey was completed in December 2020.

This Final Report therefore encompasses the results of the National Survey in addition to the Commission's recommendations.

Our Report highlights the work up to the completion of its tenure on 30 June 2021. It was our hope for it to have been even more comprehensive, however due to various mitigating factors and time constraints, we did not quite achieve this objective. Nonetheless, we trust that our work will serve as a reference for any decisions made by the Government.

We wish to state that it was our distinct privilege and honour to have been assigned this most important task that will have a significant impact on our country's national development. Our hope is that whatever final decisions are made, that they will advance the development of our country and its people.

Yours faithfully,

Bishop Simeon B. Hall
Co-Chairperson

Quinn W. McCartney, QPM
Co-Chairperson

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ACKNOWLEDGEMENTS

The members of the Bahamas National Commission on Marijuana (BNCM) wish to thank the Government of The Bahamas for the honour of serving on such a distinguished body. The Commission understands the importance of the work entrusted and counts this opportunity a privilege to present its recommendations to the Government of The Bahamas regarding the use of cannabis in the country.

In its initial phases the Commission was assisted by a Secretariat located at Capitol House, Augusta and Virginia Streets. Thanks are extended to the following persons who were attached to the Secretariat:

Dr. Bridgette Rolle, Deputy Permanent Secretary, Ministry of Health
Mrs. Coral Miller, First Assistant Secretary, Ministry of Health
Dr. Olive Rolle, Senior Nursing Officer, Ministry of Health
Ms. Valencia King
Mr. Bjorn Hunt
Ms. Sasha Ferguson
Mr. Terrance Hall
Mrs. Angelica Adderley-McIntosh
Ms. Celine Scott

The Commission also thanks all other staff members of the Ministry of Health who facilitated the work of the Commission. Gratitude is also extended to Ms. Annouch Armbrister, Administrative Cadet of the Ministry of Health for preparing the Commission's Report on the trip to Jamaica.

Appreciation is extended to the staff of the Ministry of Foreign Affairs for their assistance with respect to arrangements for the Commission's fact-finding trip to Jamaica.

Thanks are rendered to the various stakeholders who shared their views with the Commission. The Commission is also very grateful to the members of the public who participated in various fora, including those who attended town hall meetings or willingly engaged with Commissioners during community walkabouts.

The Commission also expresses its thanks and appreciation to the members of the Bahamian public who participated in the Cannabis Survey which was held in late November and early December 2020. Their participation in that exercise, during a challenging period for the country, and indeed the world, cannot be undervalued. The survey results have added immense value to the work of the Commission.

The Commission is also thankful to the Government and people of Jamaica who met with Commissioners during the fact-finding trip to Jamaica, with special thanks to the staff of the Cannabis Licensing Authority (CLA), the Ministry of Industry, Commerce, Agriculture and Fisheries, the Ministry of Justice, the National Council on Drug Abuse (NCDA), former Minister

Mr. Mark Golding, the Sensi Medical Cannabis House, and members of the Rastafarian community.

Since the formation of the Commission, and after the submission of the Preliminary Report, a number of Commissioners demitted office for various reasons. Thanks are extended to the individuals listed below for their dedicated service and support of the Commission's work.

Mrs. Kelly Meister
Mr. Julian Mullings (Deceased)
Mr. Paul Rolle
Reverend Irene Russell

In early 2020 the administrative responsibility for the Commission was transferred from the Ministry of Heath to the Office of The Prime Minister (OPM). The Commission therefore wishes to express its sincere appreciation to the Staff of the OPM for their assistance in helping us to complete our work. Specifically, the Commission wishes to thank Mr. David Davis, Permanent Secretary and Ms. Stacey Arthur, Accounts Officer.

Finally, the Commission wishes to express its thanks and appreciation to Ms. Antoinette Seymour and Mrs. Virginia Ballance, for their assistance in editing this document.

DEDICATION AND TRIBUTE

The Bahamas National Council on Marijuana (BNCM) wishes to dedicate this final report to Mr. Julian Mullings, a member of the Commission, who died before its work was complete. Julian died on 23 April 2020, after losing his battle with cancer.

Mr. Mullings was appointed to the Commission in October 2018 as a representative of the Bahamas Nurse's Union. He, a nurse, worked in the Orthopaedic Ward at the Princess Margaret Hospital. Up until the time of his passing, Julian worked diligently as a member of the Commission, and in the months prior to his passing, he still attended meetings, sometimes in great pain and at a great sacrifice. As his condition deteriorated, Julian kept in contact with Commissioners.

Julian was a strong advocate for medical cannabis. Prior to his role as a Commissioner, he had done extensive research in this area as he sought a cure for his condition and looked at options to relieve his pain as his conditioned worsened. He had a strong sense of urgency, not known to Commissioners initially, for the Commission to complete its work, so that the necessary changes could be made in The Bahamas to help others like him. He was passionate about making the benefits of medical cannabis legally accessible to suffers of cancer and other diseases as studies had shown could benefit from them. His desire, for himself and others, was to be able to have a good quality of life and to be able to continue to make contributions.

It is the Commission's hope that although Julian did not have access to medical cannabis to help him, others who remain will be afforded the opportunity to have legal alternatives that may assist them. May his work not be in vain.

May Julian's soul continue to rest in peace.

PREFACE

In March 2014, the Caribbean Community (CARICOM), at its 25th Inter-Sessional Meeting of the Conference of Heads of Government of CARICOM at St. Vincent and the Grenadines, established the CARICOM Regional Commission on Marijuana (CRCM). This Commission was established with the mandate to ***"interrogate the issue of possible reform to the legal regimes regulating marijuana in CARICOM countries."*** On 3 August 2018, the CRCM published its report entitled *Waiting to Exhale: Safeguarding our Future through Responsible Socio-legal Policy on Marijuana*.

The CRCM was formed because at that time the CARICOM Heads of Government were deeply concerned that thousands of young persons throughout the region suffered incarceration for cannabis use. It was noted that after these young persons had their first encounter with the law, they tended to resort to crime as a way of life. Further, deep resentment and non-cooperation with law enforcement agencies resulted due to inconsistent application of the law (CRCM, 2018, p. v).

There are several significant abstracts from the CRCM Report that have influenced the cannabis policy of many countries. These relevant sections include the following:

> *The evidence indicates that the existing legal prohibitionist regime on cannabis/marijuana is not fit for purpose. Both the financial and human costs are huge. The Commission is satisfied that there should be significant changes to the laws of the region to enable the dismantling of this regime to better serve Caribbean peoples. A public health rights-based approach is better able to confront the challenging multidimensional parameters of the drug problem, including its health, social justice and citizen security aspects.* (CRCM, 2018, p. 64*)*
>
> *Small farmers and small businesspersons should be included in production and supply arrangements with appropriate controls limiting large enterprise and foreign involvement.* (CRCM, 2018, p. 65*)*

Bishop Simeon Hall represented The Bahamas on the CARICOM Commission that travelled throughout the Caribbean to garner the views of citizens of the 15 countries that make up the CARICOM community.

As a result of the CRCM's Report, the Cabinet of the Government of The Bahamas agreed to explore the issues presented in the CARICOM Report, and in October 2018 established the Bahamas National Commission on Marijuana (BNCM), hereinafter referred to as "the Commission". The Commission's mandate follows:

> ***To codify the view of Bahamians on all things related to cannabis, and to make recommendations to the Government of The Bahamas on positions related to the legal, social, medicinal and ceremonial (religious) issues as they relate to cannabis.***

The Commission consisted of 20 Commissioners from a wide cross-section of the Bahamian community, led by two Co-chairpersons, Bishop Simeon Hall and Mr. Quinn McCartney. The Honourable Dr. Duane Sands, M.P., Minister of Health at the time, had ministerial oversight of the Commission, and the Ministry of Health established a Secretariat to assist the Commission in fulfilling its mandate.

The Commission convened its first meeting in December 2018 with the then Minister of Health.

The Commission was charged with completing the following:

- *Reach out to as many Bahamians, as possible, to garner views on the issue of cannabis.*
- *To assess the prevailing attitudes and opinions regarding policy and legislative changes.*
- *Monitor activities related to cannabis issues, regionally and internationally.*
- *Produce a report that offers practical recommendations, with the uniqueness and culture of The Bahamas in mind.*

The Commission commenced its activities in January 2019 and worked diligently to implement the Minister's directives, with specific focus on how cannabis-related issues are being handled in CARICOM countries, the United States of America (US) and Canada.

On 21 January 2020, the Commission presented its *Preliminary Report* to the Prime Minister of the Commonwealth of The Bahamas, Dr. the Most Honourable Hubert Alexander Minnis, ON, MP, who had assumed responsibility for the Commission.

Since the submission of its *Preliminary Report*, the Commission engaged the services of a company to complete the main and significant portion of its mandate, which was to survey the Bahamian public to garner their views on all things cannabis. The survey was completed in December 2020, and its findings are presented and discussed in this final report. It should be noted that the Commission had intended to conduct a door-to-door household survey; however, due to the COVID-19 pandemic, with its associated delays and constraints, a telephone survey was conducted.

The work of the Commission, per mandate, is now complete. The Commission's recommendations herein are submitted to the Government of The Bahamas, for consideration. The Commission must emphasise that its role was to make recommendations to the Government based on its interaction and consultation with the Bahamian public. The Commission was comprehensive in its approach to its mandate, and practised objectivity in its recommendations. The ultimate decision as to what is acted upon is one to be made solely by the Government of The Bahamas.

LIST OF COMMISSIONERS

The initial members of the Commission are listed below.

Name	Affiliation
Bishop Simeon Hall, Co-Chair	Pastor
Mr. Quinn McCartney, Co-Chair	Retired Deputy Commissioner of Police
Dr. Kevin Bethel	Medical Association of The Bahamas
Mrs. Nahaja Black	Media
Dr. Lynwood Brown	Physician
Ms. Al-leecia Delancy	Office of the Director of Public Prosecutions
Mr. Terrance Fountain	Anti-Drug Secretariat
Mr. Sherwin Johnson	Entrepreneur
Mrs. Latice Knowles-Penn	Under 30 Youth Representative Entrepreneur
Mr. Elliott Marshall–Hepburn	Cannabis Entrepreneur
Mr. Rithmond McKinney	Rastafarian Priest
Ms. Chargrega McPhee-McIntosh	Pharmacist
Mrs. Kelly Meister	Caregiver
Mr. Julian Mullings	Bahamas Nurses Union
Dr. Edrica Richardson	Marriage & Family Therapist
Mr. Paul Rolle	Royal Bahamas Police Force
Rev. Irene Russell	Bahamas Christian Council
Dr. Thomas Smith	Psychiatrist
Mr. Kenneth C. Wallace Whitfield	Under 30 Youth Representative
Dr. Carlton Watson	University of The Bahamas

It should be noted that Commissioner Julian Mullings passed away on 23 April 2020. Several other Commissioners, namely Mrs. Kelly Meister, Mr. Paul Rolle and Reverend Irene Russell, resigned from the Commission after the *Preliminary Report* was presented.

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BC	Before Christ
BCC	Bahamas Christian Council
BCE	Before Common Era
BDOCS	Bahamas Department of Correctional Services
BNCM	The Bahamas National Commission on Marijuana
BNHDPS	Bahamas National Household Drug Prevalence Survey
CARICOM	The Caribbean Community
CAST	Cannabis Abuse Screening Test
CBC	Cannabichromene
CBD	Cannabidiol
CBN	Cannabinol
CCAC	Community Counseling and Assessment Centre
CDC	United States Centre for Disease Control and Prevention
CE	Common Era
CLA	Cannabis Licensing Authority (Jamaica)
CND	Commission on Narcotic Drugs
CRCM	Caribbean Regional Commission on Marijuana
CSA	Controlled Substance Act (US)
DDA	Dangerous Drugs Act (The Bahamas, Chapter 228)
DEA	Drug Enforcement Agency
EABIC	Ethiopia Africa Black International Congress
ECDD	Expert Committee on Drug Dependence (WHO)
ECS	Endocannabinoid System
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
FBN	Federal Bureau of Narcotics
HIV	Human Immunodeficiency Virus
MCC	Medical Cannabis Card
NCDA	National Council on Drug Abuse
NORML	National Organization for the Return of Marijuana Laws
NSDUH	National Survey on Drug Use and Health
OECS	Organisation of Eastern Caribbean States
PR	Public Relations
RBPF	Royal Bahamas Police Force
RMH	Rand Memorial Hospital
ROA	Rehabilitation of Offenders Act (Bahamas)
SRC	Sandilands Rehabilitation Centre
TCP	Tenocyclidine
THC	Tetrahydrocannabinol
UK	United Kingdom

UN	United Nations
CND	United Nations Commission on Narcotic Drugs
UNODC	United Nations Office on Drugs and Crime
US	United States of America
WHO	World Health Organization

KEY TERMS AND DEFINITIONS

Adult-use cannabis	Recreational cannabis
Budder wax	A type of THC-rich cannabis concentrate
Cannabis	A drug made from the dried leaves and flowers or resin of the hemp plant, which is smoked or eaten and which gives the user a feeling of being relaxed. Use of the drug is illegal in many countries. The term is used interchangeably with marijuana, Indian hemp and "holy herb", and colloquialisms include ganja, weed and pot.
Cannabis sativa	An annual herbaceous flowering plant indigenous to eastern Asia but now of cosmopolitan distribution due to widespread cultivation. It has been cultivated throughout recorded history, used as a source of industrial fibre, seed oil, food, recreation, religious and spiritual moods and medicine. Each part of the plant is harvested differently, depending on the purpose of its use. The word "sativa" means things that are cultivated.
Cerasee	Cerasee, scientifically known as *Momordica charantia*, is a very bitter herb. It is a native to Africa and the Middle East and can today be found in almost every part of the world, including in The Bahamas where it is very popular for its medicinal properties.
Decriminalisation	Eliminating criminal penalties for the unauthorized consumption and possession (typically of amounts small enough to be for personal use only) of a controlled substance (Organization of American States, 2012, p. 13).
Ecstasy	A colloquialism for MDMA ,3,4 methylenedioxymethamphetamine which is a synthetic, psychoactive drug chemically similar to the stimulant methamphetamine and the hallucinogen mescaline**.**
High	The state of being under the influence of a substance such as cannabis
Joint	Colloquialism for cannabis cigarette
Legalisation	The process of eliminating legal prohibitions on the production, distribution, and use of a controlled substance for other than medical or scientific purposes, generally through replacement with a regulated market (Organization of American States, 2012, p. 13).
Licit	Lawful
Marijuana	See Cannabis above.
Mule	Courier or someone who personally smuggles contraband across a border (as opposed to sending by mail, etc.) for a smuggling organization. In the case of transporting illegal drugs, the term "drug mule" obtains.

Rastafarianism	A religious movement among Black Jamaicans that teaches the eventual redemption of blacks and their return to Africa, employs the ritualistic use of marijuana, forbids the cutting of hair, and venerates Haile Selassie as a god (Merriam-Webster. (n.d.).
Sacrament	Religious ceremony, religious ritual, or a ceremony having religious meaning
Shatter	A relatively new marijuana concentrate
Summary offence	A crime in some common law jurisdictions that can be proceeded against summarily, without the right to a jury trial and/or indictment

EXECUTIVE SUMMARY

At the time of the composition of the Bahamas National Commission on Marijuana (BNCM) in 2018, there was a shifting wind blowing across the planet with respect to cannabis, a word interchangeably used with *marijuana*, and The Commonwealth of The Bahamas was in its path. That wind essentially carried with it shifting attitudes and behaviour with respect to cannabis and cannabis policies.

Heads of Government within the Caribbean Community (CARICOM), of which The Bahamas is a constituent, were deeply and increasingly concerned that thousands of young persons throughout the region continued to be incarcerated for cannabis use, including consumption. Compounding this issue to this very day is that data shows that after these youngsters have had their first encounter with the law, they tend to resort to crime as a way of life. Further, inconsistent application of the law results in deep resentment and non-cooperation with law enforcement agencies, among this group.

CARICOM Heads were advised by experts that cannabis possesses medicinal properties, as evidenced by scientific research, and that the region could be left behind in the absence of law reform concerning cannabis. Consequently, at its 25th Inter-Sessional Meeting of the Conference of Heads of Government of CARICOM held in St. Vincent and the Grenadines in March 2014, the CARICOM Regional Commission on Marijuana (CRCM) was established with the mandate to "interrogate the issue of possible reform to the legal regimes regulating cannabis/marijuana in CARICOM countries" (CRCM, 2018, p. v) and released its Report in August 2018. The Government of The Bahamas agreed to explore the issues presented in said Report.

Against this backdrop, in October 2018 the Bahamas National Commission on Marijuana (hereon referred to as "the Commission" or "BNCM") was established by the Cabinet of The Bahamas with the following objective:

> *Making recommendation to the Government of The Bahamas on the issues related to cannabis*

and with the specific mandate:

> *To codify the view of Bahamians on all things related to cannabis, and to make recommendations to the Government of The Bahamas on positions related to the legal, social, medicinal and ceremonial (religious) issues as they relate to cannabis.*

The Commission was led by Co-Chairs, Bishop Simeon Hall and Mr. Quinn McCartney, and consisted of 20 Commissioners from a wide cross-section of the Bahamian community. The Honourable Dr. Duane Sands, MP, Minister of Health had ministerial oversight of the Commission up until January 2020, and the Ministry of Health established a Secretariat to assist it in fulfilling its mandate. In January 2020 the Commission was relocated to the Office of the Prime Minister.

The Commission convened its initial meeting in December 2018, with the Minister of Health. There the Commission was charged with undertaking the following:

- *Reach out to as many Bahamians, as possible, to garner views on the issue of cannabis.*
- *Assess the prevailing attitudes and opinions regarding policy and legislative changes.*
- *Monitor activities related to cannabis issues, regionally and internationally.*
- *Produce a report that offers practical recommendations from Bahamians, with the uniqueness and culture of The Bahamas in mind.*

The Commission was charged with producing a report by April 2019. Due to extenuating circumstances, however, it was unable to present a Preliminary Report to the Prime Minister of The Bahamas until January 2020.

The Commission commenced its activities in January 2019 and worked diligently to implement the Minister's directives, with specific focus on how cannabis-related issues were being handled in CARICOM countries, the United States of America (US) and Canada. Commission meetings were held regularly from January 2019, for strategic planning, delegation of tasks, discussions, and decision-making.

The Commission was subdivided into six substantive Sub-committees to assist with the management of its objectives. Several Commissioners were also tasked with preparing a national survey designed to gauge public opinion about recreational and medical use of cannabis.

Members of the Commission also travelled outside of New Providence to Abaco, Eleuthera, Exuma and Grand Bahama to engage with the local populations there. In addition to local and national engagement, several members of the Commission travelled to Jamaica on a fact-finding mission. They met with a cross-section of persons actively involved in or affected by the cannabis industry.

Methods in capturing the sentiment of the Bahamian community, with respect to cannabis and cannabis policies, were both qualitative and quantitative. The Commission actively engaged the public via various modes throughout 2019, meeting with and listening to Bahamians from all walks of life. These methods included formal and informal surveys, interviews, discussions at town hall meetings, community walkabouts, speaking engagements, stakeholder meetings, appearances on media shows and press conferences.

Public engagement, locally and regionally, as well as review of associated literature, immensely informed the content of the Final Report of the Commission, including the Report's Recommendations. Best practices and steps being taken by sister CARICOM countries also influenced the Commission's deliberations and decisions.

The collation of the views of the Bahamian public, conducted by the opinion polling company Public Domain, reflects the national sentiment. A synopsis follows:

- There is widespread support for the legalisation of cannabis for medical purposes.
- There is far less support for full-scale legalisation for recreational or adult use, while most persons did not support its legalisation for religious and ceremonial purposes.
- There is strong support for changes to be made to the current legislation, in several areas.
- A strong sentiment was that any change decided by the Government must be accompanied by strong regulation and enforcement. There appears to be a yearning for change that is both guided and incremental. Notwithstanding what is happening in the region, or internationally, the consensus seems to be that the change must be for the overall good of Bahamians.

This final report concludes the work of the Commission. It is divided into five parts, as follows.

Part I is devoted to providing general information about cannabis, including its nature, history, uses, and economic impact.

Part II examines the status of cannabis in The Bahamas, including the current laws, its use, and the potential benefits of a cannabis industry. It also explores cannabis and Rastafarianism in The Bahamas.

Part III provides insight into the status of cannabis within the region, specifically the Caribbean. The genesis of the Commission derives from the 2018 CARICOM Report, therefore this final report includes steps other Caribbean countries have taken or intend to take with regard to the legalisation of cannabis.

Part IV illuminates the voice of the Bahamian people with regard to “all things related to cannabis”, per Commission mandate.

Part V presents the Commission’s recommendations concerning cannabis to the Government of The Bahamas.

The Commission is mindful that the recommendations within its Final Report, and any subsequent decisions made by the Government of The Bahamas, will have far-reaching implications for The Bahamas. The Commission advises in light of same that the nation proceed with prudence, practicality and caution. It posits, however, that caution, scepticism, or apprehension should not paralyse the nation into inaction, thereby allowing the cannabis-related issue to linger indefinitely. From the formation of the Bahamas National Commission on Marijuana to date, new legislation on cannabis has been enacted in a number of countries.


Part I
Cannabis
© Government of The Bahamas

CHAPTER 1: WHAT IS CANNABIS?

Cannabis, the scientific name for marijuana, is a plant with three species (or strains):

- cannabis indica
- cannabis sativa
- cannabis ruderalis (the less common)

All three of these plants have psychoactive properties. The flowers of these plants are harvested and dried to give one of the most common drugs in the world, called by various names, and more commonly known as marijuana (Holland, 2020).

The cannabis plant synthesises at least 144 unique compounds known as cannabinoids (Hanuš et al., 2016). The most abundant of these is Δ9-tetrahydrocannabinol (THC), followed by cannabidiol (CBD). THC is the primary constituent of cannabis the causes the high whereas CBD is not intoxicating at typical doses (Freeman, et al., 2019).

Cannabis can be further classified as either marijuana or hemp. Marijuana and hemp are both cannabis plants, but marijuana contains higher levels of THC (delta-9-tetrahydrocannabinol), the primary psychoactive ingredient that causes people to get high. Hemp on the other hand can be cultivated for industrial uses such as rope and burlap fabric, or for low-THC, non-psychoactive, medicinal products.

According to the World Health Organization (WHO) "cannabis is by far the most widely cultivated, trafficked, and abused illicit drug" (World Health Organization, 2021, para. 2). Cannabis seizures are reported to constitute half of all drug seizures worldwide, covering practically every country. It is estimated that about 147 million people, 2.5% of the world population, consume cannabis (annual prevalence) compared with 0.2% consuming cocaine and 0.2% consuming opiates (World Health Organization, 2021, para. 2).

The WHO reports that in the present decade, cannabis abuse has grown more rapidly than cocaine and opiate abuse. The most rapid growth in cannabis abuse since the 1960s has been in developed countries in North America and Western Europe, as well as in Australia. It also reported that cannabis has become more closely linked to youth culture, and the age of initiation is usually lower than for other drugs (World Health Organization, 2021, para. 2).

1.1 Δ9-tetrahydrocannabinol (THC)

THC is the main psychoactive compound in cannabis and produces the effects that people who use cannabis seek from the drug, such as feeling 'high' and relaxed with changes in the perception of colours and sounds. THC can also cause unwanted effects such as memory impairment, anxiety, and paranoia. These adverse effects become more severe with higher doses of THC (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 3).

1.2 Cannabidiol (CBD)

CBD is typically the second-most abundant cannabinoid produced by/in the cannabis plant. It is nonintoxicating and research has shown that it has promise as a treatment for several medical conditions, including epilepsy, psychosis and anxiety disorders (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 3). CBD has been found to offset some of the harmful effects of THC, such as memory impairment and paranoia, without influencing the 'high' sought by users (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 3).

1.3 Herbal cannabis

The flowers of female cannabis plants contain the highest concentration of cannabinoids. The flowers of female cannabis plants are therefore preferentially harvested and dried to produce what is referred to as herbal cannabis. Leaves contain low concentrations of cannabinoids, while other parts of the plant, such as the stem, seeds and roots, contain minimal or no cannabinoids (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 4).

1.4 Cannabis resin

In addition to herbal cannabis, the plant material can be used to produce cannabis resin. This can create products with higher THC concentrations than herbal cannabis preparations, increasing the value of the products relative to their weight (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 6).

1.5 Edibles

Another important type of cannabis product is "edibles". This term is used to refer to food products, often candies or liquids, that contain THC and/or CBD in low levels that can be consumed. By adding cannabis products to these food items, they are absorbed into the body at a slower rate, resulting in a longer duration of effects compared to when the products are smoked or inhaled.

The controlled preparation of these products is critically important as if not done properly, their consumption could result in overdosing. In the United States (US) there are dosing limits regarding the amount of THC that can be in a product. The fact that these products are appealing to young people poses a serious risk of unintentional exposure because it may be difficult to distinguish them from other foods and drinks. Edible cannabis products were found to be responsible for 48% of the paediatric emergency hospital visits due to cannabis in Colorado between 2009 to 2015 (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 12).

There have been recent reports of police officers confiscating suspected edible cannabis products in The Bahamas. In March 2021 police officers in the Lucaya area of Grand Bahama arrested a couple and confiscated several packages containing cannabis edible products in packaging which looked like legitimate snacks sold locally (Maycock, 2021). In April 2021 several students from a

high school in New Providence were hospitalised after allegedly consuming cannabis laced cookies (Bowleg, 2021).

There is evidence that edibles form a significant and growing part of the licit cannabis markets, representing, for example, approximately 10% of all sales in Washington State. The use of edible products is reported to be higher in North American states where there are medical cannabis laws than those that have not legalised the use of medical cannabis (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 12).

1.6 Synthetic Cannabinoids

Synthetic cannabinoids are a group of artificially made substances that act on the same receptors in the body as THC but are usually more potent. This means that their effects can be markedly different from and more powerful than cannabis. These products were originally developed by scientists to study how the body works and to explore the potential of cannabinoids as medicines (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 13).

Since the mid-2000s, entrepreneurs and, increasingly, criminal groups have sold plant material mixed with synthetic cannabinoids in Europe as 'licit' replacements for cannabis. More than 180 synthetic cannabinoids have been reported to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), making them the largest group of new psychoactive substances that are being monitored by the European Union (EU) Early Warning System (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 13).

1.7 Cannabis Oils

Cannabis oil is any oil that contains cannabis or cannabis compounds. The composition can vary greatly depending on what type of cannabis was used in the manufacturing process, and whether the final product predominantly contains CBD, THC or a combination of both. Many CBD oils are manufactured with hemp and contain high levels of CBD and low levels of THC. These products are often available as a 'health supplement' or wellness product (European Monitoring Centre for Drugs and Drug Addiction, 2019, p. 14).

CHAPTER 2: THE HISTORY OF CANNABIS

2.1 The History of Cannabis

A noteworthy history of cannabis is chronicled in an article published by Ethan R. Russo in 2007, stating that humans have utilised cannabis throughout recorded history. According to Russo (2007), cannabis is possibly one of the oldest plants cultivated by man, but it has remained a source of controversy throughout its long and interesting history.

Humans are reported to have used cannabis products in various forms over the years. It has been used as a foodstuff, fuel, fibre and pharmaceutical. It is even reported as being unrivalled with respect to its extensive complement of bioactive compounds and their potential medical applications (Russo, 2007, p. 1614).

Research has shown that most ancient cultures did not grow the cannabis plant to get high, but it was used as a herbal medicine, likely starting in Asia around 500 BC. Cannabis cultivation in America is reported to have dated back to the early colonists, who grew hemp for textiles and rope. Political and racial factors in the 20th century are attributed as being the cause for the criminalisation of cannabis in the United States (History.com Editors, 2019).

The cannabis or hemp plant is reported to have originally evolved in Central Asia before it was introduced into Africa, Europe, and eventually the Americas. Hemp fibre was used to make clothing, paper, sails and rope, and its seeds were used as food (History.com Editors, 2019). Cannabis is a fast-growing plant that is easy to cultivate, so it was widely grown in colonial America and at Spanish Missions in the Southwest. Records show that in the early 1600s the Virginia, Massachusetts and Connecticut colonies required farmers to grow hemp.

There is some evidence that some ancient cultures knew about the psychoactive properties of the cannabis plant and therefore may have cultivated varieties that produced higher levels of THC that were used in religious ceremonies or healing practices. Reports have surfaced that burned cannabis seeds were found in graves of Shamans in China and Siberia from as early as 500 BC.

2.2 The History of Medical Cannabis

There is prevalent evidence of cannabis being used for therapeutic uses throughout history. The first indication dates to 2700 BC, in the world's oldest Chinese pharmacopeia, the Pen-ts'ao ching, which recommended cannabis for the treatment of constipation, malaria, gout, rheumatism and painful menstruation, among other ailments (Scherma et al., 2018). The presence of cannabis was also widespread throughout India around 1000 BC, where it was commonly used because of its analgesic, anti-inflammatory, anticonvulsant, appetite-stimulant, tranquilising, and diuretic properties (Scherma et al., 2018, p. 1).

An Irish doctor, Sir William Brooke O'Shaughnessy, while working at the Medical College and Hospital in Calcutta in the 1830s, is credited with using cannabis extracts to help lessen stomach pain and vomiting in people suffering from cholera. He also found it useful for muscle spasms, menstrual cramps, rheumatism, convulsions of tetanus, rabies and epilepsy. Around the same time a French Physician Jean-Jacques Moreau de Tours is reported to have experimented with the use of cannabis preparations for the treatment of mental disorders (Scherma et al., 2018, p. 1).

By the late 1800s cannabis extracts were sold in pharmacies and doctor's offices throughout Europe and the United States to treat stomach problems and other ailments.

During the second half of the 19th century, more than 100 scientific articles were published regarding the therapeutic value of cannabis, and cannabis extracts were listed for sedative and anticonvulsant effects in the British and United States pharmacopeia. Despite this, however, in the first few decades of the 20th century, there was a decrease in the attention to medical use of cannabis due to the social impact of increased drug consumption for recreational purposes. As well, the effects were difficult to predict and standardise because of the variable compositions of the plant extracts (Scherma et al., 2018, p. 1).

2.3 The History of Recreational Cannabis

One of the first recorded uses of cannabis for recreational purposes was reported by an ancient Greek historian named Herodotus who described observing a large group of Iranian nomads in Central Asia, called the Scythians, inhaling the smoke from smouldering cannabis seeds and flowers to get high (History.com Editors, 2019). Herodotus lived between 485 BC and 425 BC.

Hashish was widely used throughout the Middle East and parts of Asia shortly after 800 AD, and it is reported that its rise in popularity corresponded with the spread of Islam in the region. While the Quran expressly forbids the use of alcohol and other intoxicating substances, it did not specifically prohibit the use of cannabis.

The widespread use of recreational cannabis in the United States did not occur until the early 1900s. It is believed that it was introduced to the American culture by immigrants from Mexico during the Mexican Revolution that begin in 1910 (History.com Editors, 2019). The Great Depression that occurred after the stock market crash of 1929 and worsened by the 1930s, which resulted in massive unemployment and social unrest, stoked resentment of the Mexican immigrants and public fear of what they termed the evil weed. As a result of this, and consistent with the Prohibition era's view of all intoxicants, by 1931 cannabis was outlawed in 29 states.

2.4 The Prohibition of Cannabis

In the United States at the turn of the 20th century, cannabis was generally used for medical rather than recreational purposes. As such, the production and use of cannabis was regulated by

consumer safety laws such as the Pure Food and Drug Act of 1906, which required producers to disclose and label the quantity of cannabis present in any product sold as food or medicine.

Although several US states enacted bans on cannabis between 1911 and 1930, it escaped early federal prohibitions, such as the Harrison Act of 1914, which regulated opium and derivatives of the coca plant.

Fear of marihuana, as cannabis was beginning to be called, grew during the 1920s and 1930s as immigration from Mexico steadily increased in southwestern states. This would become an important factor in US drug control as the cultural custom of cannabis smoking by Mexicans would be used to remove Mexicans from the labour force so that white Americans could enjoy fuller employment, it has been posited.

It is reported that the discovery of cannabis use in the jazz music scene also fuelled concerns about the prevalence of health problems related to cannabis use. The jazz scene was comprised of a diverse group of US citizens, who were considered outcasts (blacks, musicians, sexual deviants, and common criminals) in major metropolitan cities like Harlem and New Orleans, and this, coupled with the Mexican labour issue, heightened the push to criminalise cannabis (Anderson, 2004).

In the mid-1930s, the federal government, through the Federal Bureau of Narcotics, endorsed state-level actions and encouraged states to adopt the Marijuana Tax Act as a means to criminalise the unregistered and untaxed production and use of cannabis.

Harry Anslinger, who became the first commissioner of the Federal Bureau of Narcotics (FBN) in 1930 is considered to have been the most dominant figure in US drug policy history who facilitated the criminalisation of cannabis. He was the US government's point person on drugs for more than 40 years. Although not initially believing that the cannabis use by the Mexican immigrants was a problem, he eventually became a strong proponent for federal legislation on cannabis after being convinced that cannabis was a national problem and that it was a gateway drug to other more dangerous substances (Anderson, 2004, p. 31)

The 1937 Marijuana Tax Act became law on 1 October 1937, and it effectively criminalised the possession of cannabis throughout the United States. It also put cannabis under the control of the Drug Enforcement Agency (DEA), and over time, a growing number of countries passed their own prohibition laws until cannabis was largely illegal around the world (White, 2019).

Cannabis use was also popular in the 19th century in Europe. It was widely used for medical purposes in the United Kingdom (UK) before eventually facing a backlash and prohibition. It is reported that even Queen Victoria was given cannabis by her doctor to relieve menstrual pain. Cannabis was widely used as a medical treatment before the syringe was invented in the late 1800s. Cannabis cannot be dissolved and injected, thus its use fell out of favour by being replaced by other fast-acting medications, and newer drugs like aspirin (White, 2019).

Cannabis was officially outlawed in 1928 in the UK as result of an international drugs conference held in Geneva, Switzerland. At this conference, the Egyptian delegation put forth a convincing argument that cannabis rivalled opium in being a menace to society.

2.5 Cannabis Prohibition Around the World

Cannabis became illegal in most nations in 1925 after the International Opium Convention ("When, Why, and How Did Cannabis Become Illegal?", 2020), a follow up to the first convention signed in 1912 at The Hague in The Netherlands. The convention of 1912 essentially served as the first international drug control treaty and was particularly concerned with the growing trade and use of opium. It was signed by Germany, the United States, China, France, the UK, Italy, Japan, the Netherlands, Persia, Portugal, Russia, and Siam.

A revised International Opium Convention was then held in 1925 in Geneva, Switzerland. At this convention, Egypt, China, and the US suggested that a prohibition on hashish be added to the text of the treaty, which was previously mainly concerned with cocaine and opium. A sub-committee suggested expanding the text to prohibit the production, sale, and trade of charas hashish, and various other products derived from cannabis, while restricting the use of Indian hemp strictly for scientific and medical purposes.

At this convention India and a few other countries, however, objected to this, arguing that various social and religious customs as well as the prevalence of wild cannabis would make it difficult to enforce these restrictions. Hence, this text never made it into the final treaty. However, the exportation of Indian hemp was banned to any country where it has been illegalised.

However, any countries wishing to import Indian hemp had to demonstrate that its use was strictly for medical or scientific purposes. Meanwhile, all nations were expected to do their best to prevent the international trade of Indian hemp and products such as hashish.

In 1961, the Convention was effectively replaced by the Single Convention on Narcotic Drugs, which became the first international treaty to officially prohibit cannabis. Held and signed in New York City, this treaty broadened the effects of those before it to control and restrict new opioid drugs and broaden the scope on cannabis. The Convention gave the Commission on Narcotic Drugs and the WHO the power to add, remove, and transfer drugs between four different schedules established by the treaty.

Meanwhile, the International Narcotics Control Board was put in charge of administering controls on drug production, international trade, and dispensation, and the United Nations Office on Drugs and Crime (UNODC) was delegated to work with individual countries and their authorities to ensure compliance with the convention.

2.6 The Current Global Legal Status of Cannabis

The varying opinions on cannabis around the world include the medicinal value perception, to the recreation perception, as the plant is less dangerous than legal substances like alcohol or prescription medication. Still others believe that cannabis is the gateway drug that leads to the abuse of other drugs, including heroin or cocaine, thus cannabis should be illegal.

Cannabis is still considered an illegal drug in most countries around the world. This pattern is slowly shifting, however, as some have fully legalised cannabis (Uruguay in 2013 and Canada in 2018), while others are decriminalising it and/or legalising it for medical and religious purposes.

It is only legal in several countries around the world. In 2013 Uruguay became the first country to fully legalise recreational cannabis use. However, it is only available in pharmacies and requires registration. Canada legalised recreational cannabis in October 2018 and the two major products, THC and CBD, are heavily regulated.

Cannabis was decriminalised in Jamaica in 2015, allowing persons to possess less than two ounces for personal use. Medicinal cannabis is available, and Rastafarians are allowed to possess and use it for religious ceremonies.

Several counties in Europe also have laws that allow persons to possess and use cannabis for various reasons. For example, in the Netherlands, coffee shops sell cannabis but cannot sell cannabis to a customer at a time. Its use is decriminalised. In Portugal cannabis charges normally result in being sent to rehabilitation rather than to a penal institution. Germany legalised medicinal cannabis in 2017.

The laws for cannabis possession and use within the US vary depending on which state you are in. As of this report, 15 states have legalised recreational cannabis, and a few are expected to legalise it in 2021. Many other states have legalised medicinal cannabis. Only two states – Idaho and Nebraska - prohibit cannabis for any use, although it is decriminalised in Nebraska.

In the Caribbean, several countries have drafted legalisation with a view to allowing its use for medical purposes and/or to decriminalise it. Some countries, in addition to Jamaica, have also drafted legislation that will allow Rastafarians to possess and use it for medicinal purposes.

An online posting on World Population Review provides a comprehensive listing of the status of cannabis in countries around the world ("Countries Where Weed Is Illegal, 2021", 2021).

2.7 The Global Context

Over the last decade, there has been steady increase in the number of jurisdictions that have legalised the use of cannabis. Shifting public opinion, as well as the realisation of the potential for economic and medical benefits, has helped fuel this increase. Euromonitor International, an

independent provider of strategic market research, predicts that by 2025 the legal market for cannabis is expected to grow to 77% of total sales, accounting for USD166 billion in 2025.

In 2013, Uruguay became the first country to pass legislation to legalise cannabis for non-medical use. In Colorado, the first US state to legalise recreational use of cannabis, sales have grown from a little less than one billion dollars in 2014 to approximately twice that amount in 2018 (Colorado Dept. of Revenue, 2021). There have been similar economic growth trends throughout the US where in 2017 33 states have fully or partially legalised cannabis use (Yu et al., 2020. p. 2). Canada has taken it a step further and has legalised cannabis for adult-use, nationally.

Efforts to legalise cannabis in the US and Canada were aided by shifts in public opinion. In the US, a 2017 opinion poll revealed that roughly 64% of the public supported legalisation of cannabis for recreational use – up from 46% in 2010 (Saad, 2014). Similarly, more than 60% of Canadians support legalisation for recreational use (The Canadian Press, 2017).

In Germany, a recent poll suggests that approximately two-thirds of the public were opposed to legalisation of cannabis for recreational purposes. Many, however, regard medical cannabis as an effective alternative and improvement over traditional prescription drugs, as there have been numerous studies that demonstrate cannabis' efficacy in reducing nausea, treating epilepsy, alleviating pain and stimulating the appetites of the critically ill. Since the 2017 legalisation of medical cannabis in Germany, the market has experienced dramatic growth. It should be noted that while the long-term economic potential for medical cannabis is generally believed to be less than that of recreational cannabis, the global market potential for medical cannabis is still $50 billion of the $140 billion cited earlier.

The economic benefits of legalising cannabis use extend beyond revenue generated from sales of cannabis. Many jurisdictions, like the UK, which recently legalised cannabis for medical use, have begun to question the effectiveness of policies that criminalise recreational cannabis use and whether resources used for policing small scale recreational use could be directed elsewhere. As a result, efforts are underway to examine potential savings from decriminalising cannabis. In addition to financial benefits, many countries, including the UK, see decriminalisation as an effective means of tackling the problems of crime and violence often associated with black markets and criminal syndicates. Further, others argue for decriminalisation on moral and ethical grounds, citing disproportionate drug arrests of ethnic minorities and the poor.

Despite its positive benefits, there are some reported health risks. While the risks have been used as arguments against legalisation, many posit that legalisation, with appropriate age limits, can help address negative health effects. Legalisation of cannabis may facilitate better quality control and safer products through regulated cultivators and dispensaries where the ratio of THC to CBD can be optimised for public health and safety.

On 2 December 2020 the United Nations Commission on Narcotic Drugs (CND) voted to remove cannabis for medical use from a category that includes many of the world's most dangerous drugs, including highly addictive opioids. This decision reclassified cannabis and its derivatives

and clears the way for further investigation of cannabis's medical and research capabilities ("United Nations Votes", 2020).

The 53 member states of the CND considered a series of recommendations from the WHO on reclassifying cannabis and its derivatives. A key recommendation was the one to remove cannabis from Schedule IV of the 1961 Single Convention on Narcotic Drugs ("United Nations Votes", 2020).

According to the article in the St. Kitts & Nevis Observer on 3 December 2020, while experts do not see the CND's vote as having any immediate impact on loosening of international controls, because governments will still have jurisdiction on how to classify cannabis, it is felt that these global conventions, particularly from a reputable organisation like the United Nations, will have an influence in the cannabis debate, globally.

CHAPTER 3: RECREATIONAL USE OF CANNABIS

3.1 Global Use of Cannabis

In its 2016 publication *The Health and Social Effects of Nonmedical Cannabis Use*, the WHO stated that cannabis is globally the most commonly used psychoactive substance under international control. It was estimated that in 2013 181.8 million people between the ages of 15 and 64 used cannabis for nonmedical purposes globally (World Health Organization, 2016, p. 40). Cannabis is reported to be the most used mind-altering drug in the United States, after alcohol ("The Facts about Recreational Marijuana", 2021).

Recent studies show that the use of cannabis for recreational purposes is increasing annually. For example, it is estimated that in 2017 there were 219 million cannabis users in the world, and that in 2016, 24 million US citizens or 8.9% of the total population were users of cannabis. It is also reported that in 2018, 123,935 million US citizens have reported using cannabis in their lifetime, compared with 104,950 million in 2009 (Zukerman, 2020).

3.2 What is Recreational Use?

Recreational use of cannabis, now more commonly being referred to as adult use, is using cannabis for personal enjoyment, rather than for health purposes. Recreational use is contrasted with medical cannabis use, which involves the prescribed, or recommended, use of cannabis to manage the systems of some medical conditions.

Hartney (2020) has categorized recreational cannabis use as follows:

Infrequent use	Use is very occasional and is not a regular or frequent way a spending one's time.
No compulsion to use	The user is easily able to decide to use or not to use cannabis when it is available and freely offered. There is not particular compulsion to use.
Using small amounts	The user is easily able to use only a small amount of cannabis with a mild effect, with no particular desire to "get stoned".
Using in social settings	Cannabis is only used in social settings. It is not needed to help the person relax or get through their day. They do not need it to stimulate their appetite, get in the mood for sex, or other such reasons.
Low investment	The user does not spend excessive amounts of money on cannabis. Other essential purchases like food, household bills, and clothing are not sacrificed in favour of cannabis.

It should be noted that Hartney (2020) did not include *"frequent use"* as a category characterised in the referenced webpage.

Recreational cannabis can be consumed in different ways depending on the user's preference, the laws of the state or country where a person lives, and the type of recreational cannabis product purchased. It is often smoked as a dry shredded green and brown mix of flowers, stems, seeds, and leaves, and can be smoked as a cigarette (commonly referred to as a joint), in a pipe or bong, or as a blunt, which is usually a cigar casing filled with cannabis. It can also be mixed in food or brewed as a tea.

As with alcohol and tobacco, users can become dependent or addicted to cannabis. While it is possible for some people to occasionally use cannabis without developing substance use problems, users are cautioned to be aware that recreational cannabis use can cause problems. The United States Centre for Disease Control and Prevention (CDC) estimates that one in 10 people who use cannabis will develop an addiction. This number is reported to increase to one in six people who start using cannabis before the age of 18 (Hartney, 2020).

3.3 Support for Legalising Cannabis for Recreational Use

Global public support for legalising cannabis is on the rise. In the United States, for example, this support went from 12% in 1969 to 66% today. Between 2012 and May 2021, 18 states have amended their laws to make recreational cannabis use legal. Colorado and Washington were the first states to legalise it in 2012 (ProCon.org, 2020). Uruguay legalised cannabis in 2013, and Canada fully legalised cannabis use in 2018.

Proponents of legalising recreational cannabis say it will add billions to the economy, create hundreds of thousands of jobs, free up scarce police resources, and diminish the huge racial and socio-economic-related disparities in cannabis-related law enforcement. They contend that regulating cannabis will lower street crime, disrupt the drug cartels, and make cannabis use safer through stipulated testing, labelling, and child-proof packaging. They say cannabis is a relatively harmless herb, and that adults should have a right to use it if they wish.

Opponents of legalising recreational cannabis, however, feel that it will increase teen use and lead to more medical emergencies, including traffic deaths from driving while high. They contend that revenue from legalisation falls far short of the costs in increased hospital visits, addiction treatment, environmental damage, crime, workplace accidents, and lost productivity. They are also of the view that cannabis use harms the user physically and mentally and that its use should be strongly discouraged, and not legalised.

However, while there are varying views as to the benefits and challenges of recreational cannabis use, it appears that more data needs to be explored and scientific research conducted to arrive at a definitive position one way or the other.

CHAPTER 4: MEDICAL USE OF CANNABIS

4.1 History of Medical Cannabis

Cannabis has been used as a medicine for more than 12,000 years. It was first recorded in *The Herbal*, a pharmacopeia that is believed to be one of the oldest in the world. The Chinese Emperor Shen Nung, who was considered a pioneer in both herbal medicine and Chinese agriculture, is reported to have incorporated cannabis in traditional Chinese medicine (Grumbiner, 2011).

Cannabis made its way to the western world, in particular the Caribbean, from its original place of Central Asia by way of the indentured labour East Indian workers who migrated to Jamaica in the late 1800s. It soon made its way into medicine as it was used in teas, tinctures, washes and rubs to treat many diseases, and it was later adopted by the Rastafarian community where it is used as a religious sacrament.

Despite the ongoing debates about the value of cannabis as medicine, in 1976 the Netherlands informally decriminalised cannabis even though its possession remained prohibited.

In 2001 Canada became the first country to legalise medical cannabis, allowing for ill patients, as well as those with chronic conditions, to use cannabis to treat symptoms. The Dutch followed when they allowed pharmacies to stock cannabis in 2003. In the US there are 38 states where cannabis is now legal and is thus used medically, California being the first state to do so in 1996 (ProCon.org, 2021).

4.2 The Science behind the Drug

Much of the research and advances in medical cannabis should be accredited to the researcher Dr. Raphael Mechaulan who was the first to discover and identify the psychoactive constituent THC in cannabis in 1964. As a follow up to this discovery, in 1990 he revealed the endocannabinoid system (ECS) in the body. His research also demonstrated that the human body uses endogenous cannabinoids which are key to the body maintaining good health, homeostasis and well-being. These discoveries led to more information about the human body and the ECS, such as the finding of receptor sites, regulatory enzymes and control checks and balances.

The ECS is a complex cell-signalling system that plays a role in regulating a range of functions and processes, including sleep, mood, appetite, memory, reproduction and fertility. It involves three core components that include endocannabinoids, receptors and enzymes.

Endocannabinoids are endogenous cannabinoids, and these are molecules that are made by the body. They are like the cannabinoids found in the cannabis plant. The two key endocannabinoids, anandamide (AEA) and 1-arachidonoylglyerol (2-AG), have been found to help to keep internal functions running smoothly. They are produced naturally by the body when needed (Raypole, 2019).

The endocannabinoids bind to receptors that are found throughout the body as a signal to the ECS that it needs to act. What happens when the endocannabinoid binds to a receptor depends on where the receptor is located, and which endocannabinoid binds to it. For example, an endocannabinoid might bind to a receptor in a spinal nerve to relieve pain. Others may bind to a receptor in the immune cells to signal that the body is experiencing inflammation. The enzymes, the third component of the ECS, are responsible for breaking down the endocannabinoids once they have carried out their functions.

While research continues to understand how the ECS functions (Raypole, 2019), its effect on the body helps to contribute to homeostasis, which refers to the stability of the internal environment of the body. If an external factor, such as pain from an injury, occurs and throws off the body's homeostasis, the ECS kicks in to return the body to its normal operation.

The two key ingredients in cannabis, THC and CBD, are cannabinoids and they interact with the ECS in much the same way as the naturally produced endocannabinoids in the body. THC, when it binds with the receptors, can have a range of effects on the body and mind, some more desirable than others. THC can, for example, help to reduce pain and stimulate a person's appetite, but it can also cause paranoia and anxiety, in some cases.

It is not clear how CDB interacts with the ECS, however it is believed that it does not bind to the receptors that THC does, but instead it is believed that it works to prevent the endocannabinoids from being broken down by the enzymes, causing them to have more of an effect on the body. Other researchers believe that CBD binds with different receptors that have not yet been identified. Despite not being certain how it works, research suggests that CBD can help with pain, nausea and other symptoms.

4.3 Uses of Medical Cannabis

Medicinal cannabis can be used to treat a number of medical conditions. The more common conditions that have seen successes are Parkinson's disease, asthma, epilepsy, migraines, motion sickness, Tourette syndrome, appetite stimulation, Alzheimer's, osteoporosis, vomiting, enhanced bone healing, chronic disease, post-traumatic stress disorder (PTSD), irritable bowel disease, glaucoma, inflammation, arthritis, fibromyalgia, menstrual cramps, endometriosis, and protracted vomiting.

Cannabis has also been proven to be useful in the treatment of cancer patients, helping with pain management, reduction of tumour cells, and counteracting the side effects of chemotherapy.

The Pennsylvania Medical Marijuana Program cites a number of what they term severe, debilitating, or life-threatening conditions that could be treated by medical cannabis ("Pennsylvania Medical Marijuana, 2021):

- ALS
- Anxiety Disorders (Effective July 20, 2019)
- Autism
- Cancer
- Chronic Inflammatory Demyelinating Polyneuropathy
- Crohn's Disease
- Dyskinetic and Spastic Movement Disorders
- Intractable Spasticity (caused by damage to the spinal cord)
- Epilepsy/Seizures
- Glaucoma
- HIV/AIDS
- Huntington's Disease
- Inflammatory Bowel Disease (including Colitis and Crohn's)
- Intractable Seizures
- Multiple Sclerosis
- Neurodegenerative Diseases
- Neuropathies
- Opioid-Use Disorder
- Parkinson's Disease
- Post-Traumatic Stress Disorder (PTSD)
- Severe Chronic/Intractable Pain
- Sickle Cell Anaemia
- Terminal Illness
- Tourette's Syndrome (Effective July 20, 2019)
- Ulcerative Colitis

As with all drugs, there are adverse effects that medicinal cannabis can cause. Some of the side effects of using medicinal cannabis include increased heart rate, onset of psychosis (prone patients), decreased motor skills, psychosis conditions, changes in blood pressure (BP), chronic cough, and phlegm production. It should therefore not be used in patients who are prone to psychosis, patients with heart disease, and patients who may be allergic to cannabis products.

As one of the methods of using medicinal cannabis involves smoking it, users are cautioned as smoking can create health risks and studies have shown a direct correlation between smoking cannabis recreationally or therapeutically to having adverse effects like chronic respiratory symptoms such as cough, wheezing, and breathlessness. These effects are related to the chemicals in the smoke such as hydrocarbons, acetaldehyde, carbon monoxide and are not necessarily due to the effects from the cannabis plant, itself. The smoking of cannabis for medical purposes is therefore not usually recommended by medical practitioners as the first route of administration.

However, there are many modes of delivery of medical cannabis other than smoking it. It can be in an oral spray, pills, tablets, oils, sublingual, tubes, topical sprays, edibles (such as cookies, gummy bears), ointments, creams, metered dose inhalers, tinctures and suppositories.

The global medical community remains divided on issues concerning medicinal cannabis. Many support the legalisation, as this would spur research and development of the medicinal uses of the drug by providing easier access to the plant. Others conclude that there is insufficient evidence to prove the medicinal benefits of cannabis and refuse to recommend it to their patients.

A 2017 survey conducted at the University of Colorado School of Medicine revealed that 97% of medical students believed that there should be more research and that cannabis could aid in the treatment of some conditions. However, there was still some uncertainty as only 29% of students indicated that they would actually recommend cannabis to their patients (under current law), but 45% said that they would if it was legal (Chan, et al., 2017).

In 2005 a survey of the attitudes of medical doctors toward legal prescription of medical cannabis was conducted. This was based on a national sample of family doctors, general internists, obstetricians, and gynaecologists), and psychiatrists. When posed with the statement "Doctors should be able to legally prescribe cannabis as a medical therapy," 36% said yes, 26% were neutral, and 37.8% said no (Charuvastra, 2005).

4.4 The World Health Organization's Position on Cannabis

Following its 41st meeting in 2019, the WHO Expert Committee on Drug Dependence recommended the rescheduling of cannabis and several cannabis-related substances (World Health Organization, 2019).

The WHO's new position came at a time when a growing number of countries were moving to reform their cannabis policies, aimed at scaling back or repealing their prohibition laws and increasing access for medical and scientific purposes.

As stated earlier, the CND at a meeting in December 2020 took a number of decisions on the international control of cannabis and cannabis-related substances. By a vote of 27 for, 25 against and one abstention, the CND agreed to remove cannabis and cannabis resin from Schedule IV of the 1961 UN Convention (U.N. Office on Drugs and Crime, 2020a). The CND has effectively opened the door to recognising the medicinal and therapeutic potential of the drug, although its use for non-medical and non-scientific purposes will continue to remain illegal. It is believed that the decision could also drive further scientific research into the plant's medicinal properties ("UN Commission Reclassifies Cannabis", 2020).

An extract of the proposed changes in the scope of control of cannabis and related products from the Report on the 41st Meeting of the WHO Expert Committee on Drug Dependence (World Health Organization, 2019) and the CND's vote are outlined in the box below (U.N. Office on Drugs and Crime, 2020b).

Changes in the Scope of Control of Substances: Proposed Scheduling Recommendations by the World Health Organization on Cannabis and Cannabis-Related Substances

Cannabis and cannabis resin

- The Committee recommended that cannabis and cannabis resin be deleted from Schedule IV of the 1961 Convention.

The CND approved this recommendation.

Dronabinol (*delta*-9-tetrahydrocannabinol)

- The Committee recommended that dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) be added to Schedule I of the 1961 Convention. As indicated in the *Guidance on the WHO review of psychoactive substances for international contro*l (World Health Organization, 2010), to facilitate efficient administration of the international control system, it is not advisable to place a substance under more than one Convention.

  Accordingly:

- The Committee recommended the deletion of dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) from the 1971 Convention, Schedule II, subject to the Commission's adoption of the recommendation to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention.

The CND rejected the recommendation to add dronabinol and its stereoisomers to Schedule I of the 1961 Convention. It did not vote on the other provisions.

Tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol)

- The Committee recommended that tetrahydrocannabinol (understood to refer to the six isomers currently listed in Schedule I of the 1971 Convention) be added to Schedule I of the 1961 Convention, subject to the Commission's adoption of the recommendation to add dronabinol (*delta*-9-tetrahydrocannabinol) to the 1961 Convention, in Schedule I. As indicated in the *Guidance on the WHO review of psychoactive substances for international control* (World Health Organization, 2010), to facilitate efficient administration of the international control system, it is not advisable to place a substance under more than one Convention.

Accordingly:

- The Committee recommended that tetrahydrocannabinol (understood to refer to the six isomers currently listed in Schedule I of the 1971 Convention) be deleted from the 1971 Convention, subject to the Commission's adoption of the recommendation to add tetrahydrocannabinol to Schedule I of the 1961 Convention.

The CND did not vote on this recommendation.

Extracts and Tinctures

The Committee recommended deleting extracts and tinctures of cannabis from Schedule I of the 1961 Convention.

The CND did not adopt this recommendation.

Cannabidiol Preparations

- The Committee recommended that a footnote be added to Schedule I of the 1961 Convention to read "Preparations containing predominantly cannabidiol and not more than 0.2 per cent of *delta*-9-tetrahydrocannabinol are not under international control."

