Bioethical Perspectives on Current Cannabis Legalization Debates[1]

Jorge Enrique Linares Salgado

Introduction

The recent legalization in April 2024 of cannabis production and recreational use in Germany has once again brought this issue to the forefront of the global debate. Germany's example demonstrates that cannabis production and distribution can be legalized, not just decriminalized, in all countries. However, questions remain about strict regulation and more effective international cooperation agreements. The current situation of uneven and partial legalization of cannabis among different nations is both inadequate and risky due to conflicting policies across countries. Just as the policies of various nations have been "harmonized" since 1961 regarding the prohibition and judicial prosecution of cannabis under pressure from the U.S. government, a global approach to decriminalization and effective health regulation should now be encouraged.

After six decades of aggressive global drug policies, the results have been disappointing. Drug use has not decreased, and criminal organizations continue to dominate the production, distribution, and

1 This text is based on the chapter about the legalization of cannabis in my book *Hacia una bioética global* (Towards a Global Bioethics), which is written in Spanish and will be published by Plaza y Valdés in Madrid. I used the AI program DeepL© to translate the chapter and the quotes from the Spanish texts.

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sale of drugs worldwide. Consequently, the cannabis market has become a highly active international industry, impacting the sociopolitical stability of countries like Mexico (Astorga, 1996) and Colombia (Britto, 2022). In a globalized world, cannabis remains the most widely used psychoactive substance. However, illegal trafficking and consumption of other synthetic drugs (designed for therapeutic pharmacological uses) continues to increase year by year. The COVID-19 pandemic, which led to increased confinement and social isolation, has also contributed to a rise in drug abuse, according to the United Nations Office on Drugs and Crime World Drug Report (UNODC, 2020).

Before and after the pandemic, social motivations and personal contexts that lead to problematic use and abuse of psychotropic drugs, such as cannabis, cannot be addressed solely through criminalization and law enforcement. Current prevention and health education policies have been deficient in effectively communicating the risks and harms associated with frequent drug use.

We must acknowledge that the international policy focused on criminalization, with its rhetoric of "war on drugs," has proven ineffective worldwide. It has failed because it was developed in Western democratic countries from a conservative moral perspective that refused to study the societal problem in all its complexity or to distinguish between the effects, risks, and harms produced by various drugs, lumping them all into a single harmful category that governments sought to be kept away from the moral consciences of the Western world. However, such segregationist policies are ineffective. Drugs are used not only by socially marginalized groups but also by anyone with access to them. In contrast, a global policy on cannabis should be grounded in bioethical principles and scientific evidence regarding health risks and public benefits.

In recent years, a growing number of countries have decriminalized the personal consumption and possession of small quantities of cannabis and other psychotropic substances. However, the mere tolerance by law enforcement does not resolve the underlying issues. It does not aim to eliminate the illegal trafficking and purchase controlled by criminal organizations; on the contrary, it may encourage it, since consumers would no longer fear the police consequences of carrying it on

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the street or at home. Decriminalization of cannabis can be considered an intermediate measure between prohibition and legalization. However, this approach has also been criticized as the worst option because it maintains illegal sales and thus perpetuates the troubles associated with the clandestine production, unlawful distribution, and sale of several drugs. One of the worst consequences of the illicit cannabis trade is the lack of quality control and the elevated concentration of THC,[2] which increases risks to consumers due to its potential for higher levels of consumption. As Martin Booth explains, cannabis is a cultivated plant across the entire planet:

> There is probably not a country in the world, save those with frigid climates, where cannabis is not to be found growing either wild or in cultivation. It exists from Manchuria and the steppes of Mongolia to the rural shires of southern Britain, from the Ganges plain in India to the prairies of the American Midwest and Hokkaido in Japan. Under cultivation, it is to be found throughout the Indian sub-continent, South-East Asia, the Caribbean, Central and South America, most of sub-Saharan Africa, and parts of north Africa, southern Europe, and that is just in the open, not under glass. It is, without doubt, the most widely distributed hallucinogenic plant on the planet. Since prehistory, it has been in partnership with mankind, to become one of the most varied of cultivated crops, its dispersal not only reliant upon the natural forces of wind and water, bird and animal, but also those of men. The lines of its global dissemination follow those of human trade and cultural history. And yet, unlike many other cultivated plants, it has never become dependent on man, has always been ready to escape his control and, as pot-heads would say, go off to do its own thing. (Booth, 2003, p. 29)

2 THC: Delta-9-Tetrahydrocannabinol, the psychoactive component of cannabis. When its concentration is less than 1% and only the cannabidiol (CBD) component is extracted for use in various products (creams, oils, drops), it is considered for therapeutic use. For this reason, this CBD derivative has already been legalized in many countries and has created a global market for these products.

