

**BELIZE**  
**Decriminalization of Marijuana Committee**  
**FINAL REPORT 2015**



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## A: FOREWORD

In March 2012, a small group of public and private Belizean citizens were tasked to research and make recommendations to assist Belize's policymakers in considering the amendment of current legislation to decriminalize possession of up to ten grams of marijuana.

The group formed became the Decriminalization of Marijuana Committee (DOMC) chaired by Douglas Singh, the former Minister of Police and is comprised of five women and four men representing a cross section of the Belizean community. Members are ethnically, socio-economically, professionally, and philosophically diverse. Their unifying attribute is their commitment to presenting a researched consensus on the issue of the decriminalization of marijuana in Belize.

Members include:

Chairman and Businessman, Douglas Singh  
Public Servant, Rhea Rogers Chang  
Travel Consultant, Katie Valk  
Retired Public Servant, C. B. Hyde  
Entrepreneur, Jeremy Spooner  
Attorney, Donelle Harding Hawke  
Director of National Drug Abuse Control Council (NDACC) – Belize, Esner Vellos  
Entrepreneur, Susan Fuller, and  
Activist, YaYa Marin Coleman.

The DOMC members have worked under the guide of the Terms of Reference (page 4). They held discussions, reviewed literature, conducted surveys, and organized consultations to obtain documentation of public opinion, local context, and international trends on the issue of decriminalizing marijuana. DOMC members spent countless hours reading emails from Belizeans, listening to various opinions, frequently noting and appreciating the candidness of persons to the idea. To highlight elements that helped to enlighten DOMC members on public opinion, sparked heated discussions, and assisted in formalizing recommendations, excerpts from Personal Interviews are included on page 20 of this report.

The DOMC takes this opportunity to acknowledge and thank those persons who assisted the Committee in their tireless work on this report. The DOMC members remain grateful for the chance to serve the people of Belize and to execute the mandate of the decriminalization of marijuana terms of reference.

## **B: TERMS OF REFERENCE**

- I. Whereas there has been considerable debate in Belize regarding the decriminalization of marijuana,
- II. Whereas differing views have been advocated on the prudence of decriminalization of small specified quantities of marijuana while continuing to have heavier penalties for its use by juveniles or by anyone on premises to which the public ordinarily has access,
- III. Whereas there is a body of scientific opinion which attests to its traditional, cultural, medicinal qualities, and relevant clinical value,
- IV. Whereas serious questions have been raised as to the impact of marijuana use on health and social behaviour, its economic implications and effects relating to crime and security,
- V. Whereas there are international treaties, conventions and regulations to which Belize subscribes that must be respected,
- VI. In consideration thereof a National Decriminalization of Marijuana Committee is hereby established, with the following Terms of Reference:
  1. To receive submissions written and oral, assess research and studies, engage in dialogue with relevant interest groups, and to solicit public input with the aim of guiding a national approach.
  2. To consider and report on any other matter sufficiently relating to the preceding.
  3. To make such interim reports as may be deemed fit and a final report to the Ministry of National Security.
  4. To indicate what changes, if any, are required to existing laws or recommend new legislation, taking account of the social, cultural, economic and international factors.

## C: METHODOLOGY

The Decriminalization of Marijuana Committee (DOMC), guided by the Terms of Reference, utilized public opinion, open discussions, debate, and literature review to come to general consensus and to formulate recommendations on the issue of decriminalization of marijuana.

To solicit input from stakeholders and the general public, DOMC:

- I. published ads in leading newspapers to inform and educate the public of the task of the DOMC and to invite them to submit their views on the matter via letter or email,
- II. published ads encouraging the general public to debate and make presentations,
- III. coordinated media interviews for the DOMC Chairman to address the public on the decriminalization of marijuana. Public contributions were also solicited through the WUB Morning Vibes Talk Show “Two Cents Cam” to get the grass roots perspective on decriminalizing small quantities of cannabis,
- IV. sent out direct emails and invitation letters to relevant interest groups and key stakeholders including the Chief Justice, the Director of Public Prosecutor; the Opposition Peoples United Party; the Belize Teachers Union, religious leaders, the Bar Association, the Medical & Dental Association, the Belize Chamber of Commerce, the Belize Central Prison, the Human Rights Commission; the Association of Psychiatrists; the Commissioner of Police, the National Drug Abuse Control Council, the Citizens Organized for Liberty and Action, among others to solicit their views and input, and
- V. sent out questionnaires to scores of organizations and professionals, requesting input on specific topic areas relating to its mandate. The questionnaire is attached for reference as Section J of this document.