The CND decided not to add this footnote.

Pharmaceutical Preparations of Cannabis and Dronabinol (*delta*-9-tetrahydrocannabinol)

- The Committee recommended that preparations containing *delta*-9-tetrahydrocannabinol (dronabinol), produced either by chemical synthesis or as preparations of cannabis that are compounded as pharmaceutical preparations with one or more other ingredients and in such a way that *delta*-9-tetrahydrocannabinol (dronabinol) cannot be recovered by readily available means or in a yield which would constitute a risk to public health, be added to Schedule III of the 1961 Convention.

The recommendation was not voted on as it was deemed to have been rejected by the CND in a procedural decision before the vote due to its rejection of the recommendation to add dronabinol and its stereoisomers (delta-9-tetrahydrocannabinol) to Schedule 1 of the 1961 Convention.

CHAPTER 5: RELIGIOUS OR CEREMONIAL USE OF CANNABIS

Cannabis has been used among humans for thousands of years, dating back many years. It was originally used as herbal medicine in Asia. In America and Europe, it was used in industries such as clothing, paper, sails, rope, and food (McNearney, 2020, para. 2). Throughout history ancient cultures became aware of the psychoactive properties of the cannabis plant and began to cultivate varieties to produce higher levels of THC which is the component responsible for mind altering effects, for use in religious ceremonies and healing practices (McNearney, 2020, para. 4).

Research has shown that the use of cannabis in religion has an ancient history that goes back thousands of years and spans the world. It has been used in ceremonies in Taoism in China, Hinduism in India, and Rastafarianism in Jamaica to help participants reach a higher plane (Strober, 2020).

5.1 Sacrament Use in Taoism

The ancient Chinese belief system, which dates back to the 4th century BC, is one of the earliest examples where cannabis was used as part of its religious ceremonies (Stober, 2020, para. 4).

This religion is connected to the philosopher Lao Tzu, who is believed to have written the book *Toa Te Ching*, around 500BC. This book is the main book of Taoism, and it teaches that all living creatures out to live in a state of harmony with the universe, and the energy found in it (National Geographic Society, 2020).

Taoist texts, from as early as the 4th century BC, reported that cannabis was added to ritual incense-burners and ancient Taoists regularly experimented with hallucinogenic smokes. According to Stober, cannabis was used to eliminate selfish desires, induce feelings of well-being, and to allow participants to achieve a state of naturalness, which reportedly correspond with the core Taoists beliefs (Stober, 2020, para. 6).

The consumption of cannabis was reserved for the religious officials, and the common people were not allowed to share in its use. The ritual is reported to have involved combining cannabis and ginseng and would be used by Taoists priests and shamans. It was reportedly used to communicate with good and evil spirits, and it was believed that cannabis had the ability to cast one's spirit forward in time (Stober, 2020, para. 7).

5.2 Cannabis in Hinduism

The use of cannabis is also reported to have also been used in the Hindu religion. It is mentioned as one of the five sacred plants of that religion, as recorded in the Vedas, one of the oldest and most scared Hindu text. The Hindus believed that a guardian angel resided in the leaves of the cannabis plant (Strober, 2020, para. 8). Most Hindus live in either India or Nepal.

The Hindus also believed that cannabis was sent by the gods out of their compassion for humanity so that they could attain happiness and lose fear. Other stories suggest that cannabis came from a spot of nectar that was dropped from heaven (Stober, 2021, para. 9).

Indians have long consumed a drink which is made of cannabis and milk, to which almonds, rosewater, and ghee (clarified butter made from the milk of a buffalo or cow) were often added. This drink called "bhang," was said to have been love by Shiva, the Hindu god of destruction. Drinking bhang in religious rites is thought to cleanse sins, unite one with Shiva and avoid the miseries of hell in one's eternal cycle of death and rebirth. Bhang is consumed during festivals in India such as Holi or Shivratri, known as the "Great Night of Shiva" (Stober, 2020, para. 12 – 14).

In his article, Stober reported that when the British colonised India in the 19th century, they found cannabis to be widely used. There was concern that it was causing psychosis, and thus a study on its use was commissioned in the late 1890s. According to Stober's article, the Indian Hemp Drugs Commission Report concluded that cannabis had its roots in ancient Indian culture, had religious value among Hindus, and was harmless in moderation (Stober, 2020, 15 – 17).

5.3 Cannabis and the Scythians

The Scythians are credited for spreading cannabis knowledge throughout the ancient world. They are reported to have been nomadic people who travelled extensively around Europe, the Mediterranean, Central Asia, and Russia. They were known to use cannabis for religious purposes. The Greek historian Herodotus (484 – 425 BC), wrote about the Scythians' use of cannabis to purify themselves after the death of their leaders (Stober, 2020, para. 19).

5.4 Cannabis in Rastafarianism

Rastafari is a social movement and religion created in the 1930s by Jamaican preacher Leonard Howell. Howell proclaimed Emperor Haile Selassie I of Ethiopia as the Second Coming of Jesus Christ, and that Africans were the chosen people with Ethiopia as their promised land (Strober, 2020, para. 42)

Cannabis has become identified with Rastafari. Rastafarians, practitioners of Rastafari, however, condemn the use of cannabis simply to get "high". They also condemn the use of other drugs, such as alcohol, tobacco, caffeine, heroin or cocaine, which are viewed as poison that defiles the body. As for the Rastafarian, cannabis is viewed as "a gateway to understanding" and it is predominantly seen as "wisdom-weed".

There is high admiration for the cannabis tree in Rastafari and its first and main use is as a spiritual sacrament. Rastafari uses the holy herb cannabis not only for sacramental purpose, but also for food and medicinal purposes. The holy herb is used in many food dishes and drinks in Rastafari way of life.

Rastafarians believe that the “Tree of Life” mentioned in the Bible is in fact cannabis and that passages in the Bible promote its use. Examples of this include the following:

> Psalm 104:14: He causeth the grass for the cattle, and herb for the services of man.
> Genesis 3:18: Thou shalt eat the herb of the field.
> Revelation 22:2: The herb is the healing of the nations (Stober, 2020, para. 46)

Cannabis is consumed in a ritual called “reasoning sessions” which usually involves passing around a pipe called a chalice much like the communion cup in some Christian denominations. These sessions involve group meditation, and cannabis is thought to help individuals go to a trance-like state where they are closer to their inner spiritual self and God, who is called “Jah” in their religion (Stober, 2020, para. 47 – 50).

It is the view of Rastafarians that many persons who adhere to the Rastafarian way of life, which includes the regular use of cannabis, are helped with ailments and diseases such as cancers, glaucoma, overweightness, obesity, depression, insomnia, stress, sleep disorders, skin conditions, schizophrenia, scleroderma, rheumatism, osteoporosis and other diseases that plague communities.

CHAPTER 6: ECONOMIC IMPACT OF A CANNABIS INDUSTRY

6.1 Demand for Cannabis

Cannabis is reported to be the most widely used, produced, and trafficked drug worldwide. In a paper entitled "The Economic Case for Marijuana Legalisation in Canada", Larissa Ducatti Flister noted that notwithstanding that the war on drugs has increased cannabis seizures, data shows that the drug's availability in the market has also expanded while trends in consumption have remained stable (Ducatti-Flister, 2012).

The 2019 World Drug Report produced by the UNODC also reported that cannabis continues to be the most widely used drug worldwide (https://wdr.unodc.org/wdr2019/). The report states that the UNODC estimated that roughly 3.8% of the global population aged 15 – 64 years used cannabis at least once in 2017, the equivalent of some 188 million people. The report stated that the overall number of annual cannabis users is estimated to have increased by roughly 30% during the period 1998 – 2017.

6.2 Related Costs of Cannabis

In a paper published in the Berkley Journal of Criminal Law, Tamar Todd, the Director of Legal Affairs, Drug Policy Alliance, argues that the criminalisation of cannabis has disproportionately punished black and brown people, wasted billions of dollars, enriched the illicit market, damaged public health, devastated the environment, failed to reduce youth marijuana use and undermined people's faith in the government (Todd, 2018). In her paper Todd shared the top 10 reasons why she believes that cannabis should be legalised for adults and controlled through regulation and taxation, rather than criminalisation.

In a 2018 opinion editorial published in *The Hill*, economist Stephen T. Easton outlined what he considered to be the many advantages of legalising cannabis (Easton, 2018). These include the following:

(a) Limiting the lucrative $7 billion market (in Canada).
(b) There are now 40,000 Canadians each year who will not face prosecution for cannabis possession.
(c) Governments have a new source of revenue.
(d) Cannabis has been prescribed for years for anxiety and chronic pain, among other conditions, thus the legalisation will make cannabis available for those who need it for medical purposes.

Disadvantages and challenges of legalisation however include the following:

(a) Deciding on the regulatory framework to make the system fair for everyone.
(b) Driving while intoxicated. There are no accepted legal standards specifically for cannabis intoxication.

(c) Impact on crossing the US-Canada border, as Canadians admitting to consuming cannabis may prevent them from entering the US.

The cost of new regulation and enforcement is seen as an additional burden.

The economic benefits of a legalised industry have proven to be quite substantial for a number of states in the US. In an article written by Eric Rosenbaum, since it legalised cannabis in 2014, a mere five years ago, Colorado has generated more than $1 billion in total state revenue from the legal cannabis industry (Rosenbaum, 2019). According to the article, there was more than $6 billion in total sales of cannabis. Monthly sales are estimated at roughly $24.2 million. At an event held in Denver, Colorado on 1 May 2019, Colorado's Governor Jared Polis is quoted as saying, "It's going very well … It's creating tens of thousands of jobs, tax revenue for the state, filling up buildings for landlords and reducing crime …" (Rosenbaum, 2019, para. 4).

Colorado is reported to have 2,917 licensed cannabis businesses and 41,076 individuals who are licensed to work in the industry (Rosenbaum, 2019, para. 12).

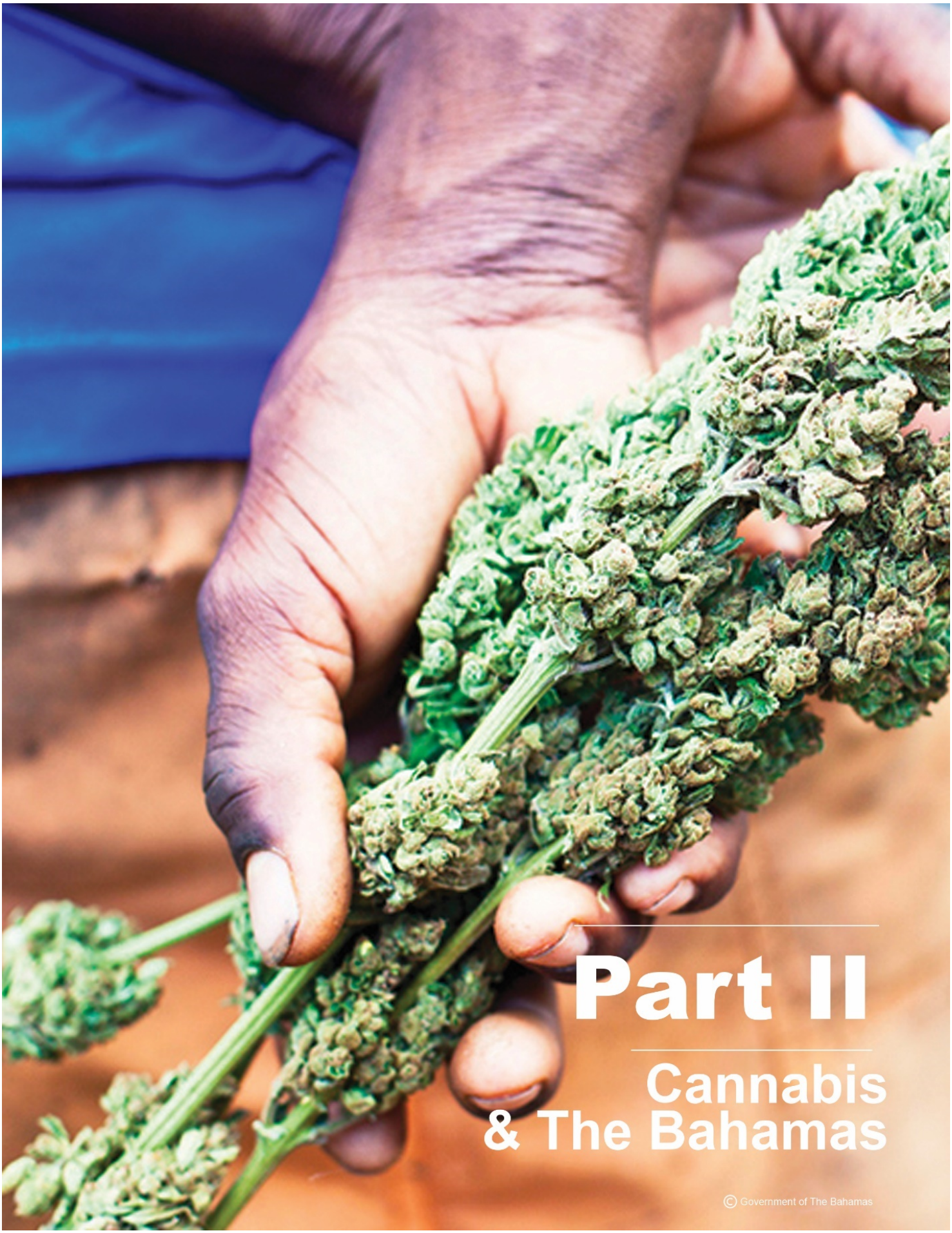
Other states in the US are also seeing dramatic increases in revenues as a result in the increase in tax revenue. The revenue generated comes from retail taxes on the product itself, an excise tax on the retail cannabis, and from licences and fees.

6.3 Economic Benefits of Regulation

It is a common view that taxed and well-regulated medical cannabis programmes will create numerous economic benefits to a country. This includes, but is not limited to, the following:

▪ Increased Revenues without Tax Increases	Through regulation and taxation, money is being secured by the Government as taxable revenue instead of going to the cartels and criminal gangs.
▪ Licensing Fees	Regulation will require that all businesses and individuals working in the industry be licensed. This will generate additional revenue.
▪ Job Creation	A well-regulated cannabis industry will create a variety of jobs that will create new opportunities for persons to be employed. Globally, wages in the industry are among the highest in the world.
▪ Real Estate and Other Assets	Businesses will be required to purchase property, buildings and other assets for their operations. Cultivation and processing centres demand vast amounts of land.
▪ Decreased Government Spending	Cannabis prohibition is expensive. Millions of dollars will be saved reducing resources needed to fund the Police Force, the Criminal Justice System and the Prison to deal with persons arrested for drug possession.
▪ Fortified Infrastructure and Social Programmes	The new money received from taxation of the industry will provide more resources to invest in education, health care, roads and other infrastructure, and social programmes.

▪ Weakened Criminal Organisations	A significant amount of the funds collected by organised crime groups will be diverted to the legal market.



Part II

Cannabis & The Bahamas

CHAPTER 7: THE BAHAMIAN CONTEXT

7.1 The Bahamas and Cannabis

The Commonwealth of The Bahamas is an archipelago situated in the Atlantic Ocean, consisting of more than 700 islands and 2,400 cays. It has a population of approximately 389,000 spread out over almost 100,000 square miles of ocean. Roughly 65% of the population reside on the island of New Providence with the remaining 35% scattered across the other 22 inhabited islands.

The location and geography of The Bahamas, and challenges associated with policing such a wide expanse, has led to a history of trafficking and other illegal activities. These include wrecking during the 17th century, pirating during the 17th and 18th centuries and rum running during the Prohibition period in the US dating from 1919 to 1933.

There was a period of relevant calm until the late 1970s and early 1980s when The Bahamas became a hotbed of cocaine trafficking between South America and the US as well as other parts of the Caribbean. During this period there was also significant trafficking of cannabis, predominately from Jamaica, that was destined for the US. Since then, cocaine trafficking appears to have decreased while cannabis trafficking has increased, according to local authorities.

According to the Dangerous Drugs Act, Chapter 228, Statute Laws of The Bahamas (DDA), possession of cannabis is illegal without proper authorisation from the appropriate Minister. In the law, cannabis falls within the definition of Indian hemp, which includes all parts of any plant of the *genus cannabis*, whether growing or not, from which the resin has not been extracted; the resin extracted from any part of such plant; and every compound, manufacture, salt derivative, mixture or preparation of such plant or resin.

According to the latest *Bahamas National Household Drug Survey*, roughly 11% to 14% of young persons in The Bahamas have tried cannabis (United States Embassy, et al., 2017, slide 5). Further, a recent telephone poll conducted by Public Domain revealed that approximately 60% of the population believe that cannabis should be legalised for medical use (Turnquest, 2018).

7.2 Brief History of Cannabis in The Bahamas

According to the publication *The Story of the Royal Bahamas Police Force* (Hanna et al., 2007) in 1968 the first Drug Squad was established in the Police Force. It is reported that while drug use amongst Bahamians apparently only involved a small number of persons, the drug of choice was cannabis, which was usually brought in through The Bahamas by Jamaicans.

As The Bahamas began to be used more and more as a transhipment point for the illicit traffic in cannabis, predominately cultivated in Jamaica, and cocaine from Columbia, the prevalence of these drugs in our communities grew. As availability increased, so too did drug use. Records show that as early as the 1970s there were well-organized smuggling enterprises in the country, and

with this came the prevalence of drugs, and an increase in violent crimes and lawlessness (Hanna, et al. 2007).

CHAPTER 8: THE CURRENT LAW IN THE BAHAMAS

8.1 Possession of Cannabis in The Bahamas

The laws regulating dangerous drugs, and in particular cannabis, are found in the Dangerous Drugs Act, Chapter 228, of the Statute Laws of The Bahamas (DDA), the Dangerous Drugs (Amendment) Act, 2011, and the Dangerous Drugs (Prescription of Minimum Amounts) Rules, 1989.

The DDA was enacted to regulate the importation, exportation, manufacture, and sale of dangerous drugs. The term "dangerous drugs" is not defined by the Act but has the general meaning of a substance with no medicinal value (CARICOM Regional Commission on Marijuana, 2018).

The legal term for cannabis or the plant *Cannabis sativa* is Indian hemp, and has been defined by the Act as:

> *All parts of any plant of the genus cannabis whether growing or not from which the resin has not been extracted; the resin extracted from any part of such plant; and every compound, manufacture, salt derivative, mixture or preparation of such plant or resin.* (Dangerous Drugs Act (2000) Bahamas (Ch. 228)., Section 2)

The Act states that it is an offence to be found in possession of Indian hemp to which a person convicted of this offence would be liable. The penalties range from a fine of $125,000 or imprisonment up to ten years, or to both if tried on information in the Supreme Court, or a fine up to $50,000 or imprisonment between five and seven) years, or both, if convicted in the Magistrates court. However, a person convicted of supplying dangerous drugs in excess of ten pounds would be liable to term of life imprisonment, and in cases whereby a child or young person is found guilty of supplying the same, he/she may be committed to an industrial school or a place of detention for a period not exceeding five years.

Also provided for in the DDA is the offence of possession of Indian hemp with the intent to supply. It specifies that if a person is found in possession of two) or more packets containing dangerous drugs or a quantity exceeding 500 grams, it is presumed, until the contrary is proved, that it was that person's intent to supply that dangerous drug to another or others. Anyone found guilty of this offence may be liable. The fines and prison terms are significantly increased for this offence, and persons can elect to be tried in the Supreme Court or the Magistrates court, where they will be subjected to lower but still significant penalties. Provisions are made for harsher penalties if the person is found committing the offence within a mile of a school.

The laws of The Bahamas also make it an offence to cultivate, trade in, import, export, manufacture and sell Indian hemp.

8.2 Medical Cannabis

Under the laws of The Bahamas, a qualified person[1] with authorisation of the Minister may cultivate, trade in, import or bring into The Bahamas Indian hemp for medical or scientific purposes.

It should be noted that the Act is so drafted that not only a qualified person who is capable of proving his/her qualifications in any of specified professions may apply to the Minister responsible. It appears as if any person may have the ability to apply to the Minister who alone has the discretion to give an individual special permission to cultivate, trade in, import or bring into The Bahamas Indian hemp.

The Act further allows a qualified person to be granted authorisation, as may be necessary, for the practice or exercise of his profession, function or employment, including being in possession of and supplying Indian hemp (Dangerous Drugs Act (2000) Bahamas (Ch. 228)., Section 24(1)). The Minister may issue or grant, for the purposes of the Act, licences and authorities on such terms and subject to such conditions, including that of a fee, as the Minister thinks fit (Dangerous Drugs Act (2000) Bahamas (Ch. 228)., Section 26).

The DDA provides the Minister with a very broad spectrum on what may be lawful in terms of inter alia possession for medical and scientific purposes. However, the Act is unclear as to whether any authorisation granted to the qualified person to supply Indian hemp covers the recipient. The law as it stands now makes no provision for persons to possess cannabis for medical reasons, and hence this is a lacuna that needs to be addressed legislatively.

Presently there are no specific guidelines in law to as to how cannabis may be granted and issued for medical purposes, nor is there a system in place to regulate how the qualified persons should dispense the drug.

The use of cannabis is not expressly prohibited by legislation, but its possession, cultivation, importation, exportation and sale. No arrests can be made on routine stops by law enforcement simply on the basis that the scent of cannabis emanated from a vehicle or an individual, and/or that the individual appeared to have been under the influence of cannabis. Evidence must exist of the individual's possession of the plant. Additionally, there is no prohibition of being in possession of paraphernalia or utensils associated with the use or consumption of Indian hemp.

[1] "Qualified Person" means a registered medical practitioner or a registered dentist or a licensed veterinary surgeon or a licensed pharmacist or the public analyst or any person to whom special permission is granted by the Minister by Order to import or export any drug to which this Act applies, and which may be imported or exported thereunder. Dangerous Drugs Act (2000) Bahamas (Ch. 228), Section 2.

8.3 Expungement of Cannabis-related Records

The Rehabilitation of Offenders Act (ROA) provides for persons convicted of offences, not excluded by the ROA, to be rehabilitated provided that they have not been reconvicted of another offence during the applicable rehabilitation period. At the end of the rehabilitation period, that person's conviction, where applicable, will be considered spent. This means that for all purposes in law, they will be treated as a person who has not been charged, convicted, or sentenced for that offence.

Additionally, the ROA provides for persons to be penalized for any unauthorised disclosure of spent convictions and amends the law of defamation to protect the "rehabilitated" persons.

The rehabilitation period to a conviction for an indictable offence (Supreme Court) is ten years and to a conviction for a summary offence or an indictable offence tried summarily (Magistrates Court), the applicable rehabilitation period is five years. Where the individual is under the age of 18 years, the applicable rehabilitation period would be halved.

The ROA provides the schedule of offences for which a person cannot be rehabilitated. The offence of possession with intent to supply dangerous drugs is one of the excepted offences.

In 2015 the ROA was amended by removing the arbitrary powers from a public officer to determine the rehabilitation of an offender and established a Rehabilitation of Offenders Committee. The focus of this amendment was to give the Committee the authority to hear applications for early rehabilitation for Young Offenders and First-time Offenders (Rehabilitation of Offenders (Amendment) Act (2015) Bahamas (no. 46 of 2015)). A young offender is defined as a person who at the time of his/her conviction was under the age of 21, and a first-time offender is an individual who at the date of their application to the Committee was only convicted of one criminal offence capable of rehabilitation.

A significant provision of the ROA is that a young offender, or a first-time offender, can apply for early rehabilitation after a period of five years for indictable offences and two years for summary offences that are permitted under the principal Act.

The ROA, as it relates to cannabis, now makes provision for young persons and first-time offenders to apply for early rehabilitation who were charged with possession with intent to supply, if the quantity of dangerous drugs was less than ten pounds of cannabis.

Notwithstanding the provisions of the ROA and subsequent amendments, that allow for the removal of convictions from an individual's criminal record, this is not an automatic process, and does not provide for a definite or absolute grant of rehabilitation and spent convictions. Further,

the Act clearly outlines that an application for rehabilitation cannot commence until completion of any and all sentences imposed[2].

[2] "A person shall not become a rehabilitated person for the purposes of this Act in respect of a conviction unless he has served or otherwise undergone or complied with any sentence imposed on him in respect of that conviction but- (a) failure to pay a fine or other sum adjudged to be paid by or imposed on a conviction; or (b) breach of a condition of a recognizance or of a bond to keep the peace or be of good behaviour, shall not prevent a person from becoming a rehabilitated person for those purposes." Rehabilitation of Offenders (Amendment) Act (2015) Bahamas (no. 46 of 2015), Section 3(3).

CHAPTER 9: CANNABIS USE IN THE BAHAMAS

9.1 Prevalence of Cannabis Use

The prevalence of cannabis use has received a lot of scrutiny lately, commensurate with the globally evolving movement towards cannabis legalisation. In particular, whether such legalisation will result in an increase in prevalence rates, in general, or among susceptible population groups is the cause of concern.

The routine monitoring of the prevalence of psychotropic substance use provides current information on trends that can be used in the planning, implementation and evaluation of school, community and national level interventions intended to reduce and/or prevent the use and abuse of licit and illicit substances. It is therefore imperative that baseline measures of key indicators are available to researchers and policy makers involved in drug control to ensure both the efficient and effective use of scarce resources.

Drug usage, generally, is measured through three prevalence indicators:

- Lifetime prevalence: the use of a substance at any point in the student's life, whether it was ten years ago, last year, last month or the day before the survey was administered
- Prevalence in the last year: the use of a substance within the 12 months immediately preceding the survey
- Prevalence in the last month: the use of a substance within the four weeks immediately preceding the survey.

These indicators were used in both the most recent adolescent survey (2011) and household survey (2017) of adult substance use conducted in The Bahamas.

9.2 Adolescent Cannabis Use (2011)

The most recent national research conducted on adolescent substance use in The Bahamas is the 2011 Bahamas Secondary School Drug Prevalence Survey (Bahamas National Anti-Drug Secretariat, 2012). This survey was the third in a series of surveys conducted using the methodology devised by the Inter-American Drug Control Commission under its Uniform Drug Use Data System programme; the first was completed in 2002 (Bahamas National Drug Council, 2003) and the second in 2008 Bahamas National Drug Council, 2008). The goal of the survey was to provide a complete national assessment of the drug situation among adolescent girls and boys and collect data on the use of illicit drugs and other psychotropic substances, violence and associated risk and protective factors.

While more current national research data is to be conducted, a snapshot of the 2011 survey findings is provided below, to inform on the status quo a decade ago.

Results revealed that 13.7% of all students had tried cannabis at least once in their lifetime, with 9.7% having used within the past year and 5% in the 30 days immediately preceding the survey. Of those who did admit to smoking cannabis within the past year, 28.2% did so only once; 32.7% occasionally; and another 28.6% on a weekly or more frequent basis.

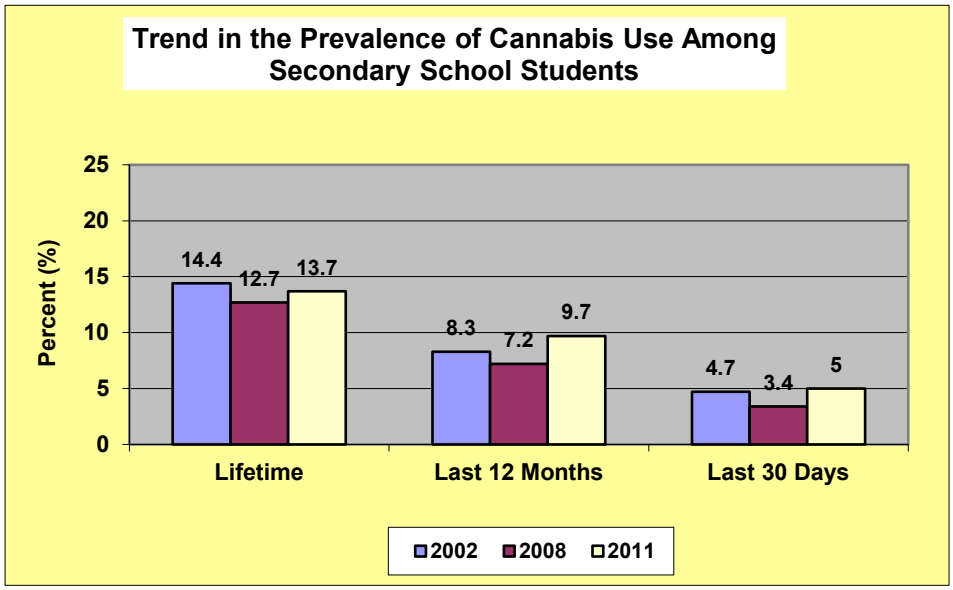


Figure 1: Trends in the Prevalence of Cannabis Use Among Secondary School Students (Bahamas National Drug Council, 2012)

Usage rates differed across both gender and grade level, with males using cannabis at more than double the rate of their female counterparts and 12th graders using at almost four times the rate as did the 8th graders.

Table 1: Prevalence of Cannabis Use by Gender and by Grade Level

Selected Factors		Prevalence		
		Lifetime	Last 12 Months	Last 30 Days
Gender	Males	18.7	13.2	7.4
	Females	8.7	6.3	2.8
	Total	13.7	9.7	5.0
Grade Level	Grade 8	5.9	4.1	1.5
	Grade 10	16.2	11.7	6.8
	Grade 12	28.2	20.3	10.6

- 18.7% of all males had tried and 7.4% had used in the past 30 days as compared to 8.7% and 2.8% in females, respectively;
- 28.2% of all 12th grade males had tried cannabis at least once in their lifetime, while 20.3% had used within the past 12 months and 10.6% in the last 30 days (Table 1).

9.2.1 Average Age of First Use (Adolescent)

During the 11-year period between the 2002 and 2011 surveys, there were no major changes in the mean age of adolescent first use for those substances used most often by the teens (Table 3).

- The mean age of first use for the legal substances such as cigarettes (11.8 years) and alcohol (11.6 years) continue to be lower than the mean age of first use for illicit substances such as cannabis (13.3 years); in this case by almost 2 years.
- Males, on average, continued to try cannabis at a slightly earlier age than females.

Table 3: Trend in Average Age of First Drug Use, By Type of Drug and Gender

Gender	Cannabis			Cigarettes			Alcoholic Drink		
	2002	2008	2011	2002	2008	2011	2002	2008	2011
Male	12.9	13.1	13.0	11.2	10.9	11.3	11.2	11.2	11.3
Female	14.0	13.6	13.7	11.7	11.9	12.4	11.9	11.5	11.9
Total	**13.2**	**13.3**	**13.3**	**11.4**	**11.3**	**11.8**	**11.5**	**11.4**	**11.6**

9.2.2 Source of Cannabis (2011)

The primary source of cannabis for those students who admittedly smoked within the year preceding the 2012 *Bahamas Secondary School Drug Prevalence Survey* was from friends (50.2%), followed by street pushers (22.1%).

9.2.3 Ease of Access (2011)

When asked how easy it would be to get access to cannabis, a total of 30.2% of Bahamian students who participated in the 2012 survey indicated that it would be easy to get cannabis. When these results were looked at by grade level, results revealed that as grade level increased, the proportion who felt that it was easy to access cannabis also increased significantly. Whereas 17.4% of all 8th graders held this opinion, this increased to 33.4% among 10th graders and to 41.3% for students in the 12th grade.

9.2.4 Attitudes and Opinions Regarding the Risk of Using Cannabis and of Selected Cannabis Policies (2012)

9.2.4.1 Perception of the Level of Harm and Risks Associated with Cannabis Use

During the 2012 survey the students were asked to indicate the level of harm they associated with engaging in substance use at various frequencies. Students rated these items on a scale of 1 to 5: 1 indicated the behaviour was seen as *not harmful*; 2 *slightly harmful*; 3 *moderately harmful*; 4 *very harmful*; and 5 indicated the students either *did not know* the substance was harmful or how harmful that particular behaviour was.

When asked about smoking cannabis sometimes, 20.3% of all students felt that this was *slightly harmful* or *not harmful* at all. A total of 21.4% thought the behaviour was *moderately harmful* and 45.6% *very harmful*.

When asked about smoking cannabis frequently, the percentage of students who felt that this was *very harmful* to their health increased to 66%.

9.3 Cannabis Use Among the General Population (2017)

Based on the results of the 2017 *Bahamas National Household Drug Prevalence Survey*. (Bahamas Ministry of Health, 2018), 13.4% of Bahamas residents indicated that they tried cannabis at least once in their lifetime; 20.3% of males and 7% of females. Within the 12 months and 30 days immediately preceding the survey, 3.1% and 2.8%, respectively, had smoked cannabis.

It is known that many persons have taken cannabis for reasons other than to get high, such as for medicinal purposes. To assess the extent of this practice, respondents in the 2017 *National Household Drug Prevalence Survey* were specifically asked if they had ever used cannabis for a medical condition. Results revealed that 2% of the population had used some form of cannabis for medicinal purposes.

When asked the specific condition for which the cannabis as medicine was taken, while a few of the reasons given have been shown to benefit from cannabis, many of the conditions mentioned were not conclusively shown through research to benefit from cannabis use. See Table 2.

Table 2: Reported Reasons for Taking Cannabis for Medicinal Purposes

Reported Reasons	
ADHD	Anxiety
Asthma	Back and ankle problem/ sciatica
Breathing problems	Car accident/ gun shot
Eye cataract/ sight/ glaucoma	Flu
For joint pains	Headache and sinus/ headaches

Reported Reasons	
Just sick	Keep her aggression problem down
Kidney problems and pain/ pain	MS
Ovaries condition	Sleeping
Stress/ stress/ stress	Depression
Stroke body getting weak and need to relax mind	Sexual Problems - to keep the boy hard
Heart condition it revived and took pressure away, no longer on meds/ heart disease or pain killer	It assisted me with my diabetes.

As to whether the respondents in the Household Survey had used cannabis in a form other than smoking, results revealed that

- 6.9% had tried cannabis edibles (pastries, candy/sweets, cooked/uncooked meals);
- 2.7% had consumed it in a liquid form (tea, juice etc.);
- 1.2% had used concentrates (oils, shatter, budder wax etc.); and
- 2.2% had used cannabis in some other form.

9.4 Adult Cannabis Use

9.4.1 Average Age of First Use (2017)

Results from the *Bahamas National Household Drug Prevalence Survey* were somewhat different from those of the 2012 *Bahamas Secondary School Drug Prevalence Survey* and may reflect a cohort effect, where those of the younger generations are, on average, experimenting with cannabis at a much younger age. For those persons 12 – 64 years that were included in the 2017 household survey and who had tried cannabis, the mean age of the respondents' very first cannabis use was 17.2 years overall, 16.5 years for males and 19 years for females.

9.4.2 Source of Cannabis (2017)

Adults in the 2017 household survey who had used cannabis at least once were also asked how they got the cannabis they last used. More than half (52.4%) responded that they got it for free or shared with someone else. Around a third (34.3%) bought it, and 4% grew it themselves.

Most cannabis users, who got their cannabis for free, last obtained it from a friend (63.6%). Another 10.6% got it from a relative, while 4.1% reportedly got it from someone they had just met/did not know well.

Of those adults who had used cannabis at least once in their life and had purchased cannabis, 80% last bought the drug within the month preceding the survey. When the estimated amount of money spent by those who purchased cannabis in the past month was looked at, 28.4% spent

between $20 and $50; 11.8% spent $50 to $100; and more than a quarter (27.6%) spent $100 or more.

9.4.3 Ease of Access (2017)

These results were even higher in the adult population included in the 2017 household survey. Approximately one-half (48.5%) of all survey respondents replied that it would be easy to get cannabis.

9.5 Perceived Risks

For adults, the 2017 household survey sought to determine the perceived risk associated with substance use and categorized the data into 4 risk categories: *no risk*; *low risk*; *moderate risk*; and *high risk*. Respondents also had the option of reporting that they *did not know* if unaware of any risk or the level of the risk.

Results revealed that more than one-half (53.2%) of all respondents were of the opinion that smoking cannabis sometimes presented a high risk, with this proportion increasing to 70.4% when asked about the risk associated with smoking cannabis often.

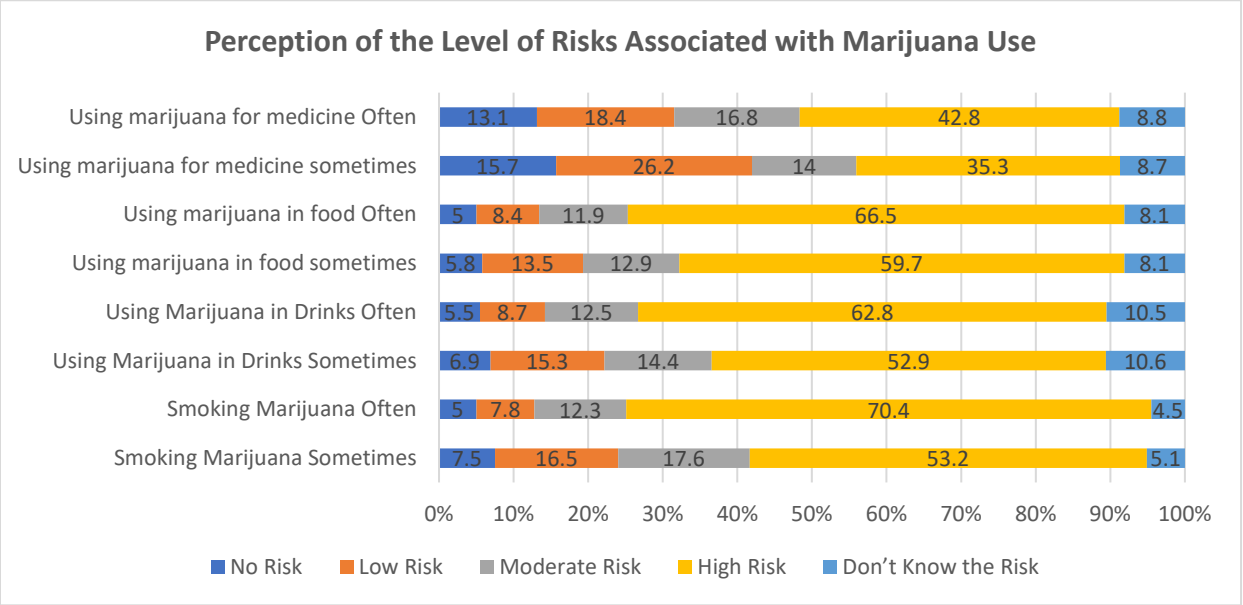


Figure 2: Perception of the Levels of Risk Associated with Cannabis Use

The perceived risk of using cannabis in drinks and food also was of concern to the respondents. Approximately 2 of every 3 respondents felt that using it in food often presented a high risk (66.5%) and a similar percent felt the same of using cannabis in drinks often (62.8%).

The risk associated with using cannabis for medicine appeared to be less of a concern.

9.6 Cannabis Addiction Risk (2017)

Concerns continue to be expressed both locally and abroad about the amount of THC the available cannabis contains. In the absence of any scientific data, adults in the 2017 Household Survey who had tried cannabis were asked to estimate the potency of the cannabis they most recently used. Approximately 1 of every 2 persons who had tried it indicated that it was either *strong* (25.1%) or *very strong* (20.4%). A sizeable number however (17.4%) did not know or could not estimate the strength.

Cognisant that the debate surrounding the addictive nature of cannabis was ongoing, during the 2017 survey, an attempt was also made to assess an individual's cannabis addiction risk using the Cannabis Abuse Screening Test (CAST, 2021)). Using the tool, those persons who had smoked cannabis at least once in their lives were asked a series of six questions regarding their behaviour and perceived consequences over the past 12months. The responses ranged from *Never* (0 points) to *Very Often* (4 points). Points were then totalled and subsequently categorized into three categories: *No addiction risk*; *Low addiction risk*; and *High addiction risk*.

Results revealed that approximately 6 of every 10 persons (58.7%) who had tried cannabis were currently not at any risk of addiction. The proportions of users who fell within the categories of *Low addiction risk* and *High addiction risk* were 16.0% and 25.3%, respectively. These represented 1.1% and 1.8% of the adult household population, respectively.

9.7 Attitudes and Opinions Regarding Selected Cannabis Policies

Respondents in the 2017 household survey were asked to what extent they agreed with selected cannabis policies. Results are displayed in Figure 3.

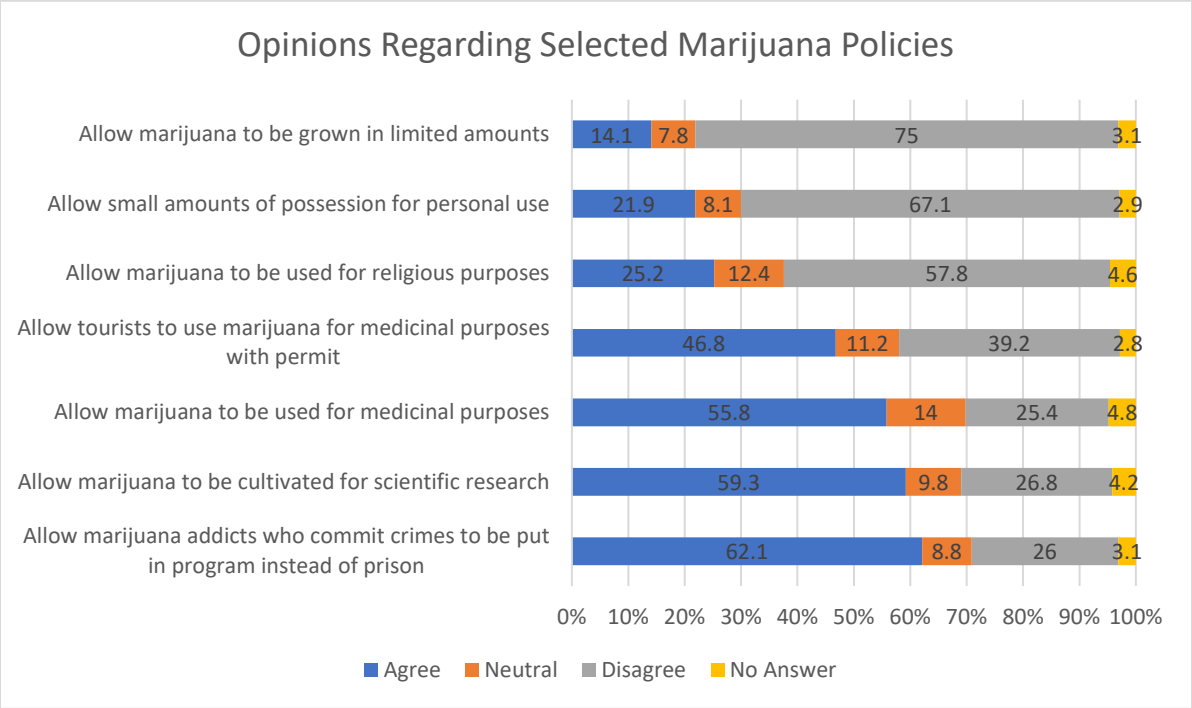
Not surprisingly, Bahamians were strongly in favour of allowing persons who are addicted to cannabis and other substances, who commit crimes such as theft, to be put into a court-supervised drug treatment programme instead of prison. A total of 6 of every 10 (62.1%) respondents either agreed or completely agreed with this approach. This supported the popular opinion on the need to develop alternatives to incarceration to reduce the number of young males, in particular, being imprisoned and their contribution to society hampered by a police record.

Likewise, 59.3% of the respondents expressed agreement with allowing cannabis to be cultivated for scientific research, which is in line with the UNODC's recommendation in the Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem (United Nations General Assembly, 2016).

One of the specific charges that the Commission received was to assess the public's opinion on the possibility of introducing medical cannabis in some capacity. This proposal has received quite a bit of support in the public fora held by the Commission and from a number of stakeholder groups. The fact that 55.8% of the 2017 survey's respondents are in agreement with allowing

cannabis to be used for medicinal and therapeutic purposes and only 25.4% disagree highlights the support for this policy change.

Figure 3: Opinions Regarding Selected Cannabis Policies



It was interesting to observe the somewhat contradictory result where only 46.8% agreed to allow tourists, with a permit, to use cannabis for medical or therapeutic purposes, when 55.8% were in support of cannabis being used for medical purposes.

Additional results revealed that Bahamians, based on the 2017 household survey, were strongly against allowing the following:

- cannabis to be used for religious purposes (e.g., Rastafarians)
- cannabis to be grown in limited amounts by individual households
- possession of cannabis, in limited amounts, for personal use

A total of 57.8%, 67.1% and 75%, respectively, either disagreed or completely disagreed with the introduction of the above.

9.8 Cannabis Abuse Treatment and Rehabilitation

The availability of drug treatment services in The Bahamas is restricted, primarily, to the island of New Providence. There exists one public outpatient treatment centre, the Community Counseling and Assessment Centre, and one public specialist hospital, the Sandilands Rehabilitation Centre (SRC), which serves the inpatient treatment needs of the entire country.

On the second most populated island of Grand Bahama, the Rand Memorial Hospital diagnoses and treats cases of abuse that are accompanied by a comorbid psychiatric condition on the Diah Ward. However, persons that require inpatient treatment for cannabis abuse are referred to SRC in Nassau.

In addition, the drug dependence treatment services provided by the public sector are supported by services provided by a small number of private facilities offering anything from a small number of beds for residential care to rehabilitation and reinsertion to assist in the post treatment assimilation back into society.

The drug data presented in Tables 4 and 5 represent total discharges based only on the records coded and entered in the Keane management information system of the Public Hospital Authority.

During the period from 2014 – 2018, the SRC admitted and discharged a total of 1028 clients with a primary diagnosis of cannabis use with numbers increasing steadily year over year. The 278 cases discharged in 2018 represented a 106.5% increase over the 139 cases discharged in 2014 (Table 4).

Table 4: Sandilands Rehabilitation Centre Inpatient Discharges: 2014 – 2018

Discharges	2014	2015	2016	2017	2018
Total Discharges – All Diagnoses	1,111	1,210	1,240	1,119	1,062
Total Discharges with primary diagnosis of Cannabis Use	139	167	204	240	278
Total Discharges with any diagnosis of Cannabis Use	308	371	383	477	465
% of Total Discharges – primary diagnosis of Cannabis Use	12.5%	13.8%	16.5%	21.4%	26.2%
% of Total Discharges – any diagnosis of Cannabis Use	27.7%	30.7%	30.9%	42.6%	43.8%

Source: Statistics Unit of the Public Hospitals Authority

These primary diagnoses cases are those who were admitted for cannabis use as the primary reason for treatment. However, cannabis was also implicated in additional cases seen (any diagnoses of cannabis use) and which also had to be addressed during treatment. These were cases where cannabis use was revealed during the intake assessment, but such use was not the primary reason for treatment.

As to the burden that persons treated for cannabis use is placing on the institution, in 2018 the cases with a primary diagnoses of cannabis use represented a total of 26.2% of the 1062 total discharges from SRC. However, even more worrisome were the 465 cases in 2018 with any diagnosis of cannabis use, which represented 43.8% of all discharges.

The number of discharges of cannabis-related patients from the Rand Memorial Hospital in Grand Bahama is both significantly less and less of an economic burden on the institution as, unlike the SRC, which is a specialty psychiatric facility, the Rand Memorial Hospital is a full tertiary care hospital that treats limited psychiatric cases. Consequently, as revealed in Table 5, the total number of cases during 2014 – 2018 with a primary diagnosis of cannabis use was 198. The 47 cases discharged in 2014 were the highest and the 28 in 2018, the lowest; a decrease of 47.4%.

Table 5: Rand Memorial Hospital Inpatient Discharges: 2014 – 2018

Discharges	2014	2015	2016	2017	2018
Total Discharges – All Diagnoses	5,915	5,717	4,813	4,751	4,890
Total Discharges with primary diagnosis of Cannabis Use	47	45	33	45	28
Total Discharges with any diagnosis of Cannabis Use	96	89	82	97	63
% of Total Discharges – primary diagnosis of Cannabis Use	0.8%	0.8%	0.7%	0.9%	0.6%
% of Total Discharges – any diagnosis of Cannabis Use	1.6%	1.6%	1.7%	2.0%	1.3%

Source: The Statistics Unit of the Public Hospitals Authority

9.9 Illicit Supply and Control of Cannabis

Currently in The Bahamas, the activities of those law enforcement agencies involved in drug control are guided by the Dangerous Drugs (Amendment) Act 2011, which makes it illegal to possess, cultivate and distribute all cannabis products except under very limited and very strict conditions for medicinal and scientific purposes. As a result, statistics related to drug supply reduction will reflect the illegal nature of cannabis.

During the 5-year period from 2014 – 2018, the amount of cannabis seized varied widely from a low of 4,077 lbs in 2016 to 20,600 lbs in 2014 (Table 6).

While The Bahamas is known, primarily, as a transit country for drug trafficking, these statistics also show that there is a significant amount of cannabis being cultivated locally. A total of 331,386 plants were confiscated by the Royal Bahamas Police Force (RBPF) from 2014 – 2018, with the largest seizures taking place in 2014.

Table 6: Cannabis Products Seized in The Bahamas by Year

Cannabis Products	2014	2015	2016	2017	2018
Cannabis (lbs)	20,602.8	15,990.6	4,077.5	17,634.7	10,287.2
Cannabis Plants (No.)	290,336	16,056	313	16,242	8,439
Cannabis Capsules (No.)	-	-	11	-	-
Hashish (lbs)	71.1	0.2	0.02	56	54.2
Cannabis Caramel Mix	-	-	-	-	1

Cannabis Products	2014	2015	2016	2017	2018
Cannabis Cupcakes	1.16 lbs	-	-	-	21
Cannabis Cookies/Dough	-	-	-	-	32

Source: Drug Enforcement Unit, Royal Bahamas Police Force

Also of note is that in 2018, an increase was observed in both the variety and the number of edible products, such as caramel mix, cupcakes, and cookies, seized by the RBPF. This supports the results from the 2017 *Bahamas National Household Drug Prevalence Survey* (Bahamas Ministry of Health, 2018) where respondents reported the consumption of a variety of edibles and drinks containing cannabis.

Table 7 shows statistics for drug arrests in The Bahamas during the period 2014 – 2018. During this period, a total of 6,809 persons were arrested for cannabis and of this total, 26% were arrested for possession and 36% were arrested for possession with intent to supply. In fact, greater than 90% of all cannabis-related arrests for each year during this 5-year period were due to these two causes alone.

The steady increase in the percentage of persons arrested for possession of drugs with intent to supply is a concern to many advocates for change in sanctions. The offence of being in possession of drugs with the intent to supply places an additional burden on those charged, as it reduces the likelihood of them being able to be considered for alternative sentencing options.

Table 7: Persons Arrested for Possession of Cannabis Products

PERSONS ARRESTED	2014		2015		2016		2017		2018		5 Yr. Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Possession	919	75.6	891	66.6	799	59.4	838	57.4	833	57.4	4,280	62.86
Possession with Intent to Supply	283	23.3	435	32.5	537	39.9	605	41.4	592	40.8	2,452	36.11
Cultivation	8	.7	11	.8	8	.6	17	1.2	13	.9	57	0.84
Possession of Cannabis Capsules		.		.	2	.1		.		.	2	0.03
Possession of Baked Goods	5	.4		.		.		.	6	.4	11	0.16
Importation		.		.		.		.	5	.3	5	0.07
Conspiracy to Import		.		.		.		.	2	.1	2	0.03
TOTAL	**1,215**	**100**	**1,337**	**100**	**1,346**	**100**	**1,460**	**100**	**1,451**	**100**	**6,809**	**100**

Source: Unpublished data obtained from the Drug Enforcement Unit of the Royal Bahamas Police Force

9.10 Incarcerations for Drug-Related Offences

Specific data on cannabis-related admissions is not currently available from the Bahamas Department of Correctional Services and therefore the statistics presented here represent incarcerations for all drugs combined. However, based on the arrest data from the Royal Bahamas Police Force, there is sufficient evidence to support the view that most of the drug-related incarcerations at Bahamas Department of Correctional Services are due to cannabis.

Drug offender admissions data by selected demographic indicators are presented in Table 8. Between 2015 and 2017, the total number of admissions for drug-related offences showed a steady increase with the 554 admissions in 2017 representing a 41.0% increase over the 393 admissions in 2015.

Table 8: Drug Offender Admissions by Selected Demographic Indicators

Demographic Indicators	2015		2016		2017	
	No.	%	No.	%	No.	%
Gender						
Males	375	95.4	450	94.9	501	90.4
Females	18	4.6	24	5.1	53	9.6
Age (in years)						
≤ 17	3	.8	4	.8	7	1.3
18 – 25	114	29.0	146	30.8	151	27.3
26 – 35	127	32.3	173	36.5	192	34.7
36 – 45	94	23.9	89	18.8	130	23.5
46 – 55	44	11.2	47	9.9	54	9.7
56 and over	11	2.8	15	3.2	20	3.6
Remand Status						
Remanded	218	55.5	255	53.8	282	50.9
Sentenced	175	44.5	219	46.2	272	49.1
Recidivism Status						
First Offender	345	87.8	439	92.6	463	83.6
Recidivist	48	12.2	35	7.4	91	16.4
Total	393		474		554	

Source: Bahamas Department of Correctional Services

While still a relatively small percentage of the overall admissions, the percentage of females being admitted for drug-related offences showed a steady increase, from 4.6% in 2015 to 9.6% in 2017. This is of concern as it may reflect the vulnerability of those at high risk in society.

With respect to age, the largest percentage of persons incarcerated for drug offences between 2015 and 2017 was consistently those between 26 to 35 years, followed by persons 18 to 25 years and then 36 to 45 years. In 2017, 85.5% of the drug-related incarcerations were in these three age categories. These incarcerations, even for minor and non-violent offences, result in

lasting collateral consequences while removing men and women out of communities at their peak income producing and child rearing years, a fact that is of concern to many.

For the 3-year period 2015 – 2017, the proportion of persons on remand versus sentenced for drug offences gradually approached a ratio of 1:1. In 2017, 50.9% of drug-related incarcerations were on remand versus the 49.1% who were sentenced.

With the new Correctional Services Act passed in 2014 that was drafted to encourage more of a focus on corrections and rehabilitation, the percentage of recidivists decreased from 12.2% in 2015 to 7.4% in 2016. However, this percentage increased again to a high of 16.4% in 2017.

Table 9 displays statistics on drug offender admissions by the type of offence. In interpreting the data presented, readers should note that a number of persons incarcerated are charged with or sentenced for multiple charges, hence the total number of charges for a given period will usually exceed the number of persons admitted.

The data reveals that between 2015 and 2017, the leading drug-related causes of admissions to Bahamas Department Correctional Services were possession of drugs with intent to supply and possession of dangerous drugs. In 2017, of all admissions for drug offences, 67.9% were charged with possession of drugs with intent to supply and 29.8% were charged with possession of dangerous drugs. A total of 15.9% were charged with conspiracy to supply drugs.

Table 9: Department of Correctional Services – Drug Offender Admissions by Type of Offence

Type of Offence	2015			2016			2017		
	No. of Charges	% All Charges	% Persons Charged	No. of Charges	% All Charges	% Persons Charged	No. of Charges	% All Charges	% Persons Charged
Possession of dangerous drugs	151	33.3	38.4	145	24.1	30.6	165	22.9	29.8
Exportation of dangerous drugs	2	.4	.5	3	.5	.6	18	2.5	3.2
Importation of dangerous drugs	16	3.5	4.1	37	6.2	7.8	45	6.3	8.1
Conspiracy to supply drugs	29	6.4	7.4	79	13.1	16.7	88	12.2	15.9
Possession of drugs with intent to supply	220	48.6	56.0	324	53.9	68.4	376	52.3	67.9
Breach of Drug Act/Trafficking	21	4.6	5.3	10	1.7	2.1	10	1.4	1.8
Cultivation	2	.4	.5	3	.5	.6	7	1.0	1.3
Conspiracy to export dangerous drugs	1	.2	.3	0	.0	.0	0	.0	.0
Conspiracy to import dangerous drugs	5	1.1	1.3	0	.0	.0	0	.0	.0
Solicitation for the purpose of selling dangerous drugs	6	1.3	1.5	0	.0	.0	10	1.4	1.8
Total Charges	**453**	**100.0**		**601**	**100.0**		**719**	**100.0**	

9.11 Societal Costs of Cannabis Use and Abuse

Cannabis is currently the world's most commonly used illicit drug (World Drug Report, 2019) and in The Bahamas it is no different, among both the youth (Bahamas National Anti-Drug Secretariat, 2012). and the adult populations (Bahamas Ministry of Health, 2018).