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For those reasons, the United Nations Conference on Psychotropic Substances, held in Vienna in February 1971, approved the signing of the Convention on Psychotropic Substances, which established the list of all prohibited or restricted substances, including cannabis in Schedule I of the most "hazardous substances." This Convention was updated and ratified in 1988 through most countries around the world signing the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which reinforced the policy of criminalizing and prosecuting (mainly) consumers as well as producers or distributors of drugs.

A Brief History of the Prohibition and Ephemeral Legalization of Cannabis in Mexico

The cultivation of cannabis across the American Continent began in Mexico in the 16th century in the "Virreinato de la Nueva España" (Viceroyalty of New Spain). The colonial government subsequently prohibited it because of its psychotropic effects on farmers and agricultural workers, predominantly native Americans:

> It is thought that hemp was brought to Mexico by Pedro Cuadrado, a conquistador serving with Cortés. The plant was successfully introduced but, in 1550, the Spanish governor reduced production. Native labourers had discovered that hemp, growing in the tropics where the temperatures were high and the days long, contained a drug and he was fearful that this might lead to rebellion or a degradation of the workforce. (Booth, 2003, pp. 52–53)

Nevertheless, Mexico was a pioneer in the decriminalization and governmental regulation of narcotics, including cannabis, opium, heroin, and cocaine. Cannabis (commonly known as "Marijuana") had been prohibited since 1920, after the Mexican Revolution, during Venustiano Carranza's regime. However, this prohibition was driven more by discrim-

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inatory racial prejudices than by scientific evidence of health risks. As Isaac Campos notes:

> Originally an industrial fiber symbolizing European imperial expansion, cannabis had been transformed by the dawn of the twentieth century into a quintessentially indigenous, and putatively dangerous, Mexican drug plant. Thus, in 1920, after labeling marijuana a threat to "degenerate the race," Mexican sanitary authorities banned the drug nationwide, seventeen years before similar legislation in the United States. (Campos, 2012, pp. 3–4)

Under the administration of Lázaro Cárdenas (the Mexican postrevolutionary government with a progressive social agenda), all kinds of drugs (primarily heroin, opium, cocaine, and marijuana) were legalized by presidential decree through state and institutional control to administer maintenance doses to drug addicts to help them overcome their addiction. The Reglamento Federal de Toxicomanías (Federal Drug Abuse Regulations) established a public health experiment that briefly decriminalized drug use and sought to dismantle the illicit market through state-controlled distribution. Legalization was short-lived (from February to June 1940) because the U.S. government put significant economic and diplomatic pressure on Mexico, threatening to stop exporting morphine, as Benjamin Hill details: "On June 7, 1940, the government repealed the regulations. The clinics were closed. The reason given was that morphine shortages caused by the outbreak of World War II made the system unfeasible. The government was simply unable to import sufficient amounts for the system to work" (Smith, 2021, p. 107).

Harry J. Anslinger, renowned director of the Federal Bureau of Narcotics in Washington, the U.S. "anti-drug czar", firmly opposed Mexican legalization because he wanted to maintain and reinforce his "crusade" against drugs worldwide. The American anti-drug czar, a fervent evangelist for a global prohibitionist regime, served as head of the Bureau of Narcotics for 30 years (until 1962). Anslinger and the U.S. government viewed the Mexican policy as a violation of international prohi-

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bitionist norms. From his perspective, Mexico's policy was not just misguided; it was a direct threat to the global system of drug control that the U.S. had been carefully constructing. Anslinger did not challenge Mexico's policy through open diplomatic channels or scientific debate. Instead, he employed a covert strategy of economic coercion, which has been aptly termed "morphine blackmail". His primary weapon was the U.S. Narcotic Drug Import and Export Act of 1922. This law gave him the authority to deny export licenses for all medical narcotics to any country that he deemed to have inadequate control systems under international treaties. In May 1940, the U.S. government officially ceased all exports of morphine and cocaine to Mexico. Luis Astorga recounts the U.S. government's concern:

> As never before, U.S. authorities were concerned about the ideas held by the Mexican government's top anti-drug official. Dr. Leopoldo Salazar Viniegra held that position in the Department of Health. In a conversation with Agent Creighton, reported by Consul Stewart, Salazar told him that there was only one way to stop drug trafficking in Mexico, namely, for the state to create a monopoly on the sale of prohibited drugs. These drugs should be sold to people with an addiction at a cost price to prevent clandestine purchases. He also proposed an educational campaign and the establishment of hospitals for the treatment of addicts (Astorga, 2015, p. 278).