To consider open discussions and debate, DOMC:

- VI. held a meeting with the National Drug Abuse Control Council (NDACC) - Belize to solicit their expert opinion. As a result, the Director of NDACC Belize agreed to join the DOMC to provide guidance on national policies and current initiatives and
- VII. attended a debate on the issue of decriminalizing cannabis. Two debates were organized, one by the University of Belize and one by St. John’s Junior College in Belize City.

To include literature on the topic, DOMC:

- VIII. reviewed current literature, focusing on the most recent reports from other countries, in particular Canada and Jamaica, who have or are in the process of reviewing the decriminalization of cannabis, and
- IX. reviewed medical and scientific studies that have been on-going all over the world in the course of the last twenty-five years.

In addition, DOMC looked at Belize's legislation to identify what changes to the law would be required to decriminalize marijuana in Belize. Treaties and international commitments were also reviewed.

## D: FINDINGS

Based on the methodology, this report includes observations in four broad categories: (1) Interviews/Public Responses, (2) Literature Review – Marijuana for Medical Purposes, (3) International Trends and (4) The Legal Challenge. Observations are noted in each section. Final conclusions and recommendations are based on observation notes.

### (1) INTERVIEWS/ PUBLIC RESPONSES

The Decriminalization of Marijuana Committee (DOMC) solicited feedback from the general public via questionnaires, personal interviews, public appearances, emails, and letters.

#### Questionnaires

In regards to questionnaires, it should be noted that less than 40% of those who were sent questionnaires responded. We believe that those who did not respond had either not formulated a position or had not wanted to go on record. In spite of this, those who did respond contributed enormously to the results.

In total, 385 email responses were received. Of these 12 responses were ambivalent on the issue; 34 requested additional time to respond; **71 supported the decriminalization and 189 were against.** Of the 189 against decriminalization, 35 responses were independent responses and 154 were through an organized effort of a particular influential television network in the capital city of Belmopan which has, as a group, a significant religious base. In addition to submitting questionnaires, the group also sent 27 letters and additional emails opposing the decriminalization of marijuana. Excerpts of some responses are included in the Personal Interviews of this report.

#### Personal Interviews

DOMC members received a significant amount of verbal feedback from the general public. While some expressed reservations, **the vast majority were supportive of the decriminalization process.** A local documentary produced by Isani Cayetano from News5 captured some of the south side Belize City Black youths' realities and echoed the support for decriminalization of marijuana. (Reference: Channel Five documentary <http://www.youtube.com/watch?v=ksDmKJT5b-k>.)

A series of interviews were conducted throughout a cross section of the Belizean society to find out how Belizeans felt about the possibility of decriminalizing marijuana in Belize. Each member of the DOMC sought out people from different socio-economic, racial, political, and geographical backgrounds to discuss the matter of decriminalization of marijuana. Participants varied in ages, gender, ethnicities and profession. Members noted that when participants were told that their names were not needed to respond to the questions, they were visibly more relaxed and talkative.

The questions focused on marijuana usage, on its impact on the community, on the judicial system, and on the personal experiences of smokers and non-smokers of marijuana. The responses to questions concerning the usage of marijuana for spiritual, medicinal, and recreational reasons were candid, and revealing.

**The general sentiment about decriminalizing marijuana in Belize was favorable, with the caveat of the need for an extensive educational campaign to sensitize and empower the public.** Most opinions mirrored a general acceptance of marijuana use by adults in private personal settings in Belize.

Feedback from community members revealed that most people did not understand the difference between decriminalization and legalization. That limitation was often reflected in their responses. Most people believed that the usage of marijuana for medicinal and recreational purposes was beneficial to the user. Noteworthy is that many of those interviewed believed that marijuana should be legalized.

A common sentiment expressed was how unfair the judicial system was in penalizing marijuana users. While the demographics of users represent all ages, social, economic and ethnic population it is mainly the young, black men whose personal use of marijuana resulted in an arrest, imprisonment, and police record which made them ineligible to gain employment thereafter.