In addition, because of the scientific advances in the cultivation of the plant *Cannabis sativa*, designed to refine and enhance the product, there are growing concerns about the increased potency of cannabis due to elevated levels of THC, the psychoactive component of cannabis. While such data is not currently available for The Bahamas, a study in California revealed an increase in the average THC concentrations from 4.56% in 1996 to 11.75% in 2008 (Burgdorf et al., 2011).

Notwithstanding the ongoing debate about whether or not cannabis is harmful to one's health, which is complicated by its acknowledged medicinal benefits, the use of psychotropic drugs has a variety of consequences for the users, for their families and associates, and for society at large (World Health Organization, 2018).

As outlined in *A Primer of Drug Action*, (Julien, et al., 2011) in general, the effects of cannabis include the following:

- Mild euphoria
- Increased sense of well-being
- Relaxation
- Relief from anxiety
- Alterations in perception of time
- Hallucinations and illusions (infrequent)

The common negative effects of smoking cannabis include the following:

- Impairments in cognitive functioning
- Impairments in learning
- Disruption of all stages of memory
- Impairments of motor control and reaction time
- Acute depressive reactions at very high doses
- Panic reactions
- Mild paranoia

Of interest is that the newest edition of the American Psychiatric Association's manual (DSM-5) for diagnosing mental health and substance disorders now includes a diagnosis of Cannabis (Marijuana) Use Disorder, including a group of symptoms and diagnostic criteria for addiction. Among these are such issues as tolerance, withdrawal syndrome, craving and persistent or unsuccessful efforts to cut down or control use of this drug (American Psychiatric Association, 2013).

Consequently, and as alluded to earlier, there are societal costs to cannabis use and in the context of public policymaking, where priorities must be set for the allocation of scarce resources, it is important to have a measure of the overall magnitude of the social burden associated with such consequences. However, cost studies of the impact of drugs on society are not only essential for controlling resources, but they also have the following purposes:

- Provide justification for the prioritisation that drug programmes should receive within the government agenda
- Encourage more effective decision making by identifying with greater precision the most important interventions and their policies
- Identify information gaps and research needs in aspects relevant to improving understanding of the problem
- Develop comparisons that provide the basis for a dynamic view of the magnitude of the problem

In order to arrive at an estimate of the burden of cannabis on society, a number of direct and indirect costs must be taken into consideration. As outlined below, these include healthcare costs, productivity costs, costs due to law enforcement and crime, and other costs ("Social Costs of Alcohol and Drug Abuse", 2019).

9.11.1 Healthcare Costs

- Substance abuse treatment costs
- Costs of treating morbidity associated with the use of psychoactive substances
- Costs of treating morbidity associated with combating drugs and drug trafficking (includes victims and victimisers)

9.11.2 Productivity Costs

- Productivity costs due to premature mortality
- Productivity costs due to mortality associated with combating drugs and drug trafficking (includes victims and victimisers)
- Productivity costs due to morbidity – lower employment or productivity
- Productivity costs due to mortality and morbidity among the non-working population
- Productivity costs due to incarceration and/or arrests

9.11.3 Costs due to Law Enforcement and Crime

In considering the social costs of cannabis use, the illegal status of this drug makes an enormous difference (Kleiman, 1992). The consequences of criminalising transactions in these drugs include the violence between rival drug-dealing organisations, crimes committed by addicts seeking funds to purchase drugs as well as the vast amounts of money spent in law-enforcement efforts.

- Police, judicial, legislative structure expenditures
- Prison system costs

9.11.4 Other Costs

- Research, education, and law enforcement costs
- Costs of prevention and other public health actions
- Legislative branch expenditures for demand reduction efforts
- Costs related to the destruction or loss of value of property and assets due to crimes or accidents attributable to the use of psychoactive substances
- Welfare costs – Department of Social Services/Welfare
- Environmental impact costs of cultivating and processing illicit drugs

Unfortunately, such information on the actual measurable costs to society is unavailable in The Bahamas. One of the main reasons for the absence of this type of information is that such data is not routinely collected. Regardless of the policy decisions that are made by the Government of The Bahamas regarding cannabis, it will be necessary to evaluate the impact of such decisions and thus specific information systems must be put in place to facilitate the collection and processing of such costs data.

CHAPTER 10: CANNABIS AND RELIGION IN THE BAHAMAS

10.1 Religious Freedom in The Bahamas

In its 2018 Report on International Religious Freedom for The Bahamas, the US Department of State estimated the total population at 333,000 (July 2018 estimate; U. S. Department of State, Bureau of Democracy, Human Rights, and Labor, 2018). The report continued that according to the 2010 census, more than 90 percent of the population professed a religion. Of those, 70% were Protestant [including Baptist (35%), Anglican (14%), Pentecostal (9%), Seventh-Day Adventist (4%), Methodist (4%), Church of God (2%), and Brethren (2%)], 12% were Roman Catholic, and Other Christians made up the other 13% which included Jehovah's Witnesses, Greek Orthodox Christians, and members of The Church of Jesus Christ of Latter-day Saints). Five percent were listed as Other, Having no religion, or Unspecified. Other religious groups included Jews, Baha'is, Rastafarians, Muslims, Black Hebrew Israelites, Hindus, and Obeah practitioners, the latter which a small number of citizens and some resident Haitians practised.

The report included that the Constitution of The Bahamas (Bahamas Independence Order, 1973) provides for freedom of conscience, thought, and religion, including the right to worship and to practise one's religion. It forbids infringement on an individual's freedom to choose or change his/her religion and prohibits discrimination based on belief. Parliament may limit religious practices in the interest of national defence, public safety, health, public order, or for the protection of the rights and freedoms of others, but there were no such actions reported during the period of the report. The Bahamian Constitution refers to "an abiding respect for Christian values" in its preamble; however, there is no state-established religious body or official religion.

The report pointed out that Rastafarians continued to be arrested for possessing small quantities of cannabis they used in ceremonial rituals and were subjected to having their hair (locks) cut in prison. Rastafarians also claimed that the Government discriminated against them in discussions on the legalisation of cannabis for medicinal use.

10.2 Rastafarianism in The Bahamas

In the synopsis below, Ean Maura, Bahamian historian, captures Rastafarianism (interchangeably used with "Rastafari") in The Bahamas.

Rastafari, the world over, is the natural evolution of the enslaved African descendent to redeem himself through reconnecting with his cultural heritage and its values. Its emergence in The Bahamas is no exception. Rastafari represents the keepers of the flame of resistance to oppression that existed from plantation time to now.

It was in the late 1960s that the first men with [hair] locks appeared in The Bahamas, calling the name "Rastafari". Among them were men like elders John Brown and Michael Major, also known as the Archangel. They, along with a few brave others, would walk through various communities like Bain Town and Grants Town, New Providence, spreading the message and name of His

Imperial Majesty Emperor Haile Selassie I. By the 1970s there would be more adherents, which was assisted by the Black Power movement of the time. Both movements had the upliftment of African people as a central feature. Most of the Rastafari community at this time consisted of teenage boys. They were influenced by both the image of those early 'locksmen' and their message. Mostly living in poverty, they saw Rastafari as a means of rebelling against the life into which they were born. For their belief in this black Messiah many of those youths were forced to leave their parents' home and find a way for themselves. This built a strong fraternity among them born out of a common struggle.

In the 1980s the community reached another level of organisation with the emergence of camps. These were yards where Rastafari lived communally. Many of these camps were in Englerston, New Providence. This coincided with the rise of the Ethiopia Africa Black International Congress (EABIC), popularly known as Bobo Shanti. This sect, or mansion as they are called, are identified by wrapping their locks in a turban and often wearing robes. Prior to this most Rases were associated with or members of either The Twelve Tribes of Israel or The Theocracy Reign Order of the Nyabinghi, called Nyabinghi. The King of Kings Missionary Movement is a mansion indigenous to The Bahamas. Its numbers are small, but it has been consistent. Through these, and other organisations, the community began to agitate for its rights through various means, including marches and rallies. The 1980s also saw more middle-class youths attracted to the movement.

World renowned Robert "Bob" Nesta Marley, Jamaican singer, songwriter, and musician, was invited to perform in Nassau in December 1979 to commemorate the International Year of the Child. This led to the number of Rastafari in The Bahamas increasing exponentially. Greater numbers contributed to more organisation, but this development was also in response to greater and more aggressive response by authorities. A camp at Fire Trail Road would eventually become the local headquarters for the EABIC who maintain their services there to this day. The Nyabinghi is based in Bain Town, where a tabernacle is located. The King of Kings Missionary Movement can be found at Plantol Street, New Providence.

In 2014 the various mansions of Rastafari came together and agreed to form a body called House of Rastafari to work collectively toward the common goals of the movement. Over time the oppression against Rastafari has diminished. Rastafarians consider themselves "keepers of the flame of resistance and defenders of justice".

Further, with respect to Rastafari's history in The Bahamas, a document released by the Public Affairs section of the EABIC contributes that the Honourable Priest Rithmond McKinney had open dialogue with then Prime Minister of The Bahamas, the Honourable Lynden O. Pindling, in March 1989, where he presented the Prime Minister with documents from King Emmanuel. These documents were from King Emmanuel's speech at the United Nations Seabed Treaty Organisation Meeting in Jamaica.

In August 1992, Ambassador McKinney and his followers sponsored a Freedom Redemption and International Repatriation Reasoning Seminar. This event propelled the EABIC into a "consistent functioning organisation.

Prophets and Priests of the EABIC made presentations in the Bahamas Senate in December 1993, adding to the growing prominence of the movement.

10.3 Rastafarianism's Freedom of Religion Argument: The Use of Cannabis for Sacramental Purposes

The Rastafarian movement in The Bahamas, as in other countries in the region, argues that their use of cannabis as part of their ceremonies is a right which is protected by the Constitution of The Bahamas, and in particular Article 22 (Bahamas Independence Order, 1973)

The Rastafarians' request for the legalisation of cannabis for religious purposes is based on the premise that it is their constitutional right to be able to use cannabis in the practice of their religion, as any other religion can use whatever they choose as their sacrament.

Rastafarians are of the view that due to the many years of oppression from laws and law enforcement against the holy herb (cannabis), Rastafari in The Bahamas has suffered significantly. They also want to be able to grow cannabis for their sacramental use. It is their view that the Rastafari sacrament is spiritual and sacred and only a person of Rastafari faith, a devotee, should grow supplies of cannabis for Rastafari members or church.

The legal and public challenges facing the Rastafari movement in The Bahamas was articulated in an article that was published in June 2019 in the Bahamian newspaper *The Tribune* (Strachan, 2019). By the admission of a member of the community, the hurdles such a challenge would face were acknowledged, but it was felt that in light of the discussions being spurred by the BNCM, it was opportune time to have Rastafarian concerns addressed.

On 6 January 2021 members of the local Rastafarian community filed a constitutional motion against the Government claiming their constitutional rights, outlined in Article 22, to express their religion fully and freely, had been infringed upon after members had been repeatedly arrested for allegations of possession of cannabis (Walkine, 2021). This matter has still yet to be adjudicated on.

CHAPTER 11: A CANNABIS INDUSTRY IN THE BAHAMAS

11.1 The Potential for a Cannabis Industry in The Bahamas

With significant change on the horizon, including the potential rescheduling of cannabis in America and the recommendations of the World Health Organization, options appear to be most favourable for the development of a successful cannabis industry in The Bahamas.

This final report does not focus on this, but some attention is warranted on the various impacts a cannabis industry would have on the Bahamian economy. There is a need to consider the possibilities for establishing markets for both type plants involved, i.e., those for medical and recreational use, and those designed for the hemp industry. The potential exists for a sustainable industry for each one.

11.2 The Industrial Hemp Industry vs. Cannabis for Medical and Recreational Use Industry

Cannabis for medicine, religious purposes, and even recreational use, would involve the cultivation of products specifically for these purposes. Cannabis for the hemp industry would require a different strain or species of the plant.

The plant used for industrial hemp is traditionally high in CBD. There are many uses for hemp-based products in the general population, from hempcrete (a construction material) to clothing and hardware such as ropes and other building materials.

Looking at the global trends, however, it is not expected that there will be an explosion of products into the industrial hemp market. This is because the prohibition on industrial hemp has been lifted for much of the world. Hemp clothing is available, but not in large quantities. The same applies for other hardware hemp that can be and is being produced.

What is observed is an explosion in the health and recreational uses of hemp-derived CBD and products. Products range from every aspect of the consumer experience: smokable products, as well as edible, topical and pet wellness products.

The absence of explosion of the hemp industry compared to the production of cannabis products for human consumption may be attributed to the initial start-up costs for production of the hemp products, coupled with a low market demand. This therefore does not make production a priority for businesses operating in this space. On the other hand, the costs to set up operations designed to cultivate and extract for human consumption are far more cost effective with a much higher return on investment.

Studies have shown the plants grown for medical, religious and recreational purposes cannot co-exist with plants grown for the hemp industry. The more dominate hemp strain will cross-pollinate with other strains of cannabis and replace them, thereby diminishing the

usefulness for other purpose. If The Bahamas wishes to engage in the growth of both products, consideration will have to be given to zoning separate regions to avoid this issue.

11.3 Ownership of the Industry

The creation of a cannabis industry, for medicinal and/or recreational purposes, must provide opportunities for all Bahamians to get involved, and at all levels, including ownership of the major components of the system.

The cost of operating a cannabis business is expensive. It is appreciated therefore that the average Bahamian may not have the resources to fully participate in the industry. It is imperative that safeguards are put in place that will encourage Bahamians to partner with foreign investors at a ratio that is mutually beneficial. It is proposed that any company formed must be at least 51% Bahamian owned, with no more than 49% of the shares being owned by non-Bahamians.

11.4 Taxation

As fore-stated, a significant portion of the economic benefits to the country would be from taxing the industry, at several levels. It is important that the amount of taxes is not so great as to discourage persons from investing. Over taxation of the legal market would ensure a robust and healthy black market.

11.5 Cannabis Industry Impact on Businesses

Listed below are the businesses that could be impacted by a cannabis industry in The Bahamas, by the provision of jobs or the need for services they offer. For example, the high regulation of the industry will require a strong security staff complement.

- Accounting Services
- Banking and Payment Solutions
- Compliance Solutions
- Clothing and Apparel
- Eco Sustainable Solutions
- Extracting and Processing Equipment
- Human Resources/Payroll and Staffing
- Laboratory Equipment
- Manufacturing Equipment
- Packaging Supplies
- Professional Services
- Security Solutions
- Software and Technology
- Training and Educational Services
- Advertising/Marketing/PR
- Business Insurance
- Consulting Services
- Consumption Products
- Cultivation Products and Services
- Events and Conferences
- Financing and Investment Capital
- Lab Testing Services
- Legal Services
- Media and Publishers (Cannabis only)
- PPR Design/Build/Display
- Real Estate
- Shipping
- Tourism

Part III

Cannabis & The Caribbean

CHAPTER 12: CANNABIS IN THE CARIBBEAN

12.1 The CARICOM Report 2018

As fore-stated, the CARICOM Regional Commission on Marijuana released its report in 2018. In its report the CRCM considered the legitimacy of the law with respect to cannabis and surmised that there ought to be clear rationales to support law making and that of criminal penalties. Significantly, the Report submitted the following:

> *The law seeks to consider what is termed the "mischief" or "harm" that must be cured and creates solutions to address the specific problem. That 'harm' is usually harm done to others, or in some cases to oneself. Another sound, although more controversial basis for law-making is, morality. Yet, none of these rationales were demonstrably present when the status of the plant cannabis was changed to one of a narcotic or dangerous drug in the early 20th century, in Jamaica, in 1913 and in other countries 1930s and beyond, with the result that criminal penalties were imposed and mandated.* (CARICOM Regional Commission on Marijuana, 2018, p. 20)

In summary, other provisions of the report included those outlined below (CARICOM Regional Commission on Marijuana, 2018, pp. 20-22):

- That the lack of legitimacy engulfing the laws of cannabis has been due to the lack of support surrounding its initial illegality, particularly bearing in mind *inter alia* the scientific evidence and long history of use unobstructed by legal regulations.
- That a claim existed that the prohibition on cannabis resulted from the tobacco and alcohol industries not wanting to be stifled by competition as well as race and social prejudices aimed at oppressing the Mexican and black ethnicities.
- That the argument of self-harm was countered with queries about the rationale behind the legalisation of alcohol, tobacco and even cassava and ackee, and its moral and ethical standpoint predicated on its classification of the plant as being unlawful and banned.
- That the region's common denominator concerning cannabis is its strict liability to offences of possession, use, control, trade and other related offences, regardless of intent and/or applicable mitigating circumstances.
- That law enforcement turned a blind eye in some instances, and there was disparity in penalties when placed before the courts. Further, the approach of law enforcement counteracted proposed alternatives (non-custodial sanctions such as education, rehabilitation and social reintegration, treatment, aftercare rehabilitation and social reintegration, in the case of those who were drug abusers) provided for in the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. An example was cited where, in Guyana, an elderly lady in her 80s had been incarcerated for possession of one joint she apparently took to relieve pain.
- That although regional sentencing handed down for cannabis related offences is typically much lighter than that of North America, sentencing, nonetheless, appears to be

arbitrary, inconsistent and out of sync with social realities. CARICOM supported this with the following:

> *It is an unfortunate truism that otherwise law-abiding CARICOM citizens can receive a much harsher sentence, including imprisonment for many years, for possessing a single 'joint' of marijuana, a victimless crime, than a person convicted of wounding another with intent and similar serious crimes.* (CARICOM Regional Commission on Marijuana, 2018, p. 23*)*

- That hemp should be differentiated from other types of cannabis in the relevant legislation, using provisions that define hemp according to minimal THC levels and thereby excluding these from any regulatory or legal prohibitive regime. This will liberate hemp and encourage its use in important industry development. In the cultivation of hemp, careful zoning is needed to prevent cross-fertilisation. (CARICOM Regional Commission on Marijuana, 2018, p. 26*)*

Also considered in the Report were the ancillary laws supporting the illegality of cannabis affecting a given country's or the region's financial sector, and the need to have patent laws, change to customs laws, regulation of pharmacies, and the amendment to laws regarding anti-money laundering and the proceeds of crime. To elaborate, for example, some cannabis businesses were encountering legal difficulties when transacting with banks and financial institutions which viewed their businesses as participating in the proceeds of crime, the effects of which have far reaching international consequences.

CARICOM's conclusion included the following:

> *As a first step, the Commission is unanimous in its view that any legal reform should continue to prohibit the use (especially smoking) of cannabis/ marijuana in public spaces, as is currently done for tobacco smoking. This would also preserve the rights of non-users. Possible exceptions would be a regulatory regime that permits 'regulated spaces', such as the 'coffee shops' of the Netherlands or the cooperatives of Spain. On the other hand, regulatory regimes for private households which criminalise persons for use are untenable for the reasons mentioned above.* CARICOM Regional Commission on Marijuana, 2018, p. 25*)*

12.2 The Caribbean Context

While The Bahamas is a boundary nation of the Caribbean Sea, it is a part of CARICOM which seeks to promote economic integration and cooperation among its 15 member countries. The Bahamas shares a similar history, culture and political governance as many of its Caribbean neighbours, hence the relation between the development of the CARICOM Regional Commission on Marijuana and the Bahamas National Commission on Marijuana.

It is not a surprise that there has been increased momentum towards addressing the cannabis issue in The Bahamas, following decriminalisation, legalisation and the conditional legalisation of the use of cannabis in several Caribbean countries.

For example, Jamaica introduced legislation to decriminalise cannabis and made provisions for medical use in 2015. Saint Kitts and Nevis, US Virgin Islands, Bermuda, Antigua and Barbuda have all passed or are in the process of passing similar legislation. In 2018 St. Vincent and the Grenadines became the first Organisation of Eastern Caribbean States (OECS) member to pass legislation allowing for the decriminalisation of cannabis for medicinal and scientific purposes ("St Vincent Parliament Approves Legislation", 2018).

In *Relocate Antigua Magazine*, 24 November 2020, an article was published that provided the following update regarding the status of medical cannabis in the Caribbean (RA Team, 2020)

Country	Medical Cannabis Legalised	Legalisation in Process
Antigua and Barbuda	√	
Aruba	X	√
Bahamas, The	X	√
Barbados	√	
Cayman Islands	√	
Cuba	X	X
Dominica	X	√
Dominican Republic	X	X
Grenada	X	X
Haiti	X	X
Jamaica	√	
Montserrat	X	X
Puerto Rico	√	
Saints Kitts & Nevis	√	
Saint Lucia	X	√
Saint Martin	√	
Saint Vincent & the Grenadines	√	
Trinidad & Tobago	X	√
US Virgin Islands	X	√

12.3 Summary of the Laws in Other Jurisdictions

This portion of this final report seeks to outline the current legislative framework in several countries in the region, at the time of drafting. It is acknowledged that parliaments within the Caribbean are amending their laws as they relate to cannabis, and thus there are likely to be changes to this Report by the time it is published.

12.3.1 Jamaica

Jamaica has been the leading country in the region when it comes to the legalisation and decriminalisation of cannabis. Its 1948 Dangerous Drugs Act, which was enacted to address all illegal substances, including cannabis which is referred to as ganja, made all use and possession of cannabis illegal except for medicinal preparations from the plant. Additionally, it decriminalised cannabis to the extent that a person may be in possession of no more than two ounces of the plant or any such amount as the Minister may by order prescribe (Dangerous Drugs Act (1948) Jamaica).

In 2015, Jamaica further developed its laws on cannabis in its Dangerous Drugs (Amendment) Act 2015, commencing with a completely different definition of the term ganja which is now *"includes all parts of the plant Cannabis sativa from which the resin has not been extracted and includes any resin obtained from that plant, but does not include the following: medicinal preparations made from that plant, and hemp"* (Dangerous Drugs (Amendment) Act (2015) Jamaica (No. 5), p. 2).

This redefinition of cannabis resulted in the legalisation of cannabis for medicinal purposes, and any part of the plant falling within the definition of hemp. The amendments made it legal for persons suffering from cancer or any other serious chronic illness, or a person by whom a registered medical practitioner has recommended the use of cannabis for medicinal and therapeutic purposes, to use and be in possession of cannabis but not exceeding the amount that was recommended by a registered medical practitioner.

The decriminalised amount of possession for persons remains at two ounces in this Amendment Act as it was in the principal 1948 Act. Consequently, it is still an offence in Jamaica to smoke or to be in possession of any amount of cannabis exceeding two ounces.

The Amendment Act also made it legal for a household to cultivate no more than five plants. Any number exceeding the five plants is an offence, and for the purposes of the Amendment, where there is more than one household on any premises, each household shall be treated as a separate premise.

Further, the Act made it legal to be in possession of cannabis for religious purposes as a sacrament in adherence to the Rastafarian faith, and for scientific research conducted by a duly accredited tertiary institution or otherwise approved by the Scientific Research Council or such other body as may be prescribed by the Minister.

It further mandates that the handling of cannabis for medical, therapeutic or scientific purposes requires a licence, permit or other authorisation issued under this amended Act, and prohibits the smoking of cannabis and other substances in public places.

The Act addresses the use and possession of cannabis by foreigners or non-residents of Jamaica. It also provides that persons falling into the above category may purchase and be in possession

of two ounces or less at a time, provided that that person produces a signed voluntary declaration, or any other satisfactory evidence, that the person's use of cannabis is for medical or therapeutic purposes as prescribed or recommended in writing by a medical practitioner entitled to practise in the jurisdiction where the person is ordinarily a resident. The individual must be in possession of a valid permit issued by the Minister responsible, for which there is a fee.

Jamaica established a Cannabis Licensing Authority which is responsible for overseeing and controlling the handling of hemp and cannabis. The Ministry of Health for Jamaica regulates medicinal cannabis.

12.3.2 Cayman Islands

The Cayman Islands took a step towards the legalisation of cannabis in 2017. According to its Misuse of Drugs Law (2017 Revision), the Cayman Islands maintained its position on the use of the cannabis plant, with the exception of medicinal purposes, as their Act now provides for the lawful importation and use of CBD oil for medicinal purposes only (Misuse of Drugs Law (2017 Revision) Cayman Islands).

The Law further provides that the use of cannabis extracts and tinctures of cannabis for medical or therapeutic purposes, where prescribed by a licensed medical doctor as part of a course of treatment for a person under that medical doctor's care, is lawful. The medical doctor establishes the required dosage for that person.

12.3.3 Antigua and Barbuda

Antigua and Barbuda made a great leap towards the evolution of their laws pertaining to cannabis. In 2018 they enacted legislation that was very similar to that of Jamaica's 2015 Amendment Act. The main object of its Misuse of Drugs (Amendment) Act, 2018 (No. 3 of 2018) appears to have been focused on the decriminalisation of cannabis (Misuse of Drugs (Amendment) Act (2018) Antigua and Barbuda: (No. 3 of 2018).

This 2018 Amendment Act permits persons to be in possession of cannabis, provided it does not exceed the prescribed 15 grams of cannabis or cannabis resin, to which no penalty can be imposed under the Act. Notwithstanding this, the Act prohibits the smoking of cannabis in a public place, or being the owner, occupier or concerned with the management of such premises knowingly permitting another to sell, supply or smoke the plant. If found in breach of either offence, that individual would be liable on the first occasion to a warning by the police, issued with a violation ticket of $500 on the second occasion, and on the third or subsequent occasion to a fine on summary conviction. Any penalty imposed relative to the foregoing, however, shall not form part of that individual's criminal record.
Child offenders were also considered in this Act, and it provides that a person under the age of 18 years found in possession of cannabis shall be required to participate in a drug counselling programme approved by the Minister and required to financially contribute to that programme.

The Act encourages public education programmes to discourage the use of cannabis by persons with mental disorders, pregnant women, youth and other vulnerable groups, and programmes to treat and rehabilitate persons suffering from drug related illnesses.

The Act further provides that the cultivation of the genus *cannabis* was outlined as unlawful; however, it was made lawful for the head of a household, owner lessee, tenant or other person having control of the property to cultivate no more than four plants per household on his/her property.

As with The Bahamas and other jurisdictions, Antigua and Barbuda has legislation providing for the rehabilitation of offenders, and this was acknowledged and considered in its 2018 Amendment Act when addressing the expunging of records of individuals convicted of being in possession of the *Cannabis sativa* plant. The Act provides:

> *Notwithstanding the provisions of the Criminal Records (Rehabilitation of Offenders) Act 2013, No. 19 of 2013, any notation on the record of a person prior to the passing of this Act for conviction of offences involving the drug Cannabis or Cannabis resin in a quantity of 15 grams or less, shall be regarded as spent and expunged accordingly.* (Misuse of Drugs (Amendment) Act (2018) Antigua and Barbuda: (No. 3 of 2018), Sect. 29)

It should be noted that the expunging of records does not apply to possession of the Cannabis sativa plant as a whole but rather it is only applicable to persons who are found in possession of the decriminalised amount of 15 grams that was still, for the purposes of their Act, unlawful, but not capable of forming a conviction.

In April 2019, Antigua and Barbuda thought to tighten what was implemented in 2018 and provided another amendment entitled The Misuse of Drugs (Amendment) Act, 2019 (No. 2 of 2019), establishing a National Drug Council, consisting of representatives from a cross section of the country (Misuse of Drugs (Amendment) Act (2019) Antigua and Barbuda: (No. 2 of 2019).

12.3.4 St. Vincent and the Grenadines

St. Vincent and the Grenadines has two pieces of legislation that deal with cannabis and its uses in that country, namely The Permitted Use of Cannabis for Religious Purposes Act, 2018, and the Medicinal Cannabis Industry Act, 2018.

The Permitted Use of Cannabis for Religious Purposes Act, 2018

This Act decriminalised cannabis as a sacrament taken in adherence to a religious practice, including but not limited to the Rastafarian faith, at their place of worship and at an event declared by Order of the minister to be an exempt event.

This Act permits the cultivation of cannabis solely for religious purposes as a sacrament in adherence to a religious practice of a religious body on lands permitted by the minister. Also, persons adhering to this religious practice are permitted to be in possession of cannabis less than or equal to the amount specified by the minister. They are permitted to supply and transport

cannabis which has been cultivated for religious purposes to a place of worship or at an event exempted by the minister. However, where there are reasonable grounds to suspect that there is an intention to abuse this Act and breach the purpose of the Act, the Director of Public Prosecutions has the power to exercise his discretion to prosecute that person pursuant to their Drugs (Prevention of Misuse) Act or any relevant enactment.

A member of a religious body must apply to the minister in the prescribed form to have that religious body designated as a religious body for the purposes of the Act.

Where the minister has approved cultivation for religious purposes the religious body can only cultivate in accordance with the amount prescribed and is subject to inspections as the minister may deem necessary. This Act prohibits the importation of cannabis into St. Vincent and the Grenadines for religious purposes.

Furthermore, the minister has the authority to revoke any Order granted pursuant to this Act and all the cannabis cultivated by the religious body will be seized and destroyed by the Authority.
The Act makes it unlawful to use cannabis, authorised solely for religious use, at a place other than a place of worship or a place exempted by the minister. Any person in breach of this offence is liable on summary conviction to a fine and or to a term of imprisonment.

The Act prohibits the use of cannabis by minors.

Medicinal Cannabis Industry Act, 2018
This Act establishes a Medicinal Cannabis Industry to regulate the cultivation, supply, possession, production and use of cannabis for medicinal purposes, more specifically, for the treatment of persons with qualifying medical conditions; to provide for the establishment of the Medicinal Cannabis Authority and the Medicinal Cannabis Advisory Council (Medicinal Cannabis Industry Act (2018)).

The Cannabis Licensing Authority was established by the Act and has a wide variety of functions pertaining to the oversight and regulation of its provisions.

The issue of cannabis licenses must be approved by Cabinet acting on the recommendation of the Cannabis Board. A Board of the Authority was also established and consists of *ex officio* members such as the Attorney General or his nominee, the Commissioner of Police or his nominee, the Comptroller of Customs or his nominee etc. The Board's functions include monitoring the administrative operations of the Authority, submitting recommendations to Cabinet in relation to issuing of licenses and other authorisations, advising the minister on matters of general policy, and ensuring that the authority receives and manages its funds in a prudent manner.

The Medicinal Cannabis Advisory Council was also established and includes medical doctors, pharmacists, other health care practitioners, persons from academia and persons with expertise in the regulation of controlled substances for medical use. These individuals form the Council and

advise on, *inter alia,* the medical symptoms or conditions that may be included in the list of qualifying medical conditions, the use and methods of administration of medical cannabis, medicinal cannabis research and guidelines for the training of licensees, medical doctors, nurses, pharmacists, veterinarians and other health practitioners, on the supply and use of medicinal cannabis (Medicinal Cannabis Industry Act (2018), Part III).

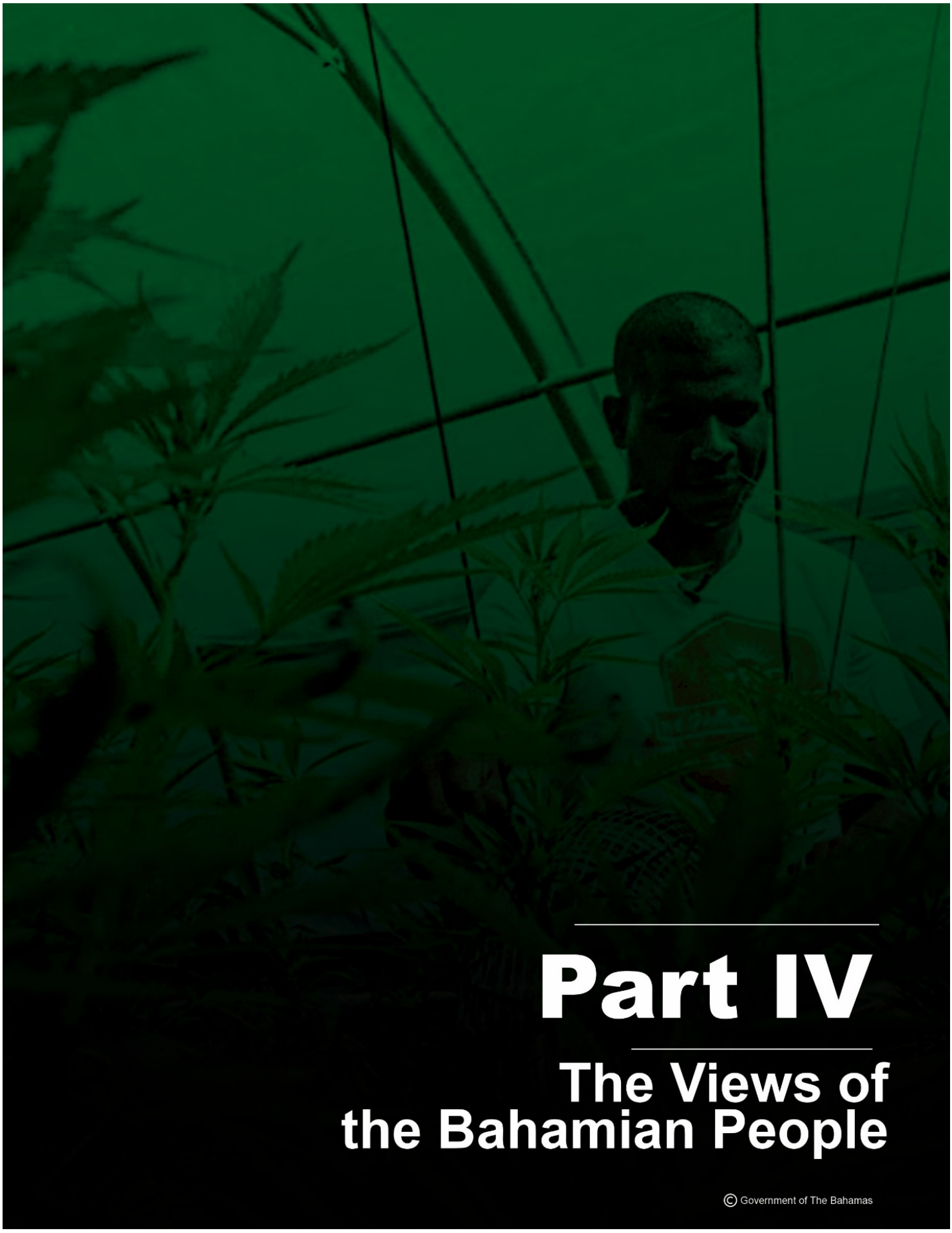
The Act requires the medical doctor prescribing cannabis to first seek authorisation from the Authority. However, in order to obtain authorisation, the medical doctor must submit to the authority a copy of the medical doctor's valid practicing certificate and a copy of documentation of training or experience of the medical doctor in relation to the administering of medicinal cannabis. This authorisation must occur prior to making any prescription of medicinal cannabis. The Act also defines the "qualified conditions."

Medical doctors are also required to maintain detailed records of all medical certificates issued. The Authority has the power to develop and implement procedures for the refusal to grant authorisations to a medical doctor to prescribe medicinal cannabis. It should be noted that only an authorised pharmacy and an authorised pharmacist may dispense medicinal cannabis to patient or caregiver.

The Act also regulates and licences the supply of medicinal cannabis by the establishment of a scheme authorising the cultivation, transportation, manufacturing of, dispensing, sale, research and development, importation, exportation, the issuing of licenses for specified activities and the imposition and variation of conditions of licences related to medicinal cannabis, to enable medicinal cannabis to be obtained.

The Act prohibits the supply of medicinal cannabis without a licence and against standard requirements. It also makes requirements for the enforcement of the provisions of the Act by providing for the designation of inspectors who have the authority to obtain a warrant from a Magistrate if there is reasonable grounds for suspecting that there is information required by him relative to breach of this Act, to enter the premises, place or vehicle to obtain the said information.

Not only does this Act create various offences, but an Appeals tribunal has also been established to adjudicate on matters where a person, who has been aggrieved by a decision of the Authority, may seek relief.



Part IV

The Views of the Bahamian People

CHAPTER 13: METHODS OF ENGAGING WITH THE BAHAMIAN PUBLIC

The Commission fulfilled its mandate in *codifying the view of Bahamians on all things related to cannabis and making recommendations to the Government of The Bahamas on positions related to the legal, social, medicinal and ceremonial (religious) issues as they relate to cannabis.*

Part IV deals with the first part of the mandate. Following engagement with the Bahamian public, using modes as provided below, the Commission was able to capture and codify public views on cannabis.

13.1 Qualitative Methods

Methods in capturing the sentiment of the Bahamian community, with respect to cannabis and cannabis policies, were largely qualitative in the first instance. The Commission actively engaged the public via various modes throughout 2019, meeting with and listening to Bahamians from all walks of life, including the following:

- national and local government officials
- medical doctors
- nurses
- pharmacists and other health professionals
- members of the religious communities, including those of the Rastafarian faith
- members of the legal profession
- Bahamians from varied age and socio-economic demographics

The various modes included formal and informal surveys, interviews and/or discussions at the following:

- town hall meetings
- community walkabouts
- speaking engagements
- stakeholder meetings
- media shows
- press conferences

Members of the Commission also travelled outside of New Providence to Abaco, Eleuthera, Exuma and Grand Bahama to engage with the local populations there.

In addition to local and national engagement, several members of the Commission travelled to Jamaica on a fact-finding mission. They met with a wide cross-section of persons actively involved in or affected by the cannabis industry.

Public engagement, locally and regionally, as well as review of associated literature, immensely informed the content of this Final Report of the Commission, including the Report's Recommendations.

13.2 Quantitative Method – National Survey

In late 2020 the Commission engaged the services of Public Domain, a local market research and strategy company, to conduct a public opinion survey, which would capture public sentiment and also inform the Commission's Recommendations.

The survey was conducted between 24 November 2020 and 14 December 2020 and involved interviewing 1,000 residents, who were identified by random telephone number selection throughout The Bahamas. All participants confirmed that they were 18 years of age or older.

The survey comprised 29 questions which were read to the participants. A copy of the survey is found in Annex IV of this report.

Some of the key demographics of those who participated in the survey are provided in the tables below. More details can be found in the Survey Report prepared by Public Domain which appears as Annex V of this report.

Table 1: Survey Participants by Gender & Age Group

GENDER	NUMBER	PERCENTAGE
Male	478	48%
Female	522	52%

Table 2: Survey Participants by Age Group

AGE GROUP	MALE	%	FEMALE	%	TOTAL	%
18 – 24 years		18%		17%		17%
25 – 34 years		24%		23%		23%
35 – 44 years		24%		24%		24%
45 – 54 years		17%		17%		17%
55 – 64 years		10%		10%		10%
65 years or over		7%		8%		8%
Not disclosed		0%		1%		1%
TOTAL	**478**		**522**		**1,000**	

Table 3: Survey Participants by Island of Residency

	MALES	FEMALES	TOTAL
ISLAND OF RESIDENCY	**%**	**%**	**%**
New Providence	18%	17%	17%
Grand Bahama	24%	23%	23%
Abaco	24%	24%	24%
Andros	17%	17%	17%
Bimini & Cat Cay	10%	10%	10%
Cat Island	7%	8%	8%
Eleuthera	0%	1%	1%
Exuma			
Rum Cay & San Salvador			
TOTAL PARTICIPANTS	**478**	**522**	**1,000**

Additional demographics were obtained, including:

(a) Highest Level of Education
(b) Employment Status
(c) Household Makeup
(d) Household Income

CHAPTER 14: VIEWS OF THE BAHAMIAN PUBLIC

14.1 Feedback from Town Hall Meetings, Walkabouts and Stakeholder Meetings

During 2019 the Commission interacted with the Bahamian public in several fora to obtain their views on cannabis. As fore-stated, these interactions included town hall meetings, community walkabouts and stakeholder meetings.

In addition to meetings held on the island of New Providence, representatives of the Commission also visited the islands of Abaco, Eleuthera, Exuma, and Grand Bahama. Captured below are some of the salient issues raised.

- There is a need for a massive public relations exercise to educate Bahamians about all things cannabis. Members of the public must be sensitised about cannabis issues so that they can make informed decisions.
- More research is needed to determine the benefits and disadvantages of cannabis use in The Bahamas.
- There is great support for the medical use of cannabis.
- Cannabis is a plant, and just as aloes and cerasee are used for medical purposes, cannabis should be allowed to be used similarly.
- A Too many young lives were being ruined, subsequent to young persons being given criminal records, and in many instances, being incarcerated for possession of small amounts of cannabis.
- There is support for decriminalisation of cannabis and for the expungement of criminal records for persons convicted of possession of small amounts of cannabis.
- There is support for the legalisation of cannabis for any use – including recreational use.
- The Bahamas has the climate and conditions to grow cannabis and thus this should be taken advantage of.
- Bahamians should be allowed to grow cannabis in their backyards.

> ***"Governments have been avoiding this topic too long. They should move faster so that we do not lose out as a country. Should make this issue straightforward, and not complicate it."***

- With the legalisation of cannabis, the Government can gain revenue through imposing a tax. Revenue gained could be used to fix roads, build schools, etc.
- The cannabis industry should be 100% Bahamian owned.
- Tourists should be allowed to use cannabis. This would boost the tourism industry.
- Young people are not sufficiently informed on how to use cannabis.
- The issues of cannabis, if not properly vetted and informed, can destroy many Bahamians.
- Where there is a lack of knowledge [on cannabis], people will suffer.

> ***"Marijuana is a sacrament between me and God. It is my culture. It's not about getting high; it is about meditation."***

- Co-operatives should be formed to fund a cannabis industry in The Bahamas.

- Crime statistics need to be examined to see if there is a correlation between drug use (and in particular cannabis) and crime in The Bahamas.

"In this whole process of legalising marijuana, I would hope that the government would level the playing field to include the opinions of everybody, so that everybody can benefit."

14.3 The Public Domain Survey

AT A GLANCE

The Public Domain survey found the following:

- There is strong support for the legalisation of cannabis for medical use.
- Support is less strong for legalisation of cannabis for religious reasons, and even less for its adult recreational use.

It should be noted that men are evenly divided on legalisation of cannabis for adult recreational use and women more strongly oppose.

The results also showed that the following:

- There is support for changing the current legal regime, including decriminalisation, and expunging the records of those convicted of cannabis possession.
- There is strong support for the adoption of a legal framework that would regulate cultivation, production, and distribution of cannabis-related products.
- There is also strong support for limitations on access to cannabis for those under 20 and for restrictions on cannabis use in public spaces.
- There is strong support for Bahamian ownership of any cannabis-related industry.

MEDICAL CANNABIS

The use of cannabis for medical use was found to have very strong support (84%) by the respondents. More men (87%) showed support, compared to 82% of the women surveyed. There was widespread support across age categories, with the greatest support being among respondents 18 – 34 years old (90%), and those 35 – 54 years old. Support for making medical use available in The Bahamas was still strong among the older respondents (74%).

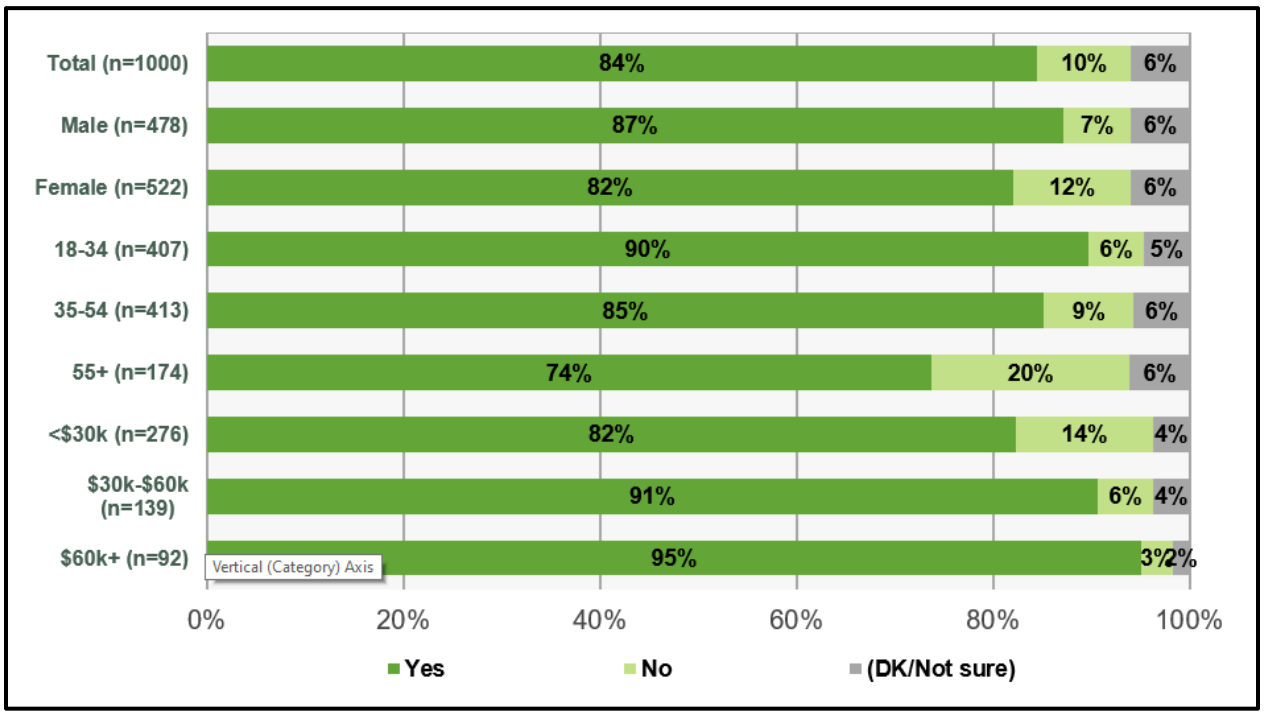


Figure 4: Should cannabis be legalised for medical use?

A significant number of those surveyed stated that they would take medical cannabis as prescribed by their doctor. 80% said that they would take it.

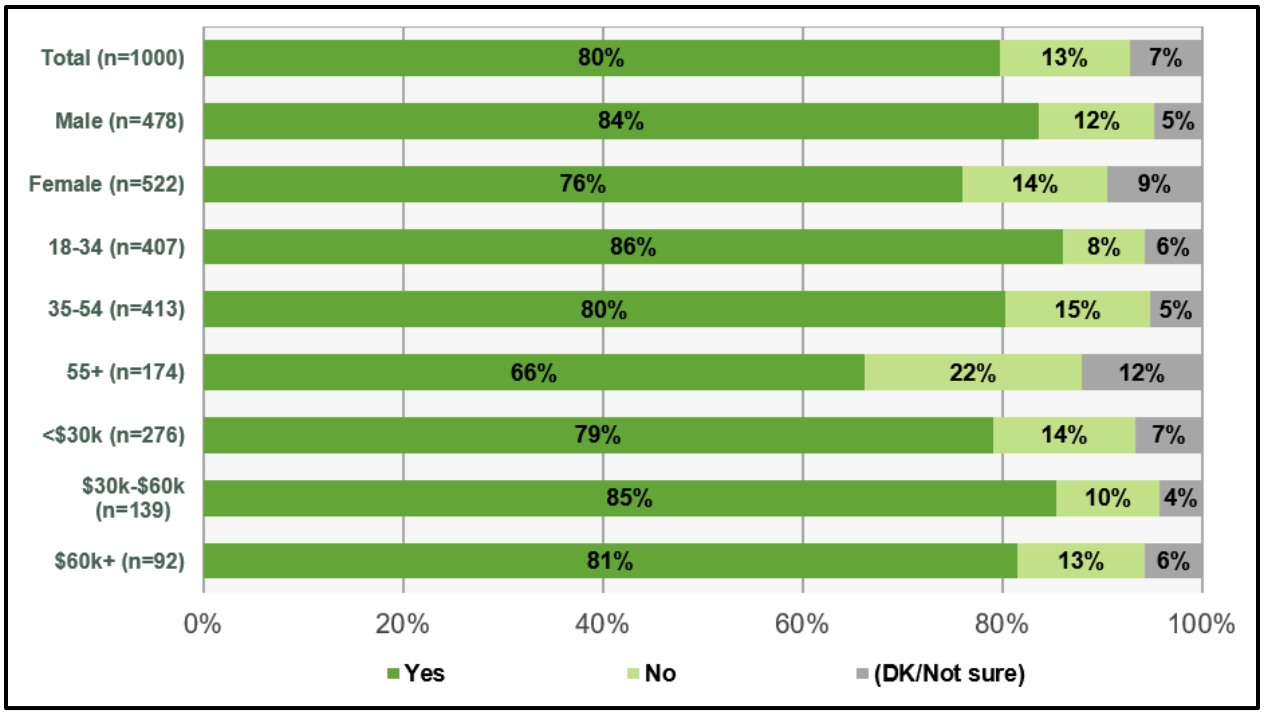


Figure 5: If cannabis is legalised for medical use and should your doctor prescribe cannabis products to treat your health issue/condition, would you take it?

Respondents were asked about doctors prescribing cannabis products for children. If prescribed by a doctor, 58% of persons surveyed said that they think parents should allow their children to take medical cannabis.

When asked about how medical cannabis should be distributed, if it was legalised, most of the respondents (57%) showed a preference for it to be distributed in a structured environment such as a doctor's office, pharmacy, or a stand-alone dispensary. Most respondents (55%) however did not support persons being able to grow cannabis at home. If the decision is made, however, to allow persons to grow the plant for their use, 74% believe there should be some restrictions, such as the number of plants that can be grown, the size, etc.

A strong majority (79%) were of the view that a medical card should be purchased for residents with medical prescriptions. As it relates the tourists, when asked the same question, the majority (81%) also agreed.

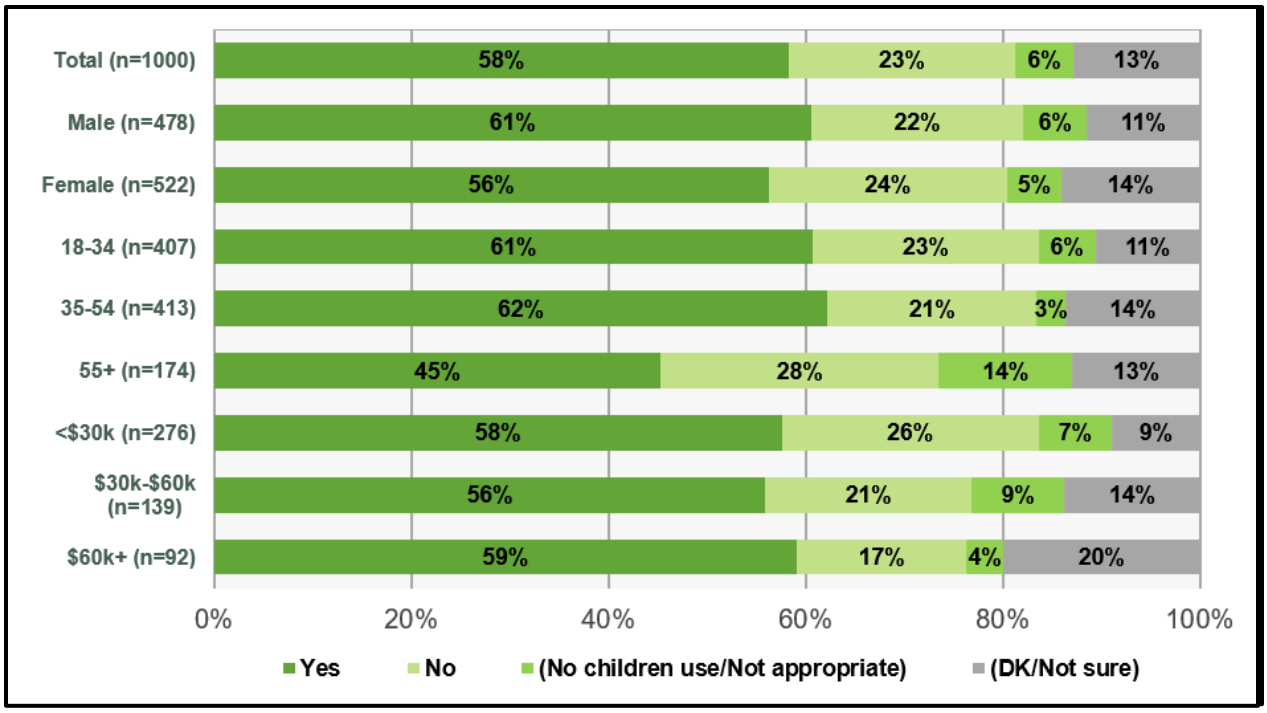


Figure 6: Should parents allow their children to take medical cannabis?

It should be noted that there was concern about the impact the legalisation of cannabis use for medical purposes would have on its non-medical/recreational use. As shown in figure 6, 54% of the respondents felt that there would be some impact.

USE OF CANNABIS FOR RELIGIOUS PURPOSES

On the issue of whether cannabis should be allowed for religious purposes, 45% did not agree that it should be legalised for sacramental purposes. 40% were opposed to its use, and 15% responded that they did know if it should be allowed, or that they were unsure.

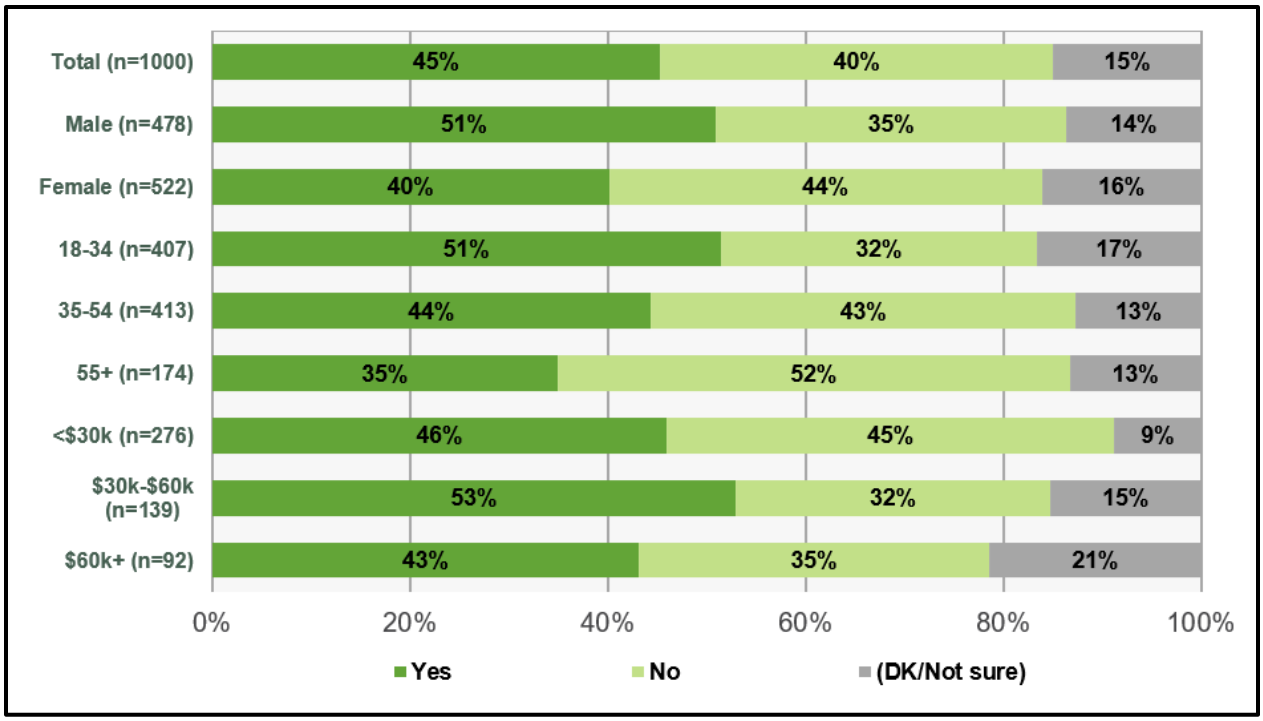


Figure 7: Legalise cannabis for religious sacramental purposes

Respondents were divided when asked whether members of religious communities should be allowed to grow cannabis for religious purposes. 47% agreed that they should be allowed to grow it, and 44% disagreed.

When asked if cannabis, if legalised and allowed to be grown for religious purposes, 74% supported that there should be restrictions (e.g., where it is grown), and 70% were of the view that there should be restrictions on the types, amounts, etc. that should be allowed.

ADULT USE CANNABIS

Respondents were asked their views on adult use cannabis, also known as recreational use. The legalisation of cannabis for adult recreational use was not supported by 56% of the respondents. Men were evenly divided between those who support such legalisation and those who do not (47%). Women, however, were more strongly opposed (64%).