The architect of the innovative government drug control project in Mexico was the maverick psychiatrist Leopoldo Salazar Viniegra, who was director of the Drug Addicts' Pavilion ("Pabellón de toxicómanos"), inaugurated in 1935, a special unit of the legendary and infamous "La Castañeda" psychiatric hospital in Mexico City. The Pavilion became his clinical research center on the effects of cannabis. He had a captive population to observe and study, and he was confronted daily with the catastrophic consequences of a system that treated a health issue as a criminal matter. Salazar Viniegra delivered an unprecedented lecture to the National Academy of Medicine (one of the most influential and prestigious scientific academies in Mexico to this day) and published his lecture un-

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der the title "El mito de la marihuana" ("The Myth of Marijuana") in the Mexican criminology journal Criminalia in December 1938. Salazar argued the medical basis for the legalization of cannabis, highlighting the absence of definitive evidence linking cannabis smoking to significant health damage:

> Marijuana in no case causes unconsciousness, criminal impulses, forgetfulness, terrifying hallucinations, or insanity. When these occur, other factors have been at work that marijuana lacks. May this serve, if possible, to modify the criteria of our Health Code and our Penal Code, which so vehemently and unjustifiably persecute and condemn the use of marijuana. More than eighty percent of convictions for crimes against health, according to the statistics we have in the Health Department, are determined by possession, use, or trafficking of marijuana [...] In the face of our real and formidable problem of alcoholism, the issue of marijuana does not deserve to be considered a social or human problem; on the contrary, scientific study of it will always be of interest to those who, free of prejudice, subject it to their disciplines. The education, culture, and orientation of our people will ensure that this maligned and beautiful plant will, in the future, be nothing more than what it should be: a rich source of textile fibers. (Salazar Viniegra, 1938, p. 237)

Salazar Viniegra challenged the myths and so-called "scientific evidence" about the mental harm caused by regular cannabis use. With the help of volunteer resident doctors, he conducted a series of unorthodox experiments on patients, colleagues, and students to evaluate the effects of frequent cannabis use. To assess his hypotheses, he smoked marijuana with his assistants and offered the research subjects cannabis concealed in tobacco cigarettes (without revealing this) to determine the immediate effects. Thus, in addition to his patients, bureaucrats, military personnel, and also diplomatic representatives visiting the Pavilion were subject to investigation without their knowledge or consent.

He also conducted studies on control groups providing mixtures of tobacco and cannabis in trick cigarettes. He administered these cigarettes to various patients (some of them mentally ill) and drug ad-

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dicts without their consent. Any research ethics committee would not permit studies like these in the current era.[3] However, these findings led Salazar to conclude that the media's portrayal and medical reports of marijuana as a dangerous substance were overstated by Mexican society. For Salazar, it was clear that cannabis did not cause madness, suicidal behavior, or violent murders.

Salazar's research was certainly not conclusive, as he does not claim to have measured the concentration of THC he administered to his patients and research subjects. As a result of his experience, Salazar declared himself skeptical of the hallucinogenic effect of cannabis and firmly maintained that it was only a subjective "suggestion" or a consequence of the psychiatric history of some patients who reported suffering hallucinations after smoking cannabis.

Nowadays, Salazar's thesis of the total harmlessness of cannabis is not sustainable, and this may be due to a lack of data and overconfidence on the part of the unconventional psychiatrist. Though medical authorities said cannabis could produce harmful effects such as violent reactions, self-harm, or suicide, no further research related to cannabis consumption or smoking has reported these effects.

On the other hand, the treatment program for "drug addicts" ("toxicómanos") conceived by Salazar Viniegra was undoubtedly rooted in medical paternalism, which judged people with an addiction as individuals without free will. To help them in overcoming their addiction, the Mexican Health Department was tasked with administering measured

3 Salazar Viniegra, as himself reported, conducted his research on the effects of marijuana on six groups of individuals: 1. He made people who had never smoked marijuana smoke it without knowing what they were smoking (using special cigarettes containing half tobacco and half marijuana). 2. He made people who were not accustomed to smoking marijuana smoke it with their consent. 3. Make people with various mental illnesses smoke marijuana without their knowledge, using special cigarettes. 4. Make people who are not accustomed to smoking marijuana smoke it without their knowledge after ingesting alcohol. 5. Make the same people smoke marijuana with their knowledge after ingesting alcohol. 6 Make habitual marijuana users smoke in my presence to discern the effects. (Salazar Viniegra, 1938, p. 215).

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doses of morphine until their consumption was gradually reduced. Salazar was also among the first to employ a medical method of reduction and substitution of psychotropic drugs in people who became ill due to addiction. For Salazar, the essential goal was that the state should treat drug addiction as an illness, not as a crime. If the Mexican government managed to control the distribution of drugs to people with a substance use disorder (which was not free, but at a reasonable and accessible cost), then the lack of demand on the illicit market would reduce illegal trafficking.