The motivating concerns that birthed this exercise are the thousands of Belizean adults currently using marijuana, whose lives have been permanently altered and opportunities crushed as a result of being charged and convicted for marijuana possession. Police and court systems are appropriating valuable time and resources to apprehend and mete out sentences for casual marijuana users who are otherwise law abiding citizens. Those sentenced to prison are exposed to violent criminals in a closed setting and after release, are further handicapped when seeking employment with a criminal record. Many countries deny visas to applicants who have criminal records making more inaccessible educational and/or professional opportunities abroad. They become a diminished subgroup, relegated to success by chance. The prison population has exceeded its intended capacity, which dilutes the effectiveness of any rehabilitative service performed on behalf of the inmates. This compounded with exposure to more hardened criminals is counter-productive.

#### E-mails and Letters

The DOMC sent out the questionnaire (Section J) to stakeholders via emails and direct letters. Stakeholders included the Chief Justice, the Director of Public Prosecutions, the People's United Party, Belize National Teachers Union, religious leaders, the Bar Association, the Belize Medical and Dental Association, the Belize Chamber of Commerce and Industry, the Belize Central Prison, the Human Rights Commission, the Association of Psychiatrists, Commissioner of Police, the National



Drug Abuse Control Council, Citizens Organized for Liberty through Action (COLA) and many others to solicit their views and input.

Responses from the interviews and emails with support and dissenting views on the decriminalization of marijuana are contained in the Personal Interviews section.

### Public Appearances

There were two debates on the issue which were attended by committee members, one at St. John's Junior College and the other at University of Belize. The majority of those who participated in the St. John's Junior College debate **were in support** of decriminalizing marijuana while the majority of those who participated in the University of Belize debate **were opposed** to the decriminalization of marijuana.

## **(2) LITERATURE REVIEW – MARIJUANA FOR MEDICAL PURPOSES**

The DOMC spent the better part of the past two years becoming familiar with "everything" marijuana. DOMC members focused on and drew conclusions utilizing current medical and scientific data; examined laws pertaining to personal use and possession of small amounts in other countries, placing an emphasis on those in our region. The Committee reviewed literature that examined the social effects and legal ramifications in countries that have liberalized their laws. The Committee tabled discussions with Belizean social partners and experts, mining their experiences, and tabling their concerns and recommendations.

### Historical Context of Marijuana Use In Belize

The cannabis sativa plant, an annual herbaceous plant in the Cannabis genus, was used in early civilizations as a source of food, medicine, religious and spiritual rituals, industrial fiber, seed oil, and for recreation. The ancient Chinese Emperor Sheng Nun (c.2700 B.C.), known as the Father of Chinese medicine, listed cannabis described cannabis as a superior herb and embraced it unreservedly [a].

There are also records of its use in Arabic medicine dating back to the eighth century. In Arabia, Mesopotamia, Persia, Egypt, China, India, and Europe cannabis sativa was used for over a thousand years as a textile and in medicine [b].

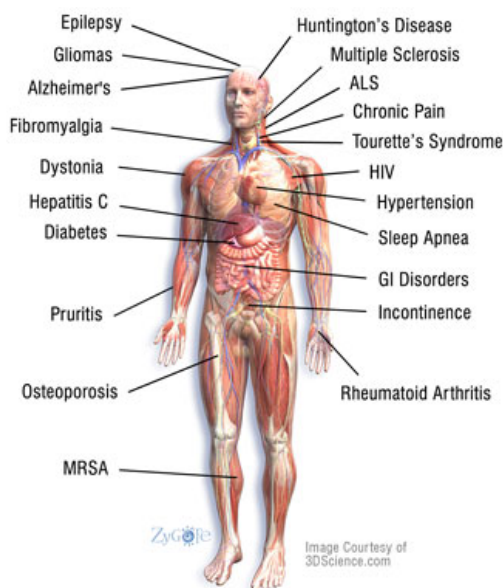
As early as the 1500s, Britain looked to the New World of the Americas to supply hemp from the cannabis plant its use in its navy; in fact some British colonies were compelled by law to grow hemp. Laws were made stipulating that the recipients of land grants in the new colonies must devote a portion of their land and labor to growing hemp. All trade depended on it and all naval military strategy was equally reliant on a steady and secure supply of hemp. Production in the Americas flourished and by the late nineteenth century, marijuana became a popular ingredient in many medicinal products and was sold in pharmacies. In 1901, a United Kingdom Royal Commission reviewed marijuana and concluded that cannabis was relatively harmless, "not worth banning" [c].