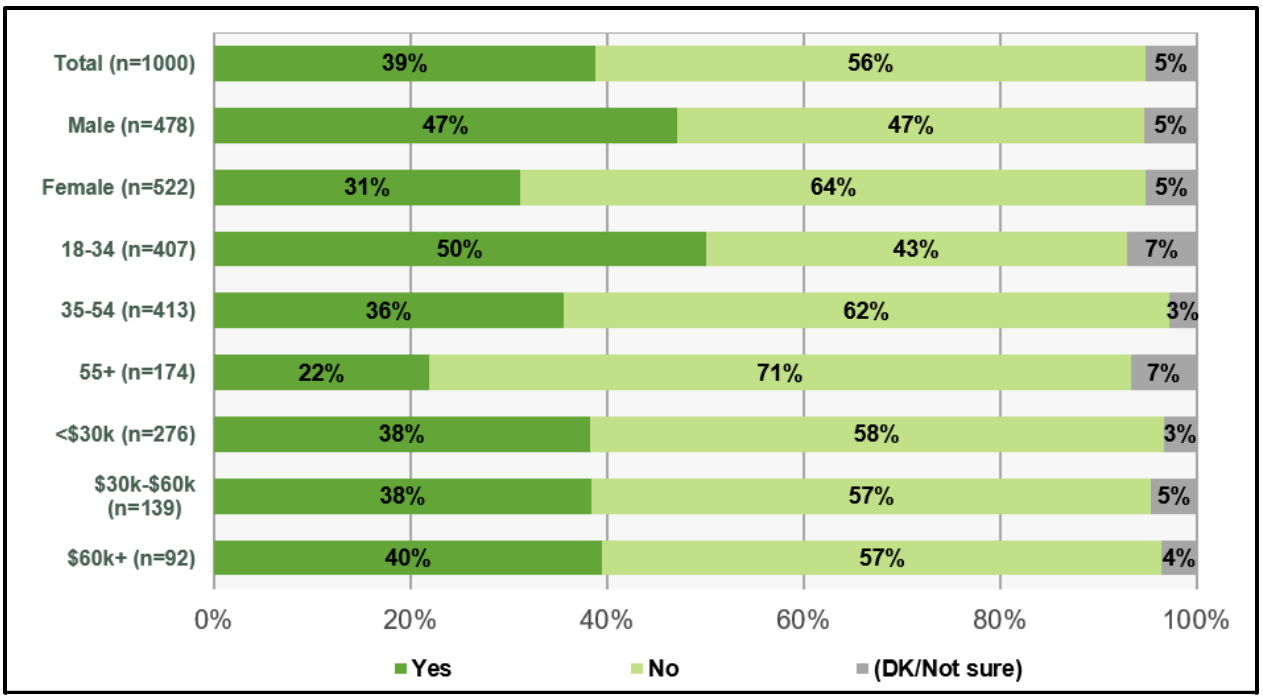


Figure 8: Should cannabis be legalised for adult use/recreational use

The support of adult recreational use of cannabis is associated with age. Support stands at 50% among the 18 – 34 years age group, with support decreasing for the older age groups – 36% among the 35 – 54-year-olds, and 22% among those that were 55 years and older.

When asked what legal or policy framework should be provided, should cannabis be legalised for adult recreational use, a plurality of respondents indicated a preference for it to be legal with a licence (48%), over either decriminalisation with fines, where there was 25% support, or legalisation without restrictions (20%). There was 68% support for users being required to have a permit.

Should adult recreational cannabis use be legalised, the majority of respondents favoured the age of 20 as the minimum age for such use.

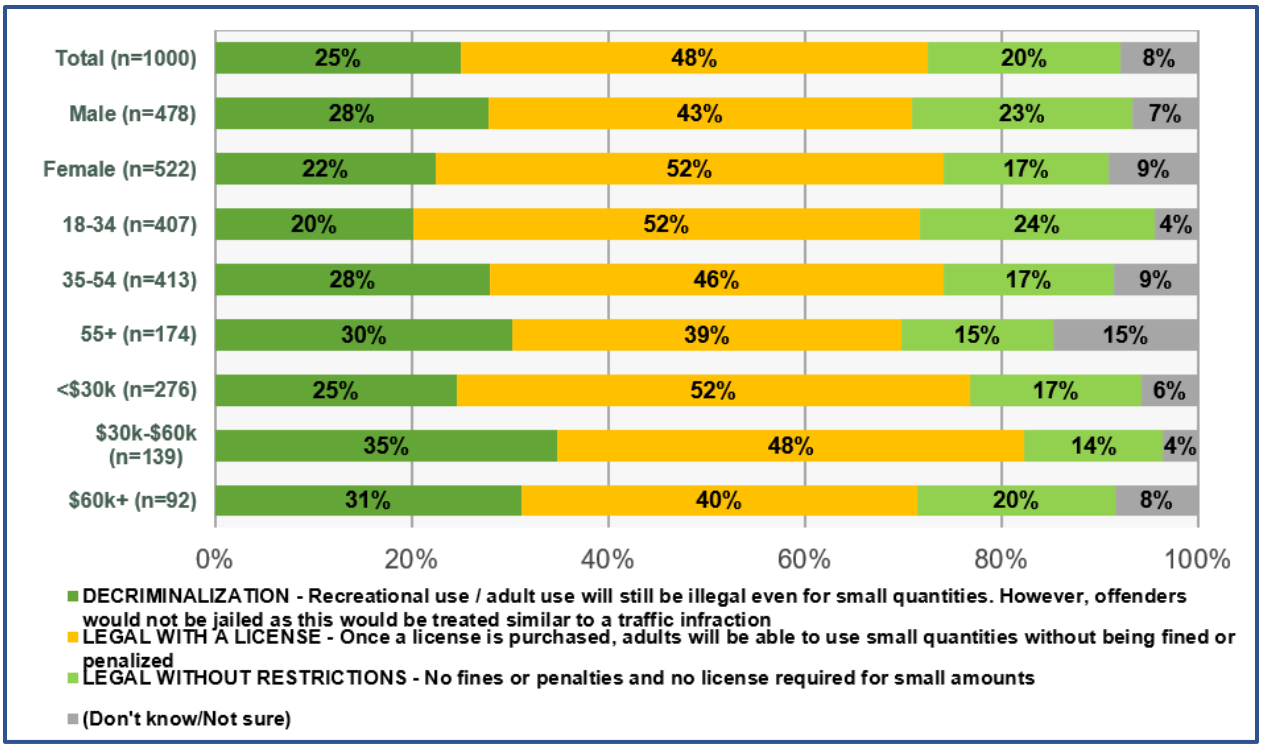


Figure 8: Should cannabis be legalised for adult use/recreational use, which policy (decriminalisation, legal with a license, or legal without restrictions)?

Respondents were also in favour of numerous restrictions being placed on its use should adult recreational use be legalised. For example, 80% believe that persons should not be allowed to drive while under the influence of cannabis; it should not be allowed to be used in public spaces (78%); 89% felt it should not be allowed to be used within a certain distance of schools or churches; and it should not be allowed to be used at public events or activities (68%).

Participants in the survey were asked if they felt that making adult recreational use legal would change the usage of cannabis in society. 9% thought that people would use less, 29% thought that there would be no impact on usage, in that usage would stay the same; 27% thought people would use more, and 30% thought that people would use much more.

Home grown cannabis for adult recreational use was not supported by 54% of respondents. However, if the decision was made to allow users to grow their products at home, most respondents (75%) supported restrictions on the size of plants that should be grown, how many plants should be allowed to be grown, etc.

ALTERNATIVES TO INCARCERATION

Respondents were asked to give their opinions on the penalties that currently exist for possession of cannabis.

It was the view of the majority of respondents that the current sentences for cannabis possession are too harsh. This view was shared by 62% of them. There was 60% support (persons who agreed or strongly agreed) that persons who have been convicted and are currently serving time for simple possession of cannabis should be released with no restrictions.

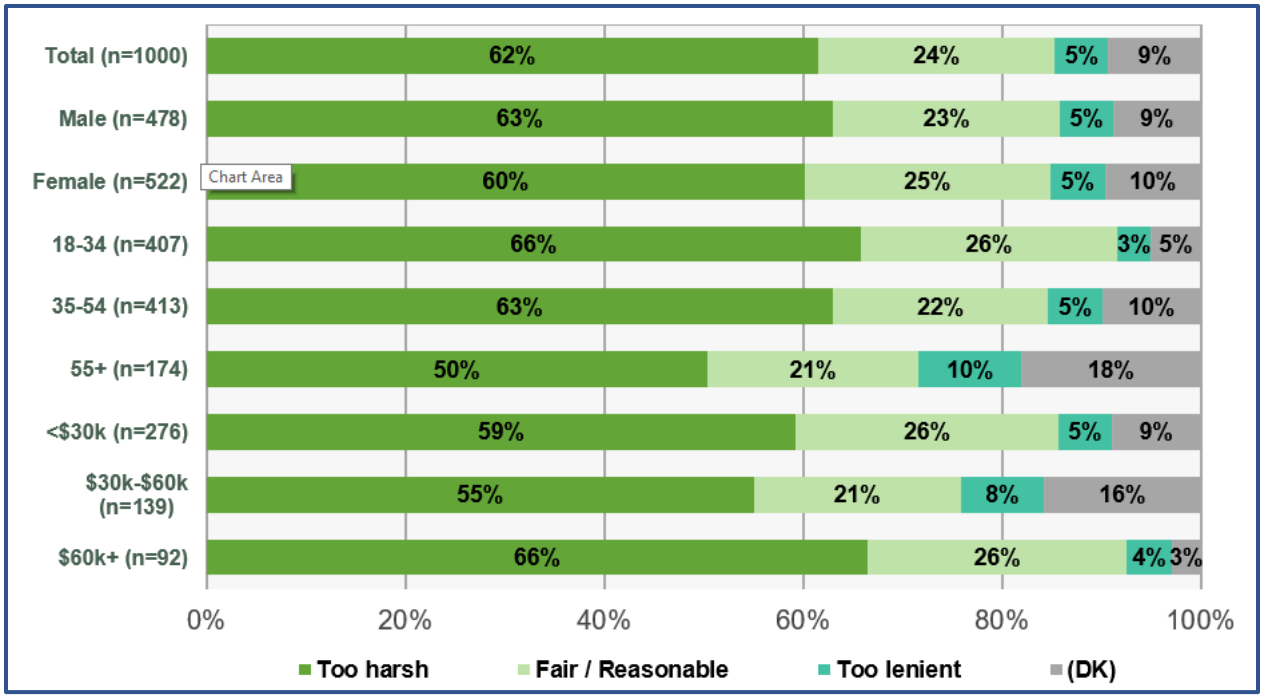


Figure 9: Harshness of the current penalties for persons convicted of cannabis possession

33% of the respondents however agreed that persons convicted for the possession of small amounts of cannabis should be sentenced to fines, imprisonment, or both. There was strong support (77%) for other courses of action such as counselling and participation in drug treatment programmes.

Respondents were provided with several threshold amounts that should be considered as the amount that should result in an arrest for drug possession. The majority favoured amounts of one ounce or above as being that amount. 37% felt that persons should not be arrested if they had less than an ounce of cannabis in their possession; 27% felt that you should not be arrested if you had one ounce, 12 % felt two ounces, and 9% felt that you should not be arrested if you had more than three ounces.

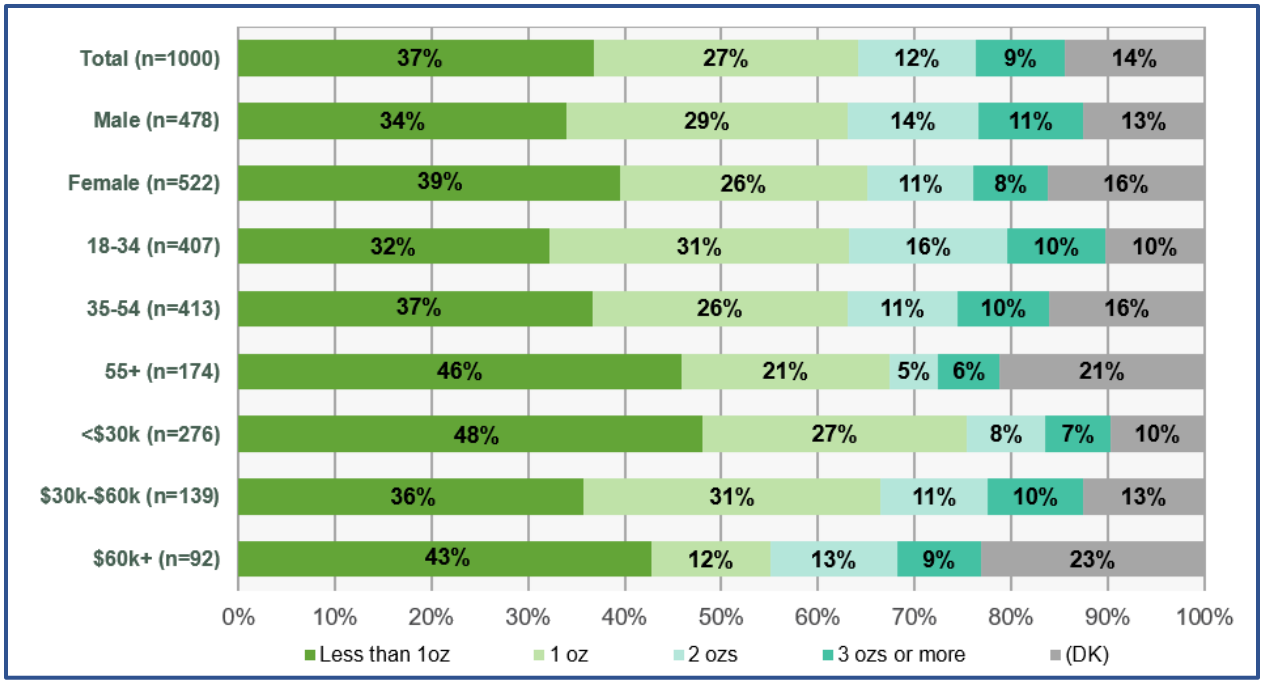


Figure 10: Amount of cannabis in possession without being arrested

There was overwhelming support, by a margin of 9 to 1, in favour of the expunging of criminal records for one-time cannabis possession offenders. For persons who were convicted of being in possession of small quantities of cannabis more than once, 63% supported records being expunged.

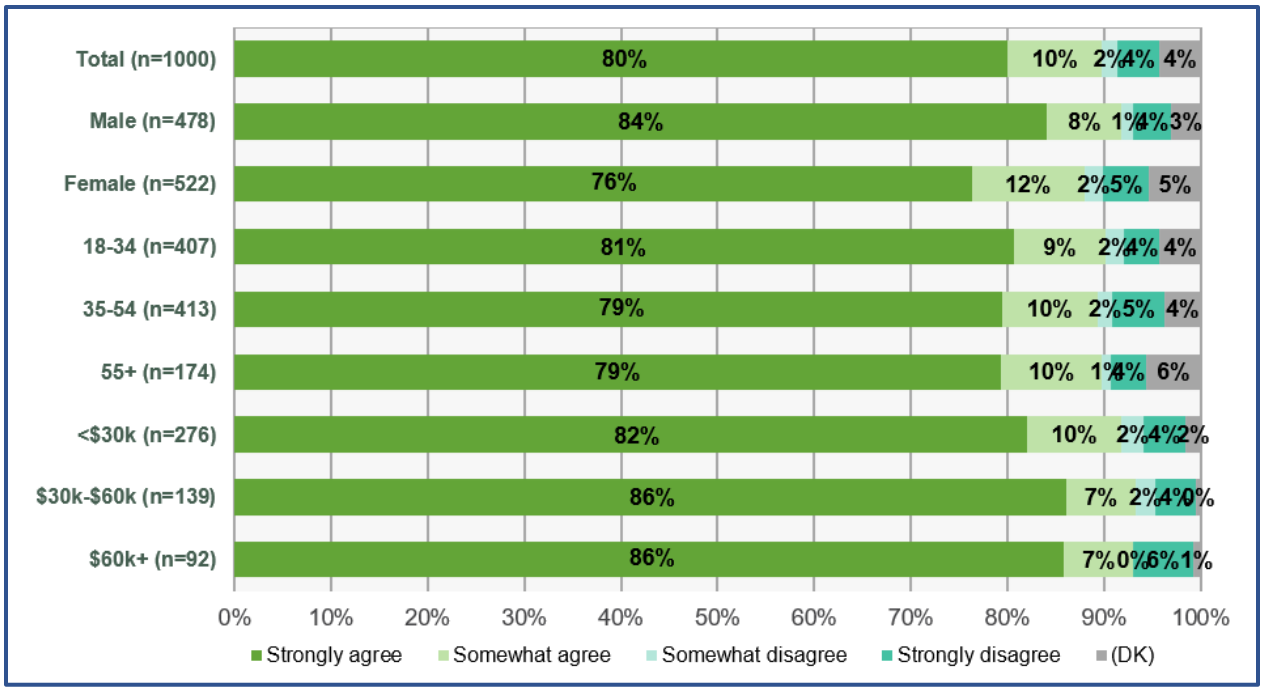


Figure 11: Support for police records being expunged or cleared if persons are convicted only once for the possession of small quantities of cannabis for personal use

There was also overwhelming support for putting in place laws and/or policies to protect employees who may be prescribed medical cannabis. 90% agreed that anti-discrimination laws should be in place, depending on the job.

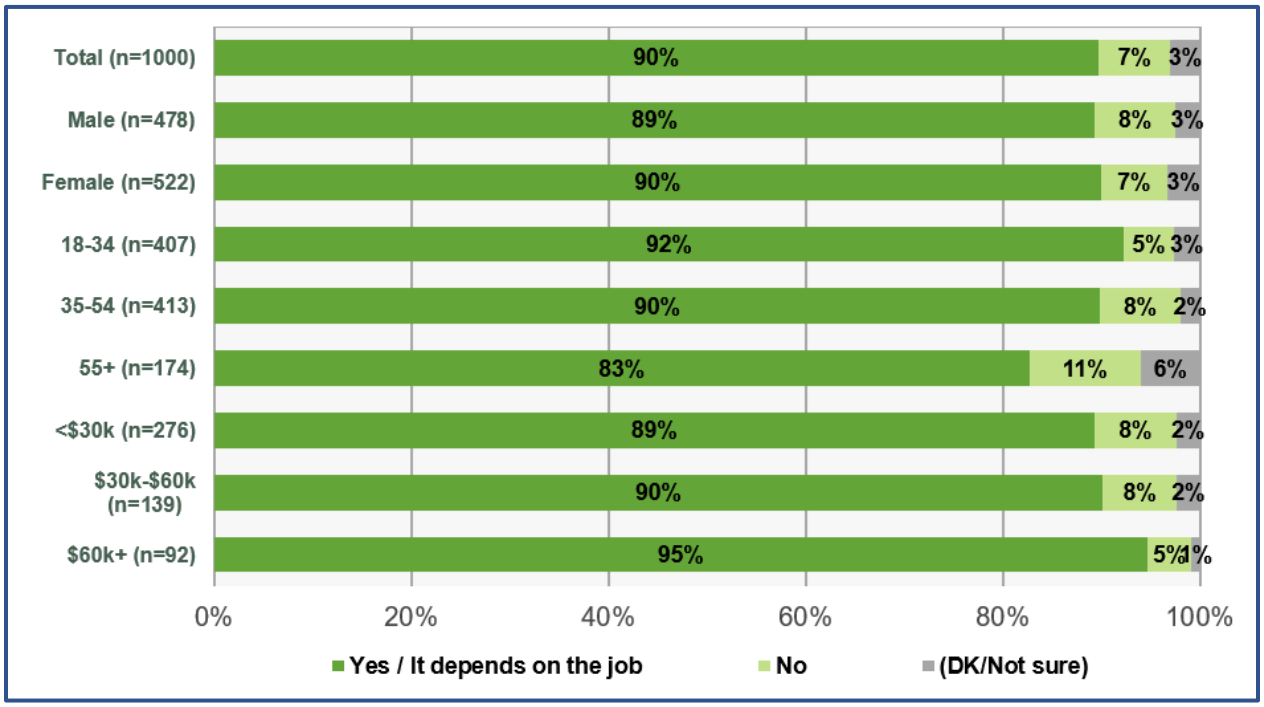


Figure 12: Anti-discrimination laws/policies put in place to protect employees

INDUSTRIAL/ECONOMIC ISSUES

Respondents were asked a series of questions as they relate to access to products that contain cannabis products, and the participation of Bahamians in the cannabis industry if it is legalised.

The majority of respondents (78%) supported that everyday products, like shampoos, oils, etc., that contain cannabis-based products, but contain little to no dangerous components, should be permitted to be sold legally in stores in The Bahamas.

As it relates to the cannabis industry, there was majority support for the country entering the medical cannabis production industry (87%) as well as the adult recreational cannabis production industry (59%) and 69% felt that The Bahamas should enter the hemp production industry.

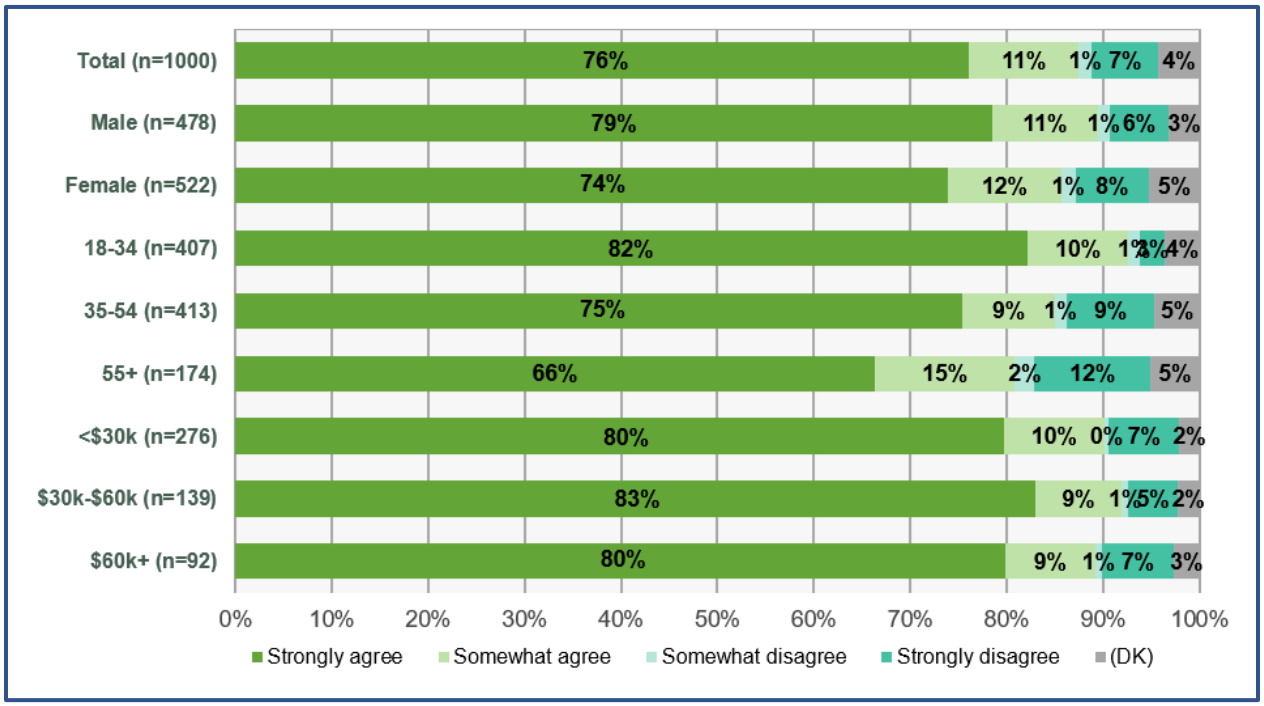
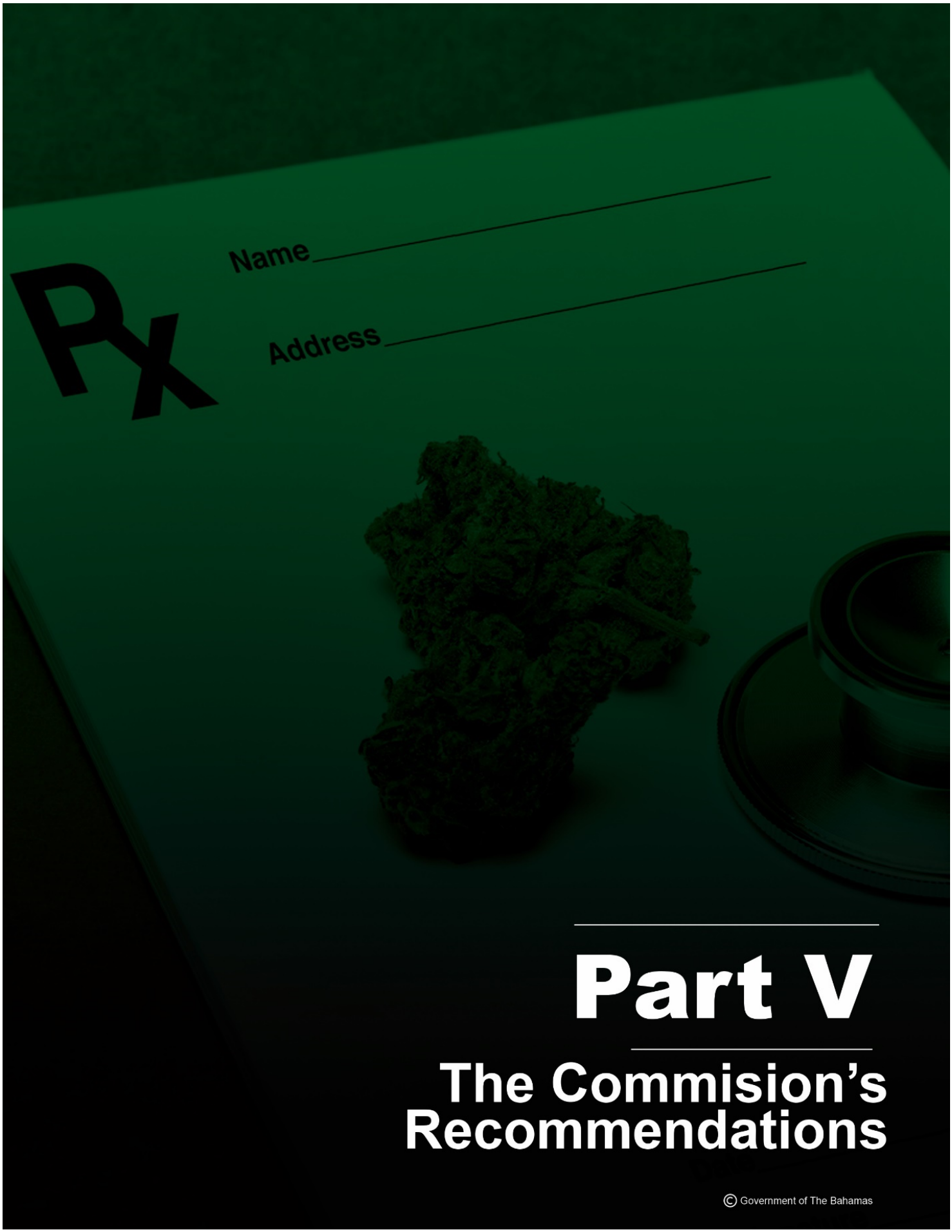


Figure 13: The Bahamas should enter into the medical cannabis industry

There was also strong support for Bahamian ownership in cannabis-related economic activity. The respondents were of the view that there should be Bahamian ownership in cultivation (83%), production (82%), distribution (80%), and the retail side (80%). However, there was also support for restrictions to be placed on the number of licences in each sector. 71% supported the number of licensees in cannabis cultivation, with relatively the same support for the other business types – production (72%), distribution (71%) and retail (69%).

The full survey results are found at Appendix V.



Part V

The Commision's Recommendations

CHAPTER 15: RECOMMENDATIONS

In January 2020 when the Commission released its *Preliminary Report* to Dr. the Most Honourable Hubert A. Minnis, MP, Prime Minister, it contained 24 recommendations. The recommendations in this *Final Report* remain essentially the same.

Notwithstanding that the composition of the Commission has changed slightly, and that there have been significant developments in the region and globally since the BNCM Preliminary Report was presented, the same recommendations obtain.

Further, the results from the scientific survey that was conducted at the end of 2020 by Public Domain, and which encapsulated the views of the Bahamian public, happen to be aligned with initial recommendations within the Commission's preliminary report. The Public Domain survey reaffirmed that views were shifting from those expressed within the 2017 Household Survey (Bahamas Ministry of Health, 2018), and also demonstrated that the recommendations of the Commission were not contrary to the views of a representative portion of the Bahamian public.

As with the first portion, the Commission remained acutely aware of the final portion of its mandate: *"…and to make recommendations to the Government of The Bahamas on positions related to the legal, social, medicinal and ceremonial (religious) issues as they relate to cannabis."*

Therefore, following review of associated literature and data; public and private consultation, locally, regionally and internationally; public survey; and Commission internal discussion and debate, the Bahamas National Commission on Marijuana presents to the Government of The Bahamas its Recommendations, as laid out below.

Recommendation 1 Terminology	That the Dangerous Drugs Act (DDA) be revisited and amended, as appropriate, e.g., as it relates to definitions relating to cannabis.
Recommendation 2 Legalisation and Regulation of Cannabis for Medical Purposes	That the necessary amendments be made to the DDA that will facilitate the legalisation and regulation of cannabis for medical purposes and provide for the proper regulation as it relates to cultivation, processing and distribution of cannabis and cannabis-based products for persons prescribed to utilise cannabis for medical purposes.
Recommendation 3 Registration and Medical Cannabis Cards	That persons who are prescribed cannabis for medical use be required to register and obtain a Medical Cannabis Card (MCC).
Recommendation 4 Access to Cannabis for Medical Use	That the prescription of cannabis be treated the same as any other psychoactive drug.

Recommendation 5 Cultivation of Cannabis for Medical Use	That persons who are prescribed cannabis for medical use be allowed to grow sufficient plants (at various stages of growth) to ensure that they have access to amount of product for their condition, and where they are not capable to grow the plant themselves, to allow a licensed relative or caregiver, over the age of 21 years, to grow quantity of plants they need.
Recommendation 6 Cultivation of Cannabis for Medical Use	That provisions be made for persons who are prescribed cannabis for medical use, and who cannot cultivate or who do not have a person to cultivate for them, to be able to have affordable access to a supply of cannabis from regulated dispensaries or pharmacies.
Recommendation 7 Existing Medical Body(ies) to Develop Regulations and Guidelines for the Use of Cannabis for Medicine	That the appropriate agency(ies) now in existence, in conjunction with other professionals, inclusive of persons already engaged in the Medical Cannabis Industry, and business persons, develop regulations and guidelines to regulate the medical cannabis industry, inclusive of establishing guidelines for the prescribing of cannabis and cannabis-based products for medical use, for issuing Medical Cannabis Cards (MCC), regulating dispensaries and pharmacies, and all other matters related thereto.
Recommendation 8 Authorisation for Tourists to Be Able to Obtain Cannabis for Medical Use	That provisions be made for tourists who are prescribed cannabis for medical use in their own countries to obtain cannabis for medical use in The Bahamas. This can be facilitated by a Visitors Medical Cannabis Card issued by the appropriate authority.
Recommendation 9 Importation of Cannabis Based Products	That amendments be made to the DDA to allow for the importation of regulated cannabis-based products (such as CBD oils and other products) for the treatment of ailments.
Recommendation 10 Legalisation of Cannabis for Medical and Scientific Research	That the necessary amendments be made to the DDA that will facilitate and regulate the legalisation of cannabis for medical and scientific research, thus bringing the country a step closer to compliance with the relevant international conventions. A research review board (RRB) should be established to oversee all research activities. A list of eligible participants should be established for this purpose. Any

	foreign based studies must be paired with a Bahamian researcher.
Recommendation 11 Decriminalisation of Possession of One Ounce or Less for Personal Use for Persons 21 Years or Older	That the necessary amendments be made to the DDA to maintain that possession of cannabis is illegal for recreational use, but to decriminalise the possession of small amounts. That the amount of cannabis that a person over the age of 21 years can possess for personal use, and not receive a criminal record, be one ounce. However, it is recommended that further consideration is needed in establishing the age that a person can be in possession of cannabis without obtaining a criminal record so that those persons under the set age will not be excluded as a beneficiary of any decriminalisation policy change.
Recommendation 12 Increase in Drug Treatment Facilities & Professionals	That if cannabis possession is decriminalised, sufficient Drug Treatment and Rehabilitation facilities and health care professionals be made available, should drug use rise. It is recommended that additional public inclusive drug treatment facilities be established throughout The Bahamas, where needed, and that grant funding and non-profit status be provided for private facilities to help alleviate the load of care. These facilities should be licensed, and a listing of drug treatment professionals be maintained to that the quality of care is maintained at these facilities.
Recommendation 13 Regular Review of the Amount of Cannabis Approved for Decriminalisation	That the amount set for decriminalisation be reviewed every two years after comprehensive analysis/impact studies are conducted.
Recommendation 14 Expungement of Criminal Records for Simple Possession of Cannabis	That the relevant laws be amended at the earliest opportunity for the immediate expungement of the criminal records of all persons convicted of possession of cannabis. It is also recommended that consideration be given to reviewing, on a case-by-case basis, instances where persons were convicted for possession with intent to supply and the amount was less than the threshold

	amount considered for any decriminalisation policy change.
Recommendation 15 Protection of Rights of Employees Prescribed Cannabis for Medical Use	That legislation be drafted that will protect the rights of all employees from discrimination or job loss who are using cannabis for medical purposes and are the holders of an MCC. It is recommended that efforts be made to facilitate (duty to accommodate) employees who use cannabis for medical purposes but also implement policies that maintain workplace safety.
Recommendation 16 Legalisation of Cannabis for Sacramental Use by Rastafarians	That the DDA be amended to allow Rastafarians, and other religious groups with cannabis as a sacrament, to possess and use cannabis for sacramental purposes.
Recommendation 17 Allowance of Rastafarians to Cultivate Cannabis for Sacramental Use	That the DDA be amended to allow for authorised Rastafarian groups, and other religious groups which use cannabis as a sacrament, to cultivate cannabis for sacramental use in zoned and regulated areas.
Recommendation 18 Establishment of a Rastafarian Council to Regulate Rastafarian Groups	That provision be made for the establishment of a Rastafarian Council or Board to register and regulate approved and established Rastafarian organisations.
Recommendation 19 Establishment of an Independent Authority to Regulate and Oversee the Cannabis Industry	That an independent Authority be established that will have responsibility for regulating the Cannabis Industry, with responsibility for overseeing and granting licences for procurement of seeds, cultivation, processing, distribution, and transportation of cannabis within The Bahamas for medical, research and export purposes.
Recommendation 20 Businesses in Cannabis Industry to be a Minimum of 51% Bahamian Owned	That provisions be made in law to ensure that any business involved in the Cannabis Industry is Bahamian owned with Bahamian ownership being at least 51%, and that foreign companies can partner with Bahamians and can hold up to a maximum of 49% equity in the company. Provisions must be made to ensure that there is active involvement of Bahamians in all aspects of a licensed business.

Recommendation 21 Taxation of the Cannabis Industry	That provisions be made for the taxation of the Cannabis Industry and that the funds generated from the taxation be utilised to operate the Independent Authority and to regulate the industry. It is recommended that taxation should not be excessive.
Recommendation 22 Country Wide Education & Public Relations Campaign	That a country wide appropriately funded education and public relations campaign be immediately launched. This launch should be done before any changes to legislation or policies. That a campaign be launched which includes infomercials, documentaries, public service announcements (PSAs), and the use of local celebrities and personalities. That the material in said campaign be age appropriate and target all segments of society, with particular focus being placed on school children and persons under the age of 21 years. That persons charged with enforcing any changes receive the relevant education and training to carry out their duties.
Recommendation 23 Development of Drug Information Systems to Support Evidence-based Decision Making at All Levels	That adequate resources be made available to ensure the periodic implementation of societal cost studies, and drug prevalence and other surveys targeting the general population, including high-risk groups. That a cultural shift be introduced to ensure that all drug-related institutional and/or administrative data is complete, accurate and timely and that the information generated is made available in appropriately detailed reports at every organisational and national level.
Recommendation 24 Legalisation of Recreational Use of Cannabis	That beyond submission of the Commission's final report, the Commission, or other government-established entity, be allowed to continue work, including further literature and data searches, and consultations, with respect to legalisation of cannabis for recreational use.

The commentary that was a part of the *Preliminary Report* regarding decriminalisation vs legalisation remains a part of this report, as a consensus remained elusive, regarding the issue of making cannabis legal in The Bahamas. The recommendations proposed below are considered to be first steps in considering any changes to the laws as dialogue is had on this issue.

COMMENTARY ON DECRIMINALISATION vs LEGALISATION FOR RECREATIONAL USE OF CANNABIS

It should be noted that the Commission recommended decriminalisation of up to one ounce of cannabis (Recommendation 11) but did not come to a consensus on the legalisation of the recreational use of cannabis (Recommendation 24).

Commissioners are aware that decriminalisation is in effect a form of legalisation of the recreational use of cannabis, as it is essentially authorising persons to possess up to an ounce of cannabis. It is recognised that this poses a paradox, as decriminalisation on its own does not provide a legitimate and legal means for persons to obtain their supply of cannabis. It is appreciated that decriminalisation may further facilitate the already existing illegal black market for persons to obtain cannabis, which has its inherent law enforcement challenges. Over the years, statements from the Ministry of National Security and the Royal Bahamas Police Force (RBPF) have confirmed that turf wars in the illicit drug market, which on the local scene involves predominantly cannabis, has resulted in the commission of violent crimes (Maura, 2011; Immigration and Refugee Board of Canada, 2016).

If, alternatively, provisions are made for regulated facilities to supply less than an ounce to persons 21 years and older in an attempt to eradicate or reduce the black market, this is in effect the legalisation of the use of cannabis for recreational purposes.

Some Commissioners were not prepared to recommend the legalisation of cannabis for recreational use. While Canada recently legalised cannabis for recreational purposes, as well as several states in the US, these Commissioners were of the view that there is insufficient information to assess the full societal impact of moving in this direction.

Some Commissioners therefore recommended that more research be conducted, and additional data be obtained to make an informed and responsible decision on the legalisation of recreational use of cannabis. It is also suggested that if cannabis possession is decriminalised in The Bahamas, comprehensive data be collected over the next few years to determine the societal impact this will have on drug prevalence, crime and other social issues. After this information is collected and analysed, it is suggested that this issue be revisited.

Alternatively, other Commissioners are of the view that cannabis should be legalised for recreational use for persons 21 years and older. They are of the view that legalisation of cannabis for recreational use will reduce the inherent criminal activities associated with the black market and will provide avenues for cannabis users to get better products from legitimate sources.

This group of Commissioners are also of the view that the revenue generated from the sale of cannabis for recreational cannabis will provide enormous economic benefits for The Bahamas.

CONCLUSION

Significant movement continues throughout the world with respect to all things cannabis. To illustrate, during the month of May 2021 the United States Louisiana House approved a bill to decriminalise the possession of small amounts of cannabis, taking away the possibility of jail time and reducing the maximum penalty to a $100 fine for possession offences. The move, on a 67-to-25 vote, represented a significant step in the effort to loosen Louisiana's prohibition on cannabis. If approved by the Louisiana Senate, where the legislation will go, and then approved by the Governor, Louisiana will become the latest in a string of states to eliminate the possibility of jail time for people caught with small amounts of cannabis (Karlin, 2021).

The Bahamas is in step with the fore-stated movement concerning cannabis, particularly since that significant meeting of minds at the March 2014 CARICOM 25th Inter-Sessional Meeting of the Conference of Heads of Government of CARICOM. There, at St. Vincent and the Grenadines, was established the CARICOM Regional Commission on Marijuana, with the mandate to ***"interrogate the issue of possible reform to the legal regimes regulating marijuana in CARICOM countries."*** (CRCM, 2018, p. v)

As with the first portion, the Commission remained acutely aware of the final portion of its mandate:

> *"…and to make recommendations to the Government of The Bahamas on positions related to the legal, social, medicinal and ceremonial (religious) issues as they relate to cannabis."*

That CARICOM Meeting was the impetus for the formation of the Bahamas National Commission on Marijuana (BNCM) in October 2018. BNCM's work was guided by its mandate to ***"codify the view of Bahamians on all things related to cannabis, and to make recommendations to the Government of The Bahamas on positions related to the legal, social, medicinal and ceremonial (religious) issues as they relate to cannabis."***

Work of the Commission spanned some two and a half years, disrupted unfortunately by the Covid-19 pandemic which among other things, stymied travel abroad for engagement with relevant persons and agencies in other jurisdictions.

The Commission fulfilled its mission and mandate, following review of associated literature and data; public and private consultation, locally, regionally, and internationally; public survey (conducted in 2020 by Public Domain[3]); and the Commission's internal discussions and debate. In alignment with the sentiment of the Bahamian people, the recommendations to the Government of The Bahamas are presented in this Final Report.

[3] The survey captured the views of a representative sample of the Bahamian public from the major Family Islands and most of the more populated islands. The findings of that survey were not inconsistent with the less scientific, yet significant views expressed during interactions between BNCM and various publics at fora throughout 2019.

It is clear that as with the rest of world, the attitudes of Bahamians towards cannabis are shifting across all age groups. To illustrate, during the Commission's work, the fact that discussions were had, sometimes in church buildings, is in itself an indicator that change has come, and the previous largely negative perception of the cannabis plant is being looked at differently.

Various surveys have indicated that a majority of Bahamians strongly support legalisation of cannabis for medical use. There is some support for it being used as sacrament at this time, however, support for adult use (recreational use) is minimal and even less than for religious purposes. What is clear from the Commission's work is that whenever and however the laws and regulations of The Bahamas do change on issues related to cannabis, the overarching view is that the change(s) must be properly regulated, and that there must be strict enforcement of those regulations.

The shifting attitudes towards cannabis by Bahamians however can be described as cautious. There is support for liberalisation and a revisitation of attitudes towards the mysterious plant, but the impression is that perhaps Bahamians might want the changes to occur incrementally. As provided in the strategic recommendations segment of the 2020 Survey, the consensus is that "people are interested in the details and their views are nuanced – they want to know that everything is planned for and well-regulated."[4]

The recommendations of the Commission did not waver since they were first put forward in a preliminary report (January 2020). A few qualifications have been added, where warranted, but the recommendations are in line, for the most part, with the voice of the Bahamian public. Further, these recommendations are consistent with those of other Caribbean nations, who have made changes in the past 18 months, or are in the process of making changes, to their laws.

Members of the Commission have had the opportunity in the last few weeks to dialogue with representatives from the Government regarding draft legislation regarding cannabis. In meetings held, highlights of proposed amendments to the Dangerous Drugs Act and the proposed Medical Cannabis Bill were shared. The Commission readily embraced the changes that were discussed, as they were largely consistent with its initial recommendations made. The changes are welcomed and seen as the first steps to realising the benefits of cannabis in the country.

Whatever decisions are made by the Government of The Bahamas in the immediate and not too distant future, Commissioners will continue to emphasise that more education on all things cannabis is critical to ensuring that Bahamians engage in informed discussions based on facts, and not just emotions and conjecture.

The Commission also affirms that during the ensuing process of reform, a culture must be established that will ensure that any decisions or changes made take into consideration issues such as the following:

[4] Bahamas National Commission on Marijuana Public Domain Survey 2020

- human rights
- proportionate application of the laws
- evidenced-based decision making
- public health issues relating to use, abuse and mental health issues
- compatibility with internationals standards and conventions

Moving forward, it will be necessary to ensure that relevant and critical information is properly collected, collated and analysed, and that this information is easily accessible to ensure that decisions are made based on scientifically supported data.

This Final Report is the culmination of the critical and diligent work of the Bahamas National Commission on Marijuana. It is a comprehensive compilation of information on cannabis that can be used a resource in guiding decision making. It is one small step on a long journey upon which this country should embark, for the anticipated benefits of its people.

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APPENDICES

APPENDIX I: List of Meetings with the Public and Stakeholders

Town Hall Meetings hosted by the Commission

Date of Meeting	Island	Location
24 January 2019	Marsh Harbour, Abaco	St. John The Baptist Anglican Church Hall
22 March 2019	Central Eleuthera	St. Patrick's Hall
10 April 2019	George Town, Exuma	Community Centre
26 June 2019	New Providence	St. John's College Auditorium
27 June 2019	Grand Bahama	Foster B. Pestaina Auditorium, Freeport

Speaking Engagements

Date of Meeting	Organisation	Location
16 January 2019	The Rotary Club of South East Nassau	New Providence
11 March 2019	Rotaract Club of East Nassau	New Providence
20 June 2019	Bar Association & University of The Bahamas Public Forum	University of The Bahamas New Providence
25 July 2019	Southern Shores Constituency Town Hall Meeting	New Providence
13 March 2020	Church of God of Prophecy Conclave 2020	New Providence
25 February 2021	The Rotary Club of West Nassau	Virtual Meeting

Other Stakeholder Meetings

Date of Meeting	Stakeholder	Location
24 January 2019	Abaco Christian Council	Abaco
10 April, 2019	Nursing & Allied Health Staff	Exuma
10 April, 2019	Chief and Deputy Chief Councillor et al	Exuma
22 August 2019	The Medical Association of The Bahamas and The Pharmacy Council	New Providence
3 March 2021	Minister of Agriculture and Marine Resources	Virtual Meeting
22 April 2021	Minister of Agriculture and Marine Resources, the Attorney General and Minister for Legal Affairs, and Law Reform Commissioner	Virtual Meeting

Date of Meeting	Stakeholder	Location
22 April 2021	Minister of Agriculture and Marine Resources, the Attorney General and Minister for Legal Affairs, and Law Reform Commissioner, along with Interested Parties for the Cannabis Industry	

APPENDIX II: Prepared Questionnaire used by the Commission in Conversations with the Bahamian Public

BAHAMAS NATIONAL COMMISSION ON MARIJUANA
OPINIONS ON MARIJUANA

Sex		Male		Female

AGE		18 – 24 years		25 – 34 years		35 – 44 years		45 – 54 years
		55 – 64 years		65 years or older			

	Indicate your rating where 1= strongly disagree 5 = strongly agree				
	1	2	3	4	5
I feel that I have enough information about the benefits or harm of marijuana.					
I feel that marijuana is physically addicting.					
I feel that marijuana makes people less violent.					
Using marijuana makes people more likely to try other drugs.					
Marijuana possession and use should be decriminalized.					
People who are arrested for small amounts of marijuana (e.g. with one cigarette) should only have to pay a fine.					
People who are arrested for possession of large quantities of marijuana should be fined and/or sent to jail.					
I feel that marijuana should be legalized for medical use.					
I feel that marijuana should be legalized for recreation (personal) use.					
I feel that marijuana should be legalized for religious/ceremonial purposes.					
I feel that marijuana should be legalized for research purposes.					
If marijuana is legalized for medical purposes, the sale should be restricted to pharmacies and designated stores.					
If marijuana is legalized for medical purposes, persons should be allowed to grow sufficient for their medical needs.					
If marijuana is legalized for recreational purposes, persons should be allowed to grow sufficient for their personal use.					
If marijuana is legalized for recreational purposes, persons should be allowed to use it in public.					
If marijuana is legalized for recreational purposes, I feel that there should be a minimum age for persons who should be allowed to use it.					
If marijuana is legalized for industrial/economic purposes, the majority of shareholders of that business should be Bahamian.					

APPENDIX III: Report of the Commission's Trip to Jamaica

Mission:
Fact Finding Mission - Bahamas National Commission on Marijuana Date: Tuesday 8 – Friday 11 October 2019 Location: Kingston, Jamaica
Delegation:
▪ Co-Chairs: Mr. Quinn McCartney and Bishop Simeon Hall ▪ Commissioners: Mrs. Chargrega McPhee-McIntosh, Mr. Kenneth Wallace-Whitfield and Mr. Rithmond McKinney ▪ Ministry of Health Representative: Mrs. Annouch Armbrister
Jamaica Overview
▪ Every household can grow five (5) plants within their home for medicinal or therapeutic use, no restriction on size of plant; ▪ Possession of two (2) ounces or less of cannabis no longer a criminal offence; ▪ Can be used for sacramental purposes by the Rastafarian faith ▪ Only Cannabis Licensing Authority (CLA) can issue licenses. There are five (5) licensing categories for cannabis: cultivation, research and development, transportation, processing, and retail. ▪ Cannabis is still illegal, cannot be traded on the open market.
Meeting Notes:
1. Meeting with Cannabis Licensing Authority (CLA) Several presentations were conducted on Regulatory/Legal Framework; Licensing /Application; and Enforcement. The CLA is the regulatory body charged with oversight of all things related to raw cannabis regardless of form i.e., liquid, solid or powder. Any alteration of or the addition to cannabis from its raw state removes authority from CLA to the Ministry of Health. CLA serves as a broker during the sale process i.e., they take control of cannabis from farmers under tripartite agreement. The need for strong involvement of herbalist/traditional bush medicine expertise recommended as they were involved or were users of cannabis before medical restrictions. There is a need to control their intellectual property. Licensing process extremely lengthy and detailed; can take between 6 months to 1 year for approval due to license type and set up requirements. Very stringent guidelines in place for licensing and enforcement, which are sometimes viewed as a hindrance i.e., only accepting completed applications, companies must have 51% or more local ownership, individuals can only apply for cultivation license.

Strong security and monitoring in place as CLA is required to be present during harvesting. A track and trace software is used to remotely monitor all sites; the system has the capability to identify, reconcile, access control and conduct surveillance.

Agency funded by the government, but fees are retained by the CLA and not transferred to government. Approximately 65 staff across 9 units.

Current focus on:

- need to create/sustain strong barriers between legal and illegal trade;
- need to ensure the safety and security of the average man to remain in the industry; and
- review of models to develop standards and programmes to teach how to properly cultivate – how to go from seed to sale.

2. Site Visit – Retail Herb House with consumption

The group was given an oversight of the operations of the Herb House.

It was noted that the consumption room was located in a separate enclosed area with the store but away from the retail operations of the business.

There was no resident physician onsite, but one was readily available via phone. Staff were very knowledgeable about the products and provided a basic overview. Appeared to be a standard as another site was visited by one of the delegates who had the same experience, without the retailer being aware that they were part of a fact-finding mission.

3. Meeting with Mr. Mark Golding, Former Minister of Justice

Former Minister responsible for overseeing the reform of legislation in 2015.

It was noted that policy position of the United States at that time made it easier to regulate the industry.

A Statutory Rastafarian Advisory Council/Committee was established to oversee all things specific to this grouping i.e., application process, to ensure that they have access to land, ensure authenticity of persons claiming to be part of the faith. Seen as a strong component, however, the law limits economic advances for the Rastafari faith. No attempts were made to describe/define who and what is a Rasta in the Act. Council no longer functioning. Concerns of this grouping does not appear to be a major concern or priority.

Process took about 2 – 3 years from consultation to passing of Act. Regulations were created 6 months following establishment of Licensing Authority. A parliamentary review of all laws is needed. The short time frame created minor challenges but there was no real criticism of the process used.

The report to support the decriminalization of cannabis was prepared by BOTEC Analysis, a research and consulting firm.

It was noted that cigarettes and cannabis are treated equally.

Export still remains an issue, no legal authority or export regulations. There was one (1) case processed through the Ministry of Health for the transfer of a small quantity of cannabis between Jamaica and Canada, but it was more of an exploratory process to determine whether it could be done.

4. ***Meetings with representatives from the*** Ministry of Industry, Commerce, Agriculture and Fisheries and the Ministry of Justice

Still in the process of building the industry. Significant strides made especially the apology to the Rastafarian Community for action taken during the 1963 Coral Gardens Incident.

Cannabis is basically a weed in Jamaica and the process was relatively smooth as it is engrained in the culture.

All education conducted by CLA as they are the authority; strong support and collaboration between CLA, Ministry of Industry, Ministry of Bureau and Standards and Ministry of Health.

It was noted that there is concern about the negative connotation with the placement of cannabis under the Dangerous Drugs Act; considering changing which Act it should fall under.

In the process of developing medical tourism policy; as well as cannabis policy to ensure no sector is excluded or persons disadvantaged, especially religious groupings.

An Alternative Development Project was developed to ensure small farmers are active participants in the industry. A step towards moving farmers from illicit to licit operations and a way to boost entrepreneurship. Encouragement of community groupings as there is a high cost for development.

Extensive research and development being conducted by the University of the West Indies (UWI), University of Engineering and Technology (UTEC) and The Howard Institute.

It was suggested that if significant change regarding cannabis is to take place, the region needs to speak as one versus individually.

It was noted that expunged records are fully expunged and there is no record of the conviction exists once it is expunged. Previous convictions cannot not be disclosed to anyone.

No specific training or certification needed to prescribe or recommend cannabis as treatment.

There is great collaboration between the Ministry of Health and the Cannabis Licensing Authority.

A review of "A Report of the National Commission on Ganja to the PM of Jamaica" by Barry Chevannes was recommended as a good reference source.

Suggested attention be given to the issue of culture change and culture management especially as it relates to the general public, law enforcement and the international arena.

5. Meeting with National Council on Drug Abuse (NCDA)

The agency made a presentation titled "The Aftermath of Marijuana Decriminalization", covering the following topics: local and regional context, NCDA's Response; and Gaps and Strengths.

The NCDA stressed the need for sustainability of any programmes/interventions, as well as need for appropriate infrastructure i.e., treatment centres.

It was noted that It is imperative that proper protocols are established concerning the prescription of cannabis. Access to the medical cannabis must be monitored.

Several youth programmes developed with strong involvement of the youth population: STEP UP programmes – cannabis intervention programme and "Talk Di Truth" Campaign. The programmes were designed around youth needs and wants.

6. Meeting with Rastafarian Leaders

The main focus or aim of the community is on freedom, reparations and international repatriation.

The amendments to the law have not resulted in any real change as they use it mainly for sacrament/ceremonial or medicinal purposes not general everyday use. Police do not search the camp for cannabis as they are aware that it is there, and it is used on spiritual grounds. Community has a strong foundation on the "do's and don'ts" of cannabis use i.e. do not smoke in public, or walking the streets, not to abuse the intended purpose as ordained by God.

The community has seen a significant benefit from decriminalization. The youth are now able to receive clean police records and have the ability to obtain visas to attend college in the United States.

Commonalities

Throughout discussions the following comments/sentiments were noted:

- No backlash from the Christian community – appeared more concern with issues of gender, violence, etc. compared to the decriminalization of cannabis.
- Although smoking (cigarette/cannabis) in public is a ticketed offense, no tickets were produced for the smoking of cannabis in public.
- Strong public relations campaign needed to distinguish between decriminalization and legalisation.
- Clear distinction between Pharmacies and Retail Herb Houses.

Expressions of concern:
Major downfall is the ability to utilise the banking system for the cannabis industry. It is predominantly a cash-based industry. Trade still seen as illegal, and funds generated from same are viewed as gained from illegal means. Special consideration should be given to the following areas: ▪ Impact on public health ▪ Indigenous impact ▪ Licencing ▪ Criminal defence ▪ Workplace safety ▪ Taxation ▪ Cannabis law ▪ Federalism and politics ▪ Protection on intellectual property ▪ Stakeholder involvement in drafting of Regulations Major focus on enforcement and monitoring versus cultivation. Lack of education on cannabis use especially youth use.

APPENDIX IV: INSTRUMENT USED IN THE 2020 SURVEY

BAHAMAS CANNABIS SURVEY

INTRODUCTION (BY COMPANY CONDUCTING THE SURVEY)

[IF PRESSED FOR INFORMATION] The survey is simply seeking the opinions of residents regarding cannabis and related factors in the Bahamas. Steps were taken to ensure that there are no personally sensitive questions that respondents should be concerned about.

1. Sex [RECORD, BUT DO NOT ASK]

   Male
   Female

MEDICAL CANNABIS

The next few questions are about the medical use of cannabis and related issues. Medical cannabis or medical marijuana includes the use of the cannabis plant and its extracts, which are prescribed by physicians for their patients to treat diseases or conditions. These may be utilized in the form of pills, oils, skin creams, edibles, etc.

2. Should cannabis be legalised for medical use?

   Yes
   No
   Don't Know/Not sure

3. If cannabis is legalized for medical use and should your doctor prescribe cannabis products to treat your health issue/condition, will you take it?