> His criticism of the criminalization of all aspects related to drugs was based on the fact that repressive methods were ineffective, as they only benefited traffickers and the authorities who became corrupt by associating with them, since illegality made drugs more expensive and prone to adulteration and loss of control over their distribution and consumption. (Pérez Monfort, 2016, p. 321).

As Froylán Enciso (2015) affirms, Salazar Viniegra was ahead of his time in convincing the Mexican government that the state had to take responsibility for drug addiction and treat this societal problem from a medical-scientific perspective, rather than a judicial-criminal one. The reinstatement of the prohibition of cannabis in Mexico in 1940 only ensured its future clandestine sale, increased prices, and the control of criminal groups over its production and distribution.

The medical logic of Salazar's approach remains as relevant today as it was then. However, this pioneering Mexican policy was actively and deliberately demolished by the ideological fervor and overwhelming geopolitical power of the United States. The swift collapse of this governmental experiment had profound and tragic consequences for Mexico and for the future of the global war on drugs. Salazar's conviction of the harmlessness of cannabis has been one of the bases for its further legalization and regulation. This has occurred in many countries, including

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the U.S., Canada, Germany, and Uruguay, except Mexico.[4] It would take more than seventy-three years after Salazar Viniegra's bioethical experiment for cannabis to be formally legalized in the world. In his chapter on the book Cannabis: Global Histories, Isaac Campos concludes the following regarding the significance of Salazar's efforts:

> In Mexico, Salazar Viniegra is often touted as the man who, far ahead of his time, understood that marijuana was harmless. In truth, Salazar was the first Mexican, indeed perhaps the first man in North America, to discern the immense complexity of marijuana's effects and their relationship to behavioral outcomes. Even if he did not have it all right, we would do well to emulate his willingness to honestly engage all of that messy complexity. (Richert and Mills, 2021, p. 175)

Bioethical Justification and the Need for Global Regulation

At present, the main effects of cannabis' chemical substances have been analyzed in recent years and are well known, as Booth relates:

> In addition to THC, there occur cannabidiol (CBD) and cannabinol (CBN), which appear as the resin ages. CBD has no psychoactive capability, but CBN is a mildly psychoactive chemical. Tetrahydrocannabivarin (THCV) and cannabichromene (CBC) are also important cannabinoids, with others, such as cannabicyclol (CBL), being formed not by the plant itself but by the chemical decomposition or degradation of THC or other cannabinoids. Apart from the cannabinoids, cannabis also contains six essential oils, at least eight alkaloids, flavonoids, and sugars. As well as being a euphoric intoxicant, THC also works as an analgesic, muscle-relaxing, anti-depressant, and

4 Although Mexico's Supreme Court ruled in 2021 that recreational cannabis use was constitutional, it has not been legalized and regulated by the government or approved by the federal Congress. Citizens can apply for "amparos" (personal protection from government legal action) and "medical" permits through a complicated legal process that is neither quick nor accessible due to its costs. Cultivation, distribution, trade and sale of cannabis are still illegal in Mexico.

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> anti-emetic agent; it can reduce epileptic fits, stimulate appetite, and dilate bronchial tissue. Why the plant produces THC is unknown, but what is certain is that cannabis grown in temperate climates contains less THC than cannabis raised in hot climates, but a higher percentage of CBD. (Booth, 2003, p. 17)

Among the bioethical principles (Beauchamp & Childress, 2012) that can be applied to drug use, the most significant is that of non-maleficence (or precaution), in conjunction with the principle of individual self-determination or autonomy. Non-maleficence, defined as the avoidance of harm to others, encompasses a spectrum of consequences. These range from the most severe, including death, pain, suffering, and physical or mental incapacity, to the least serious, such as restrictions on the enjoyment of life and exposure to risk or dangerous actions. In the context of addiction, the primary concern is the prevention of personal harm, suffering, and disability, followed by social and political harm. Consequently, the legalization of cannabis aims to mitigate its inherent risks by regulating the concentration of THC in its various forms and controlling personal doses to prevent the harmful effects of regular consumption.

From a socio-political perspective, one of the rationales for legalizing cannabis (and not only decriminalizing personal consumption) is that it remains the most prevalent drug worldwide, whether in the form of marijuana or hashish. Its legal regulation, properly administered, could discourage people from seeking to consume other, more dangerous drugs that criminal organizations also distribute. As happened after the end of alcohol prohibition in the U.S. (1933), criminal organizations that had previously dominated the illicit market could enter the legal market by adopting the norms of licit trade and renouncing violence, extortion, and political corruption. However, in some countries, prohibitions have been established that would prevent those who have marketed cannabis illegally from doing so legally.