While we could not identify a written history of marijuana in Belize, there are theories with respect to the origination of marijuana in Belize including that Britain compelled her colony to produce hemp for her naval fleet and that the indentured workers from India brought over plants to the colony.

Similarly, there are several notions with respect to the criminalization of marijuana in Belize. Some theorize that British based rum companies lobbied to make marijuana illegal as did the tobacco companies who were concerned that marijuana, which was more affordable, infringed on their sales. Others are of the view *“that the law prohibiting the use of marijuana was conceived to discriminate against the East Indian element in our population by the British Administration. Our rulers and, respectable members of society smoked tobacco cigarettes and drank whiskey for their pleasure, while their indentured workers smoked the leaves of the ganja plant (which they probably brought with them from India) to make their lives bearable”* [d].

Marijuana was a major economic earner for Belize during the 1970’s and 80’s with the cultivation of marijuana in the northern and southern districts. In 1998, Belize was classified as the “fourth largest producer of marijuana in the world producing about 1,300 tons” according to the United States International Narcotics Control Strategy Report 1997 [e]. During this time, there was not much enforcement of the laws. Around 1986, under U.S. pressure, the Government of Belize began aggressive marijuana eradication, followed by strict enforcement of marijuana laws. In spite of laws and enforcement, marijuana continues to be widely used in Belize for recreational and medicinal purposes.

### Marijuana as Medicine



**Potential Therapeutic Uses of Medical Marijuana**

Any consideration for legislative reform should include review of scientific data that study the pharmacological, epidemiological and psychological impact of marijuana use. DOMC, after reviewing numerous medical and scientific papers from reputable international research agencies, requested the assistance of Dr. Rosita Arvigo, Doctor of Naprapathy (DN) of Ix Chel Tropical Research Centre in Santa Elena, Cayo, and other noted professionals in this area to provide the following medical synopsis.

Written references to the use marijuana as a medicine date back nearly 5,000 years.[1] Western medicine embraced marijuana's medical properties in the mid-1800s, and by the beginning of the 20th century, physicians had published more than 100 papers in

Western medical literature recommending its use for a variety of disorders.[2] Cannabis remained

in the U.S. pharmacopoeia until 1941, removed only after Congress passed the Marijuana Tax Act that severely hampered physicians from prescribing it. The American Medical Association (AMA) was one of the most vocal organizations to testify against the ban, arguing that it would deprive patients of a past, present and future medicine.[3].

Modern research suggests that cannabis is a valuable aid in the treatment of a wide range of clinical applications.[4] These include pain relief -- particularly of neuropathic pain (pain from nerve damage) -- nausea, spasticity, glaucoma, and movement disorders.[5] Marijuana is also a powerful appetite stimulant, specifically for patients suffering from HIV, the AIDS "wasting syndrome", or dementia.[6] Emerging research suggests that marijuana's medicinal properties may protect the body against some types of malignant tumors [7] and are neuroprotective. [8]

In February 2010, investigators at the University of California Center for Medicinal Cannabis Research publicly announced the findings of a series of randomized, placebo-controlled clinical trials on the medical utility of inhaled cannabis. The studies, which utilized the so-called 'gold standard' FDA clinical trial design, concluded that marijuana ought to be a "first line treatment" for patients with neuropathy and other serious illnesses.

Several studies conducted by the Center assessed smoked marijuana's ability to alleviate neuropathic pain, a notoriously difficult to treat type of nerve pain associated with cancer, diabetes, HIV/AIDS, spinal cord injury and many other debilitating conditions. Each of the trials found that cannabis consistently reduced patients' pain levels to a degree that was as good or better than currently available medications.

Another study conducted by the Center's investigators assessed the use of marijuana as a treatment for patients suffering from multiple sclerosis. That study determined that "smoked cannabis was superior to placebo in reducing spasticity and pain in patients with MS, and provided some benefit beyond currently prescribed treatments."