   Yes
   No
   DK/Not sure

4. If prescribed by a doctor, would you allow your child to take medical cannabis?

   Yes
   No
   DK/Not sure

5. If legalized, where would you be **most** comfortable purchasing your medical cannabis?

   Your doctor's office or clinic
   A standalone dispensary
   A traditional pharmacy
   Grown in your yard
   Other (Please specify) _____

6. Do you think that the legalization and use of cannabis for medical purposes will have any impact on the non-medical use of cannabis purely for enjoyment?

   Yes (Specify impact) _____
   No

7. Should persons who are prescribed cannabis for medical purposes be legally permitted to grow plants for their personal medical use?

   Yes
   No
   DK/Not sure

8. If legally permitted to grow plants, should there be any restrictions on what types and amounts of cannabis that can be grown for medical purposes?

   Yes
   No
   Don't Know/Not sure
   If yes, specify _____

9. Should persons who are prescribed cannabis for medical purposes be required to obtain a medical permit?

   Yes
   No
   DK/Not sure

10. Should tourists with a medical cannabis permit from their home country be allowed to purchase a temporary medical permit to obtain and use cannabis for medical or therapeutic purposes while in The Bahamas?

    Yes
    No
    DK/Not sure

USE OF CANNABIS FOR RELIGIOUS PURPOSES

11. Do you believe that cannabis should be made legal for religions that utilize cannabis for sacramental purposes?

    Yes
    No
    Don't Know/Not sure

12. If cannabis use for religious purposes is allowed, should there be any usage restrictions on issues such as age?

Yes
No
DK/Not sure

13. If cannabis use for religious purposes is allowed, should there be restrictions on where it can be used?

Yes
No
DK/Not sure

14. Should members of such religious communities be allowed to grow cannabis for their religious purposes?

Yes
No
DK/Not sure

15. If growing cannabis for religious purposes is allowed, should there be any restrictions on what types and amounts can be grown?

Yes
No
DK/Not sure
If yes, specify _____

ADULT CANNABIS USE

The next few questions are about the adult or recreational use of Cannabis. Adult or recreational use of cannabis refers to cannabis used for enjoyment rather than for health benefits.

16. In your opinion, should cannabis be legalized for non-medical adult or recreational use?

Yes
No
Not sure

17. For adult/ recreational use, which policy or law would you support most?

Decriminalization - Recreational adult use will still be illegal even for small quantities. However, offenders would not be jailed as this would be treated similar to a traffic infraction

Legal with a License - Once a license is purchased adults will be able to use small quantities without being fined or penalized

Legal without Restrictions - No fines or penalties and no license required for small amounts

18. If the adult use of cannabis is legalized, the minimum age to purchase and use should be:

    a. _____ Actual Age **[RECORD THE ACTUAL AGE]**

    b. Age Group **[RECORD AGE GROUP WITHOUT ASKING]**
       16 – 17 years
       18 – 20 years
       21 – 24 years
       25 or older

19. If cannabis is legalized for adult/recreational use, do you think that users should be required to obtain a user's permit to use cannabis?

    Yes
    No
    DK/Not sure

20. If cannabis is legalized for adult/recreational use, do you believe that people will use less, use the same, use more or use much more?

    Use less
    Use the same
    Use more
    Use much more
    DK/Not sure

21. If cannabis is legalized for adult use, what is your level of agreement with each of the following circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree"? **[PLEASE ENSURE EACH QUESTION IS ANSWERED]**

Circumstances	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Cannabis use should NOT be allowed while driving				
b. Persons should NOT be allowed to drive while under the influence of cannabis				
c. Cannabis use should NOT be allowed in public spaces like schools, beaches or parks				

Circumstances	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
d. Cannabis use should NOT be allowed within a certain distance of schools or churches				
e. Cannabis use should NOT be allowed at public events such as concerts, outdoor activities, etc.				

22. If cannabis is legalized for adult or recreational use, growing it for personal use should be allowed? Do you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree"?

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

23. If growing cannabis for personal adult or recreational use is allowed, should there be any restrictions on what types and amounts of cannabis can be grown for personal use?

Yes
No
Don't Know/Not sure
If yes, specify _____

ALTERNATIVES TO INCARCERATION

24. In The Bahamas, persons convicted of cannabis possession can face a range of sentences from counselling, drug treatment, community service, fines and/or imprisonment. Would you say that persons convicted of cannabis possession serve sentences that are:

Too harsh
Fair/reasonable
Too lenient?

25. After I read the following questions, please tell me if you "Strongly Agree", "Somewhat Agree", "Somewhat Disagree" or "Strongly Disagree". **[PLEASE ENSURE EACH QUESTION IS ANSWERED]**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Persons convicted for the possession of small amounts of cannabis should receive administrative penalties such as counselling or required to participate in drug treatment programmes.				

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
b. Persons convicted for the possession of small amounts of cannabis should be sentenced to fines, imprisonment and/or both.				
c. Should persons who have been convicted and are currently serving time for simple possession of cannabis be released with no restrictions?				
d. Should persons who have been convicted and are currently serving time for simple possession of cannabis be released on probation and required to participate in a drug treatment programme?				

LEGAL ISSUES

26. If cannabis was decriminalized, what amount of cannabis should an individual have in their possession without being arrested?

Less than 1 ounce (i.e. less than 28 grams)
1 ounce
2 ounces
3 ounces or more

27. If national drug laws and/or policies are changed to allow for it, what are your opinions regarding the clearing or expungement of records for each of the below circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

Records should be allowed to be expunged or cleared:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
If previously convicted **only once** for the possession of small quantities of cannabis for personal use				
If previously convicted **more than once** for the possession of small quantities of cannabis for personal use				
If previously convicted for the sale of small quantities of cannabis				

28. If cannabis is legalized for any reason, should screening for cannabis by potential employers be allowed when applying for a job?

Yes
No
DK/Not sure

29. If cannabis is legalized for any reason, should employment related screening for cannabis be allowed for reasons such as part of a company investigation, etc.?

Yes
No
DK/Not sure

30. Should anti-discrimination laws and/or policies be put in place to protect employees that may have been prescribed medical cannabis?

Yes
No
DK/Not sure

INDUSTRIAL/ECONOMIC ISSUES

31. There are many everyday products that are cannabis-based but contains little to no known dangerous components (for example, chemicals that can get you high). Should such everyday products, like shampoos, oils, etc., be legally permitted to be sold in stores in The Bahamas?

Yes
No
DK/Not sure

It has been shown that there are economic benefits, such as job creation in the areas of cultivation, manufacturing, and retail stores, to countries that have introduced cannabis and industrial hemp industries. Industrial hemp and cannabis are different species of the same plant, with hemp being higher in fibre and lower in the psychoactive product that makes someone high.

32. Please indicate whether you "strongly agree", "somewhat agree", "somewhat disagree" or "strongly disagree" with the following suggestions:

Industry	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. The Bahamas should enter into the medical cannabis production industry, which will supply cannabis products for medical use;				
b. The Bahamas should enter into the adult use or recreational cannabis production industry, which will supply cannabis for adult/recreational use;				
c. The Bahamas should enter into the hemp production industry, which will supply hemp for industrial purposes.				

33. If the cannabis industry is allowed in The Bahamas, please indicate you position on the makeup of companies that get involved in the various segments of the industry:

Industry Segment	Minority Bahamian Owned (less than 50% Bahamian owned)	50% Bahamian Owned and 50% Foreign Owned	Majority Bahamian Owned (greater than 50% Bahamian Owned but less than 100%)	100% Bahamian Owned
Cultivation				
Production				
Distribution				
Retail				

34. If cannabis is legalized for any use, should there be a limitation on the number of licences granted in the various segments of the industry. Please indicate your position for each segment. (cultivation, production, distribution, retailing, etc)?

Industry Segment	Yes	No	Not Sure	Don't Know
Cultivation				
Production				
Distribution				
Retail				

DEMOGRAPHICS

THANK YOU FOR YOUR PATIENCE. THE FEW REMAINING QUESTIONS ARE FOR STATISTICAL PURPOSES ONLY.

35. What is your current age? (At last birthday)

<20 Years
20-24
25-29
30-39
40-49
50-59
60+
NA/Refused

36. What was the last level of schooling you completed?

Less than high school graduate
High school graduate
Some college
College graduate
Post-graduate
NA

Thank you …

APPENDIX V: THE CANNABIS SURVEY

Cannabis Survey

December 2020

The Bahamas National Commission on Marijuana

Report produced by:
Public Domain | Research

I.
Methodology

- Public Domain conducted a public opinion telephone survey from November 24th through to December 14th, 2020.
- The main objective of the survey was to gauge the opinions of residents with regards to cannabis and its related issues in The Bahamas.
- To achieve this goal, 1,000 residents, identified by random telephone number selection throughout The Bahamas, were interviewed. All respondents were screened to ensure they were 18 years of age or older.
- Data has been weighted in order to represent the population based on age, gender and island population (according to 2010 Census data). The data tables presented within this report show breakdowns by gender, age group and household income category.
- NOTE: *Due to rounding, some totals may not add up to exactly 100%.*

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II. Executive Summary

At a glance

- There is strong support for the legalization of cannabis for medical use. Support is less strong for legalization of its use for religious reasons and even less for its adult recreational use. It should be noted that men are evenly divided on legalization of cannabis for adult recreational use and women more strongly oppose.
- There is support for changing the current legal regime, including decriminalization and expunging the records of those convicted of cannabis possession.
- There is strong support for the adoption of a legal framework that would regulate cultivation, production and distribution of cannabis-related products.
- There is also strong support for limitations on access to cannabis for those under 20 and for restrictions on cannabis use in public spaces.
- Finally, there is strong support for Bahamian ownership of any cannabis-related industry.

Medical Cannabis

- Respondents indicate very strong support (84%) for the legalization of medical cannabis. Support is stronger among men (87%) but also strong among women (82%). Support is strongest among younger respondents (18-34, 90%; 35-54, 85%) but also strong among older respondents (74%).
- When given a forced choice on method of distribution, most respondents (57%) rank distribution in a structured environment (doctor's office, pharmacy, stand alone dispensary,) higher than home grown which is not supported by a majority of respondents (55%).
- If home grown is permitted, 74% believe home growth should be accompanied by some restrictions, e.g., size, scale etc.
- A small majority of respondents (54%) think that the legalization and use of cannabis for medical purposes will have an impact on the non-medical / recreational use of cannabis though 50% are not sure what that impact be will be.
- When asked whether residents with medical prescription should be required to purchase a medical license, a strong majority (79%) agreed. When asked the same question with regards to tourists, the majority (81%) also agreed.

Use of Cannabis for Religious Purposes

- 45% of respondents believe that cannabis should be made legal for religions that utilize cannabis for sacramental purposes. 40% are opposed and 15% responded that they did not know or were not sure.
- Respondents are divided when asked whether members of such religious communities should be allowed to grow cannabis for their religious purposes: 44% disagree, 47% agree.
- A majority (74%) support restrictions on usage should religious use be made legal:
  - Location restrictions (74%)
  - Restrictions on types, amounts etc. (70%)

Adult Cannabis Use

- 56% of respondents do not support the legalization of cannabis for adult recreational use. Men are evenly divided between those who support such legalization and those who do not (47%); women are more strongly opposed (64%).
- Support for adult recreational use is associated with age: support stands at 50% among 18-34, 36% among 35-54 and 22% among those who are 55 and over.
- When asked what legal or policy framework should be provided should cannabis be legalized for adult recreational use, a plurality of respondents indicated a preference for licensing (48%) over either decriminalization with fines (25%) or legalization without restrictions (20%). A majority of respondents (68%) also supported requiring a user's permit.

Adult Cannabis Use

(cont'd)

- Should adult recreational cannabis use be legalized, respondents favored age 20 as the minimum age for such use.
- When asked whether usage would change with legalization, 9% thought people would use less, 29% thought usage would stay the same, 27% thought people would use more and 30% thought people would use much more.
- Should adult recreational use be authorized, respondents support the following restrictions:
  - Not allowing driving under the influence of cannabis (80%)
  - Not allowing cannabis use in public spaces (78%)
  - Not allowing cannabis use within a certain distance of schools or churches (86%)
  - Not allowing cannabis use at public events or activities (68%)
- Home growing cannabis is not supported by 54% of respondents. If allowed, most respondents (75%) support restrictions on such growing (size. scale etc.)

Alternatives to Incarceration

- 62% of respondents consider that current sentences for cannabis possession are too harsh.
- 60% of respondents either agree or strongly agree that persons who have been convicted and are currently serving time for simple possession of cannabis should be released with no restrictions.
- 33% of respondents agree that persons convicted for the possession of small amounts of cannabis should be sentenced to fines, imprisonment and/or both.
- There is more support for other courses of action such as counselling and drug treatment program participation (77%).

Legal Issues

- Respondents are divided on the threshold amount of cannabis in possession that should trigger an arrest, with a majority setting that amount at 1 ounce or above:
  - Less than 1 ounce: 37%
  - 1 ounce: 27%
  - 2 ounces : 12 %
  - 3 ounces or more: 9 %
- Respondents favor expunging records of one-time cannabis possession offenders by a margin of 9 to 1. 63% support expunging of records for those convicted of being in possession of a small quantity of cannabis more than once.

Industrial / Economic Issues

- 93% of respondents consider that everyday products, like shampoos, oils, etc., that are cannabis-based but contain little to no known dangerous components should be legally permitted to be sold in stores in The Bahamas.
- 87% of respondents agree that The Bahamas should enter into the medical cannabis production industry.
- 59% of respondents agree that The Bahamas should enter into the adult recreational cannabis production industry..
- 69% of respondents agree The Bahamas should enter into the hemp production industry.

Industrial / Economic Issues

(cont'd)

- Respondents strongly favor Bahamian ownership in cannabis-related economic activity. Support for Bahamian part or full ownership of such enterprises is as follows:
  - Cannabis cultivation – 83%
  - Cannabis production – 82%
  - Cannabis distribution – 80%
  - Cannabis retail – 80%
- The majority of respondents also support limiting the number of licenses for cannabis related businesses. Support for limiting licenses is as follows:
  - Cannabis cultivation – 71%
  - Cannabis production – 72%
  - Cannabis distribution – 71%
  - Cannabis retail – 69%

III. Strategic Recommendations

Before the preferred policy approach is communicated people need to be generally informed.

Addressing the "Don't Knows", the "on-the-fencers" and the misinformed.

- On multiple issues there are opportunities to grow support for specific approaches based on the number of "Don't Know" responses that were received. On some sub-issues, there are significant numbers of these responses. This is the obvious area where support of a specific sub-issue and policy approach can develop.
- However, there may be people who selected an option other than "Don't Know" who may still be on-the-fence and can be swayed if exposed to the right information. There are also those whose opinions may be formed based on misinformation who may change their opinion, if exposed to the right factual and/or persuasive information.

III-a. Public Education

Informational/Educational Campaign

- An effective way to engage the above groups is through a public information and education campaign that is presented in the form of an unbiased, fact-based campaign giving an objective view of the public health, public safety, and socio-economic impact of the recommendations.
- Such a campaign should also directly address misinformation through a fact-checking campaign.

- Here is a link to what an effective educational campaign strategy would look like:

Bahamas National Marijuana Commission Communications Strategy

III-b. Communication of Specific Policies

General Approach

Each sub-issue within the wider marijuana discussion has received varying degrees of support. A single person may have a range of views depending on which sub-issue is being addressed. For example, someone may be opposed to legalization for recreational purposes but very much in support of expungements for past offenders and legalization for medical use. Widespread support of the Commission's recommendations and the government's eventual approach may be contingent upon clear communication of specific policies and approaches to these sub-issues. People are interested in the details and their views are nuanced – they want to know that everything is planned for and well-regulated. The major sub-issues are grouped/categorized and addressed below.

Public Health – Medical Marijuana and General Health Concerns

- An educational campaign is needed on the local and international data for the public health debate surrounding marijuana to debunk myths surrounding the drug and identify medical benefits and treatment options.
- In line with the Commission's recommendations, communications must reflect a renewed focus on rehabilitation and treatment of marijuana abusers.
- To address fears of an increase in use among minors (a group that has proven negative long-term effects from marijuana use), communications must discuss potential adjustments to the penal code in relation to distribution to minors, as well as limits on at-home growth for personal use.

III-b. Communication of Specific Policies

Economic Impact – Entrepreneurship, Revenue, and Industries

- Views on the economic impact can be better served by providing data on the economic benefits of marijuana legalization and decriminalization on other countries. Any well-researched efforts to estimate the potential impact on The Bahamas should be highlighted along with communications of any economic impact studies to be done. Points of interest would be the overall impact on the GDP and the amount of money brought into the economy, jobs created, and business opportunities created. Given the high degree of interest and strong support for Bahamian ownership, this should be a highlight of a public awareness campaign.

- Closely related to Bahamian ownership, any proposed plan to promote access to the industry should be highlighted to demonstrate how the government is creating opportunities for all Bahamians. Any perception of a new industry being created solely for the "elites" should be avoided. Marijuana's role in increasing government revenues should also be highlighted. In communications, given general public awareness of the government's financial woes, marijuana should be positioned as a positive way to address budgetary deficits.

- The role of marijuana in the creation of new industries, which will bring with it hospitality, farming, manufacturing, and retail opportunities, should be highlighted. At a time of economic uncertainty, there is a very strong argument for these new industries as a form of economic stimulus, as well as a form of economic diversification, improving the country's resiliency.

III-b. Communication of Specific Policies

Public Safety – Crime, Road Safety, Black Market, Youth Delinquency

- Communications should focus on the government's commitment to remaining rigorous on the sale and use of marijuana outside the bounds of what will be legal/decriminalized. It should be emphasized that restricted distribution and use will be pursued and that the laws and penal code will be enforced to allay any concerns of a relaxed approach on the government's part that could lead to increased criminality, illicit drug activity, or use among minors.
- Road safety should be addressed in public safety communications, as well as concerns about second-hand smoke, public intoxication, and use in public spaces.
- Both from a public safety and public health perspective, use among minors and youth should be specifically addressed. There should be special emphasis placed on what will be done to address illegal sales, drug-related gang activity, smuggling, and concerns about delinquency related to increased marijuana use.
- The public education campaign should ensure that the public is fully informed of all proposed legal and policy changes, prohibited activities, and penalties for breach of the law(s). The public should have the opportunity to provide additional input and know that the government has considered it prior to the implementation of such changes.

III-b. Communication of Specific Policies

Arrests, expungements, and other legal issues/remedies

- While these sub-issues generally have widespread support for reforms, to maintain this momentum it may be effective to frame it as a social justice narrative. This would include highlighting the stories of those impacted - putting a face to the issue, providing data, and profiles of those who are impacted. Stories of families impacted would be valuable too. This could soften some of the remaining reservations that some may have.

Religious Freedom

- Support may not be strong here but a focus on regulations/limits so that religious freedom is not used as a loophole to engage in otherwise prohibited cultivation, distribution, and other activities could address the reservations many have. Personal stories could be used here to provide a face for the issue. Legal/constitutional issues with religious discrimination when the laws are changed should be highlighted. Analogies to similar situations could be drawn – for example, during the prohibition era, the US exempted sacramental wine because it was important not to prevent people from practicing their religion.

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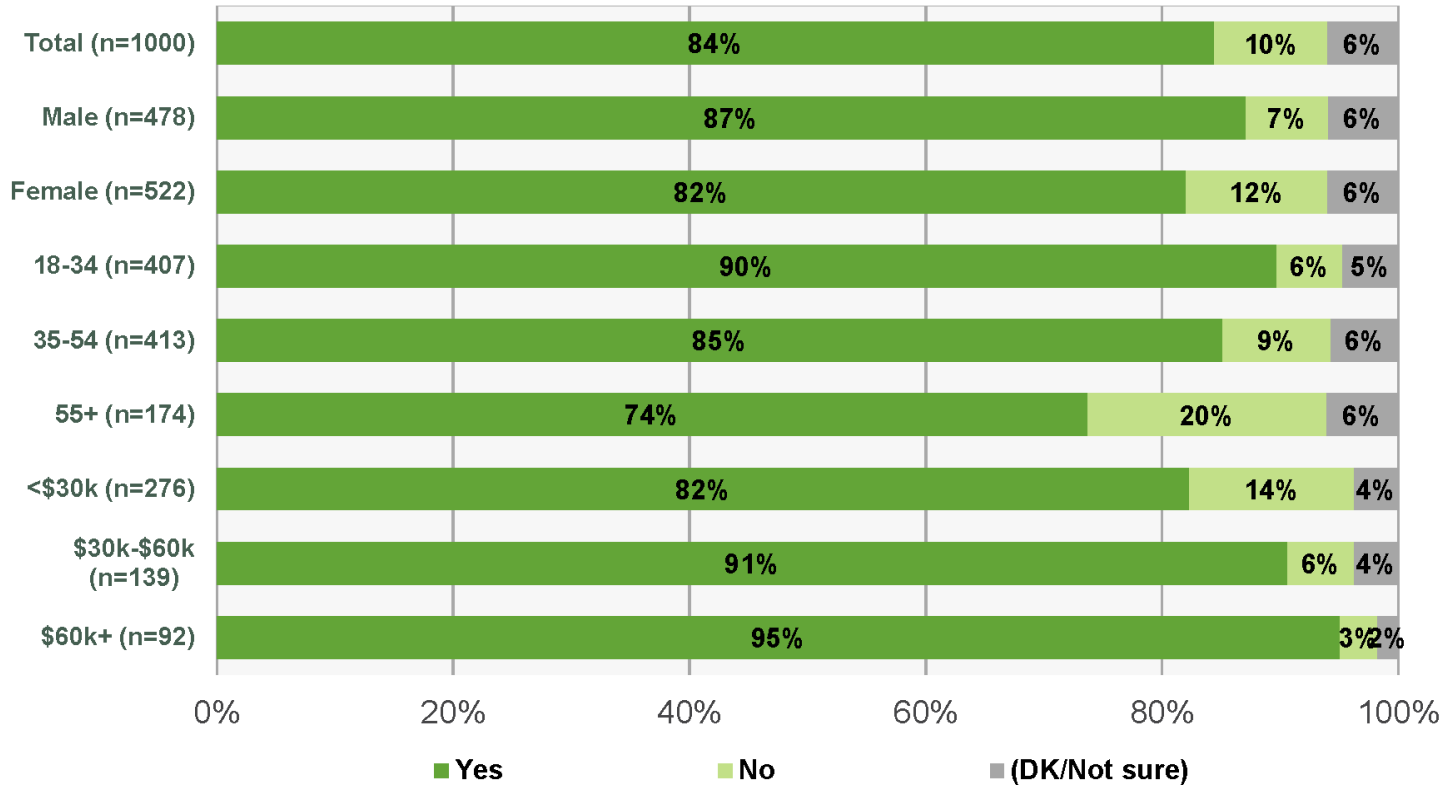
Detailed Results

1.0 Medical Cannabis

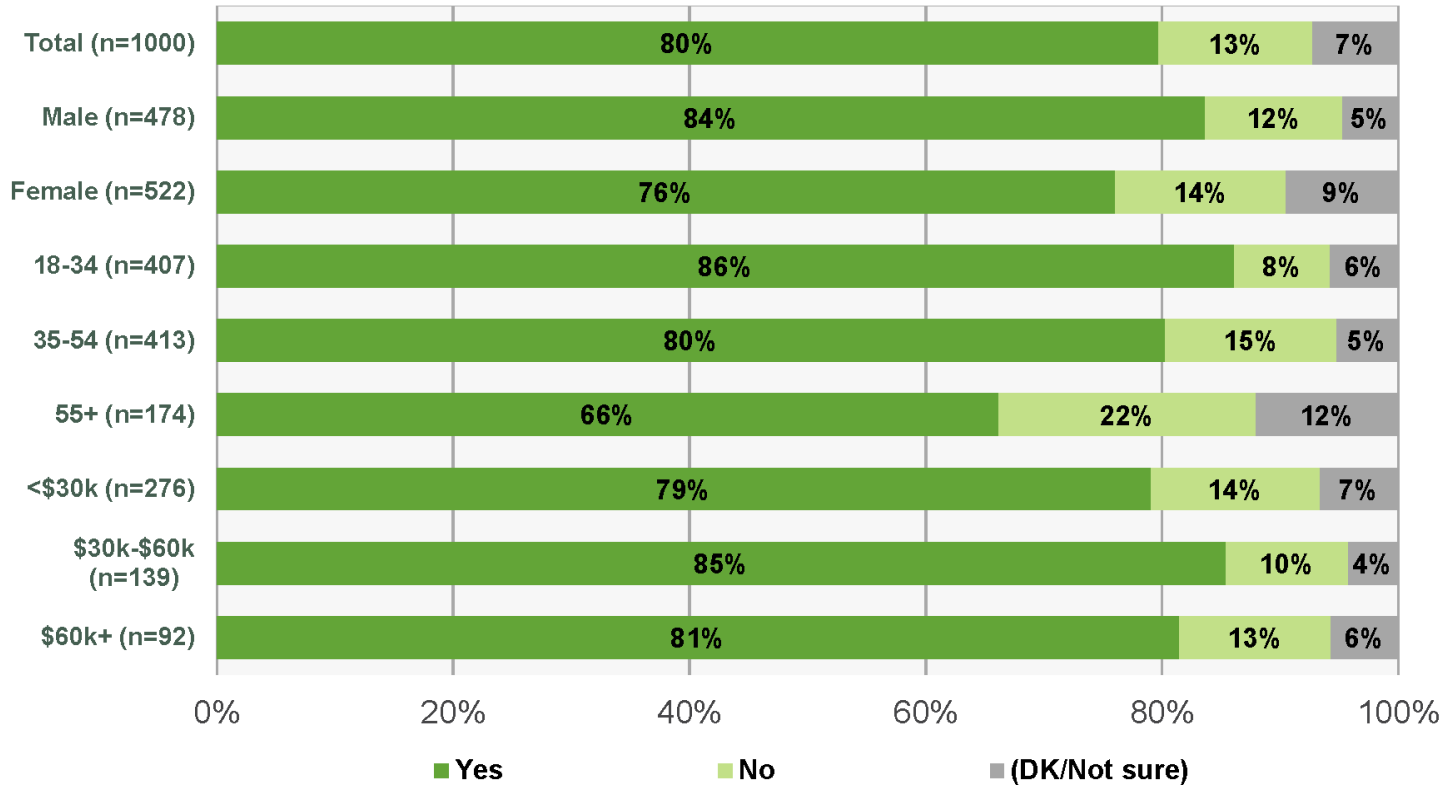
1.1 Should cannabis be legalized for medical use



Q1. In your opinion, should cannabis be legalized for medical use?

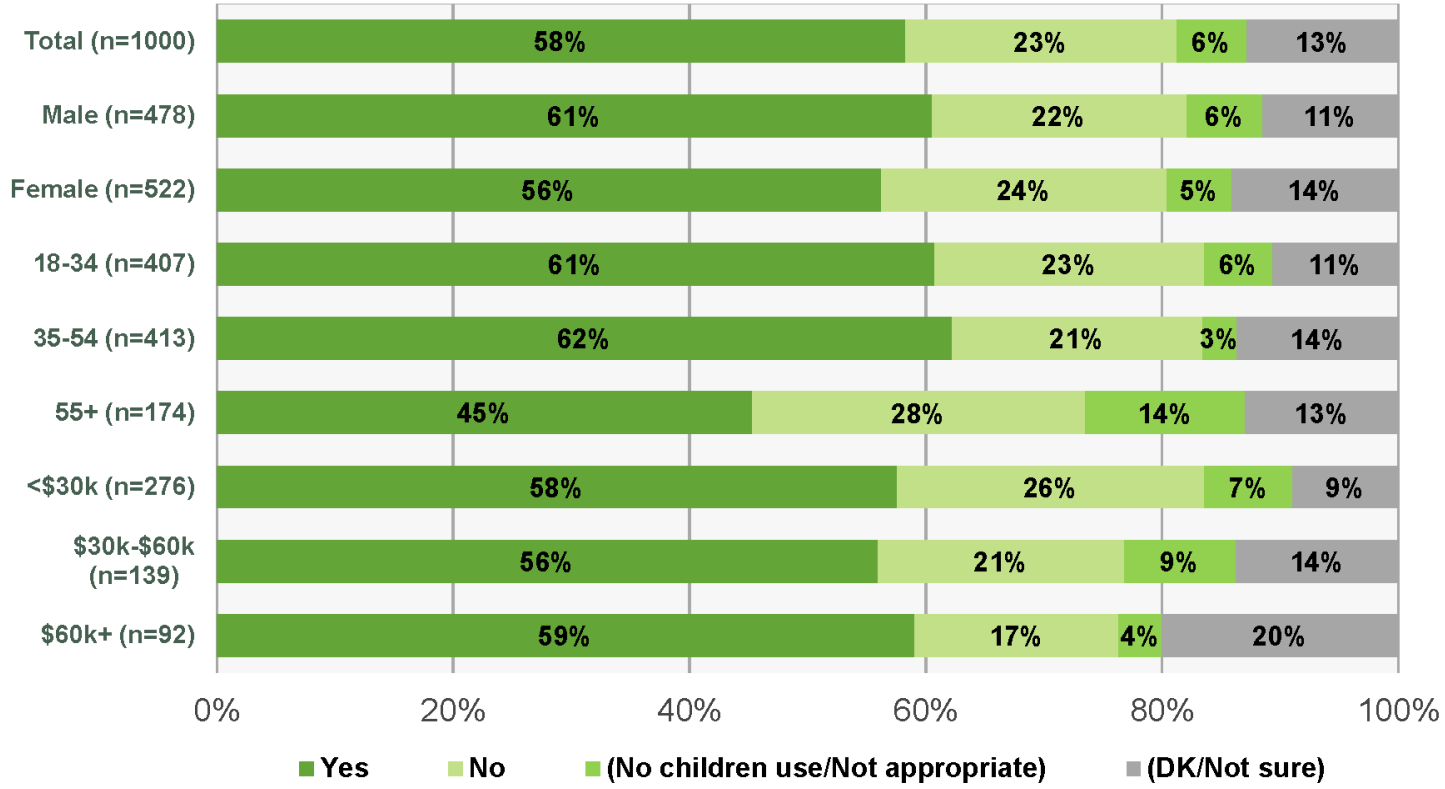
21

1.2 Would you take medical cannabis if prescribed by your doctor



Q2. If cannabis is legalized for medical use and should your doctor prescribe cannabis products to treat your health issue/condition, would you take it?

1.3 Should children take medical cannabis if prescribed



Q3. If prescribed by a licensed doctor, do you think parents should allow their child to take medical cannabis?

1.4a Rank (1st) – Preferred place to purchase medical cannabis

Q4. If medical cannabis is legalized, from which type of place do you think medical cannabis should be purchased? Please RANK the following places in your order of preference for someone to purchase medical cannabis. (RECORD 1st RANKED PLACE ONLY)	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
Your doctor's office or clinic	40%	35%	44%	42%	38%	35%	42%	34%	33%
A traditional pharmacy	36%	38%	33%	34%	37%	40%	41%	35%	39%
A standalone dispensary	12%	16%	9%	16%	9%	9%	7%	23%	13%
Grown in your yard	8%	7%	9%	7%	11%	6%	7%	5%	8%
(Don't know/Not sure)	5%	4%	5%	2%	5%	10%	4%	3%	6%

1.4b Rank (2nd) – Preferred place to purchase medical cannabis

Q4. If medical cannabis is legalized, from which type of place do you think medical cannabis should be purchased? Please RANK the following places in your order of preference for someone to purchase medical cannabis. (RECORD 1st RANKED PLACE ONLY)	Total (n=954)	Male (n=457)	Female (n=497)	18-34 (n=400)	35-54 (n=392)	55+ (n=156)	<$30k (n=266)	$30k-$60k (n=134)	$60k+ (n=86)
Your doctor's office or clinic	31%	32%	30%	30%	31%	35%	37%	30%	29%
A traditional pharmacy	40%	37%	43%	41%	39%	38%	41%	40%	44%
A standalone dispensary	14%	14%	14%	12%	17%	10%	11%	17%	18%
Grown in your yard	7%	9%	5%	9%	4%	5%	4%	7%	6%
(Don't know/Not sure)	1%	1%	0%	0%	1%	1%	0%	0%	1%
(No other places)	8%	8%	8%	7%	8%	11%	7%	6%	2%

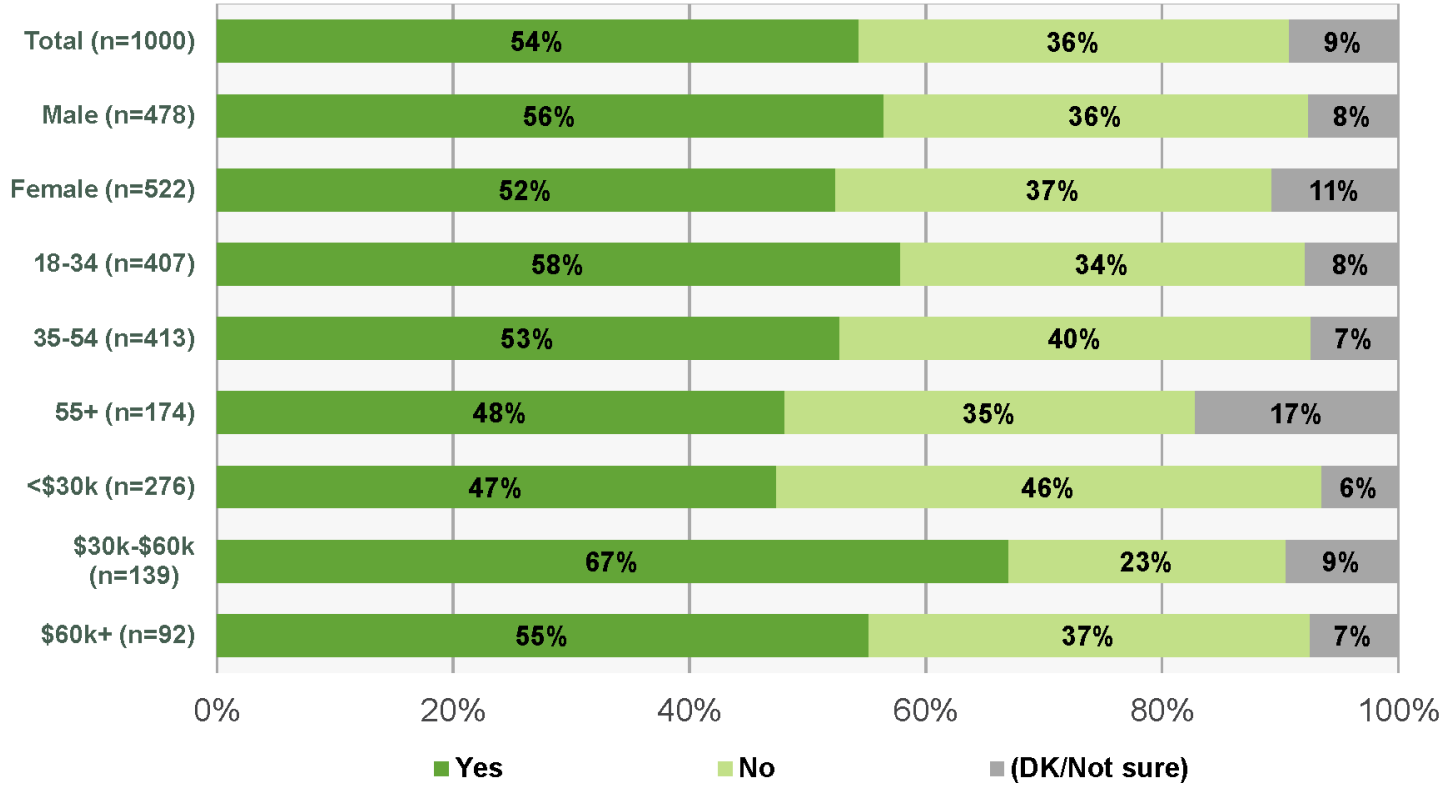
1.4c Rank (3rd) – Preferred place to purchase medical cannabis

Q4. If medical cannabis is legalized, from which type of place do you think medical cannabis should be purchased ? Please RANK the following places in your order of preference for someone to purchase medical cannabis. (RECORD 1st RANKED PLACE ONLY)	Total (n=877)	Male (n=422)	Female (n=455)	18-34 (n=372)	35-54 (n=360)	55+ (n=139)	<$30k (n=246)	$30k-$60k (n=126)	$60k+ (n=84)
Your doctor's office or clinic	13%	15%	11%	13%	13%	13%	9%	23%	13%
A traditional pharmacy	14%	14%	14%	17%	13%	9%	11%	16%	10%
A standalone dispensary	43%	41%	46%	43%	40%	50%	51%	36%	33%
Grown in your yard	12%	10%	13%	13%	13%	6%	17%	6%	14%
(Don't know/Not sure)	2%	1%	3%	2%	2%	2%	1%	3%	2%
(No other places)	16%	19%	13%	12%	19%	20%	11%	15%	28%

1.4d Rank (4th) – Preferred place to purchase medical cannabis

Q4. If medical cannabis is legalized, from which type of place do you think medical cannabis should be purchased? Please RANK the following places in your order of preference for someone to purchase medical cannabis. (RECORD 1st RANKED PLACE ONLY)	Total (n=877)	Male (n=422)	Female (n=455)	18-34 (n=372)	35-54 (n=360)	55+ (n=139)	<$30k (n=246)	$30k-$60k (n=126)	$60k+ (n=84)
Your doctor's office or clinic	8%	10%	6%	9%	8%	3%	5%	6%	18%
A traditional pharmacy	4%	4%	3%	4%	3%	3%	1%	3%	0%
A standalone dispensary	14%	11%	16%	14%	14%	11%	17%	12%	10%
Grown in your yard	57%	57%	56%	57%	54%	61%	60%	54%	53%
(Don't know/Not sure)	4%	4%	3%	3%	3%	7%	5%	4%	8%
(No other places)	14%	14%	15%	12%	17%	14%	12%	21%	11%

1.5 Medical cannabis - impact on non-medical/recreational use



Q5. Do you think that the legalization and use of cannabis for medical purposes will have any impact on the non-medical / recreational use of cannabis?

1.6a How medical cannabis will impact non-medical/recreational use

Q5B. In your opinion, please tell me how the legalization and use of cannabis for medical purposes will have an impact on the non-medical/recreational use of cannabis. (OPEN-END; RECORD ALL RESPONSES)	Total (n=543)	Male (n=270)	Female (n=274)	18-34 (n=236)	35-54 (n=218)	55+ (n=83)	<$30k (n=131)	$30k-$60k (n=93)	$60k+ (n=51)
People will abuse it / people will find a way to misuse it	15%	14%	16%	11%	19%	15%	21%	16%	17%
People will use it recreationally / Will use it non-medical	5%	7%	4%	7%	4%	5%	6%	7%	1%
People will make up illnesses / People will say it is for medical purposes	5%	2%	8%	5%	3%	2%	2%	3%	0%
People will smoke more	4%	7%	2%	4%	6%	2%	4%	5%	4%
It would be more available	3%	3%	2%	2%	3%	3%	2%	2%	8%
People will take advantage	2%	3%	1%	3%	1%	1%	2%	3%	5%

…Continued

1.6b How medical cannabis will impact non-medical/recreational use

Q5B. In your opinion, please tell me how the legalization and use of cannabis for medical purposes will have an impact on the non-medical/recreational use of cannabis. (OPEN-END; RECORD ALL RESPONSES)	Total (n=543)	Male (n=270)	Female (n=274)	18-34 (n=236)	35-54 (n=218)	55+ (n=83)	<$30k (n=131)	$30k-$60k (n=93)	$60k+ (n=51)
People will overuse it	2%	1%	2%	3%	0%	1%	2%	1%	0%
Gateway for more people to use it / Backdoor	2%	2%	1%	3%	1%	0%	0%	0%	0%
People will try to acquire it without a need / Going to find a way to use it / Find a loophole	2%	1%	2%	2%	0%	2%	0%	1%	0%
People might sell their medical marijuana	1%	1%	1%	2%	0%	1%	2%	1%	0%
Drug addiction / Addiction may be a possibility / Over dosing	1%	0%	1%	1%	0%	2%	2%	0%	2%

…Continued

1.6c How medical cannabis will impact non-medical/recreational use

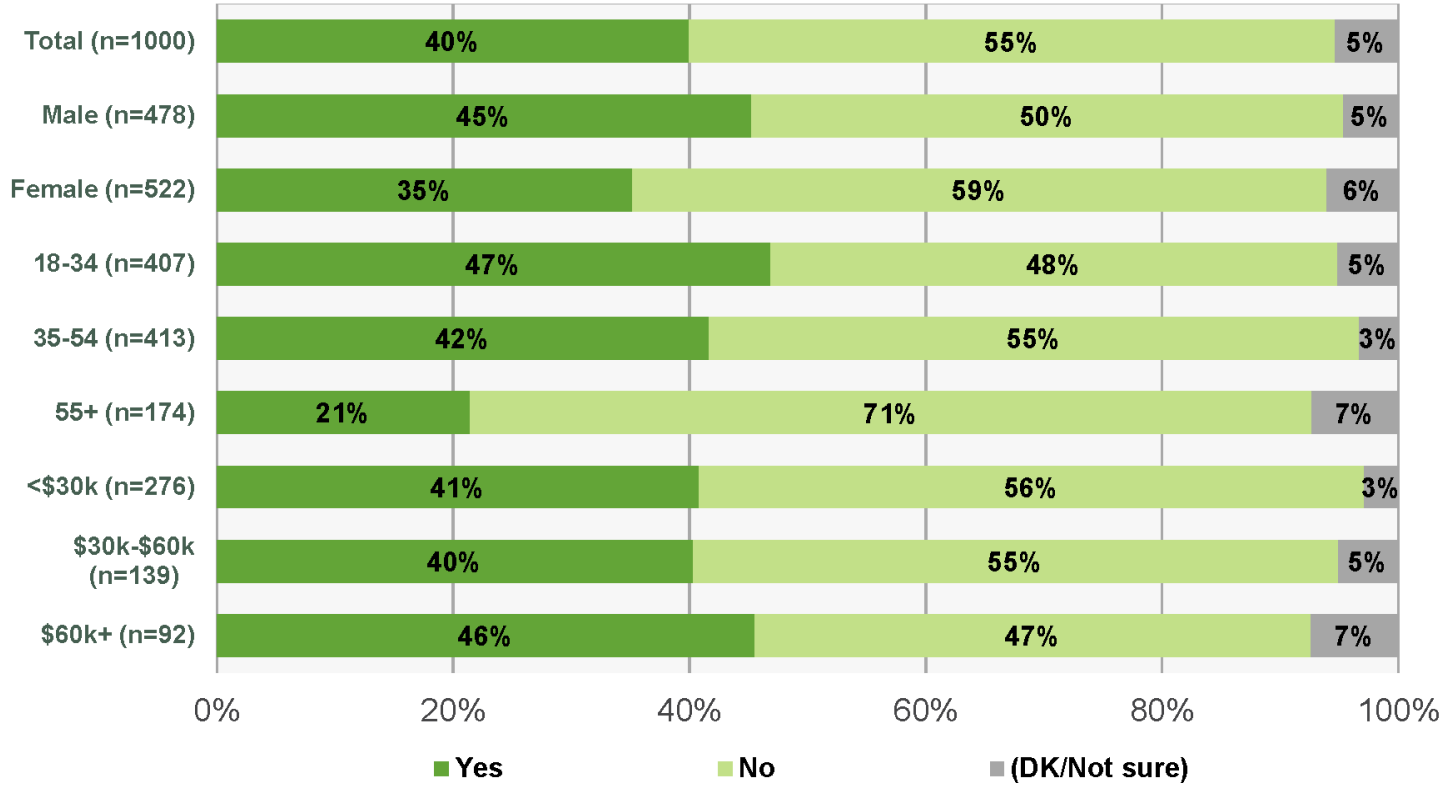
Q5B. In your opinion, please tell me how the legalization and use of cannabis for medical purposes will have an impact on the non-medical/recreational use of cannabis. (OPEN-END; RECORD ALL RESPONSES)	Total (n=543)	Male (n=270)	Female (n=274)	18-34 (n=236)	35-54 (n=218)	55+ (n=83)	<$30k (n=131)	$30k-$60k (n=93)	$60k+ (n=51)
A good impact / Different in a positive way / Make it more positive	1%	2%	0%	1%	2%	0%	2%	2%	0%
Damaging young folk / Destroy the mind & brain	1%	0%	1%	0%	0%	2%	1%	0%	0%
Everyone may believe they can smoke it / Everyone would want to smoke it	1%	1%	1%	0%	1%	3%	0%	2%	0%
Negative / Detrimental one / Cause too many problems	1%	1%	1%	0%	1%	1%	2%	1%	0%
Would use other people's medical marijuana	1%	0%	1%	1%	0%	2%	1%	0%	0%

...Continued

1.6d How medical cannabis will impact non-medical/recreational use

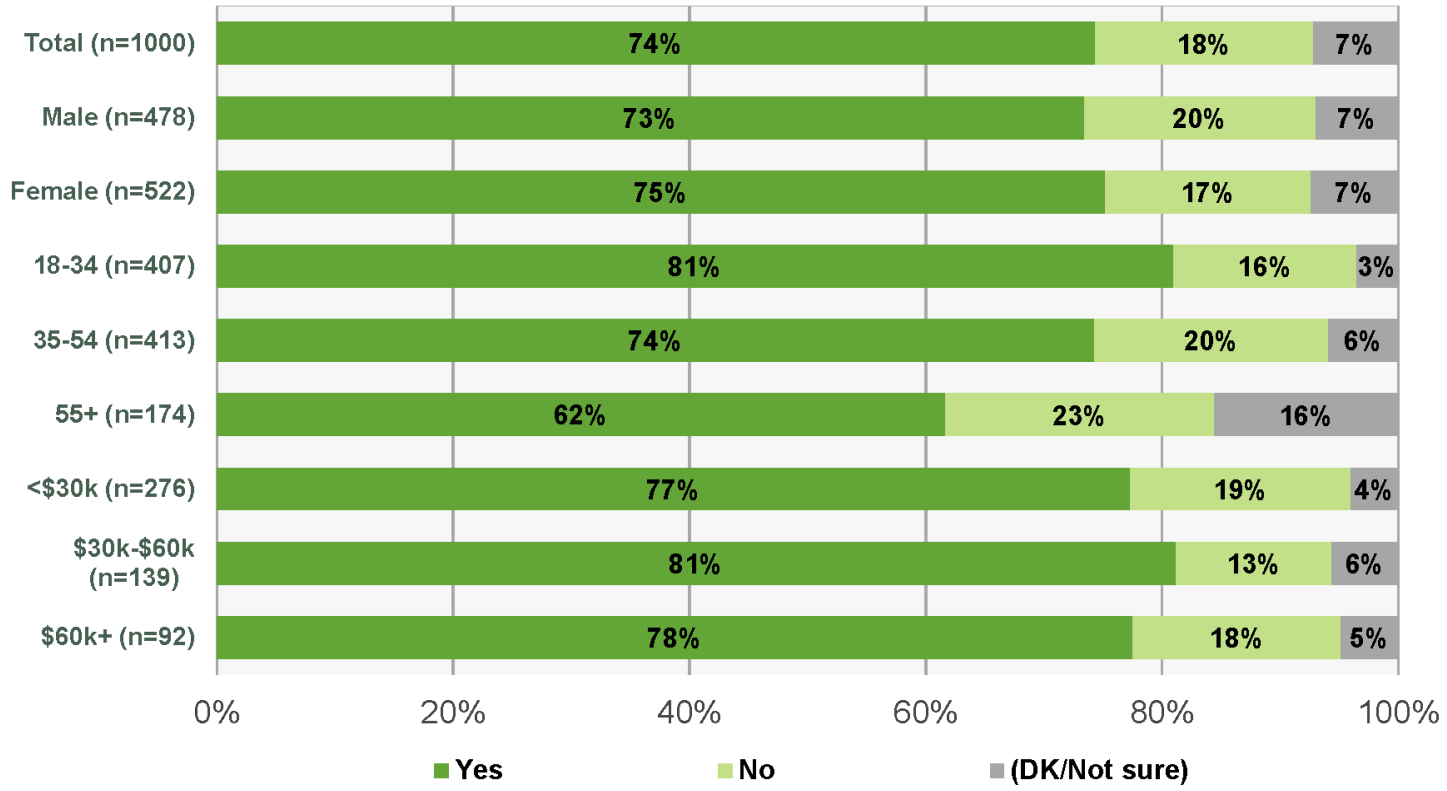
Q5B. In your opinion, please tell me how the legalization and use of cannabis for medical purposes will have an impact on the non-medical/recreational use of cannabis. (OPEN-END; RECORD ALL RESPONSES)	Total (n=543)	Male (n=270)	Female (n=274)	18-34 (n=236)	35-54 (n=218)	55+ (n=83)	<$30k (n=131)	$30k-$60k (n=93)	$60k+ (n=51)
Decrease illegal use / Decrease illegal sales	1%	1%	1%	0%	1%	2%	1%	0%	1%
Cut down recreational use / Not too many persons would spend money on it	1%	1%	0%	0%	1%	2%	0%	1%	0%
Other (Specify)	12%	14%	9%	11%	13%	10%	9%	11%	9%
(Don't know/Not sure)	50%	48%	52%	53%	49%	53%	51%	49%	58%

1.7 Should be allowed to grow cannabis for personal medical use



Q6. In your opinion, should persons who are prescribed cannabis for medical purposes be legally permitted to grow plants for their personal medical use?

1.8 Restrictions on types & amounts grown for medical purposes



Q7. If legally permitted to grow plants, should there be any restrictions on what types and amounts of cannabis that can be grown for medical purposes?

1.9a Restrictions placed on types/amounts grown for medical purposes

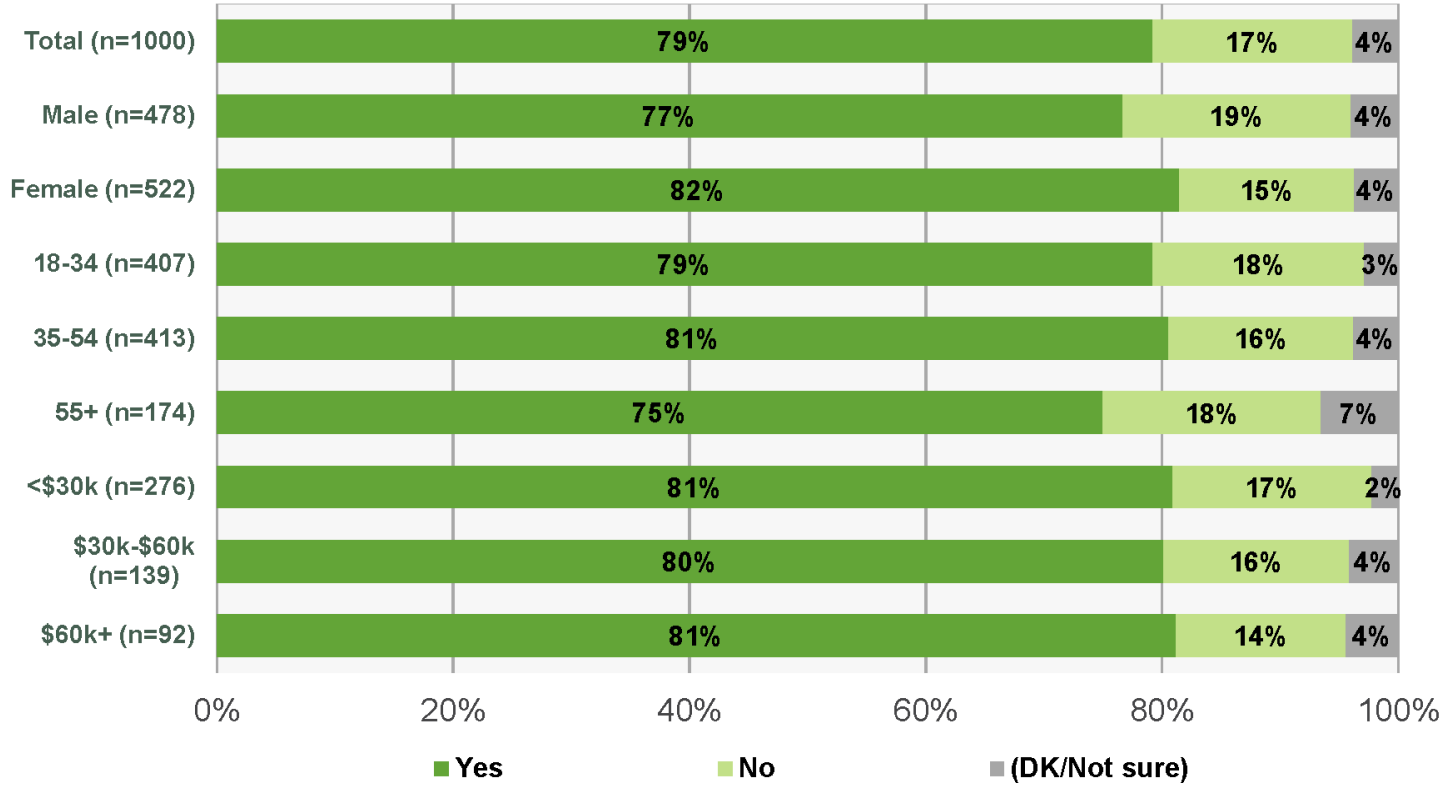
Q7B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for medical purposes. (OPEN-END; RECORD ALL RESPONSES)	Total (n=744)	Male (n=351)	Female (n=393)	18-34 (n=330)	35-54 (n=307)	55+ (n=107)	<$30k (n=214)	$30k-$60k (n=113)	$60k+ (n=71)
Small amount / Plant limit / Height limit	34%	35%	33%	38%	32%	25%	34%	39%	35%
Whatever is needed / Amount prescribed by the doctor	7%	7%	7%	8%	6%	4%	6%	4%	4%
Should be monitored / Should have inspections	6%	4%	7%	3%	8%	8%	5%	3%	21%
Should not be sold / Personal use	4%	4%	4%	6%	3%	1%	3%	8%	5%
Regulated / Control it	3%	3%	2%	2%	3%	4%	1%	2%	1%
Strain / Type	2%	1%	3%	2%	3%	1%	3%	2%	2%
Grown in small area	2%	2%	2%	2%	3%	1%	2%	3%	1%

…Continued

1.9b Restrictions placed on types/amounts grown for medical purposes

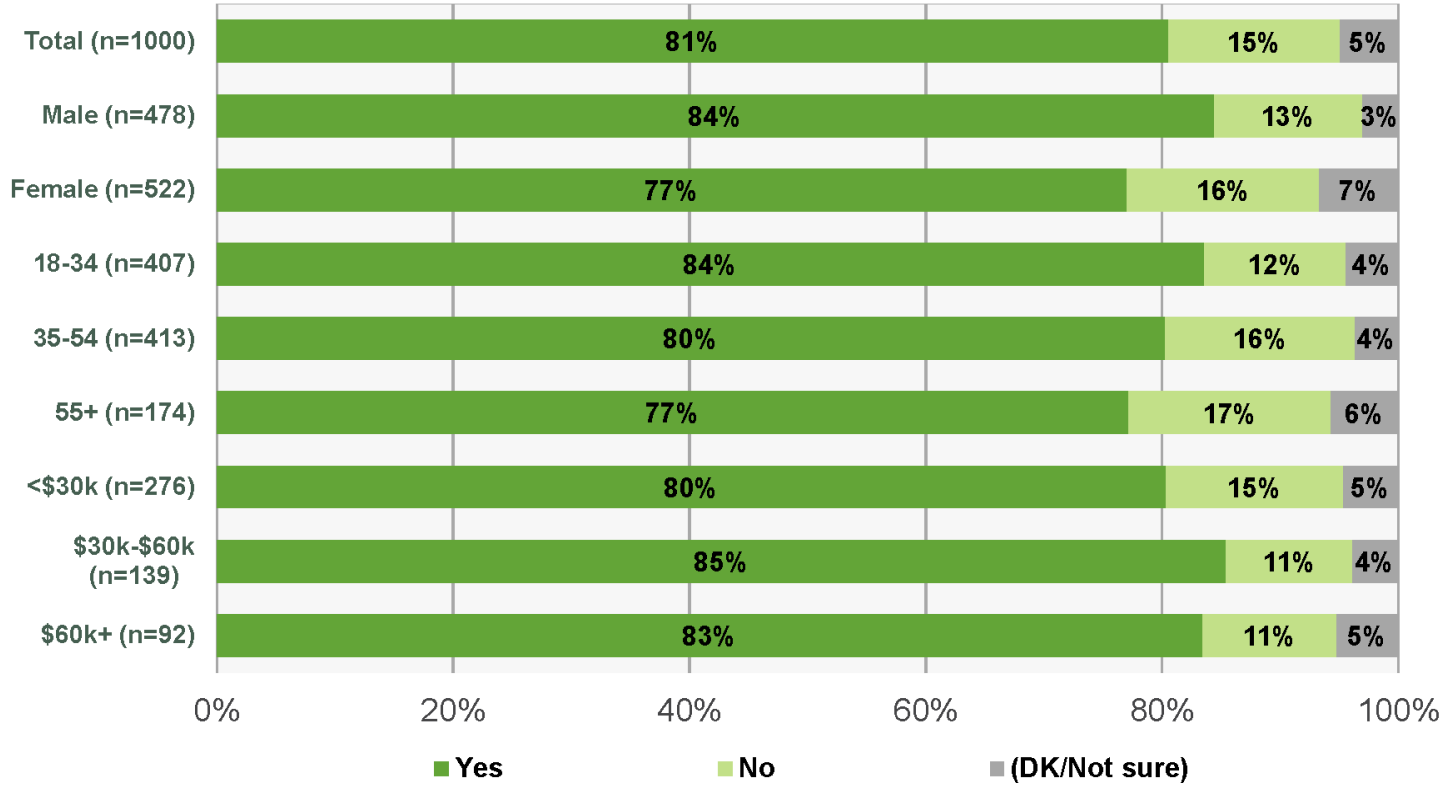
Q7B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for medical purposes. (OPEN-END; RECORD ALL RESPONSES)	Total (n=744)	Male (n=351)	Female (n=393)	18-34 (n=330)	35-54 (n=307)	55+ (n=107)	<$30k (n=214)	$30k-$60k (n=113)	$60k+ (n=71)
Shouldn't be allowed to grow it / Should be grown by the government	2%	2%	2%	2%	2%	3%	2%	2%	4%
Need a prescription / Should be prescribed by a doctor	2%	3%	1%	1%	3%	2%	1%	3%	3%
License / Permit required	2%	3%	1%	1%	2%	2%	1%	3%	3%
Location	2%	1%	2%	2%	1%	1%	3%	1%	0%
They will abuse it	1%	0%	2%	1%	1%	4%	2%	1%	0%
A limit / limited	1%	1%	1%	2%	1%	0%	1%	1%	0%
Other (Specify)	6%	7%	5%	7%	4%	9%	6%	9%	5%
(Don't know/No answer)	43%	43%	43%	41%	43%	45%	46%	40%	33%

1.10 Should require medical permit for medical cannabis



Q8. In your opinion, if medical cannabis were legalized, should persons who are prescribed cannabis for medical purposes be required to obtain a medical permit?