Enciso (2015) points out that, concerning the controversy over drug legalization in Mexico during the 1940s, many scholars assume that it was a failed policy and that opponents of legalization interpret the fact

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that the United States managed to reverse it as proof that it is not viable. However, Enciso states, "as far as I have been able to investigate, there is no evidence that drug dispensaries have failed as a public policy. Legalization lasted so briefly that there was no systematic study of its consequences and results. On the contrary, there are testimonies to its success in reducing violence and decreasing the profits of traffickers at the time" (Enciso, 2015, p. 24). Despite the absence of empirical evidence regarding the success or failure of that brief legalization, Enciso emphasizes that this alternative had already occurred in Mexico long before other countries. Therefore, it is imperative to evaluate and discuss it in the present.

Consequently, the bioethical rationale for legalizing cannabis for consumption by adults (over 18 years old) is that it poses fewer risks than other narcotics and psychotropic substances. Cannabis entails lower risk when the concentration of its psychoactive component (THC) is maintained at low levels, ranging from 10–15% at most. Even for therapeutic purposes in terminal illnesses, the consumption of psychoactive cannabis can be considered low risk in comparison with its benefits, especially if it is not smoked. The primary risk and adverse effect associated with cannabis, particularly when it contains a high concentration of THC, is its potential to induce psychotic effects, even after an occasional dose. In addition, if smoked, the risks to pulmonary and cardiovascular illness, bronchitis, asthma, COPD, but also liver and kidney damage or cancer risks in various organs, are similar to those of tobacco and are amplified if combined with regular tobacco smoking.

A technical discussion remains as to whether cannabis produces a physiological addiction, as in the case of tobacco, which contains one of the most addictive substances known: nicotine. Research indicates that frequent or daily use of cannabis can lead to psychological dependence. So far, cannabis has not produced withdrawal syndromes and adverse physiological effects equivalent to those produced by alcohol, cocaine, or heroin. Several studies show greater health risks due to neurodevelopmental impairment in children and young people under twenty, so at this stage of life, of course, it is highly recommended not to consume cannabis or any other psychotropic drug.

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Accordingly, it is a fallacy to assume that all individuals who use cannabis habitually have an "addiction" problem and therefore require medical assistance. Most cannabis consumers do not suffer from illness. The fundamental bioethical principle to be applied here is that, for rehabilitation treatment to be effective and for reasonable use of health care resources, only those individuals who decide on their own (under the rule of informed consent) require treatment, after realizing the social problems they face if their pattern of use is risky.

In such cases, it is advisable to refrain from any form of coercion. Instead, the public medical system should provide individuals with sound information to persuade them to seek medical, psychiatric, and pharmacological help when deemed necessary. Conversely, the failure to do so constitutes an infringement on fundamental human rights and results in discriminatory and stigmatizing treatment of cannabis consumers. Society and the state incorrectly assume that all cannabis users, even occasional ones, should be regarded as people with an addiction and are dangerous to others. These misconceptions lead to stigma and criminalization, and it is time to replace this discrimination with accurate information.

On the other hand, the demand for cannabis cannot be reduced in the general population through a purely medicalized approach that treats all consumers, without distinction, as people with an addiction. The consumption of psychotropic substances is an ancient and complex phenomenon, as Antonio Escohotado has demonstrated (Escohotado, 1989). We need significantly more interdisciplinary scientific research, involving experts from social sciences, legal systems, bioethics, and philosophy. It is essential to understand the difference between low-risk consumption and high-risk, problematic consumption. Moreover, it is essential to define the health risks of frequent cannabis use clearly.

The need for global regulation and legal control of cannabis is becoming increasingly imperative, establishing rules for the production and distribution of the most widely consumed drug in the world. After its legalization, cannabis should be considered as risky as alcoholic beverages. Still, both should be restricted in public spaces, such as schools, hospitals, sports stadiums, or large gatherings like music concerts. How-

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ever, as in the case of alcoholic beverages, there are considerable differences in the concentration of the active substance, the personal dose, the frequency, and the social context in which it is consumed. These factors of cannabis use should be the subject of thorough investigation by health authorities in the coming years.

Models for Legalizing Cannabis Production and Consumption

In general, two models have been adopted in several countries for the full legalization of cannabis:

a) The open market of private initiative, the North American model, is present in several states in the U.S. and Canada.
b) The restricted non-profit model or controlled production model, without commercial sale, but through self-cultivation, regulated sale in specialized pharmacies, and consumption in cannabis clubs, which Uruguay has implemented, and Germany has recently approved.