A summary of the Center's clinical trials, published in 2012 in the *Open Neurology Journal*, concluded: "Evidence is accumulating that cannabinoids may be useful medicine for certain indications. ... The classification of marijuana as a Schedule 1 drug (a category of drugs with no currently accepted medical use and a high potential for abuse) as well as the continuing controversy as to whether or not cannabis is of medical value are obstacles to medical progress in this area. Based on evidence currently available the Schedule I classification is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking."

Around the globe, similarly controlled trials are also taking place. A 2010 review by researchers in Germany reports that since 2005 there have been 37 controlled studies assessing the safety and efficacy of marijuana and its naturally occurring compounds in a total of 2,563 subjects. By contrast, many FDA-approved drugs go through far fewer trials involving far fewer subjects.

As clinical research into the therapeutic value of cannabinoids has proliferated so too has investigators' understanding of cannabis' remarkable capability to combat disease. Whereas researchers in the 1970s, 80s, and 90s primarily assessed cannabis' ability to temporarily alleviate various disease symptoms -- such as the nausea associated with cancer chemotherapy -- scientists today are exploring the potential role of cannabinoids to modify disease.

Of particular interest, scientists are investigating cannabinoids' capacity to moderate autoimmune disorders such as multiple sclerosis, rheumatoid arthritis, and inflammatory bowel disease, as well as their role in the treatment of neurological disorders such as Alzheimer's disease and amyotrophic lateral sclerosis (a.k.a. Lou Gehrig's disease.) In 2009, the American Medical Association (AMA) resolved for the first time in the organization's history "that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines."

Investigators are also studying the anti-cancer activities of cannabis, as a growing body of preclinical and clinical data concludes that cannabinoids can reduce the spread of specific cancer cells via apoptosis (programmed cell death) and by the inhibition of angiogenesis (the formation of new blood vessels). Arguably, these latter findings represent far broader and more significant applications for cannabinoid therapeutics than researchers could have imagined some thirty or even twenty years ago.

#### The Safety Profile of Medical Cannabis

Cannabinoids have a remarkable safety record, particularly when compared to other therapeutically active substances. Most significantly, the consumption of marijuana, regardless of quantity or potency, cannot induce a fatal overdose. According to a 1995 review prepared for the World Health Organization, "There are no recorded cases of overdose fatalities attributed to cannabis, and the estimated lethal dose for humans extrapolated from animal studies is so high that it cannot be achieved by ... users."

In 2008, investigators at McGill University Health Centre and McGill University in Montreal and the University of British Columbia in Vancouver reviewed 23 clinical investigations of medical cannabinoid drugs (typically oral THC or liquid cannabis extracts) and eight observational studies conducted between 1966 and 2007. Investigators "did not find a higher incidence rate of serious adverse events associated with medical cannabinoid use" compared to non-using controls over these four decades.

That said, cannabis should not necessarily be viewed as a 'harmless' substance. Its active constituents may produce a variety of physiological and euphoric effects. As a result, there may be some populations that are susceptible to increased risks from the use of cannabis, such as adolescents, pregnant or nursing mothers, and patients who have a family history of mental illness.

Patients with decreased lung function (such as chronic obstructive pulmonary disease) or those who have a history of heart disease or stroke may also be at a greater risk of experiencing adverse side effects from marijuana. As with any medication, patients should consult thoroughly with their physician before deciding whether the medical use of cannabis is safe and appropriate.

Currently, more than 60 U.S. and international health organizations -- including the American Public Health Association [9] , Health Canada[10] and the Federation of American Scientists[11] -- support granting patients immediate legal access to medicinal marijuana under a physician's supervision. Several others, including the American Cancer Society[12] and the American Medical Association[13] support the facilitation of wide-scale, clinical research trials so that physicians may better assess cannabis' medical potential. In addition, a 1991 Harvard study found that 44 percent of oncologists had previously advised marijuana therapy to their patients.[14] Fifty percent responded they would do so if marijuana was legal. A more recent national survey performed by researchers at Providence Rhode Island Hospital found that nearly half of physicians with opinions supported legalizing medical marijuana.[15]

#### International Governments' Commissions on Legalization

Virtually every government-appointed commission to investigate marijuana's medical potential has issued favourable findings. These include the U.S. Institute of Medicine in 1982[16] the Australian National Task Force on Cannabis in 1994[17] and the U.S. National Institutes of Health Workshop on Medical Marijuana in 1997.[18]