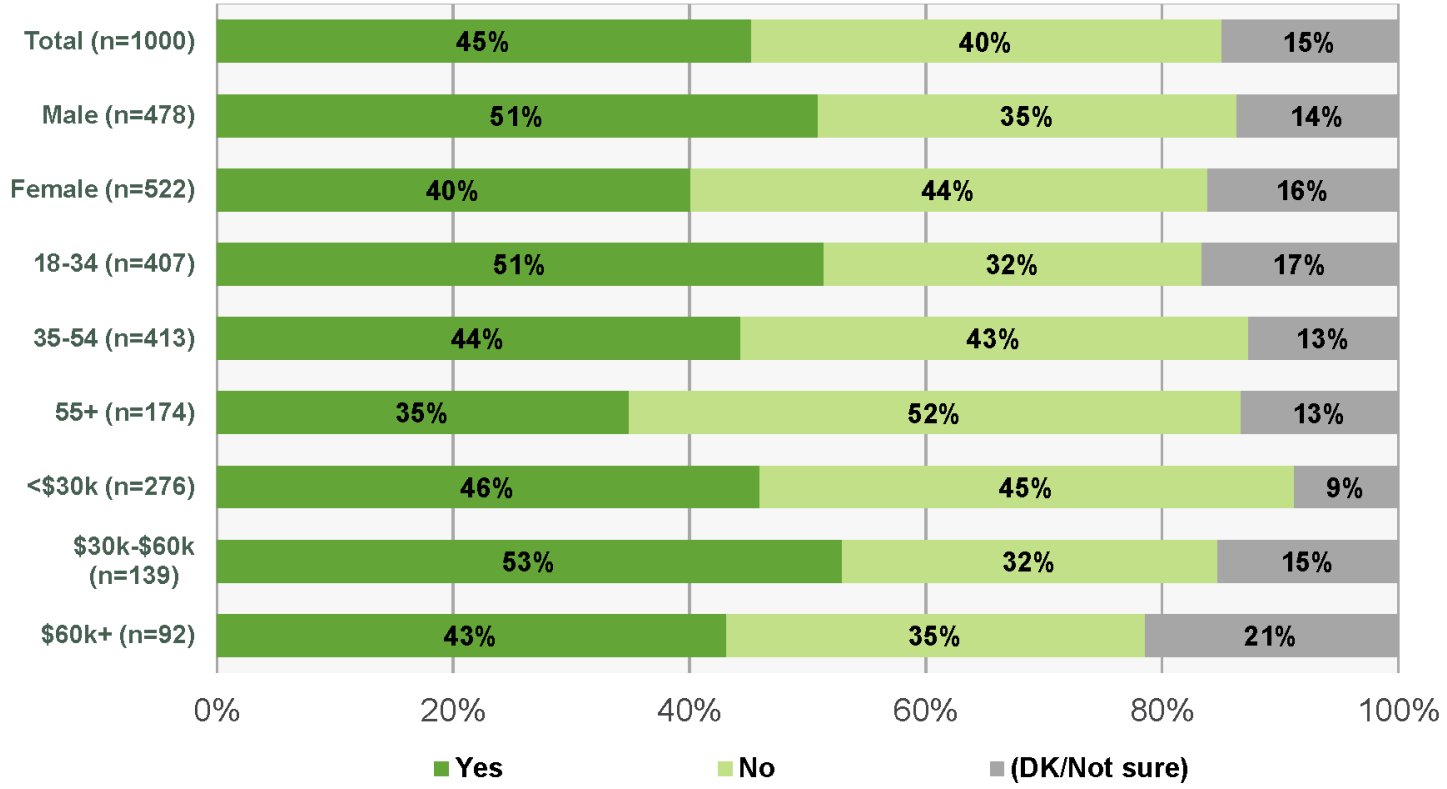
1.11 Tourists w/ permits be allowed to purchase medical cannabis



Q9. In your opinion, if medical cannabis were legalized, should tourists with a medical cannabis permit from their home country be allowed to purchase a temporary medical permit to obtain and use cannabis for medical or therapeutic purposes while in The Bahamas?

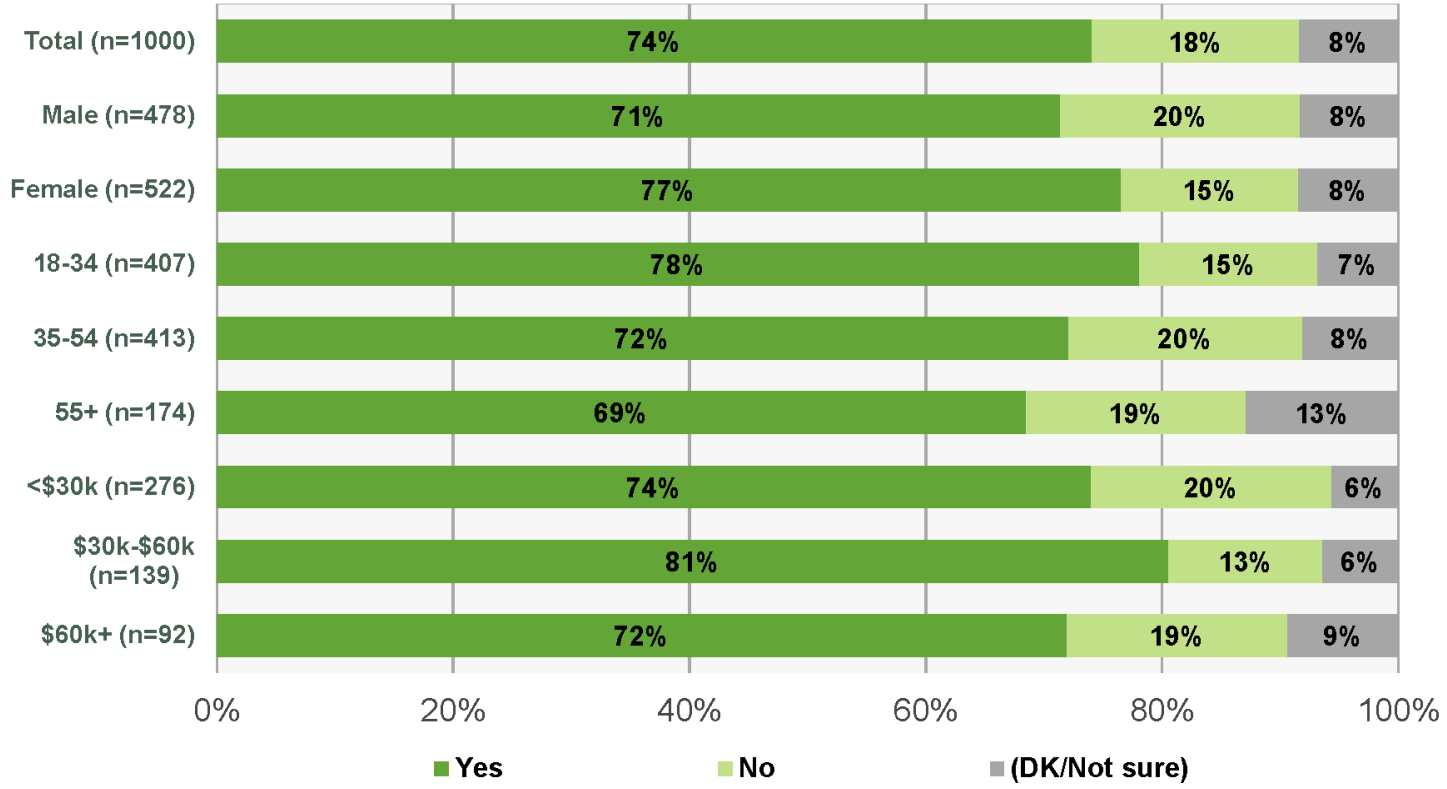
2.0 Use of Cannabis for Religious Purposes

2.1 Legalize cannabis for religious sacramental purposes



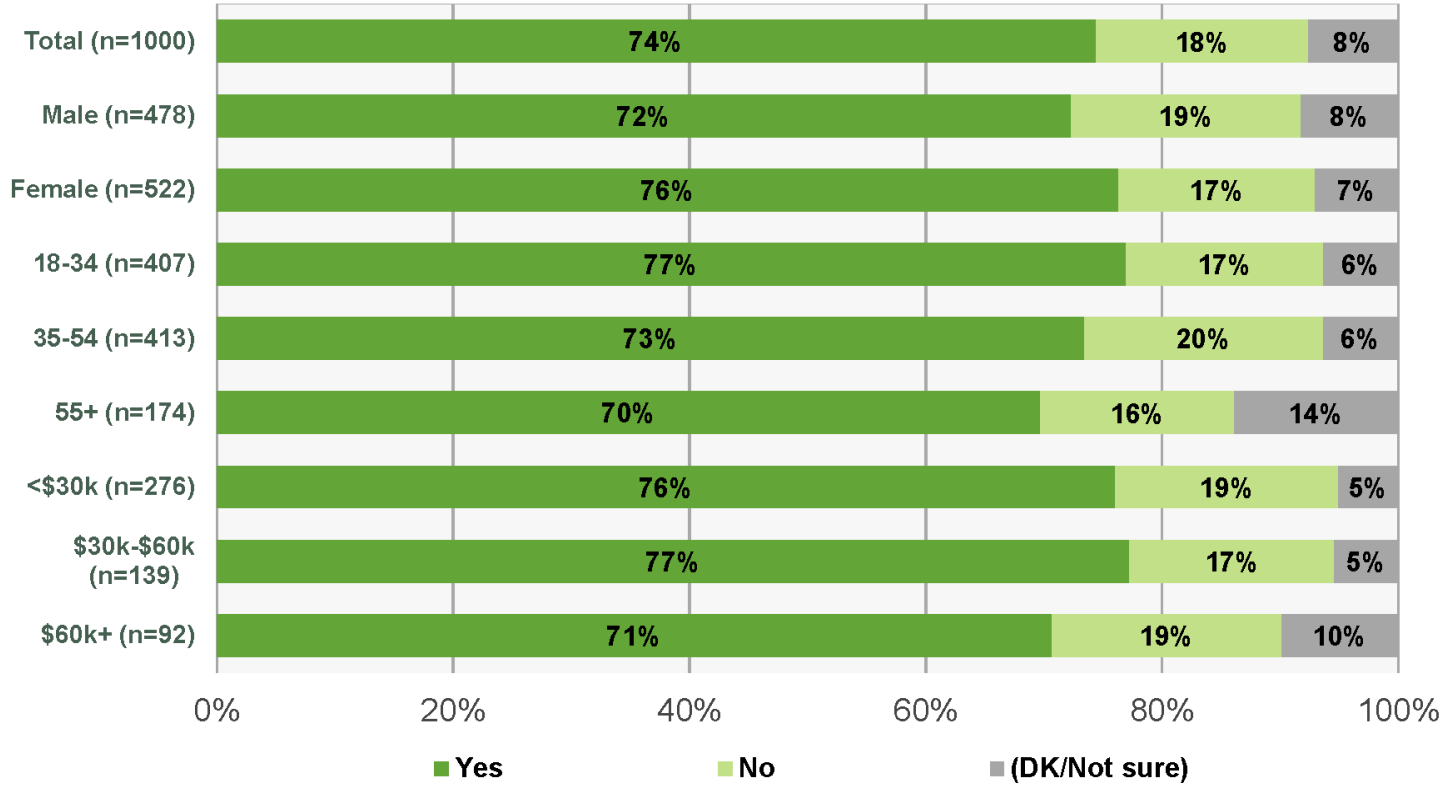
Q10. Do you believe that cannabis should be made legal for religions that utilize cannabis for sacramental purposes?

2.2 Restrictions on usage if legalized for religious purposes



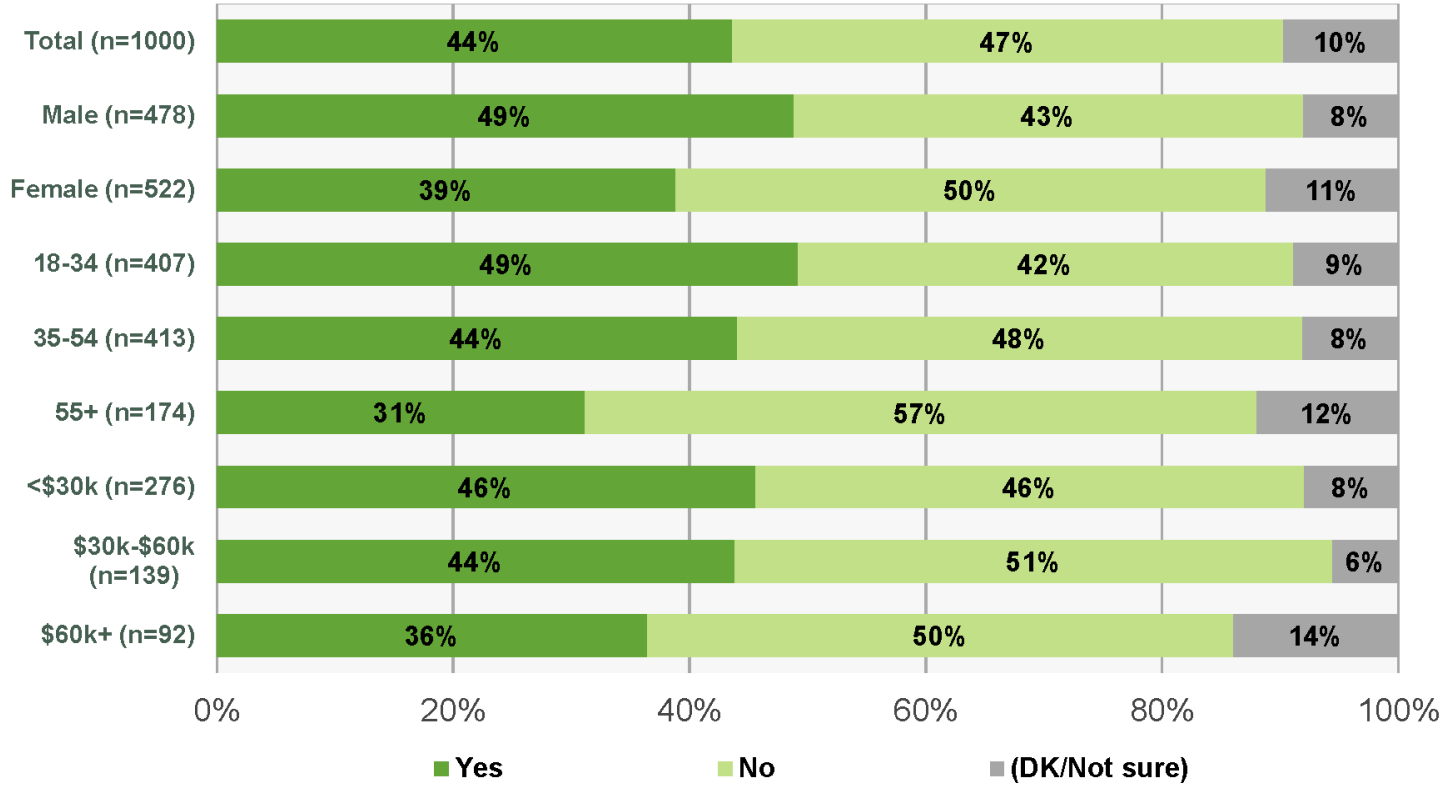
Q11. If cannabis use for religious purposes is allowed, should there be any usage restrictions on issues such as age?

2.3 Restrictions on location usage if legalized for religious purposes



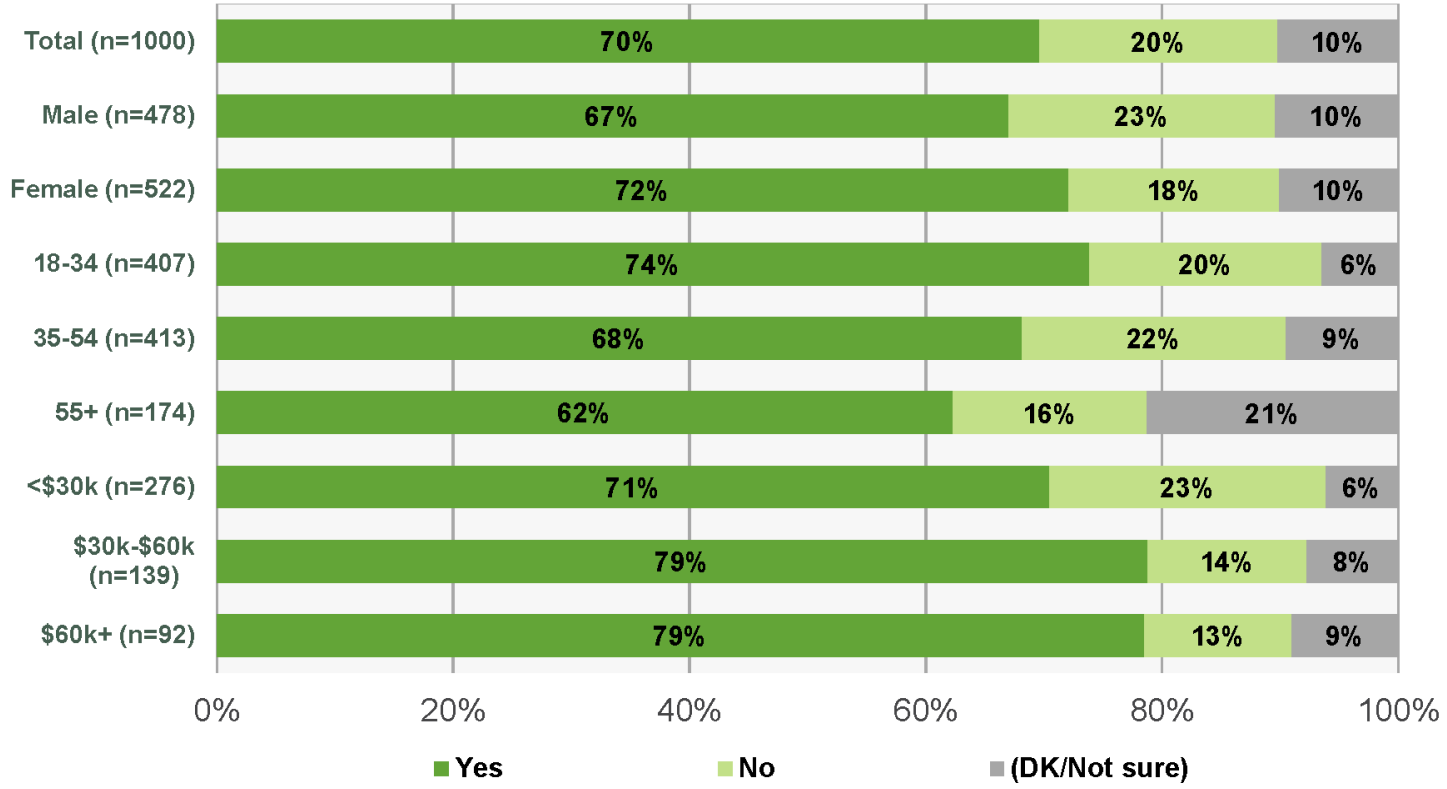
Q12. If cannabis use for religious purposes is allowed, should there be restrictions on where it can be used?

2.4 Religious members be allowed to grow for religious purposes



Q13. Should members of such religious communities be allowed to grow cannabis for their religious purposes?

2.5 Restrictions on types/amounts grown for religious purposes



Q14. If growing cannabis for religious purposes is allowed, should there be any restrictions on what types and amounts can be grown?

2.6a Restrictions placed on types/amts grown for religious purposes

Q14B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for religious purposes (OPEN-END; RECORD ALL RESPONSES)	Total (n=697)	Male (n=320)	Female (n=377)	18-34 (n=301)	35-54 (n=282)	55+ (n=108)	<$30k (n=195)	$30k-$60k (n=109)	$60k+ (n=72)
Limited amount on how much to grow / a small amount	33%	33%	34%	37%	33%	24%	26%	37%	37%
Monitored / Inspection to ensure it is strictly for religion	5%	5%	5%	3%	7%	6%	6%	6%	5%
Location / Only in the yard / In a small area	4%	4%	3%	3%	4%	3%	5%	5%	3%
Restrictions on the type to grow / Strain	3%	2%	5%	1%	4%	9%	4%	4%	6%
Based on the needs of the service / Depending on what the religion outlines	3%	3%	3%	3%	3%	2%	2%	2%	4%

…Continued

2.6b Restrictions placed on types/amts grown for religious purposes

Q14B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for religious purposes (OPEN-END; RECORD ALL RESPONSES)	Total (n=697)	Male (n=320)	Female (n=377)	18-34 (n=301)	35-54 (n=282)	55+ (n=108)	<$30k (n=195)	$30k-$60k (n=109)	$60k+ (n=72)
Must have a license / Must have a permit	3%	2%	3%	2%	2%	8%	5%	4%	0%
Shouldn't sell it / Not for sale	3%	4%	1%	4%	1%	1%	1%	6%	3%
Regulated / Controlled	2%	3%	2%	2%	2%	4%	1%	5%	0%
Age restrictions / Only for 21 yrs and older	2%	3%	1%	3%	0%	1%	2%	2%	3%
They will abuse it / Over use it	1%	1%	2%	1%	2%	2%	2%	1%	0%
Shouldn't be allowed to grow it / Not here / Shouldn't be used for religious purposes	1%	1%	1%	1%	1%	2%	1%	1%	2%

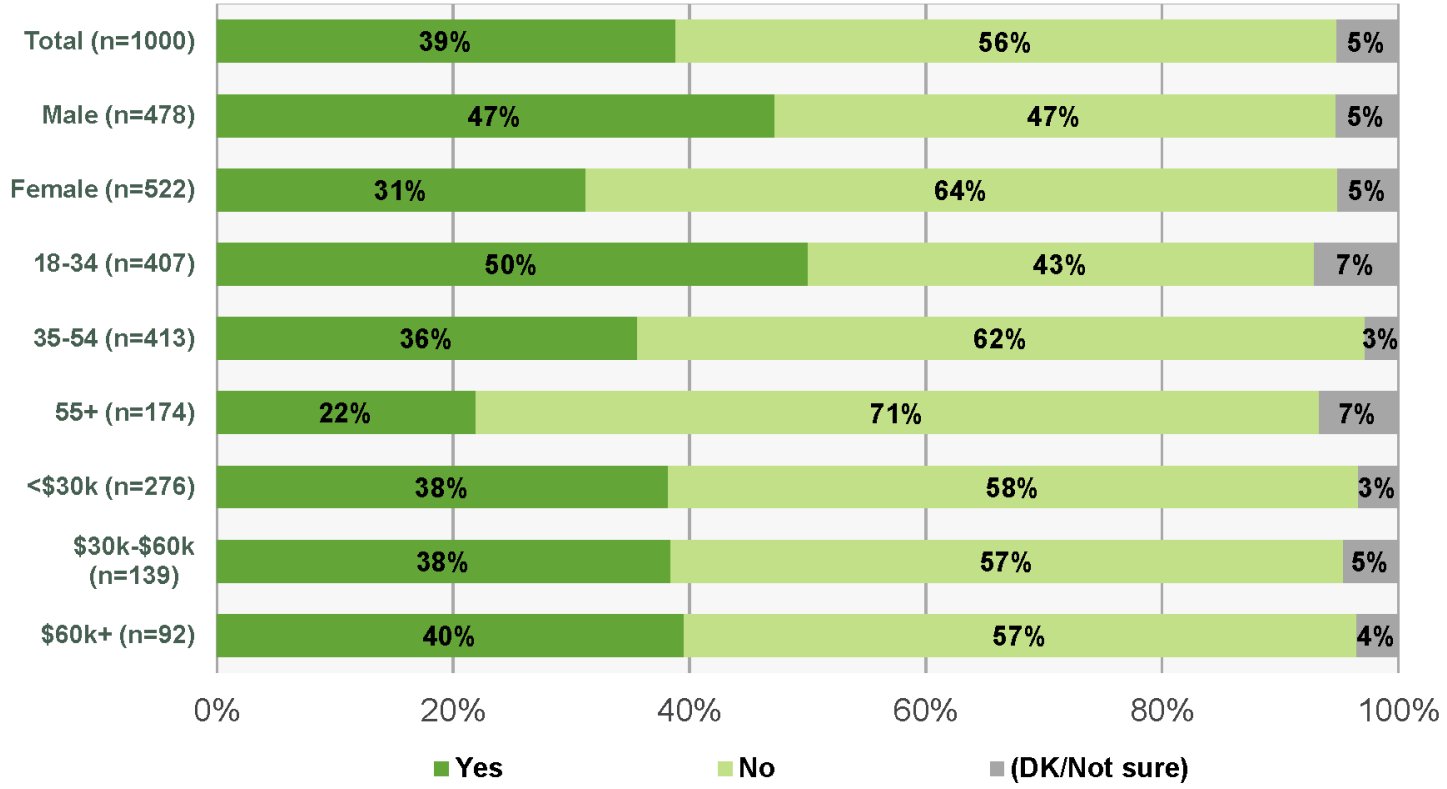
...Continued

2.6c Restrictions placed on types/amts grown for religious purposes

Q14B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for religious purposes (OPEN-END; RECORD ALL RESPONSES)	Total (n=697)	Male (n=320)	Female (n=377)	18-34 (n=301)	35-54 (n=282)	55+ (n=108)	<$30k (n=195)	$30k-$60k (n=109)	$60k+ (n=72)
Where it can be used / Only in church	1%	1%	1%	1%	1%	1%	1%	0%	1%
Limitation / Limit	1%	1%	1%	1%	1%	1%	0%	0%	3%
Other (Specify)	6%	6%	6%	8%	4%	4%	5%	7%	4%
(Don't know/No answer)	50%	49%	50%	48%	49%	50%	56%	44%	46%

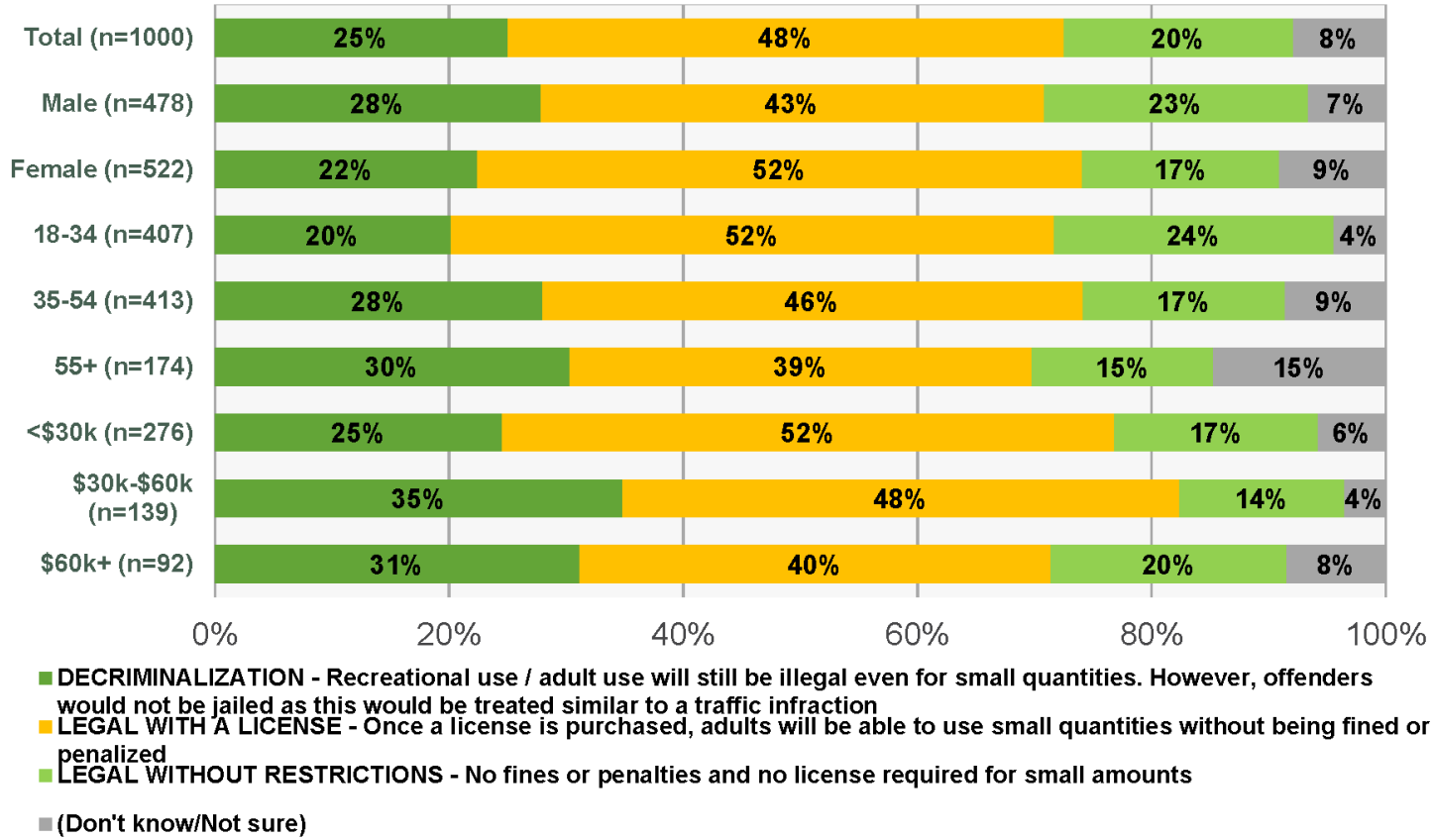
3.0 Adult Cannabis Use

3.1 Should cannabis be legalized for adult use / recreational use



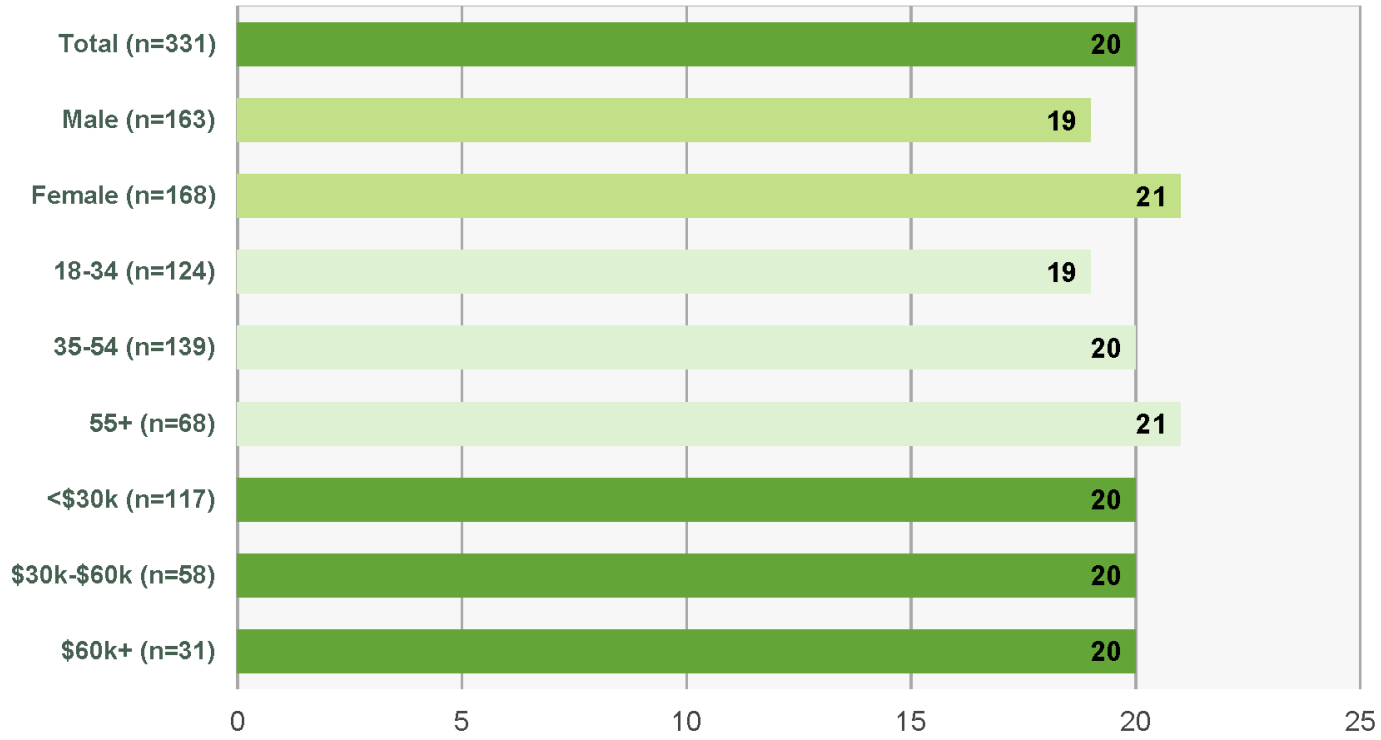
Q15. The next few questions are about the adult use / recreational use of Cannabis. Adult use / recreational use of cannabis refers to cannabis used for enjoyment rather than for health benefits. In your opinion, should cannabis be legalized for non-medical adult use / recreational use?

3.2 Should cannabis be legalized for adult use / recreational use



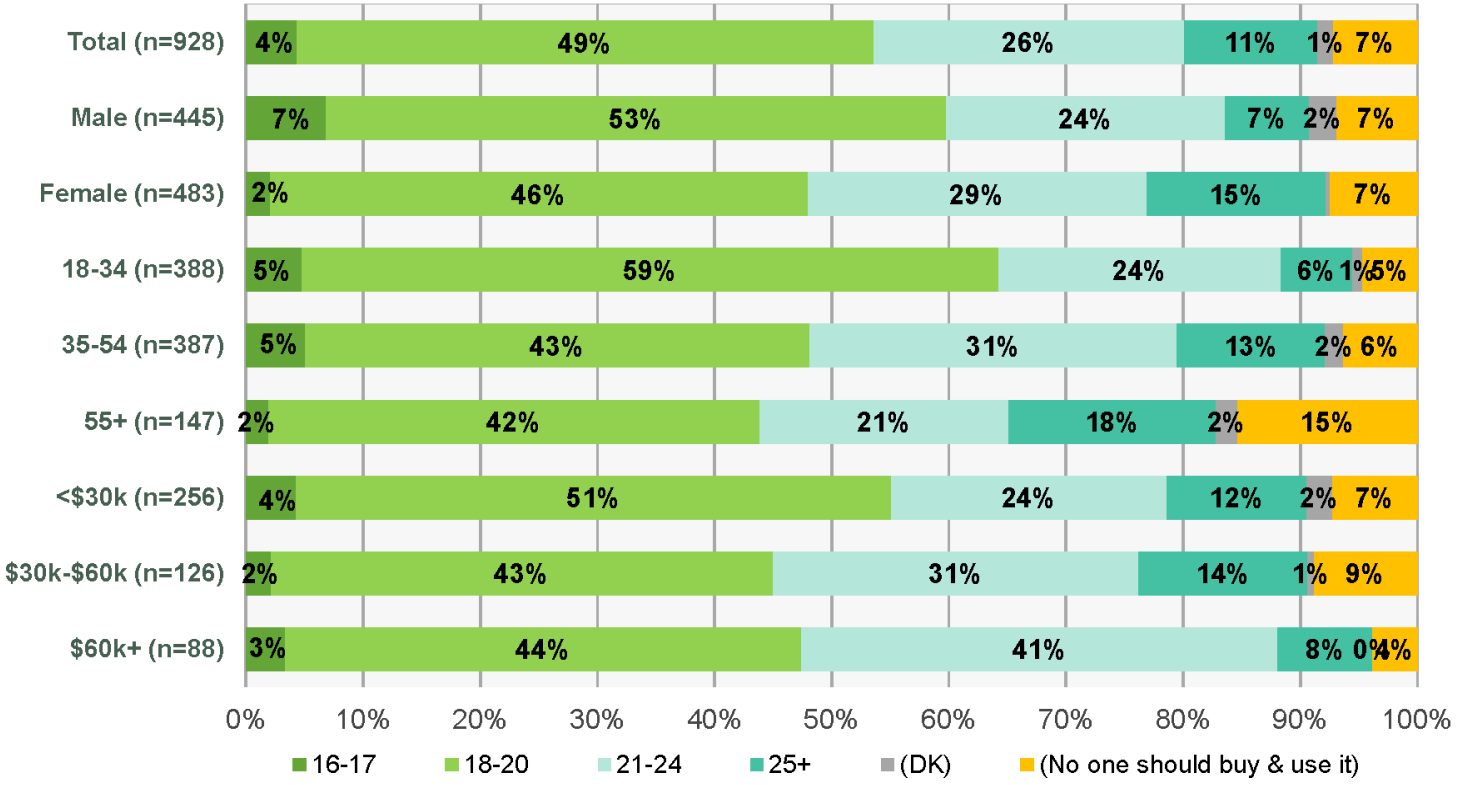
Q16. For adult use / recreational use, which of the following policy or law would you support most?

3.3a Mean minimum age to purchase & use legalized cannabis



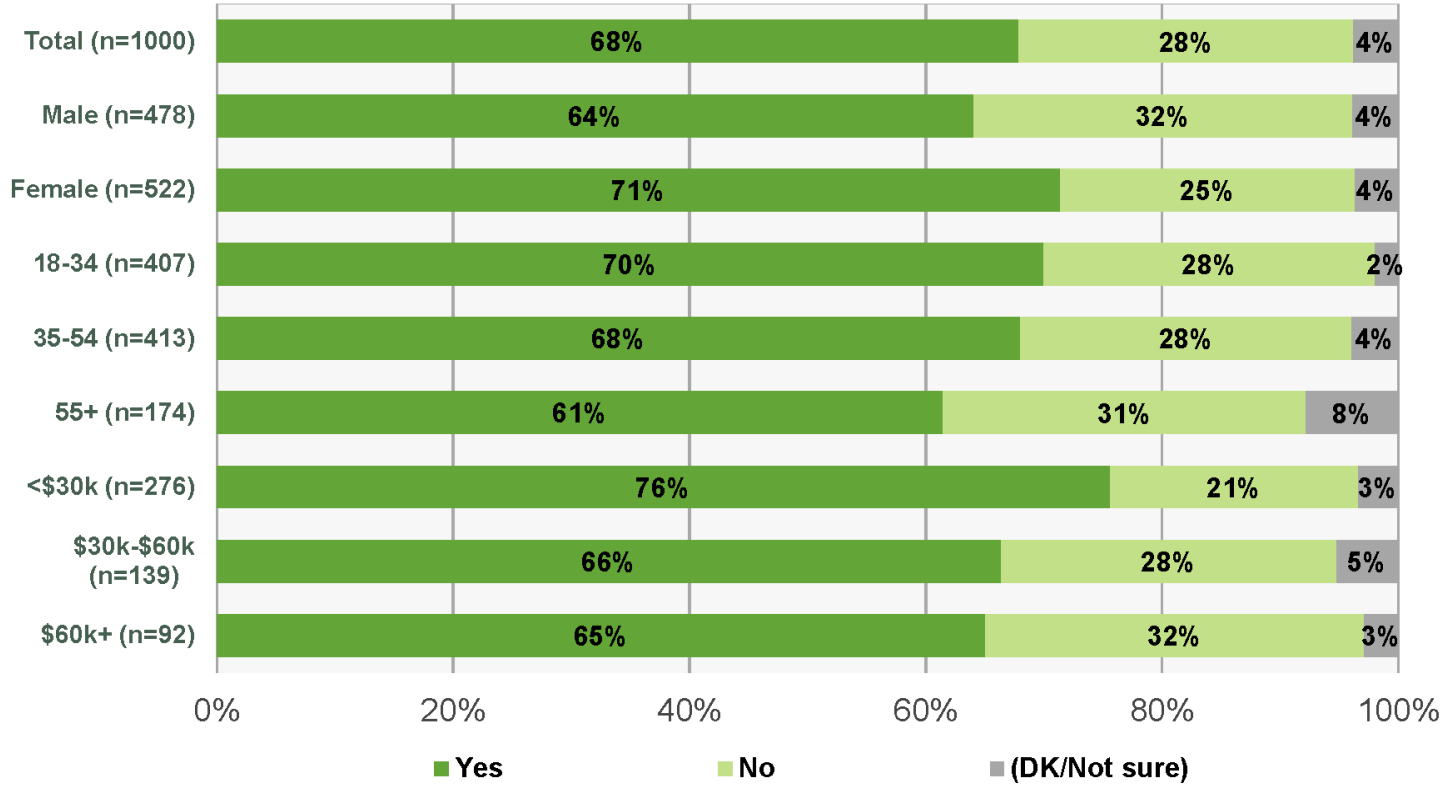
Q17. In your opinion, if the adult use / recreational use of cannabis is legalized, what should be the MINIMUM AGE to purchase and use? (ENTER EXACT AGE)

3.3b Minimum age group to purchase & use legalized cannabis



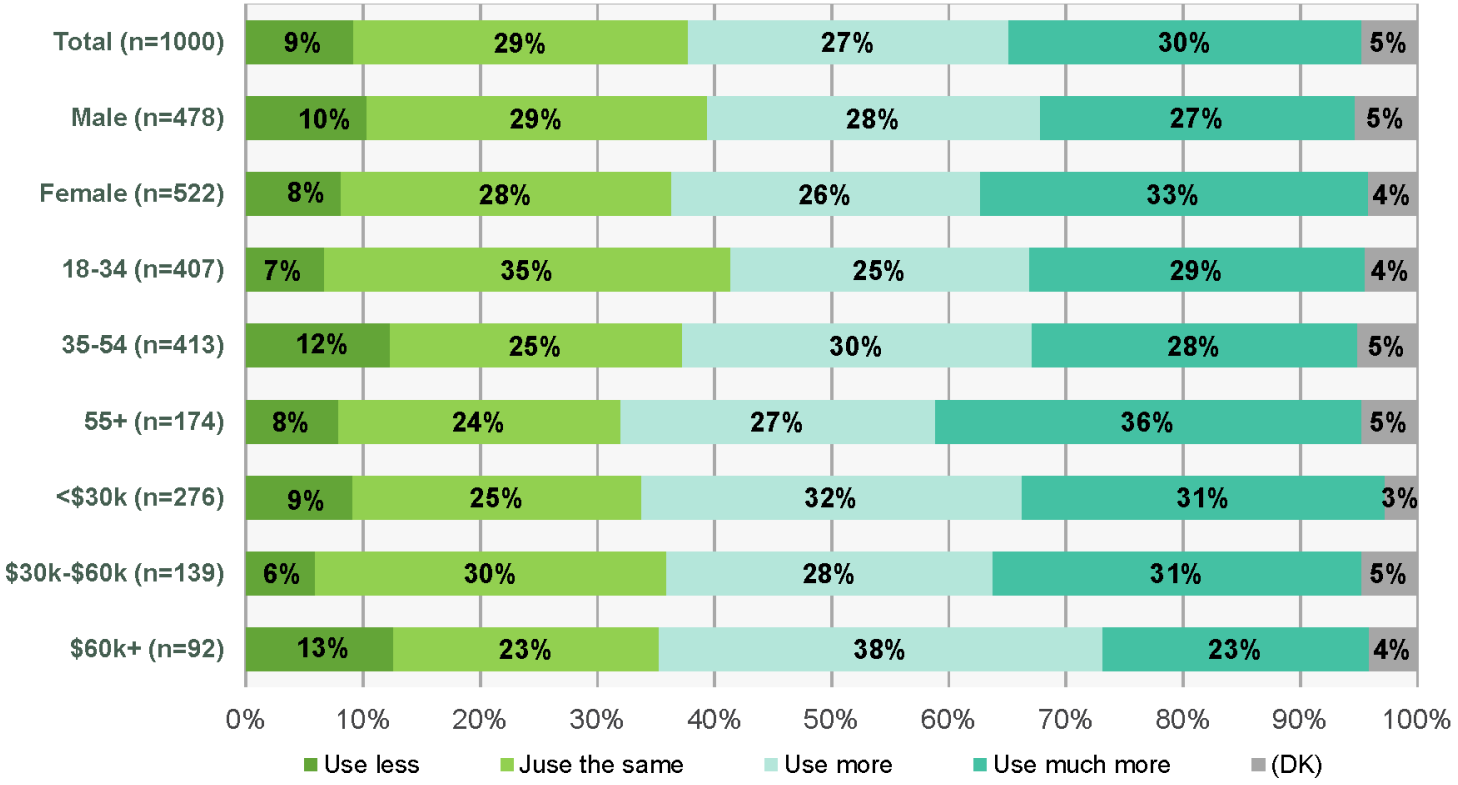
Q17. In your opinion, if the adult use / recreational use of cannabis is legalized, what should be the MINIMUM AGE to purchase and use? (AGE GROUP)

3.4 Require user's permit for adult use / recreational use



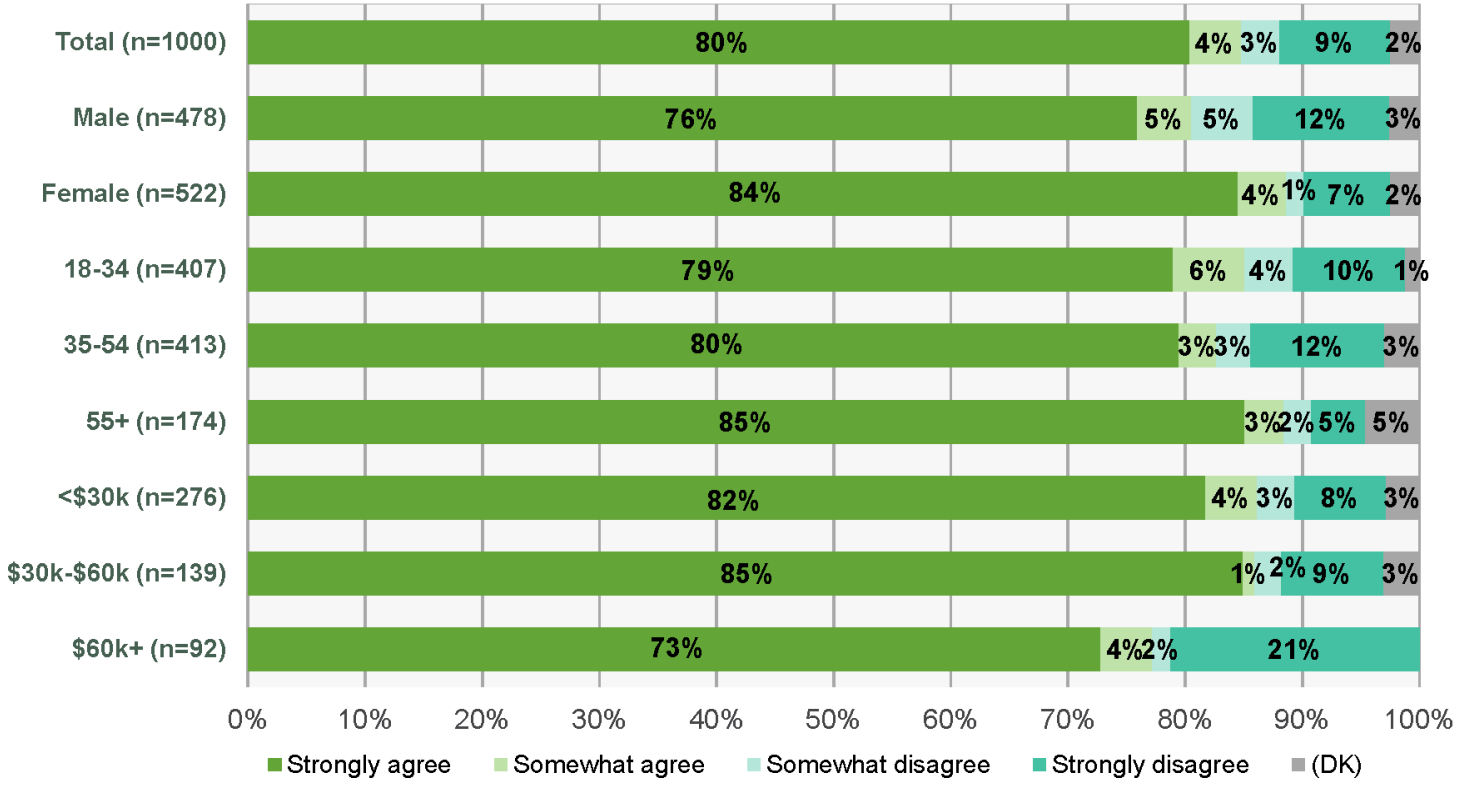
Q18. If cannabis is legalized for adult use / recreational use, do you think that users should be required to obtain a user's permit to use cannabis?

3.5 Use less, same or more if legalized for adult/recreational use



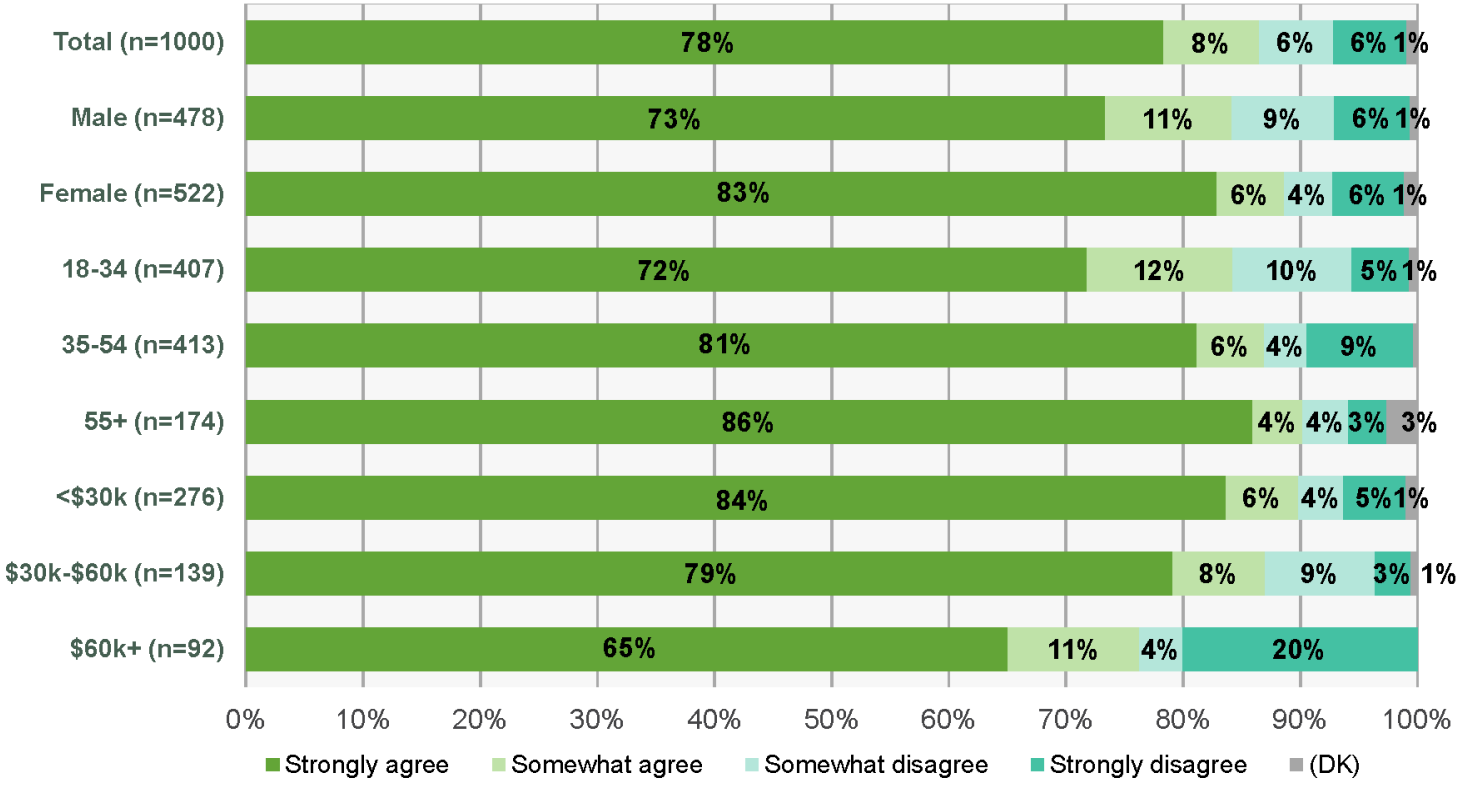
Q19. If cannabis is legalized for adult use / recreational use, do you believe that people will use less, use the same, use more or use much more?