Based on the results of this policy, the most appropriate model is the controlled, non-profit production that Uruguay has proven since 2014. It is not a perfect system, but perfection is the enemy of the possible. Apparently, Uruguay could do it, given that it is a small country with "manageable" borders. However, all borders are porous, and if other countries do not legalize production and consumption, it will be difficult to contain it within a single territory. The legalization of the most widely consumed drug in the world implies a global commitment by governments and civil societies to regulate it. Both the production and consumption of cannabis worldwide have not decreased; it remains the most widely used drug:

> According to the United Nations International Drug Control Program (UNDCP) […] cannabis is the most widely produced, trafficked and used illicit drug on earth, accounting for over 50 per cent of all cus-

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> toms seizures. [...] Estimates of global production run from 10,000 to 300,000 tons per annum but the actual figure is guessed to be between 30,000 and 50,000 tons. In the 1990s, 120 countries reported cannabis being cultivated—that is, 65 per cent of all UN nation states—compared to 20 per cent growing opium poppies and 4 per cent coca bushes. The economic value of the annual crop cannot be even guestimated, but it certainly goes to many billions of dollars. Despite international pressure and eradication initiatives, the producer countries continue to meet the annually increasing worldwide demand, each producing either hashish or marijuana. In 1995, the main producers of hashish were Morocco (35 per cent), Pakistan (30 per cent), Lebanon (20 per cent), India and Nepal (5 per cent) and Afghanistan (5 per cent), with the remaining 5 per cent coming from various minor sources such as Kazakhstan and Kyrgyzstan. Of the 772 tons of hashish sequestered worldwide, approximately 400 tons was of Moroccan origin whilst 50 per cent of all hashish seizures occurred in Europe. (Booth, 2003, pp. 430–431).

Germany's recent legalization, approved by its Bundestag,[5] could extend this new liberal policy to other European Union countries. Hopefully, in the Americas, nations that have traditionally produced cannabis, like Mexico or Colombia, will decide to act in that direction. Nevertheless, for the success of this possible legalization, cannabis should not enter an open commercial circuit like that of alcoholic beverages and tobacco, whose regulation has been relaxed by many countries, with consequent public health problems.

As has been successfully implemented in Uruguay, the creation of a regulated system of cannabis clubs is a viable option for the production and distribution of cannabis. These social clubs would be managed by experienced professionals who could advise young consumers (over 18 years old). The clubs would not engage in lucrative trade; rather, they would self-produce for the consumption of their members, who must

5 Bundesrepublik Deutschland (2024). „Gesetz zum kontrollierten Umgang mit Cannabis und zur Änderung weiterer Vorschriften (Cannabisgesetz — CanG)". https://www.recht.bund.de/bgbl/1/2024/109/VO.html

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be registered so that the authorities can supervise them. One of the key advantages of this model is the high taxes imposed on the production and direct distribution of cannabis, ensuring stringent quality control and maintaining low THC concentration. Between the extremes of criminalizing the entire supply chain and the utopia of a global free market for cannabis, the model of legalization for state-controlled production and registered personal consumption is the most viable one to begin spreading gradually throughout the world. As Salazar Viniegra proposed in Mexico, regulated legalization of cannabis can offer these benefits:

a) It would put an end to the most lucrative part of the drug trafficking business.
b) It would dramatically reduce the price of the drug by cutting the remarkably high costs of prohibition.
c) It would bring the manufacture of such substances within the scope of legal market regulations.
d) Finally, it would eliminate a significant source of corruption, which is increasing at all levels of government. A substantial number of police officers, customs officials, judges, and other authorities have been bought or bribed by drug traffickers, creating an atmosphere of deep public distrust.

The legalization of regulated production and restricted consumption of cannabis will require all countries to continue effectively combating criminal organizations that exploit the illicit market in psychoactive substances, particularly cannabis. The judicial authorities must undoubtedly intensify their efforts to eradicate all illegal trafficking, but what is most important is the need to dismantle the financial networks, the bank accounts in tax havens, and the collusion of criminal groups with corrupt politicians, judges, and security forces, as in the case of Mexico or Colombia. Legalizing cannabis could prevent the political collapse of several Latin American nations where cartels have taken over entire regions. In a society where cannabis has been legalized, it is possible that the number of innocent victims resulting from the illicit drug trade would be reduced. Legalization has the potential to guide

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society in learning to navigate the risks associated with drugs, much as we have done with other harmful substances, such as alcohol.