More recently, Britain's House of Lord's Science and Technology Committee found in 1998 that the available evidence supported the legal use of medical cannabis.[19] MPs determined: "The government should allow doctors to prescribe cannabis for medical use. ... Cannabis can be effective in some patients to relieve symptoms of multiple sclerosis, and against certain forms of pain. ... This evidence is enough to justify a change in the law." [20] The Committee reaffirmed their support in a March 2001 follow-up report criticizing Parliament for failing to legalize the drug.[21]

U.S. investigators reached a similar conclusion in 1999. After conducting a nearly two-year review of the medical literature, investigators at the National Academy of Sciences, Institute of Medicine affirmed: "Scientific data indicate the potential therapeutic value of cannabinoid drugs ... for pain relief, control of nausea and vomiting, and appetite stimulation. ... Except for the harms associated with smoking, the adverse effects of marijuana use are within the range tolerated for other medications." [22] Nevertheless, the authors noted cannabis inhalation "would be advantageous" in the treatment of some diseases, and that marijuana's short- term medical benefits outweigh any smoking-related harms for some patients.

#### Adverse Effects

A 2013 literature review said that exposure to marijuana had biologically-based physical, mental, behavioral and social health consequences and was "associated with diseases of the liver

(particularly with co-existing hepatitis C), lungs, heart, and vasculature".<sup>[24]</sup> There are insufficient data to draw strong conclusions about the safety of medical cannabis, although short-term use is associated with minor adverse effects such as dizziness. Although supporters of medical cannabis say that it is safe,<sup>[25]</sup> further research is required to assess the long-term safety of its use.<sup>[23][26]</sup>

### International Stance on Marijuana Use for Medical Use

The use of cannabis for medicinal purposes is legal in a number of countries, including Canada, the Czech Republic, and Israel.

In the U.S. and since 1996, voters in sixteen states of the US -- Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont and Washington -- and the District of Columbia have adopted initiatives exempting patients who use marijuana under a physician's supervision from state criminal penalties. These laws do not legalize marijuana or alter criminal penalties regarding the possession or cultivation of marijuana for recreational use. They merely provide a narrow exemption from state prosecution for defined patients who possess and use marijuana with their doctor's recommendation. Available evidence indicates that these laws are functioning as voters intended, and that reported abuses are minimal. While federal law in the United States of America (U.S.) bans all sale and possession of cannabis, enforcement varies widely at the state level and some states have established medicinal marijuana programs that contradict federal law—Colorado and Washington have repealed their laws prohibiting the recreational use of cannabis, and have instated a regulatory regime that is contrary to federal statutes.

## **(3) INTERNATIONAL TRENDS**

According to the *Lancet* journal <sup>(27)</sup>, marijuana is the most popularly used illegal drug worldwide. Many countries around the world have likewise evaluated the issue of social norms, crime, violence, and economic opportunities of marijuana in their countries.

Several of our neighbors have addressed the decriminalization of small quantities of marijuana. Mexico decriminalized up to 5 grams of marijuana for personal and immediate use. On January 26, 2015, Jamaica's Cabinet approved the Dangerous Drugs (Amendment) Act of 2015, a bill that would decriminalize marijuana and also allow for the creation of medical marijuana and hemp industries. Small amounts of cannabis are permitted in Ecuador for personal use and when there is no intent to distribute. In other countries such as Peru, Argentina, Canada, Cambodia, Austria, Spain, and Portugal possession of small amounts of marijuana are not considered criminal offences, although the manufacture and sale of marijuana is still illegal – see reference <sup>(28),(29), (30)</sup> on page 41.

Countries to have legalized marijuana include Uruguay and to some extent the Netherlands. Mention must also be made to the U.S., where two states, Colorado and Washington, have legalized marijuana for medicinal purposes. Eighteen (18) other states allow possession and

cultivation of “reasonable amounts” for medical use. Some have designated shops for purchase and use of marijuana. Similarly, there are some territories in Australia where the possession of up to 25 grams of marijuana has been decriminalized. Countries such as Israel and Canada have allowed limited quantities of marijuana for medical use only.

In terms of penalties, Bangladesh, North Korea, Czech Republic, Portugal, Uruguay, the Netherlands, and two states in the United States of America (Washington and Colorado) have the least restrictive cannabis laws while China, Indonesia, Japan, Sweden, Turkey, France, Singapore, Malaysia, South Korea, Philippines and the United Arab Emirates have the strictest cannabis laws. Some countries have laws that are not as vigorously prosecuted as others, but apart from the countries that offer access to medical marijuana, most countries have various penalties ranging from lenient to very severe.