3.6 Agree – Persons should NOT be allowed to drive while under influence of cannabis



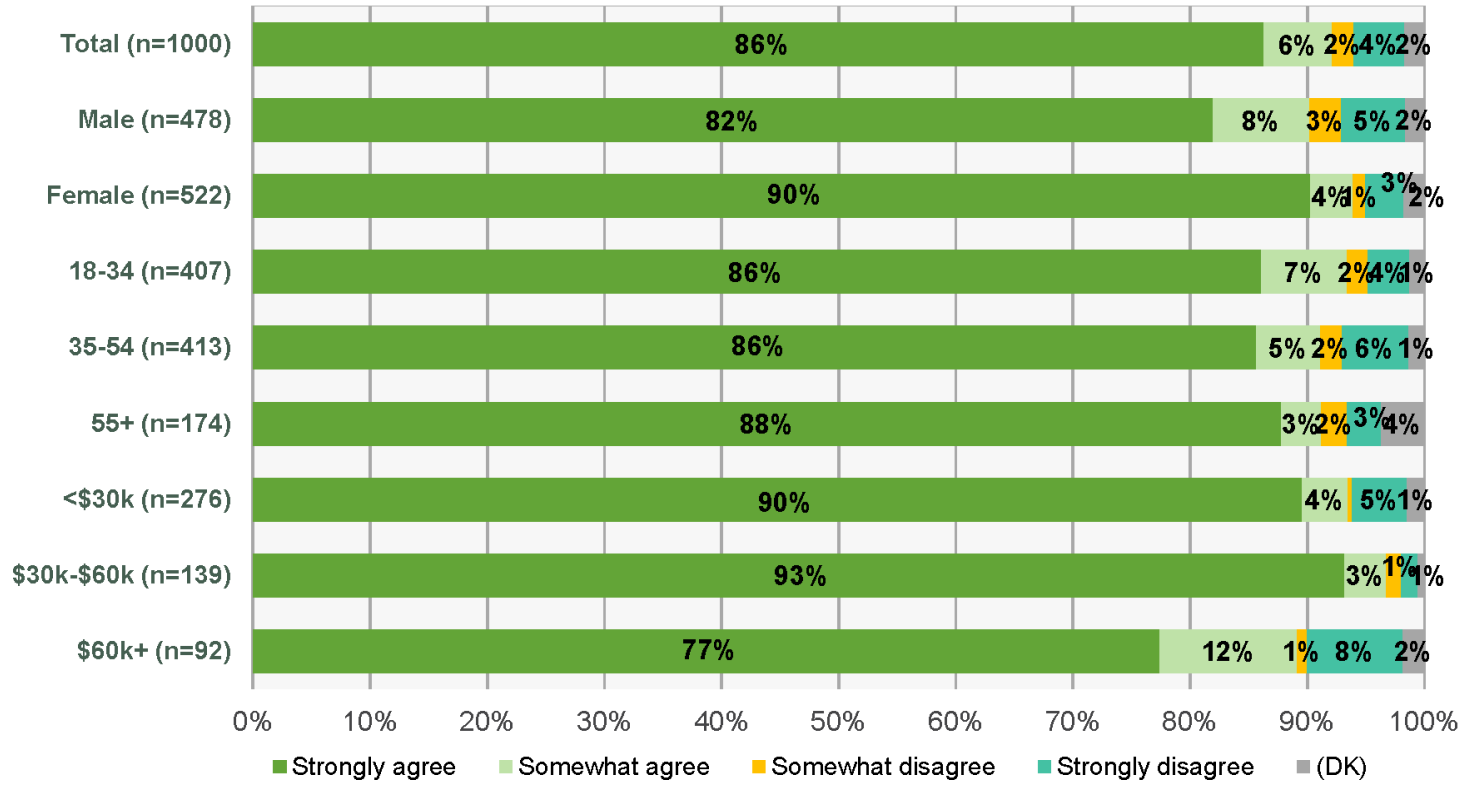
Q20. If cannabis is legalized for adult use / recreational use, what is your level of agreement with each of the following circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

3.7 Agree – Cannabis use should NOT be allowed in public spaces like schools, beaches or parks



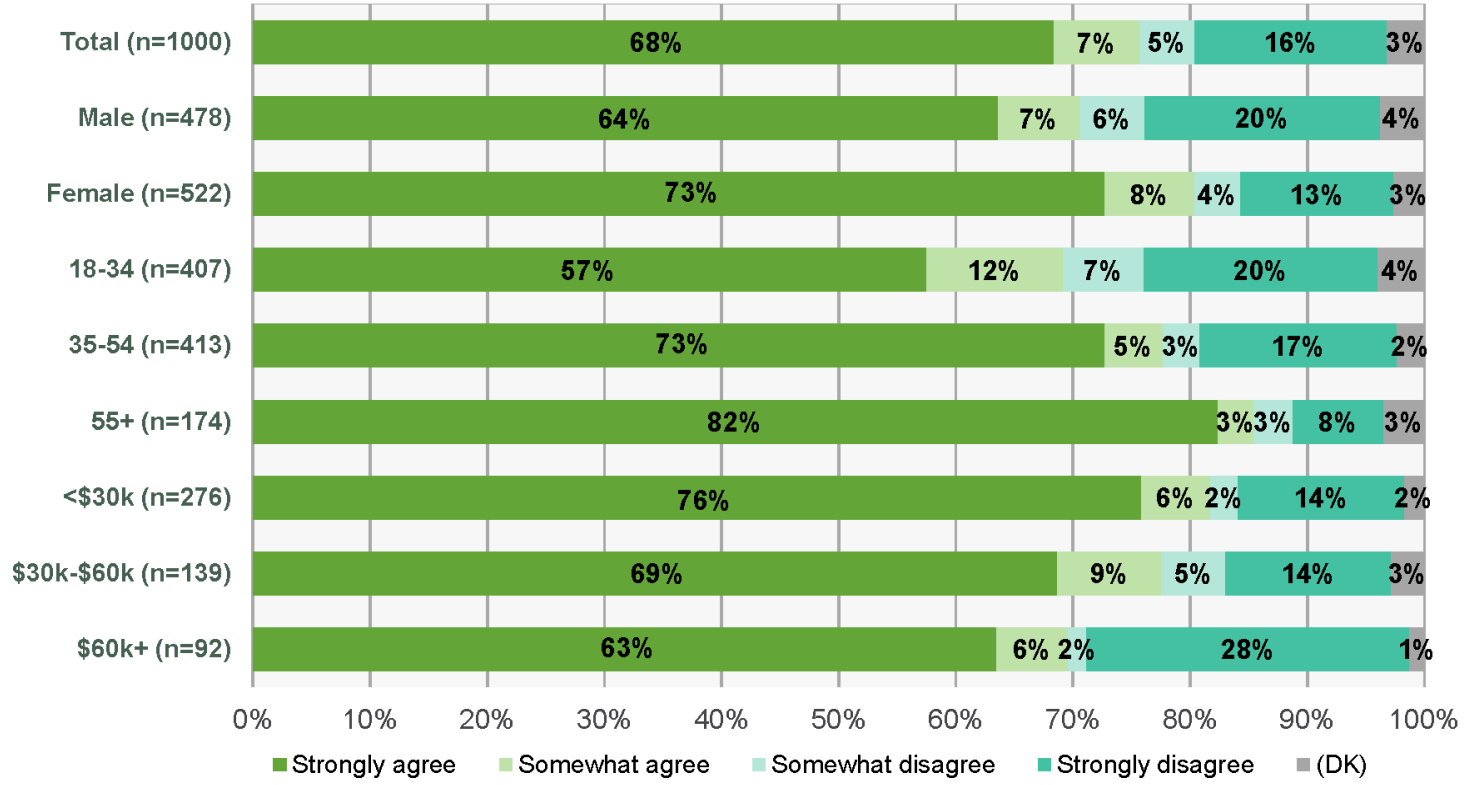
Q20. If cannabis is legalized for adult use / recreational use, what is your level of agreement with each of the following circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

3.8 Agree – Cannabis use should NOT be allowed within a certain distance of schools or churches



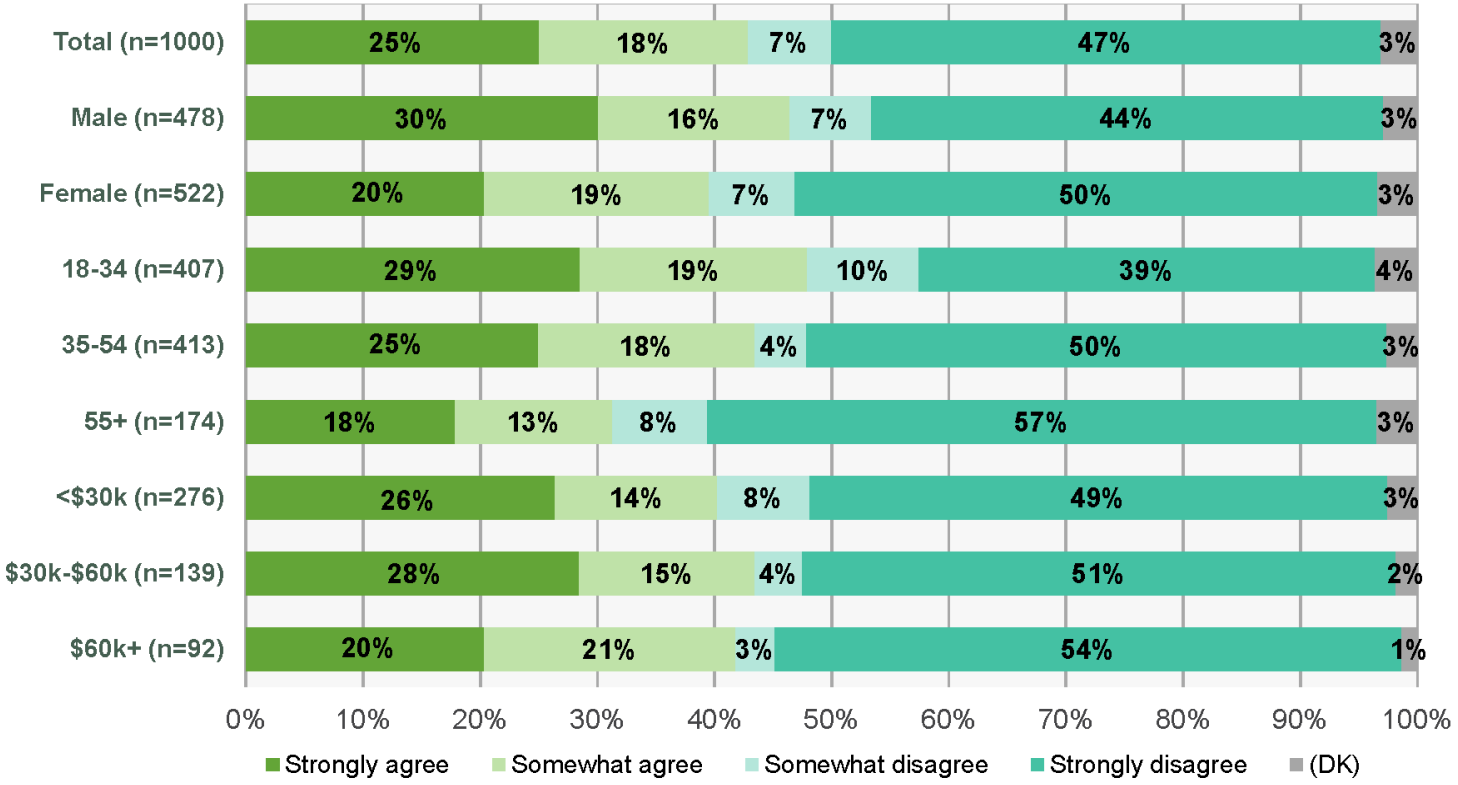
Q20. If cannabis is legalized for adult use / recreational use, what is your level of agreement with each of the following circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

3.9 Agree – Cannabis use should NOT be allowed at public events such as concerts, sporting events, other outdoor activities, etc.



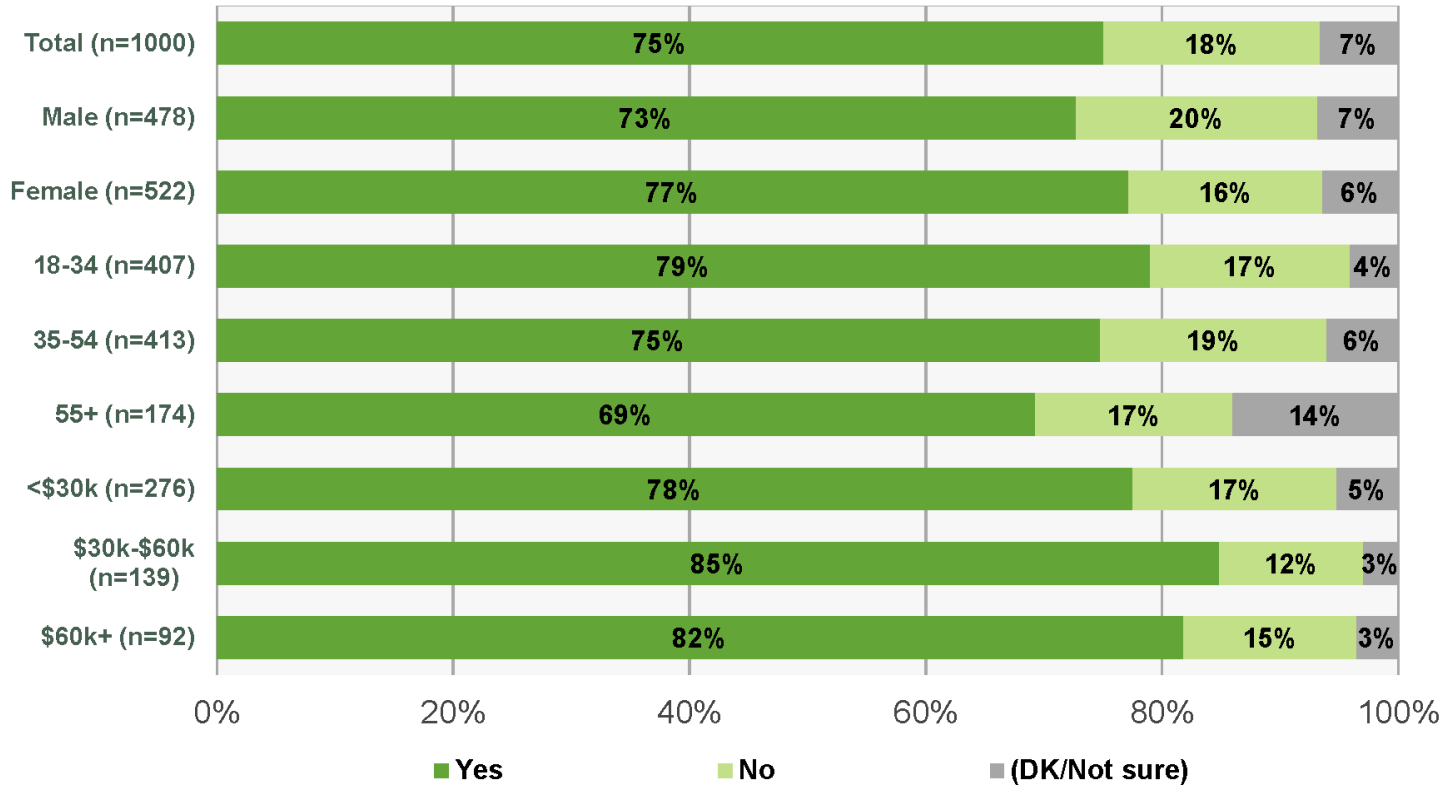
Q20. If cannabis is legalized for adult use / recreational use, what is your level of agreement with each of the following circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

3.10 Agree – If cannabis is legalized for adult use / recreational use, do you think growing it for personal use should be allowed



Q21. If cannabis is legalized for adult use / recreational use, do you think growing it for personal use should be allowed? Do you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

3.11 Restrict type/amt if growing cannabis for adult use/ recreational use



Q22. If growing cannabis for personal adult use / recreational use is allowed, should there be any restrictions on what types and amounts of cannabis can be grown for personal use?

3.12a Restrictions placed on types/amounts grown for adult use / recreational use

Q22B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for personal adult use / recreational use. (OPEN-END; RECORD ALL RESPONSES)	Total (n=751)	Male (n=348)	Female (n=403)	18-34 (n=322)	35-54 (n=309)	55+ (n=120)	<$30k (n=214)	$30k-$60k (n=118)	$60k+ (n=75)
Small amounts / limit amounts / Plant limits	43%	45%	41%	50%	40%	31%	36%	46%	54%
Should not be sold / Not for resell	5%	3%	7%	3%	6%	8%	5%	4%	17%
Should be monitored by officials / The law should know where persons are growing it	4%	5%	3%	0%	7%	6%	5%	2%	6%
License to use / Should have permission / A permit required	3%	3%	3%	4%	3%	1%	3%	1%	3%
Control it	1%	2%	1%	1%	1%	2%	0%	3%	0%

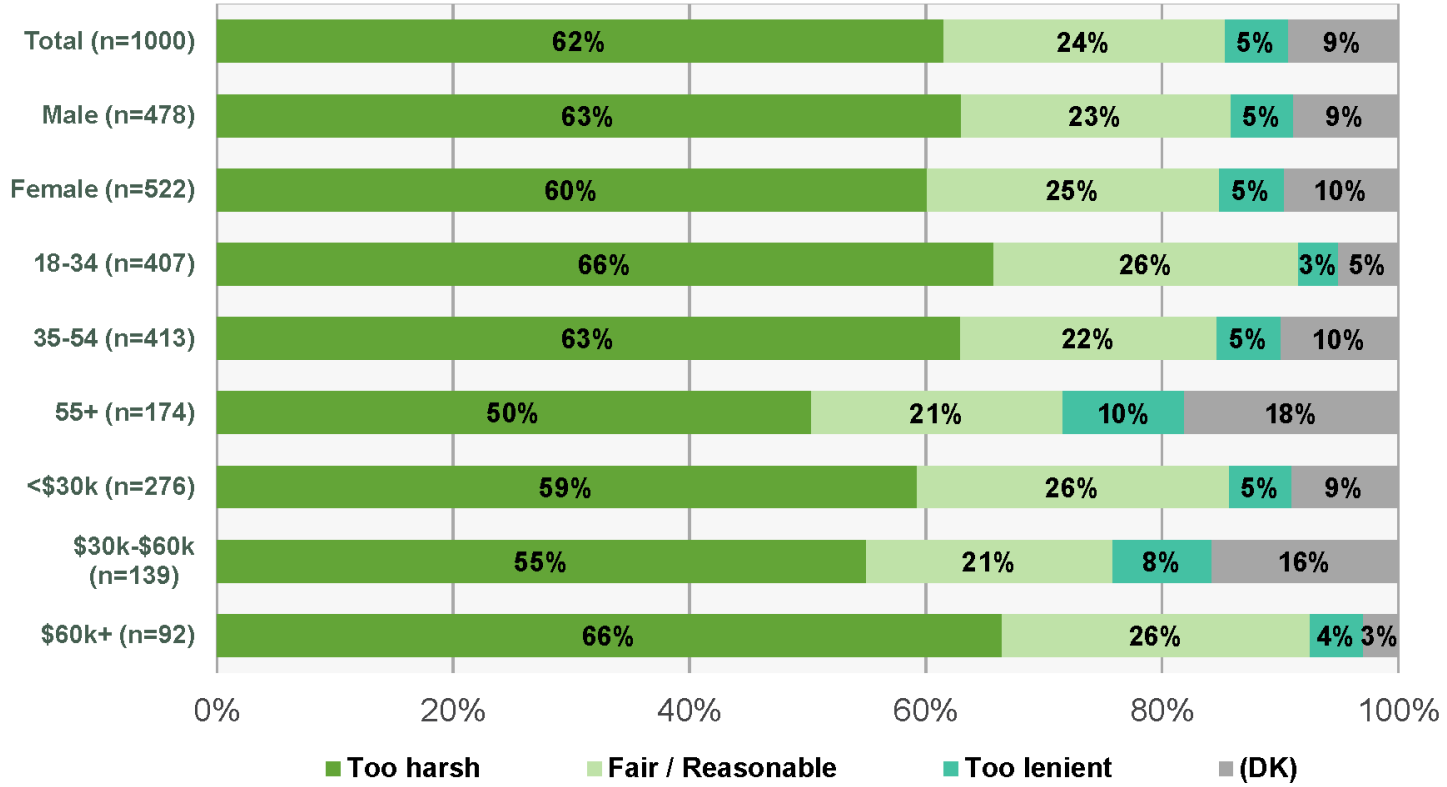
…Continued

3.12b Restrictions placed on types/amounts grown for adult use / recreational use

Q22B. In your opinion, please tell me the restrictions that should be placed on what types and amounts of cannabis that can be grown for personal adult use / recreational use. (OPEN-END; RECORD ALL RESPONSES)	Total (n=751)	Male (n=348)	Female (n=403)	18-34 (n=322)	35-54 (n=309)	55+ (n=120)	<$30k (n=214)	$30k-$60k (n=118)	$60k+ (n=75)
Should be a certain type / The type you grow	2%	2%	1%	1%	3%	3%	2%	5%	1%
Shouldn't be grown at all	1%	2%	1%	1%	1%	3%	0%	2%	2%
Age restrictions / Children shouldn't have access	1%	1%	1%	2%	1%	0%	0%	0%	1%
It will be abused / They will overuse it	1%	0%	1%	1%	1%	1%	1%	1%	1%
Only a small area / Restricted area	1%	1%	1%	1%	1%	1%	1%	2%	1%
Only for medical use / For medical usage	1%	1%	1%	0%	1%	0%	1%	1%	1%
Other (Specify)	6%	6%	6%	7%	7%	4%	5%	10%	3%
(Don't know/No answer)	46%	42%	50%	42%	48%	55%	54%	41%	37%

4.0 Alternatives to Incarceration

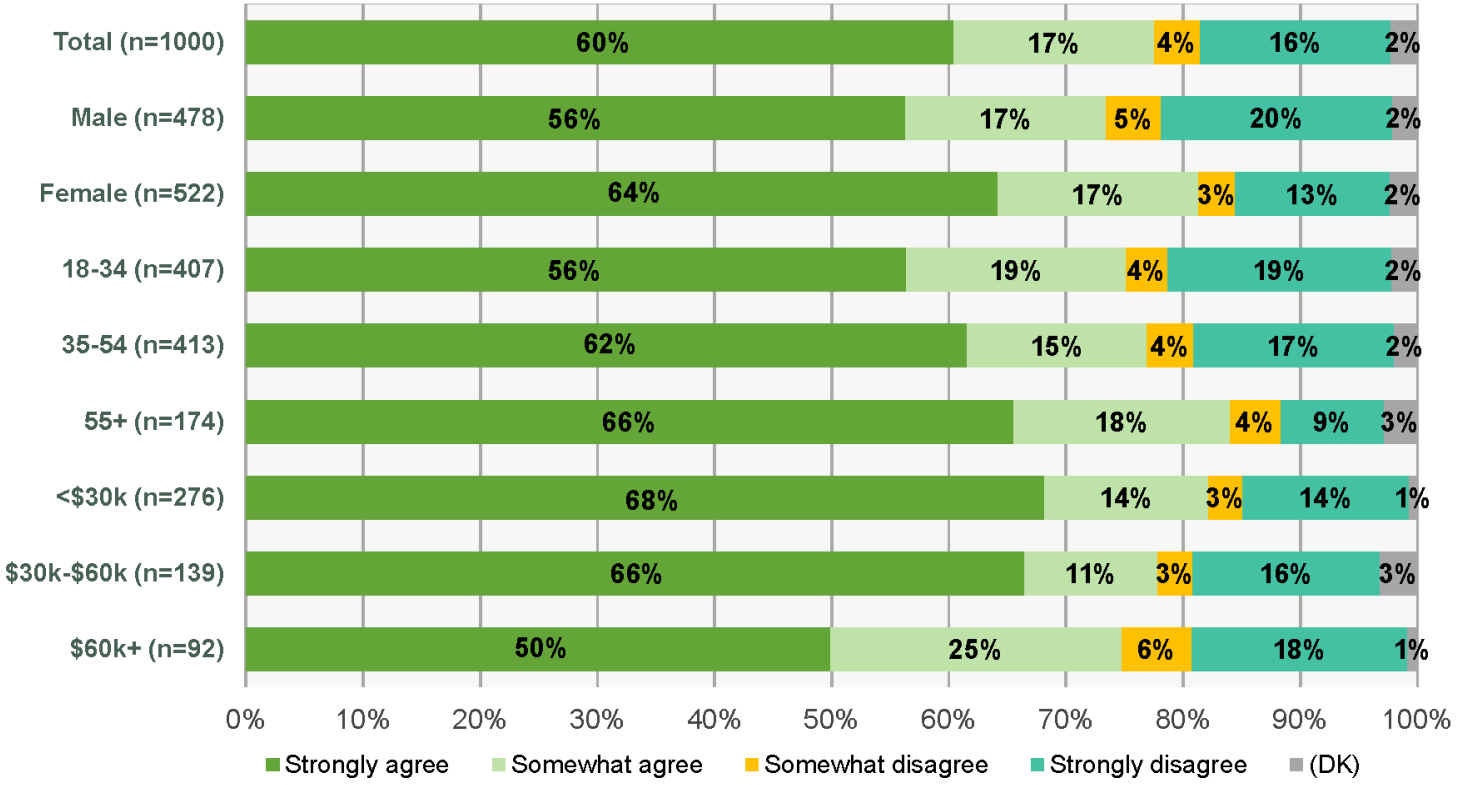
4.1 Sentencing levels for persons convicted of cannabis possession



Q23. Currently in The Bahamas, persons convicted of cannabis possession can face a range of sentences from counselling, drug treatment, community service, fines and/or imprisonment. Would you say that persons convicted of cannabis possession serve sentences that are...?

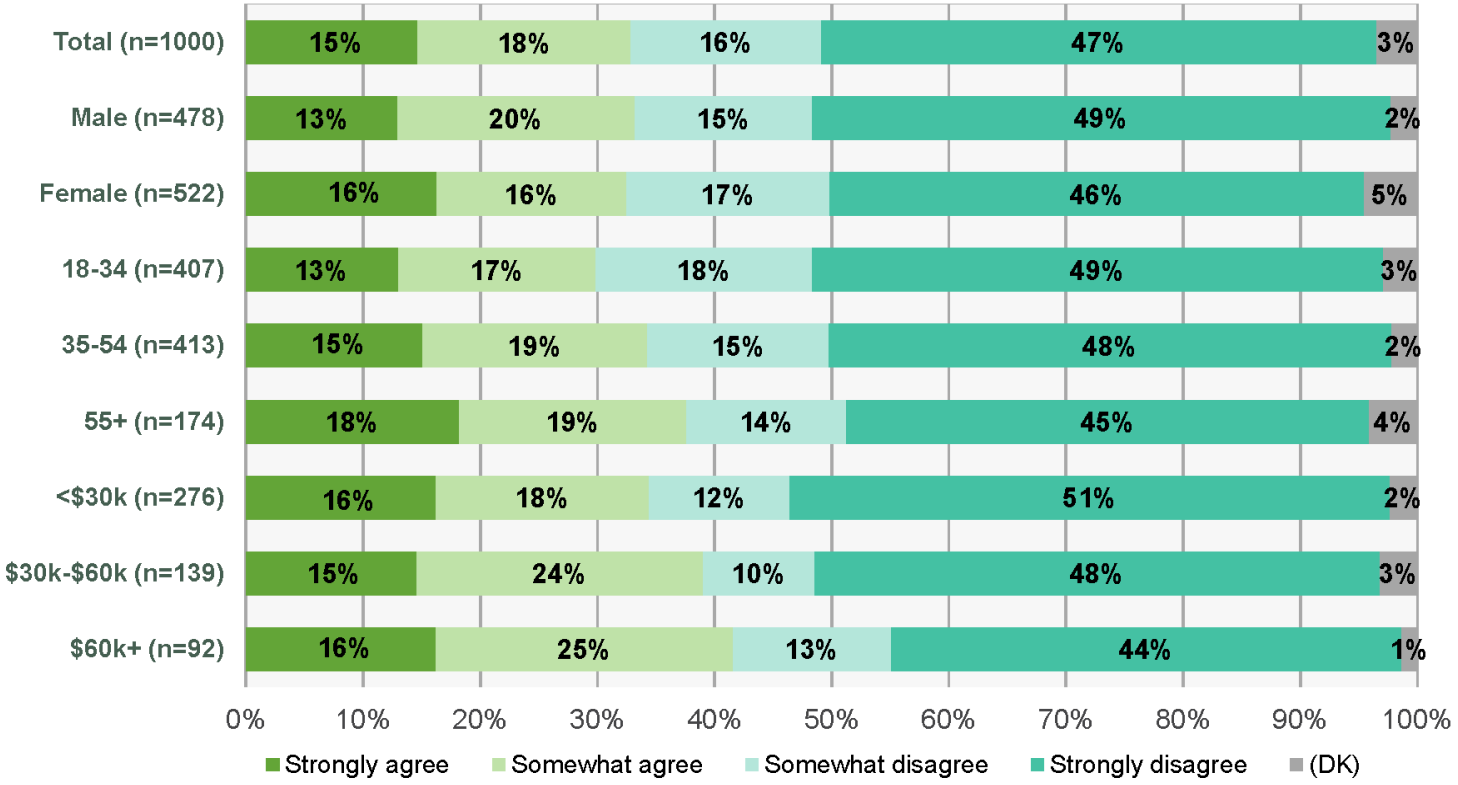
64

4.2 Agree – Persons convicted for the possession of small amounts of cannabis should receive administrative penalties such as counselling or be required to participate in drug treatment programmes



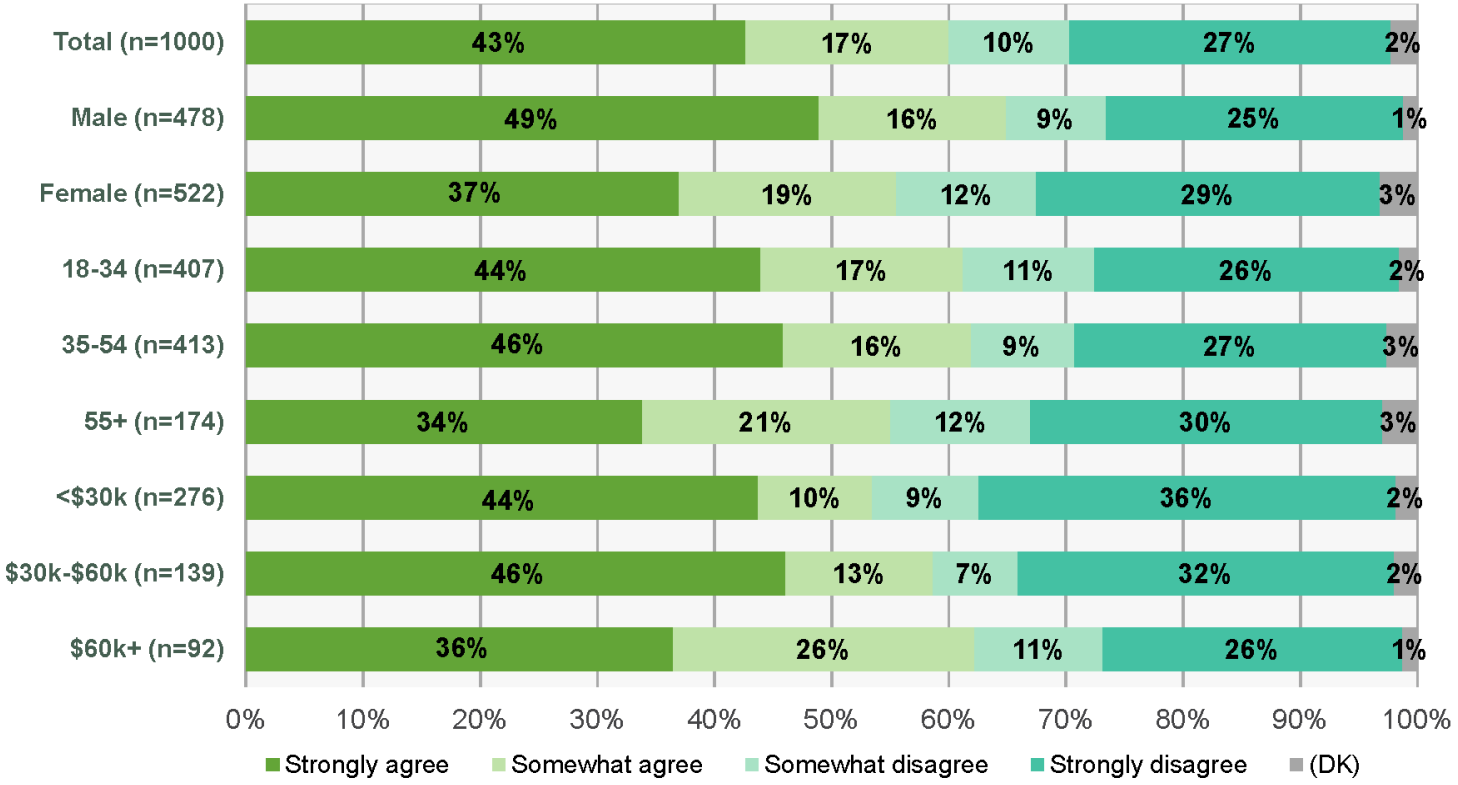
Q24. Please tell me if you "Strongly Agree", "Somewhat Agree", "Somewhat Disagree" or "Strongly Disagree" with each of the following statements:

4.3 Agree – Persons convicted for the possession of small amounts of cannabis should be sentenced to fines, imprisonment and/or both



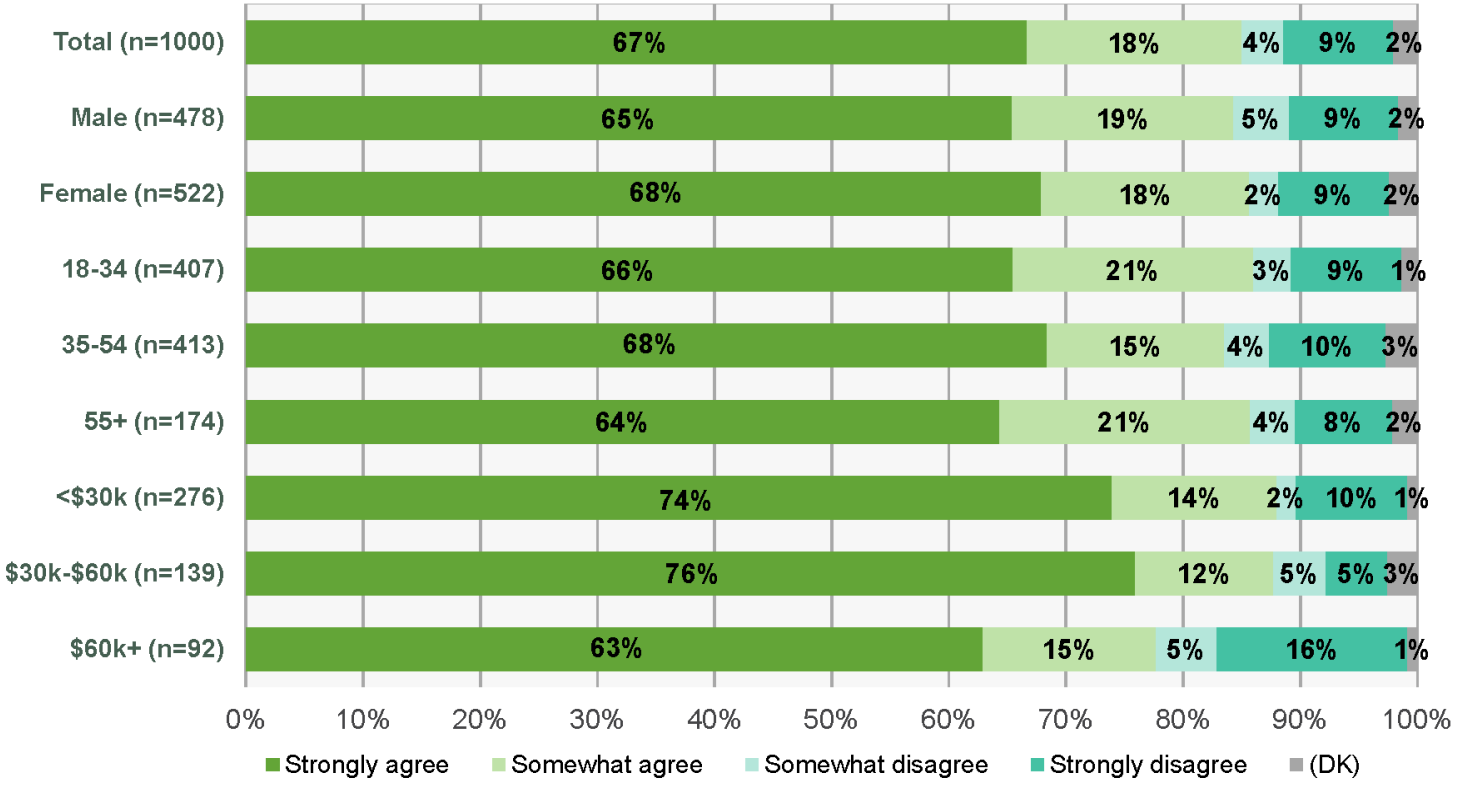
Q24. Please tell me if you "Strongly Agree", "Somewhat Agree", "Somewhat Disagree" or "Strongly Disagree" with each of the following statements:

4.4 Agree – Persons who have been convicted and are currently serving time for simple possession of cannabis should be released with no restrictions



Q24. Please tell me if you "Strongly Agree", "Somewhat Agree", "Somewhat Disagree" or "Strongly Disagree" with each of the following statements:

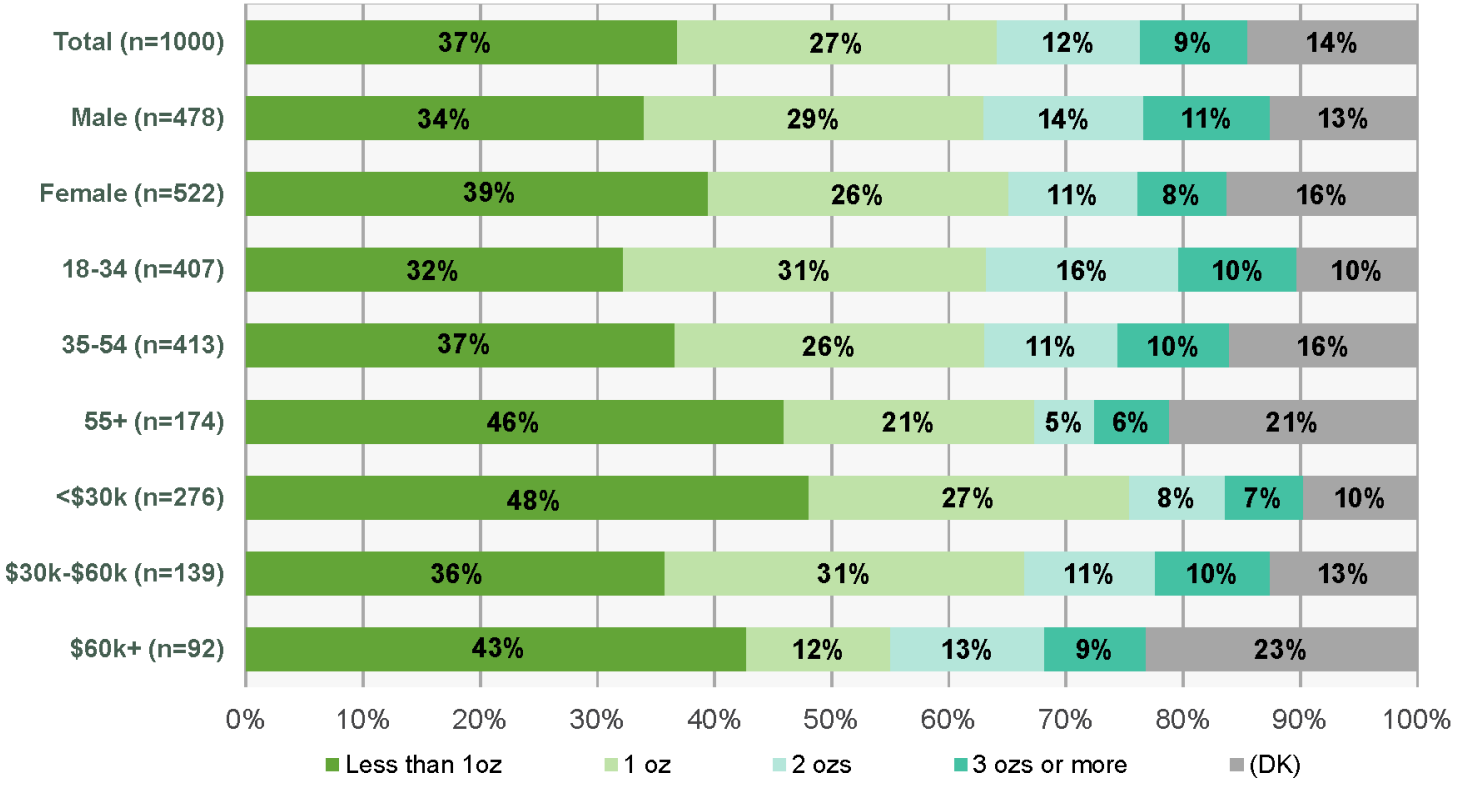
4.5 Agree – Persons who have been convicted and are currently serving time for simple possession of cannabis should be released on probation and required to participate in a drug treatment program.



Q24. Please tell me if you "Strongly Agree", "Somewhat Agree", "Somewhat Disagree" or "Strongly Disagree" with each of the following statements:

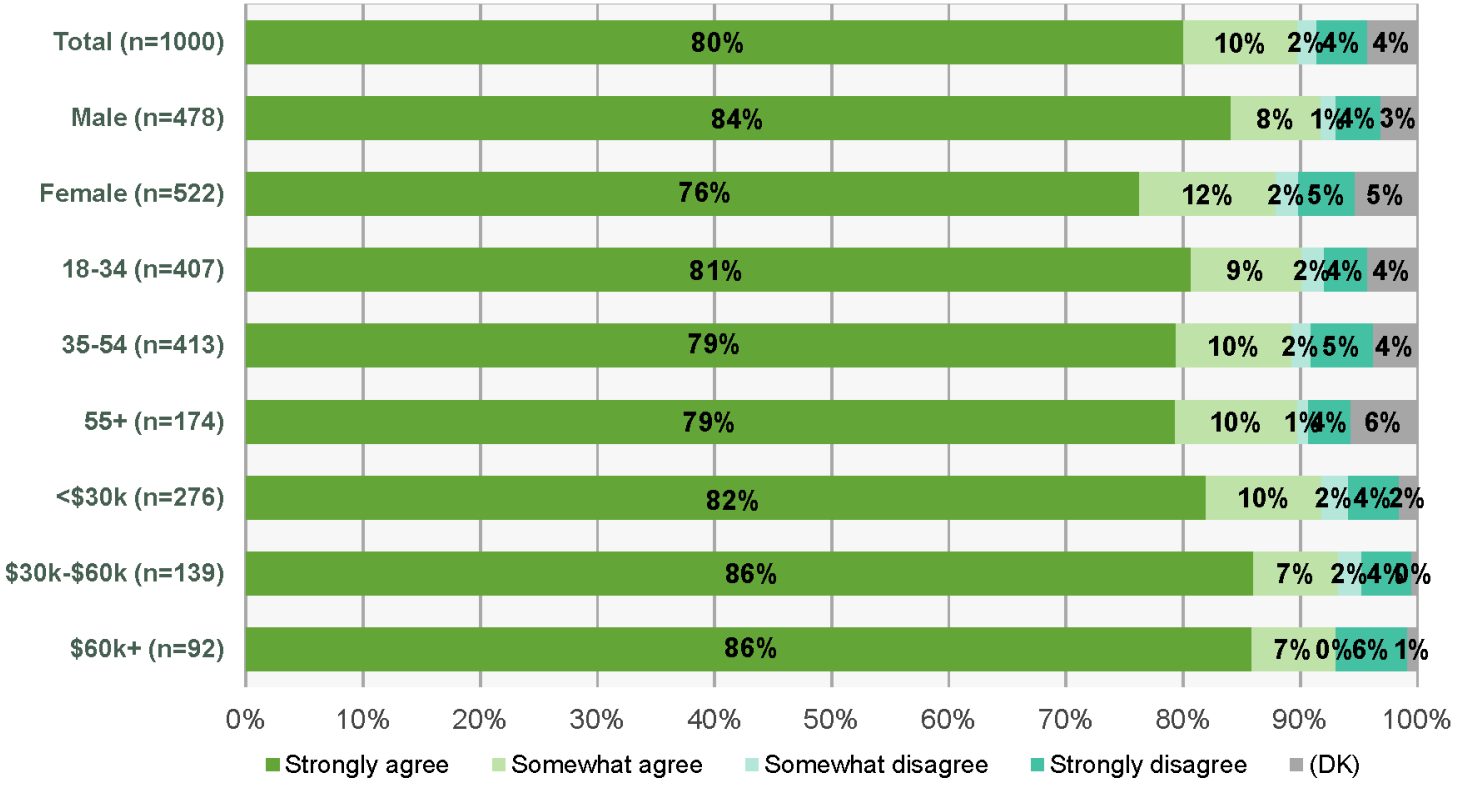
5.0 Legal Issues

5.1 Amount of cannabis in possession without being arrested



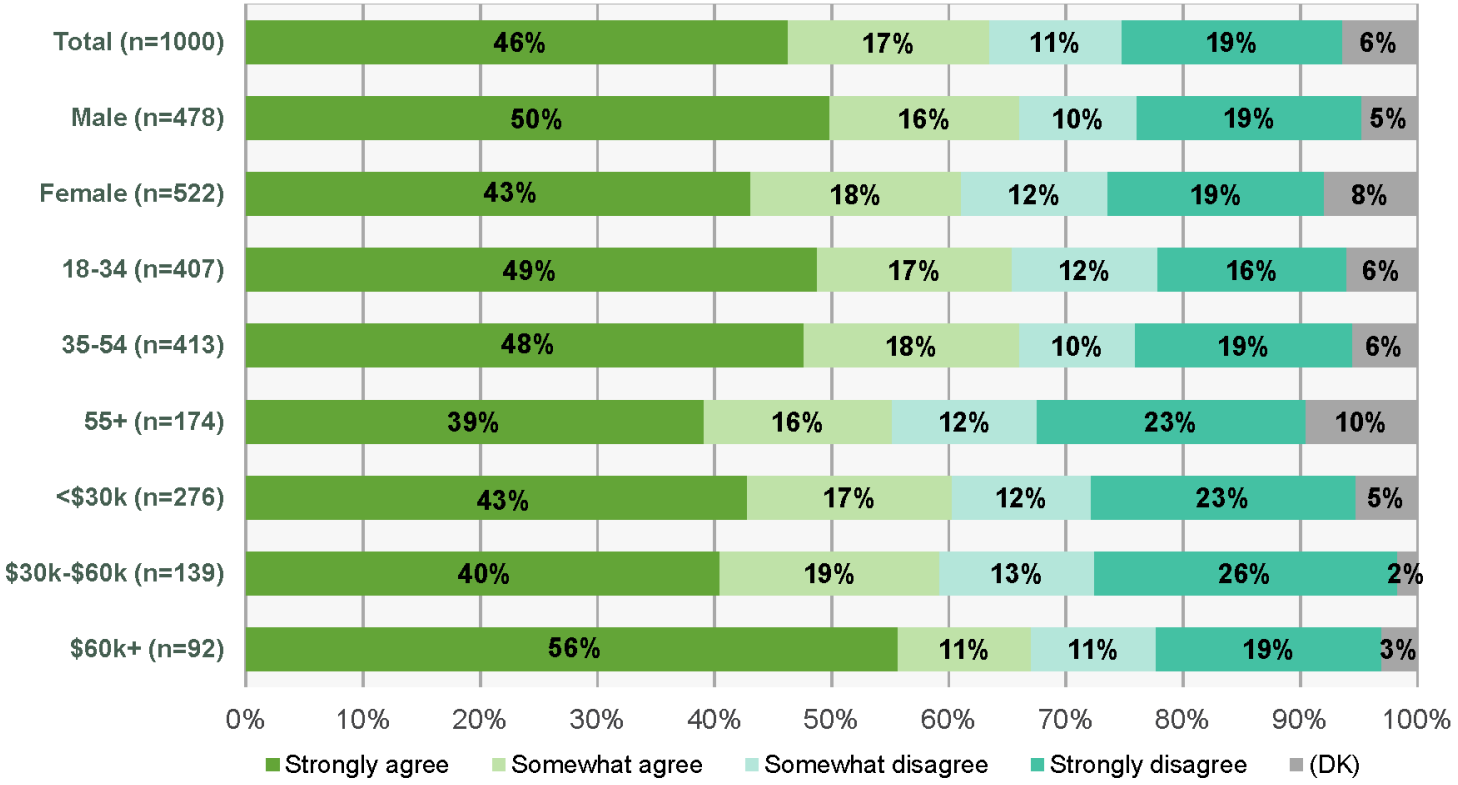
Q25. In your opinion, if cannabis is decriminalized, what amount of cannabis could an individual have in his/her possession without being arrested?

5.2 Agree – Records should be allowed to be expunged or cleared if previously convicted **only once** for the possession of small quantities of cannabis for personal use



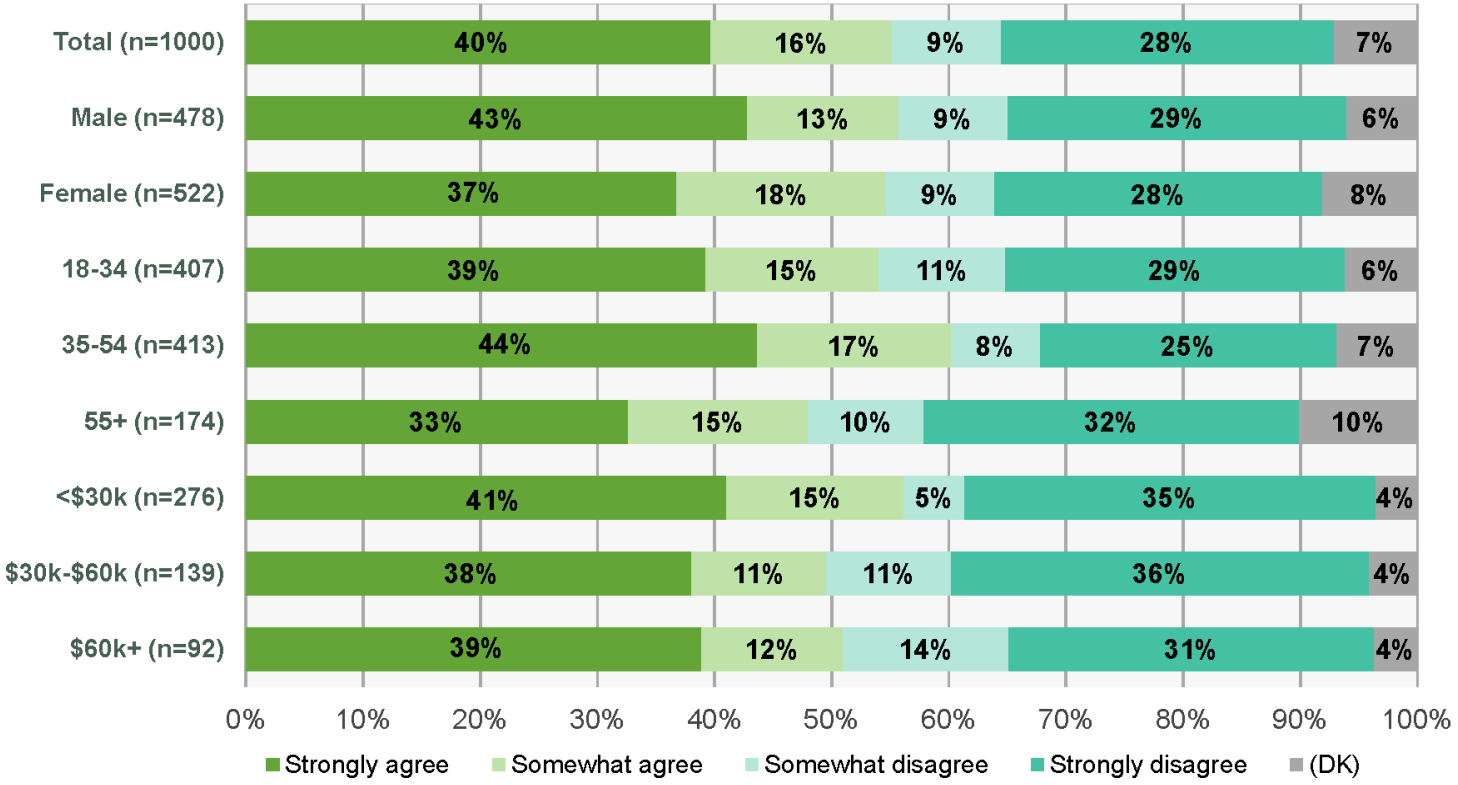
Q26. If national drug laws and/or policies are changed to allow for it, what are your opinions regarding the clearing or expungement of records for each of the below circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

5.3 Agree – Records should be allowed to be expunged or cleared if previously convicted **more than once** for the possession of small quantities of cannabis for personal use



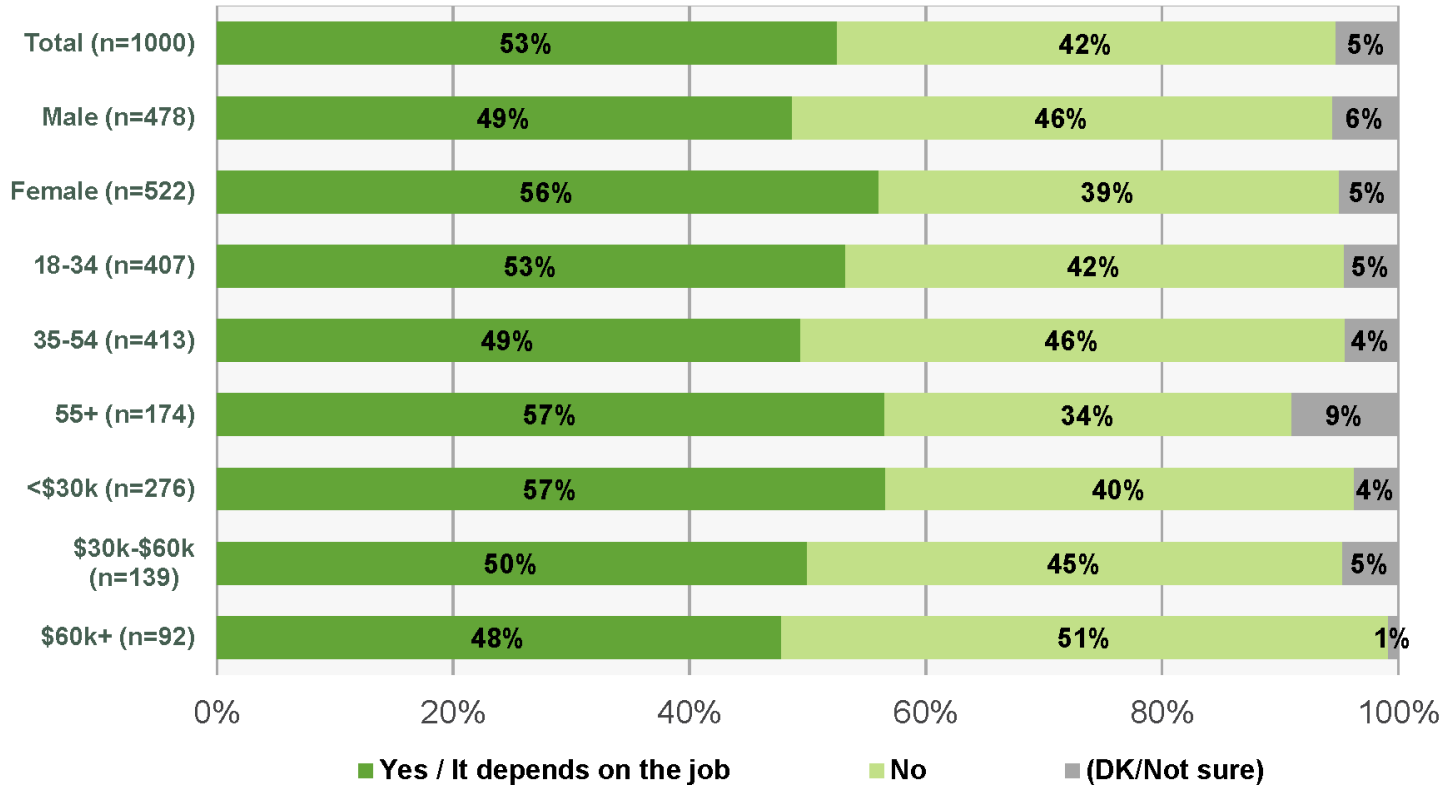
Q26. If national drug laws and/or policies are changed to allow for it, what are your opinions regarding the clearing or expungement of records for each of the below circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

5.4 Agree – Records should be allowed to be expunged or cleared if previously convicted for the sale of small quantities of cannabis



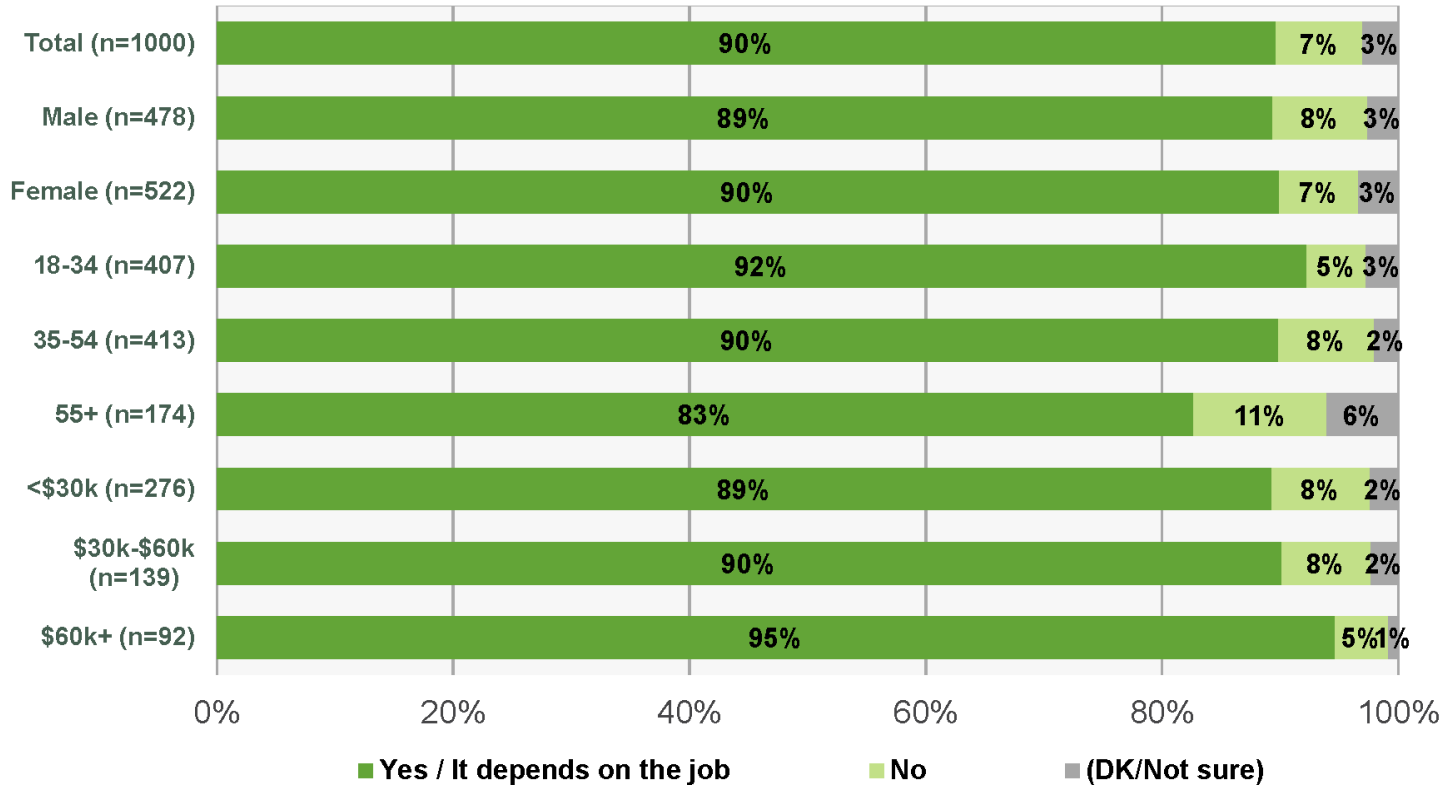
Q26. If national drug laws and/or policies are changed to allow for it, what are your opinions regarding the clearing or expungement of records for each of the below circumstances? Please say whether you "Strongly agree", "Somewhat agree", "Somewhat disagree" or "Strongly disagree".