As long as today's societies cannot create the conditions and global regulations for people to live with an adequate level of stress and less social tension and conflict (even living in a paradisaical environment is not feasible for everyone), psychoactive drugs will likely continue to be consumed to risky levels to feel good or to find pleasure and life satisfaction, even if only temporarily. Ultimately, every adult and mentally capable citizen has the right to experiment with any substance that produces pleasant or altered states, provided it does not harm others or impede their rights. This principle of "free development of personality" has been one of the standard arguments for decriminalizing and legalizing the use of cannabis. The Supreme Court of Justice of Mexico based its 2021[6] ruling declaring the absolute prohibition of cannabis for recreational use unconstitutional on this principle. Indeed, the fact that cannabis is low risk compared to other drugs does not mean that it does not cause damage to health. We know that frequent and prolonged cannabis use increases the risk of dependence and can cause or aggravate anxiety and depression-related disorders, and even psychotic episodes. Likewise, smoking cannabis involves inhaling harmful substances like tobacco, which can cause lung or other organ cancers, as well as pulmonary and cardiovascular diseases. However, we do not have sufficient reasons to continue to punish or criminalize people who consume cannabis, because the health risks involved, while not minor, do not constitute serious and direct harm to public health in the way that other narcotics do.

6 Sentencia de la Suprema Corte de Justicia de la Nación. DECLARATORIA GENERAL DE INCONSTITUCIONALIDAD 1/2018. https://www.dof.gob.mx/nota_detalle.php?codigo=5623991&fecha=15/07/2021#gsc.tab=0

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Individual Rights and Autonomy for Cannabis Use

The moral condemnation and concern about drugs were not based solely on their harmful effects on health, but mainly on their psychotropic power, which challenges the perception of reality and socially established norms of behavior. It is this psychoactive potential, with its risk of uncontrolled psychotic episodes (as occasionally observed with cannabis), that most frightens the "good consciences" of the Western world. The ritual sense of community and the use of psychotropic substances, guided by shamans in traditional societies, such as mushrooms, peyote, marijuana, or ayahuasca, is not compatible with contemporary, stressful, individualistic, and technological life. Therefore, many people who try to find their "enlightenment" or mindfulness through drugs, whether through traditional rituals or modern ones such as electronic music or rock festivals, have not found that enlightenment and have instead suffered irreversible damage to their mental health from the abuse of potent drugs.

Despite all this, in the case of cannabis, a consistent bioethics must defend that in democratic and pluralistic societies that are committed to individual freedom and self-determination, people have the right to seek any path to their fulfillment, well-being and happiness, and that this right includes the possibility of experimenting with narcotic drugs, but as long as they do not harm other people or affect their rights, and as long as they are aware, with adequate information of the risks they are voluntarily assuming.

From a bioethical perspective, every mentally capable adult citizen has the right to experiment with any substance that produces pleasurable feelings or altered cognitive experiences, even if these experiences are ephemeral. This thesis is grounded in the bioethical principle of autonomous freedom (Beauchamp & Childress, 2012) and the unavoidable tolerance that the state is obliged to practice in a society in which citizens have the right to choose their own ways of life and to develop their personality, even if those decisions cause self-inflicted bodily harm. The well-being of each person is a matter that we can promote socially through the public institutions of the state, not impose by force.

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Consequently, current legal restrictions violate the essential individual freedom that any person of legal age should enjoy, and the fundamental principle that should govern a pluralistic society, in which there cannot be a single legitimate way of living imposed by the state or by any social or moral group, even if it is the majority, is contravened.

The British philosopher John Stuart Mill articulated the foundational ethical arguments regarding the boundaries that society and the state should respect in the context of individual freedom in his renowned work On Liberty (1859). He regarded this as the paramount social benefit and an impartial objective. The fundamental principle established by Mill is well-known:

> The object of this Essay is to assert one very simple principle, as entitled to govern absolutely the dealings of society with the individual in the way of compulsion and control, whether the means used be physical force in the form of legal penalties, or the moral coercion of public opinion. That principle is, that the sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinions of others, to do so would be wise, or even right. These are good reasons for remonstrating with him, or reasoning with him, or persuading him, or entreating him, but not for compelling him, or visiting him with any evil in case he do otherwise. To justify that, the conduct from which it is desired to deter him, must be calculated to produce evil to some one else. The only part of the conduct of any one, for which he is amenable to society, is that which concerns others. In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign. (Mill, 2019, pp. 8–9)

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The issue first raised by Mill in the 19th century is crucial for developing political and bioethical limits to prevent illegitimate coercion against individuals' freedom and their right to self-determination concerning their lives, bodies, and minds. Mill pointed out that, otherwise, there would be a danger of political despotism expressed in forms of medical, moral, or legal paternalism. Thus, the moral imposition of the majority condemning cannabis use has sustained a non-secular public policy and governmental authoritarianism.