5.5 Allow screening for cannabis by potential employers



Q27. If cannabis is legalized for any reason, should screening for cannabis by potential employers be allowed when applying for a job?

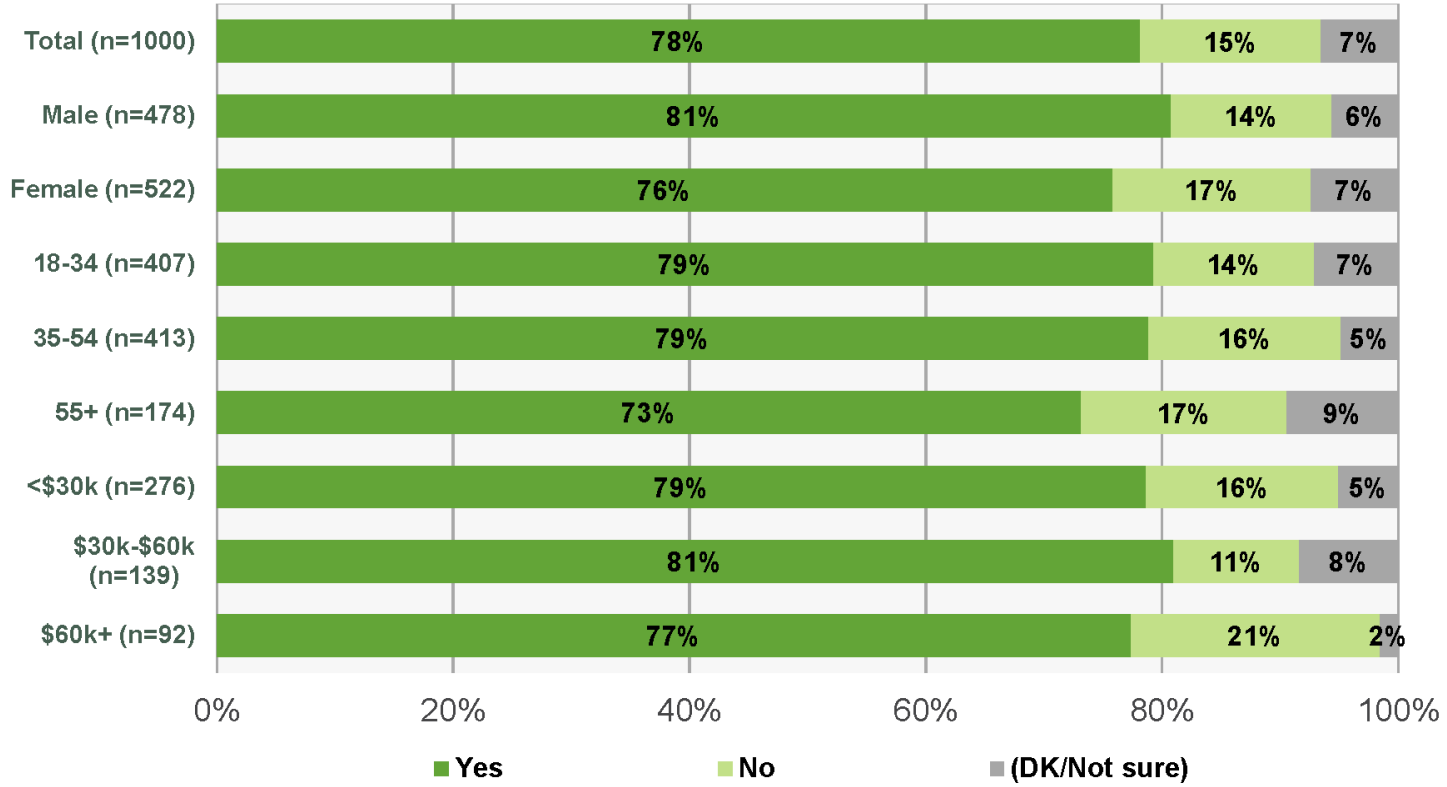
5.6 Anti-discrimination laws/policies put in place to protect employees



Q28. If cannabis is legalized for medical use, should anti-discrimination laws and/or policies be put in place to protect employees who may have been prescribed medical cannabis?

6.0 Industrial / Economic Issues

6.1 Should everyday cannabis-based products be sold in stores



Q29. There are many everyday products that are cannabis-based but contain little to no known dangerous components (for example, chemicals that can get you high). Should such everyday products, like shampoos, oils, etc., be legally permitted to be sold in stores in The Bahamas?

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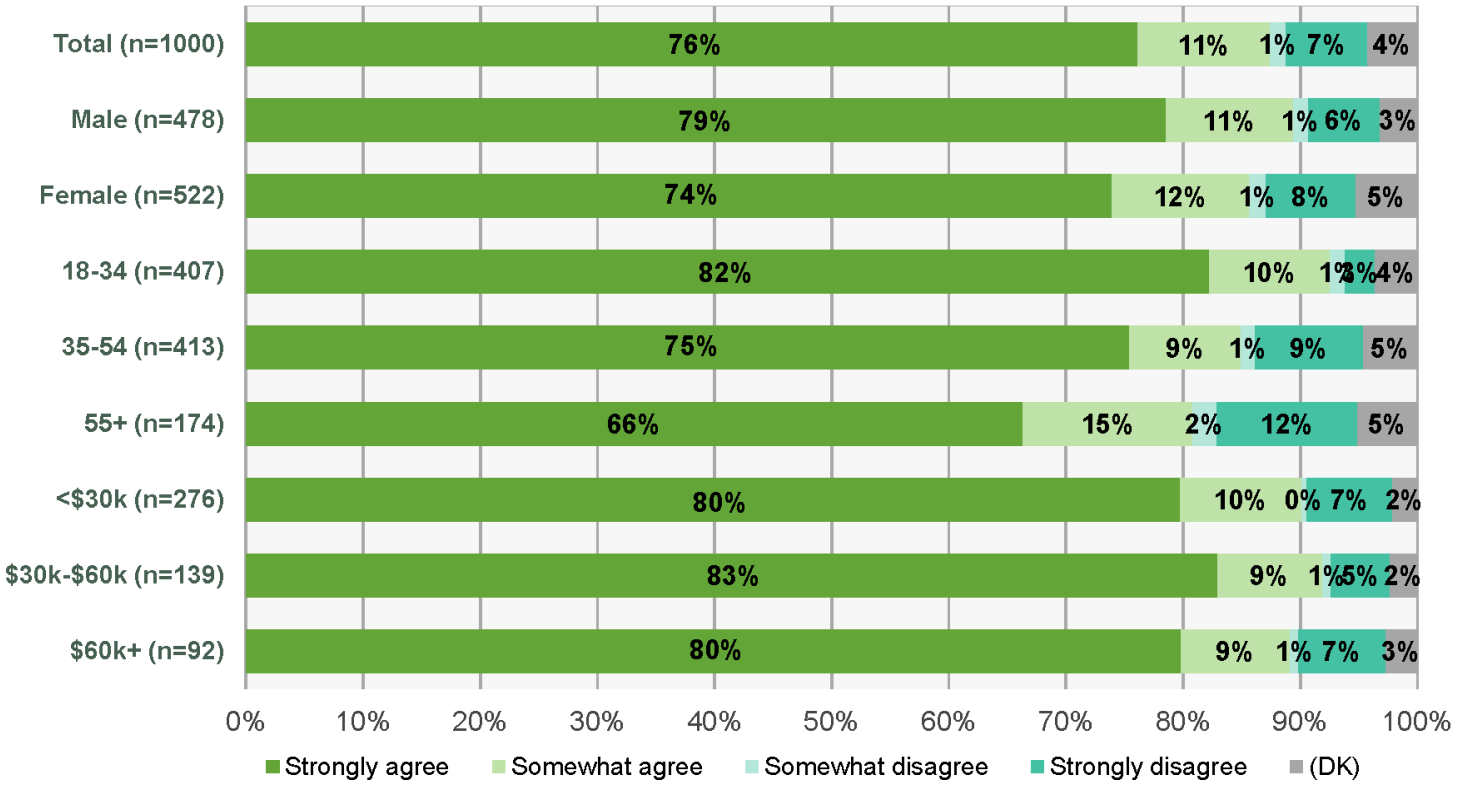
6.2 Agree – The Bahamas should enter into the medical cannabis production industry, which will supply cannabis products for medical use



Q30. Please indicate whether you "strongly agree", "somewhat agree", "somewhat disagree" or "strongly disagree" with

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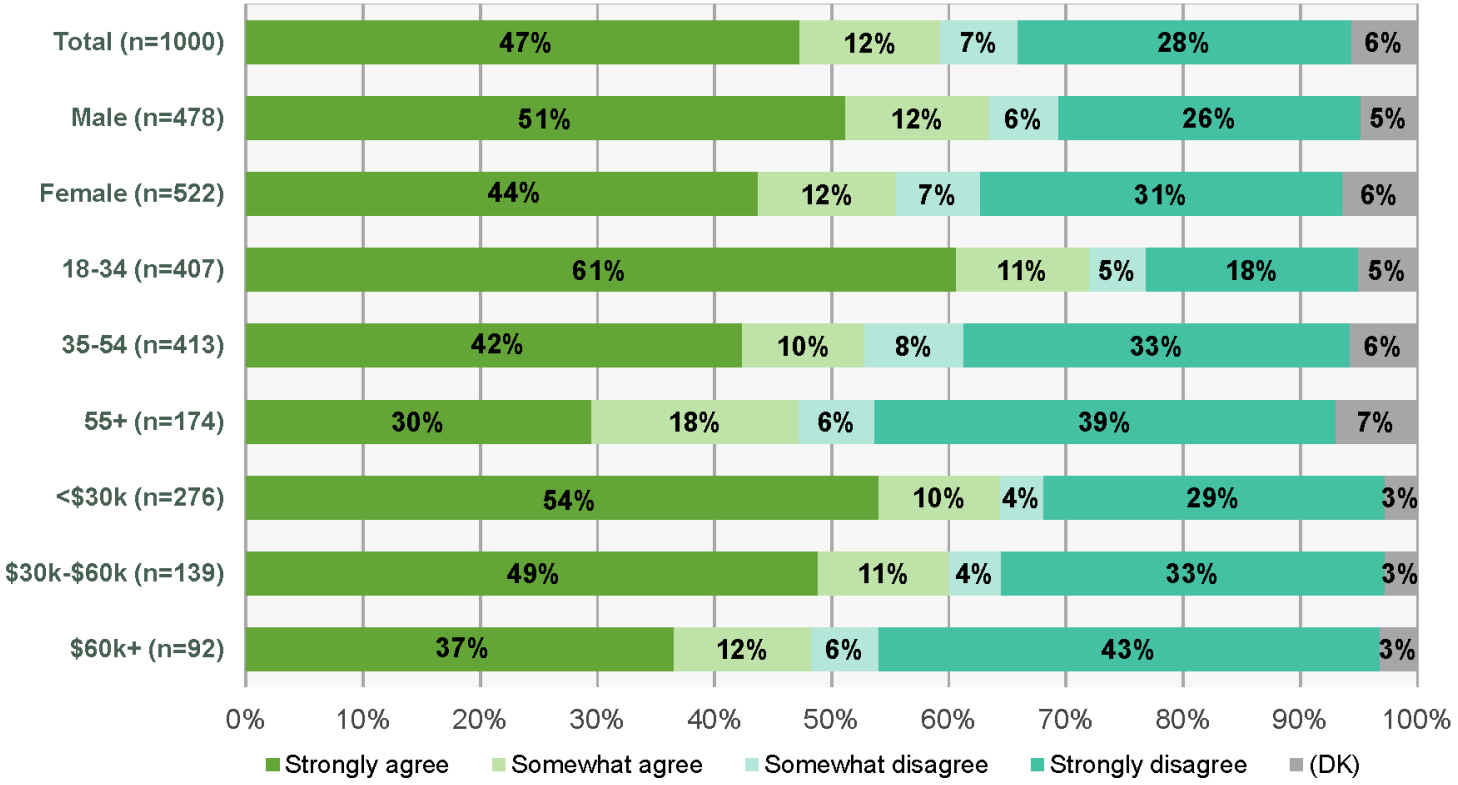
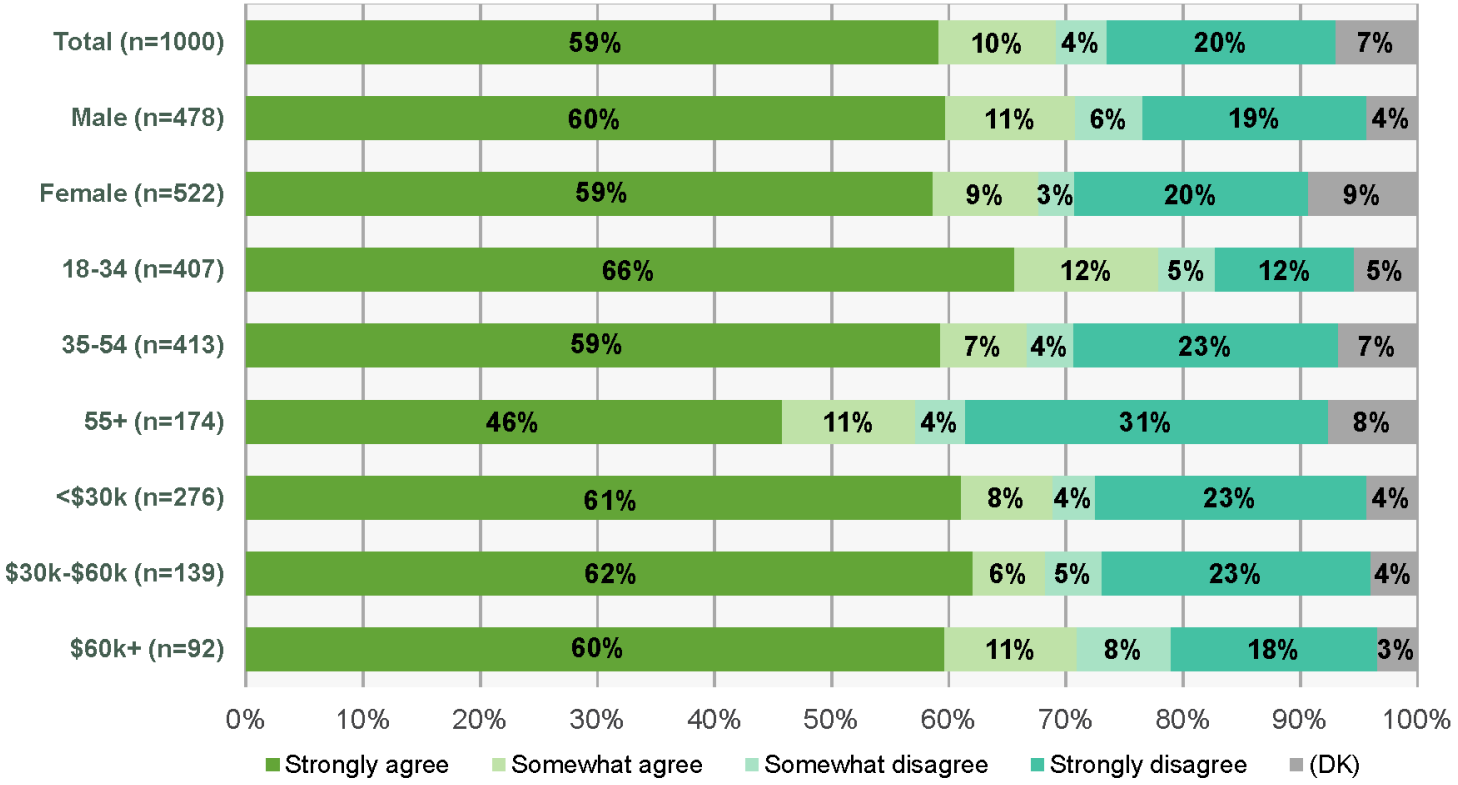
6.3 Agree – The Bahamas should enter into the adult recreational cannabis production industry, which will supply cannabis for adult recreational use



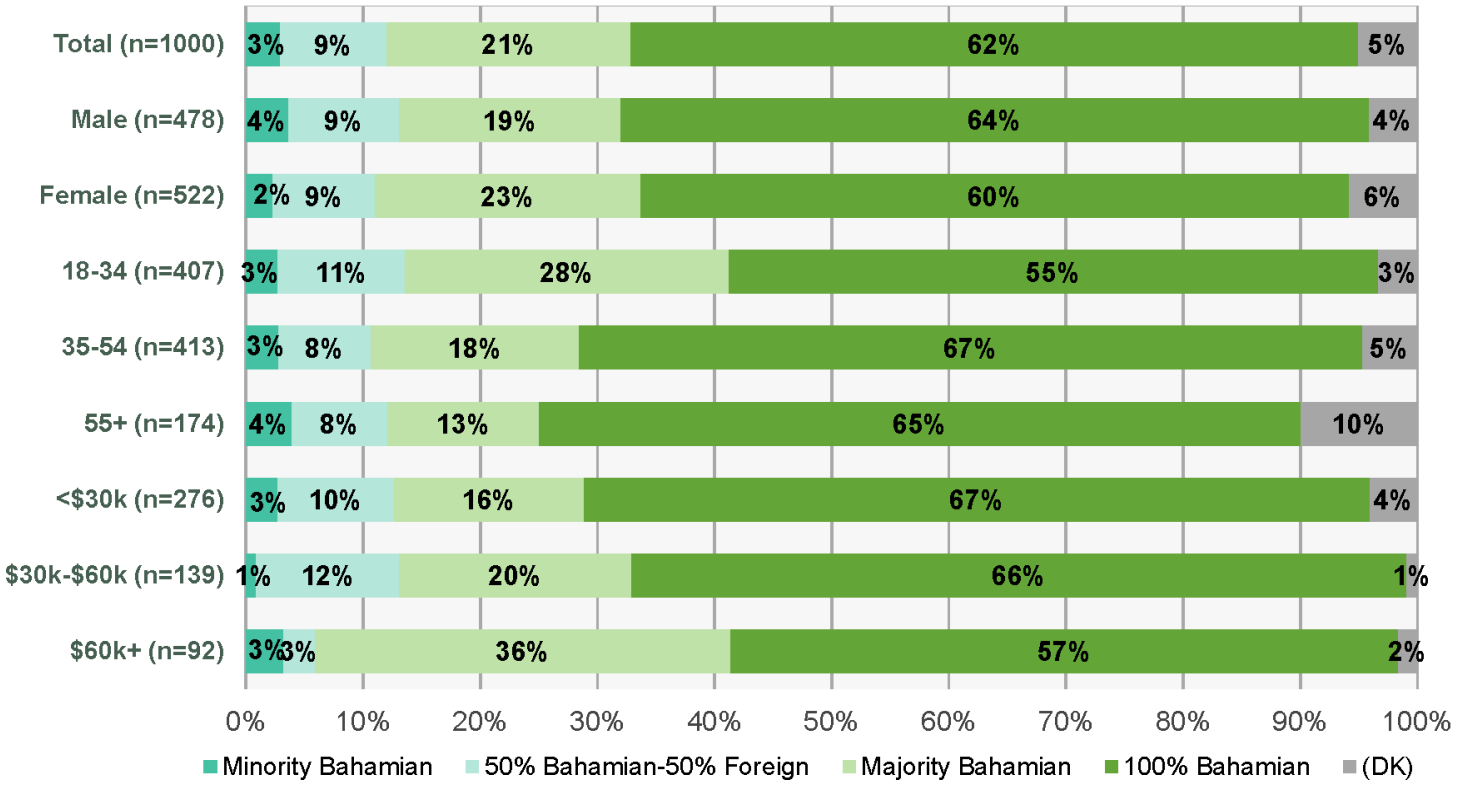
Q30. Please indicate whether you "strongly agree", "somewhat agree", "somewhat disagree" or "strongly disagree" with

6.4 Agree – The Bahamas should enter into the hemp production industry, which will supply hemp for industrial purposes.



Q30. Please indicate whether you "strongly agree", "somewhat agree", "somewhat disagree" or "strongly disagree" with

6.5 Ownership make-up – Cannabis Cultivation segment



Q31. If any type of cannabis industry is allowed in The Bahamas, please indicate your position on the ownership makeup of companies that get involved in the various segments of the industry. For each industrial segment, say whether you think it should be Minority Bahamian Owned, 50% Bahamian Owned, Majority Bahamian Owned, or 100% Bahamian Owned

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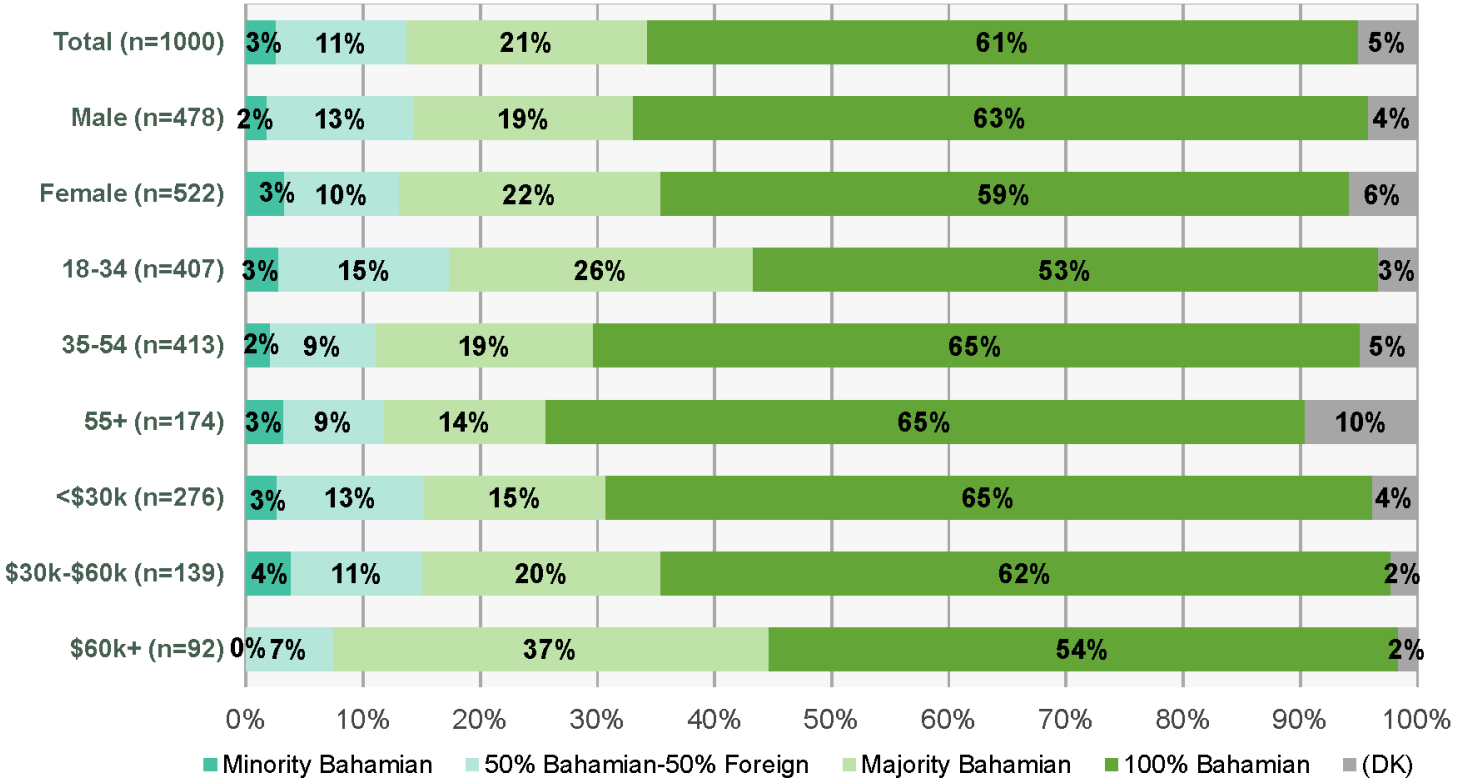
6.6 Ownership make-up – Cannabis Production segment



Q31. If any type of cannabis industry is allowed in The Bahamas, please indicate your position on the ownership makeup of companies that get involved in the various segments of the industry. For each industrial segment, say whether you think it should be Minority Bahamian Owned, 50% Bahamian Owned, Majority Bahamian Owned, or 100% Bahamian Owned

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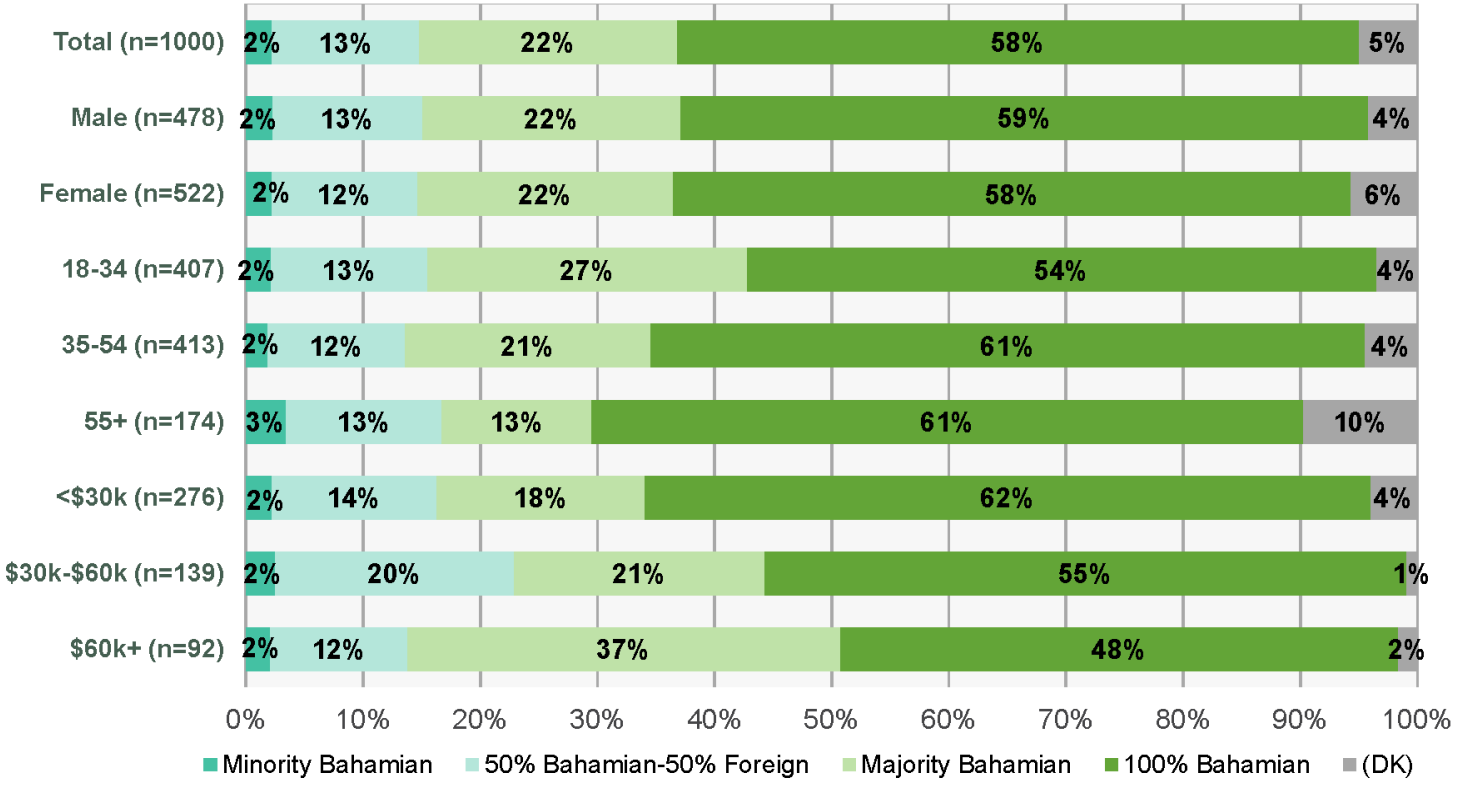
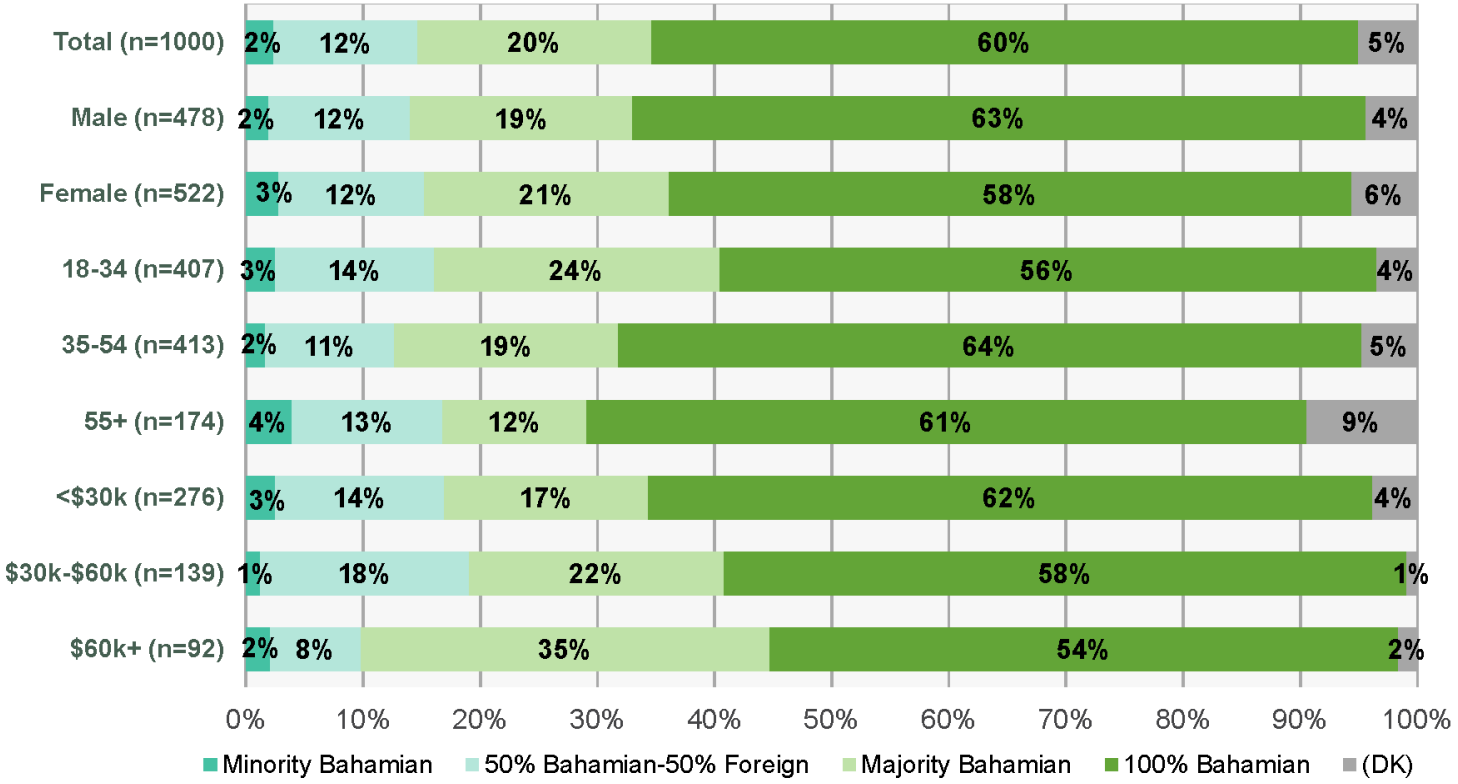
6.7 Ownership make-up – Cannabis Distribution segment



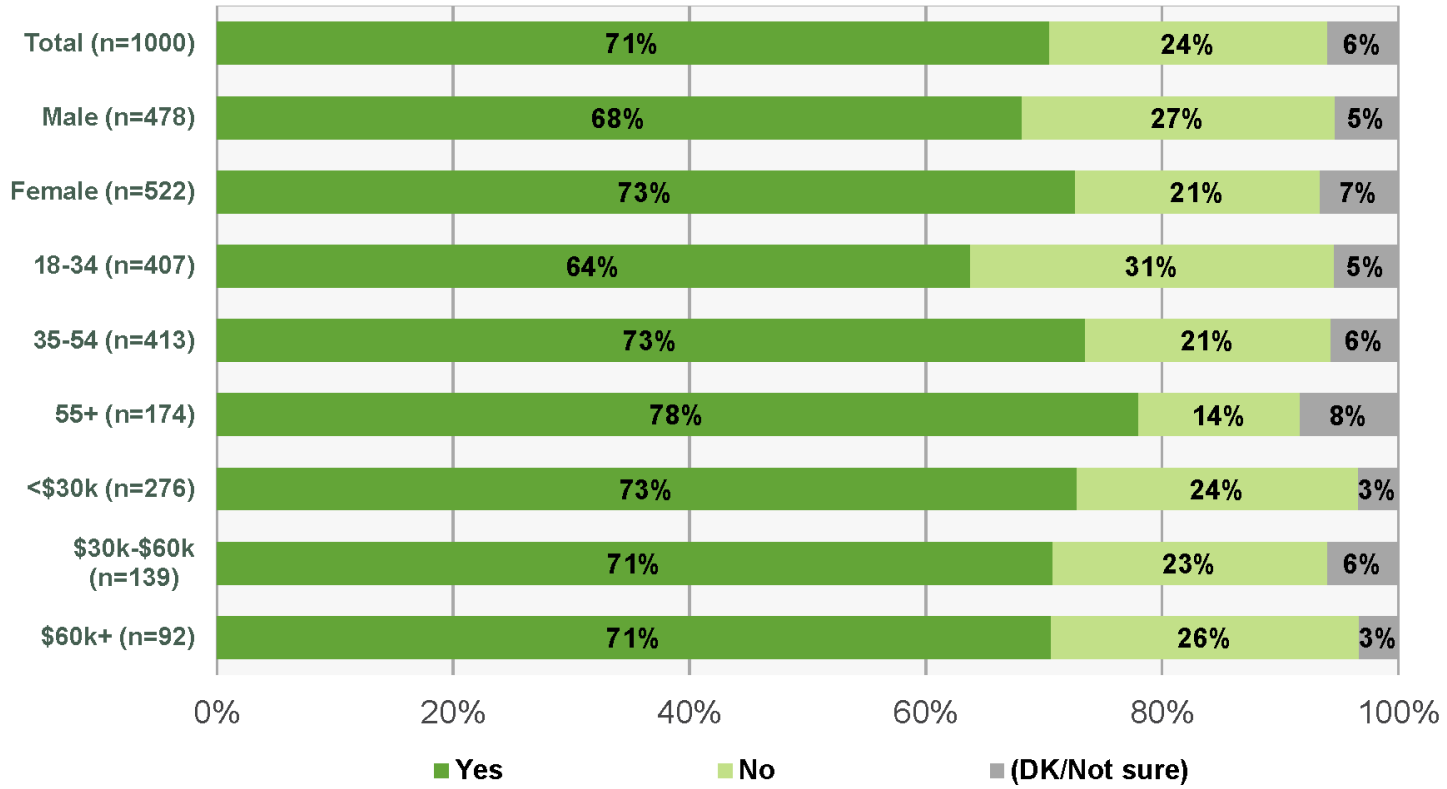
Q31. If any type of cannabis industry is allowed in The Bahamas, please indicate your position on the ownership makeup of companies that get involved in the various segments of the industry. For each industrial segment, say whether you think it should be Minority Bahamian Owned, 50% Bahamian Owned, Majority Bahamian Owned, or 100% Bahamian Owned

6.8 Ownership make-up – Cannabis Retail segment



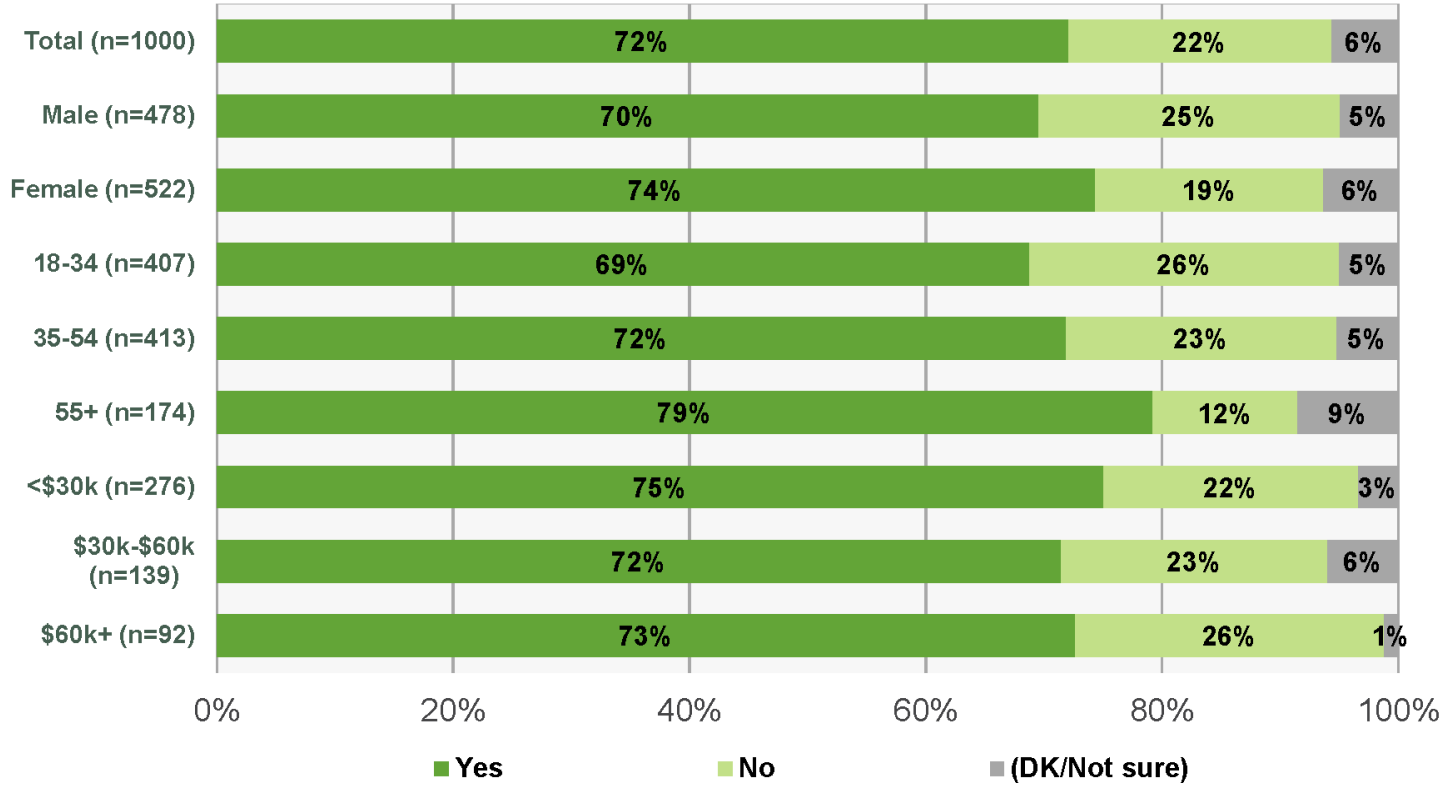
Q31. If any type of cannabis industry is allowed in The Bahamas, please indicate your position on the ownership makeup of companies that get involved in the various segments of the industry. For each industrial segment, say whether you think it should be Minority Bahamian Owned, 50% Bahamian Owned, Majority Bahamian Owned, or 100% Bahamian Owned.

6.9 Limit licenses for Cannabis Cultivation segment



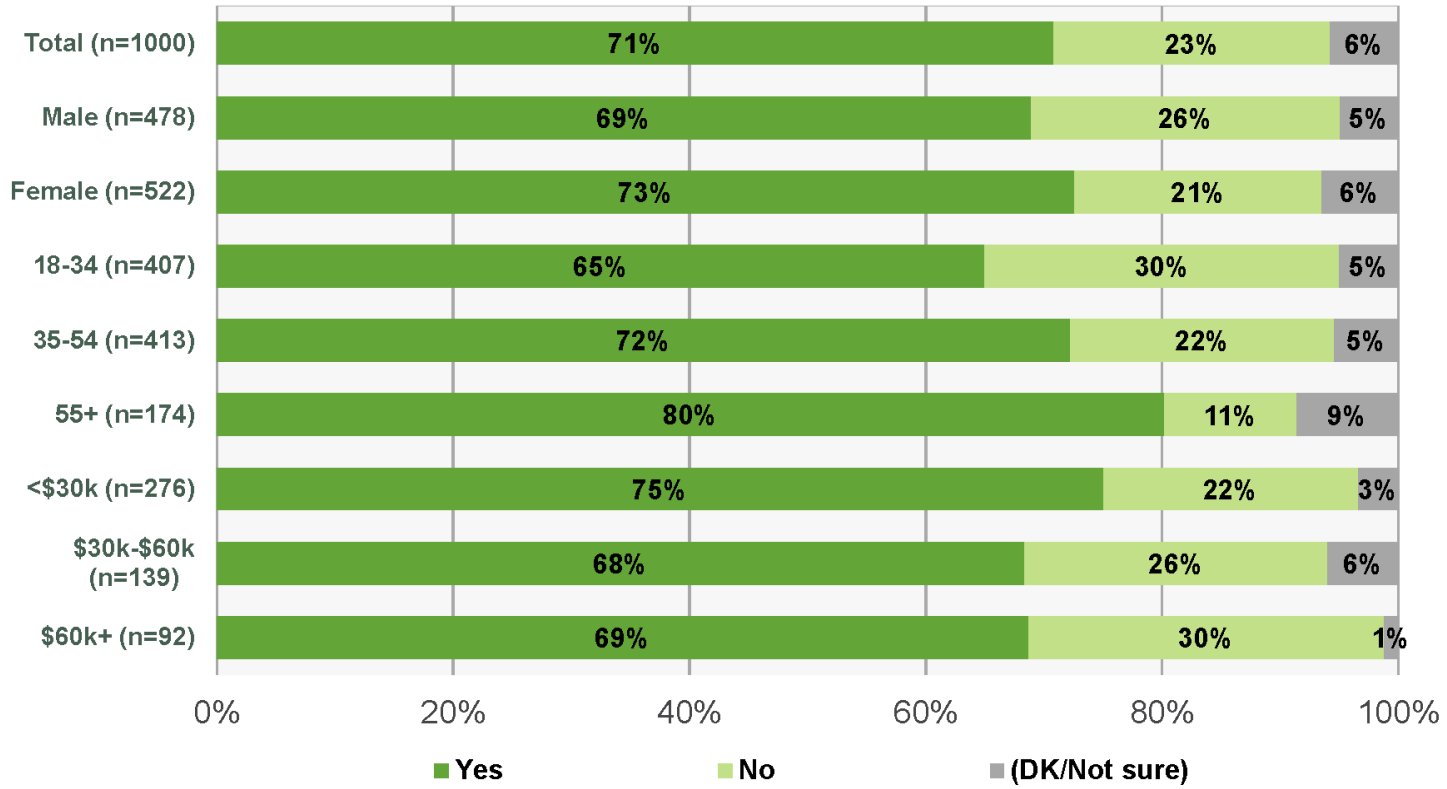
Q32. If cannabis is legalized for any use, do you think there should be a limitation on the number of licenses granted ? For each segment, please indicate your position by saying Yes or No

6.10 Limit licenses for Cannabis Production segment



Q32. If cannabis is legalized for any use, do you think there should be a limitation on the number of licenses granted ? For each segment, please indicate your position by saying Yes or No

6.11 Limit licenses for Cannabis Distribution segment



Q32. If cannabis is legalized for any use, do you think there should be a limitation on the number of licenses granted ? For each segment, please indicate your position by saying Yes or No

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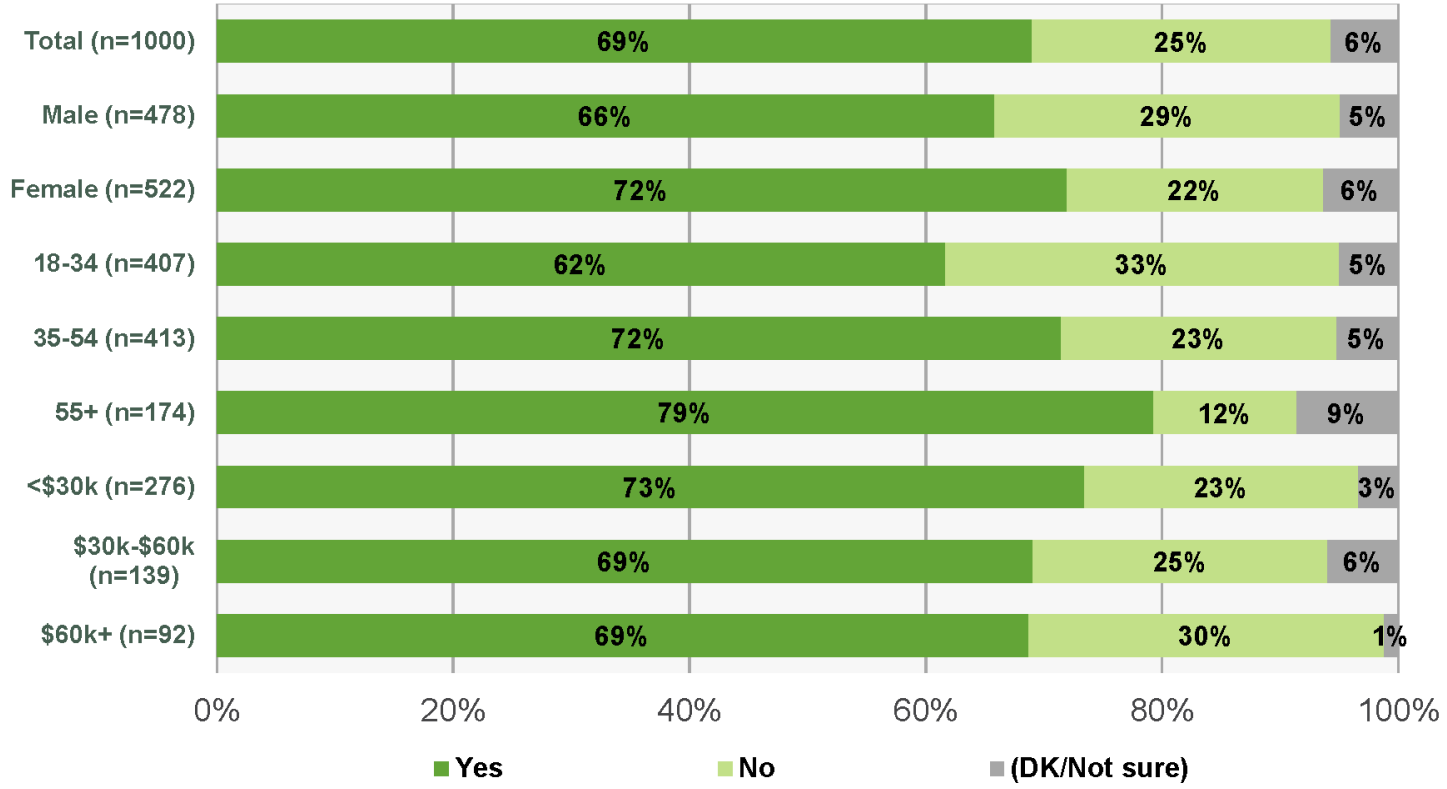
6.12 Limit licenses for Cannabis Retail segment



Q32. If cannabis is legalized for any use, do you think there should be a limitation on the number of licenses granted ? For each segment, please indicate your position by saying Yes or No

7.0 Socio-Demographics

7.1 Gender & Age Group

Gender	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
Male	48%	100%	0%	49%	48%	47%	43%	58%	59%
Female	52%	0%	100%	51%	52%	53%	57%	42%	41%
Age Group	**Total (n=1000)**	**Male (n=478)**	**Female (n=522)**	**18-34 (n=407)**	**35-54 (n=413)**	**55+ (n=174)**	**<$30k (n=276)**	**$30k-$60k (n=139)**	**$60k+ (n=92)**
18 - 24 years	17%	18%	17%	43%	0%	0%	19%	11%	5%
25 - 34 years	23%	24%	23%	57%	0%	0%	25%	25%	12%
35 - 44 years	24%	24%	24%	0%	58%	0%	24%	22%	33%
45 - 54 years	17%	17%	17%	0%	42%	0%	12%	28%	35%
55 - 64 years	10%	10%	10%	0%	0%	56%	11%	8%	12%
65 years or over	8%	7%	8%	0%	0%	44%	8%	6%	3%
(Prefer to not say)	1%	0%	1%	0%	0%	0%	0%	0%	0%

7.2 Island of Residency

On which island do you reside?	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
New Providence	73%	80%	66%	78%	71%	69%	68%	89%	64%
Grand Bahama	17%	15%	18%	16%	16%	19%	19%	10%	20%
Abaco	3%	0%	6%	0%	6%	0%	0%	0%	12%
Acklins, Crooked and Ragged Islands	0%	0%	0%	0%	0%	0%	0%	0%	0%
Andros	2%	1%	3%	3%	1%	2%	2%	0%	0%
Bimini & Cat Cay	1%	0%	1%	1%	1%	0%	2%	0%	0%
Cat Island	0%	0%	0%	0%	0%	0%	0%	0%	0%
Eleuthera	3%	2%	3%	1%	4%	3%	5%	0%	4%
Exuma	0%	1%	0%	0%	1%	0%	0%	1%	0%
Inagua & Mayaguana	0%	0%	0%	0%	0%	0%	0%	0%	0%
Long Island	0%	0%	1%	0%	0%	0%	0%	0%	0%
Rum Cay & San Salvador	1%	0%	3%	0%	0%	8%	3%	0%	0%

7.3 Highest level of education

What is the highest level of education that you have completed?	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
First to 11th grade	4%	4%	4%	2%	2%	12%	4%	2%	2%
High school graduate	32%	34%	30%	39%	27%	28%	41%	23%	11%
Non-college post high school/technical school	9%	9%	9%	10%	9%	6%	10%	3%	2%
Some college	13%	12%	14%	17%	10%	10%	14%	17%	8%
College graduate	26%	24%	27%	20%	32%	22%	21%	33%	50%
Masters or professional school graduate	13%	13%	12%	9%	15%	17%	8%	19%	22%
Completed post-graduate school	1%	1%	2%	2%	1%	1%	0%	3%	6%
(Prefer to not answer)	3%	3%	3%	2%	3%	4%	2%	1%	0%

7.4 Employment status

Which of these best describes your current employment status?	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
Employed full-time	46%	45%	46%	48%	52%	26%	43%	62%	53%
Employed part-time	4%	5%	4%	7%	3%	1%	4%	0%	1%
Self-employed	19%	22%	16%	12%	26%	15%	17%	17%	35%
Unemployed / currently looking for work	17%	16%	18%	21%	15%	12%	22%	12%	7%
On disability / Would like to work but have a disability	0%	0%	1%	0%	0%	0%	1%	0%	0%
Homemaker	1%	0%	1%	0%	1%	1%	0%	0%	0%
Student	4%	3%	4%	9%	0%	0%	5%	2%	1%
Retired	8%	8%	8%	1%	1%	42%	8%	7%	4%
(Prefer to not answer)	2%	2%	2%	2%	2%	2%	0%	0%	0%

3.5 Household make-up

Which of these best describes your household situation? Would you say...	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
In a couple without children	7%	7%	7%	7%	5%	12%	6%	7%	9%
In a couple with children	42%	43%	41%	32%	54%	36%	41%	47%	65%
Alone without children	18%	20%	15%	26%	11%	16%	27%	20%	12%
Alone with children	14%	10%	19%	12%	16%	16%	18%	17%	8%
Other	15%	16%	14%	21%	9%	16%	7%	7%	5%
(Prefer to not answer)	4%	4%	4%	2%	5%	5%	1%	1%	0%

7.6 Employment status

Which of these best describes your total household income last year? Was it…	Total (n=1000)	Male (n=478)	Female (n=522)	18-34 (n=407)	35-54 (n=413)	55+ (n=174)	<$30k (n=276)	$30k-$60k (n=139)	$60k+ (n=92)
Less than $10,000	8%	7%	10%	10%	6%	10%	30%	0%	0%
Between $10,000 and $20,000	11%	11%	12%	11%	12%	10%	41%	0%	0%
Between $20,000 and $30,000	8%	7%	9%	9%	6%	10%	29%	0%	0%
Between $30,000 and $40,000	6%	6%	5%	6%	6%	5%	0%	40%	0%
Between $40,000 and $50,000	5%	6%	4%	3%	7%	2%	0%	34%	0%
Between $50,000 and $60,000	4%	5%	2%	3%	4%	4%	0%	26%	0%
Between $60,000 and $80,000	4%	4%	4%	1%	8%	2%	0%	0%	44%
$80,000 or over	5%	8%	3%	3%	7%	5%	0%	0%	56%
(Prefer to not answer)	49%	47%	51%	53%	44%	51%	0%	0%	0%

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