Stigmatization and the Need for Historical Reparation

A social stigma has formed around cannabis based on prejudice and ignorance, as Salazar Viniegra attempted to demonstrate. The concealment of truthful information is a direct consequence and a necessary factor that sustains the policy of criminalization. Many people continue to assume that cannabis use is associated with antisocial and criminal behavior. This is a prejudice that causes discrimination and imposes a bioethical duty of retributive or restorative justice for the errors and excesses committed against cannabis-consuming citizens. The criminalization of cannabis has been based on social stigmas that have harmed many people, mainly young consumers. Thanks to this stigmatization, cannabis has been uncritically conflated with other psychoactive drugs with much higher risks, such as heroin, cocaine, or amphetamines. This has prevented an effective public health policy that attacks the problems of heavy cannabis use, as has been tried with relative success for alcohol and tobacco. This stigmatization has also prevented adequate scientific and medical research, as well as the timely identification of problematic consumption behaviors.

In the future, perhaps in a few decades, historians may regard this period of the "war on drugs" as an era marked by policies influenced by social prejudices and stigmas, a concealment of public information, and abuses of authority that resulted in intentional violations of civil rights, particularly of young drug users. Perhaps, we may witness a growing social demand for reparation and collective compensation for the abuses

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committed by the signatory states of the UN Single Convention on Narcotic Drugs in 1961, as well as the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, against their own citizens, whom they decided to persecute and imprison instead of informing and helping them.

Proposals for the Legalization and Regulation of Cannabis

We can only warn citizens of the scientifically proven risks and health damage, urging them to act responsibly and in solidarity. Consequently:

1. It is feasible to advance worldwide, through a cosmopolitan agreement (based on broader international accords), legalizing the production, distribution, sharing, or purchase and consumption of cannabis while prohibiting the export and import of psychoactive cannabis for recreational purposes. In this framework, each country can set the permitted quantities of personal possession and establish specific rules and supervisory institutions for cannabis regulation. This approach would enable judicial authorities to focus solely on prosecuting illegal production and sales, as well as addressing associated police and political corruption.
2. The process of legalization must be complemented by ongoing public health awareness initiatives and support for interdisciplinary research led by leading academic institutions and biomedical research centers across different countries. These research endeavors aim to establish benchmarks for high-risk cannabis use and to enhance treatment programs for individuals trying to quit. Cannabis legalization can follow two paths: a) the for-profit market (North American model), regulated like the alcoholic beverage industry, or b) the non-profit model involving social clubs for consumption or self-production and use that is not intended for profit (Uruguayan and German models). The issue is that decriminalization will not be effective globally in a few countries if it remains an open mar-

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ket controlled by crime and the collusion of political corruption at various government levels (Astorga, 1996).

3. The legal distinction between possession for personal consumption and large-scale lucrative trafficking would also vanish if production and distribution for personal consumption or regulated, supervised distribution by authorities at pharmacies or specialized cannabis stores were to be legalized in a controlled way. This would allow consumers to access cannabis legally at authorized establishments or those controlled by the state.
4. The process of decriminalization and legalization of cannabis should imply that each state's authorities regulate and oversee the production and distribution (including buying, selling, or social sharing) through licenses and concessions under strict supervision. Additionally, comprehensive, ongoing, and effective public education campaigns providing truthful and reliable information about the health risks of cannabis use should accompany the full decriminalization of consumption.

Conclusion

In view of the above, democratic and pluralistic states have the obligation to warn their population rigorously and truthfully about the health risks of cannabis consumption (as well as that of other psychotropic drugs), based on current scientific evidence. However, they do not have sufficient reasons (they never really have) to criminally prosecute consumers or to legally prohibit all types of production and distribution of cannabis, both for therapeutic and recreational purposes.

As with alcohol and tobacco, governments should regulate the use of cannabis to reduce its consumption in public spaces and to penalize misconduct by people under its effect. Concerning other psychotropic drugs that cause serious harm and profound alterations in individual behavior under their temporary or chronic influence, states should maintain the decriminalization of individual use, while at the same time strengthen-

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ing the criminalization and prosecution of their illegal production, distribution, and sale.

Within a global bioethical framework, individuals have the right to experiment with all types of psychotropic substances for therapeutic or recreational purposes. It is essential to recognize that the use of these substances is not only a matter of personal preference but is deeply linked to the cultural and historical context of their consumption. In traditional societies, the consumption of psychoactive substances was often framed within the context of collective rituals, which not only provided meaning and purpose to the use of these psychotropics but also served to regulate their powerful neurobiological and mental effects. In contrast, contemporary society does not offer a similar framework for experiencing and controlling the effects of these substances. Therefore, it is unrealistic to expect that the psychoactive experience in the contemporary context will provide well-being and a positive meaning to the lives of users. However, states are responsible for providing adequate information on scientifically proven risks and harms, as well as medical assistance services. No one should be subject to the harmful effects of psychoactive substances.

However, it is crucial to acknowledge that all individuals possess an inherent right to engage in drug experimentation. This right must be accompanied by a responsibility to manage the potential consequences of such actions, particularly in light of the societal harm that prohibitionist policies have perpetuated over the course of several decades.

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