Some infractions are taken more seriously in some countries than others in regard to the cultivation, use, possession or transfer of cannabis for recreational use. A few jurisdictions have lessened penalties for possession of small quantities of cannabis, making it punishable by confiscation and a fine, rather than imprisonment. Some jurisdictions/drug courts use mandatory treatment programs for young or frequent users, with freedom from narcotic drugs as the goal and a few jurisdictions permit cannabis use for medicinal purposes. Drug tests to detect cannabis are increasingly common in many countries and have resulted in jail sentences and loss of employment. However, simple possession can carry long jail sentences in some countries, particularly in parts of East Asia and Southeast Asia, where the sale of cannabis may lead to life imprisonment or even execution.

Each year, more and more countries are revising their laws, mainly to decriminalize marijuana and to allow marijuana use for medicinal purposes see Section K.

#### **(4) LEGAL CHALLENGE**

Having regard to the yet volatile nature of public opinion on the issue of the criminalization of marijuana, the committee proposes a resolution that should be agreeable to all stake holders for the time being. The use of the word ‘decriminalize’ seems to have caused some initial confusion regarding the mandate of the committee and fears on the potential outcome of the inquiry of the committee. However, what in fact is the subject of the committee’s deliberation is the **depenalization** and not the **decriminalization** of the possession of up to 10grams of marijuana for private personal use. It means therefore, that the possession of marijuana simpliciter, would remain a criminal offence, but where possession falls within the threshold of; 10 grams and such possession is determined to be for **private** consumption and is found not to be in contravention of clearly defined and rigid parameters, paramount consideration being given to the abuse of it, no criminal penalty would be attached.



## THE LAW

For the purposes of the committee's inquiry, the Act that is most relevant to the debate on marijuana possession is the Misuse of Drugs Act, Chapter 103, revised edition 2000. The Act restricts the cultivation, exportation, importation, supply, possession and consumption of marijuana. Section seven (7) of the Act dictates that it shall be unlawful for a person to have a controlled drug in his possession and a person found in possession of more than sixty grams of cannabis or cannabis resin shall be deemed to be in possession of such drug for the purpose of supplying it to another for drug trafficking.

The Act does not clearly define what possession simpliciter is, but the compelling and legally accepted inference is that possession in quantities less than sixty grams constitutes 'possession simpliciter'. The fact that the Act does not restrict 'possession' to a qualified amount like it does for trafficking, means that, even an undetectable amount is criminalized. Indeed, in cases where persons are found in possession of **traces** of marijuana that are incapable of quantification, for the purposes of the law, they are in fact, found in possession of Marijuana.

Further, for the purposes of the record there is no significance attached to the distinction of the various quantities of possession except where it passes the threshold of 60 grams. This means, that the record may well reflect the crime and not the sum, criminalizing all offenders regardless of the extent of the 'possession'. The Act also does not provide a guideline for the imposition of penalties along the spectrum to make a distinction with respect to the various quantities, it only provides that for possession, the penalty shall be 3 years or \$50,000 or both.

The discretion is left with the court to make a determination within the dictated range dependent upon the quantity that is found in the possession of the offender. This has been found to create uncertainty and inequity, since it is unlikely that two or more courts faced with an offender found in possession of the same quantum, will impose the same penalty.

The Act also restricts any dealing whatsoever with marijuana on private premises.

Section 10 provides:

**(1) A person commits an offence if, being the occupier concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say-**

**(a) producing or attempting to produce a controlled drug in contravention of section 6 (1);**

**(b) supplying or attempting to supply a controlled drug to another in contravention of section 6 (1), or offering to supply a controlled drug to another in contravention of section 6 (1);**



**(c)preparing cannabis, cannabis resin or opium for smoking;**

**(d) smoking cannabis, cannabis resin or prepared opium;**

**(e) smoking or otherwise using cocaine.**

**(2) A person guilty of an offence under subsection (1) shall be liable on conviction therefor to the penalties prescribed for a drug trafficking offence under section 18, and, in addition, the premises in or on which the offence was committed shall be forfeited.**

The penalty prescribed under section 18 is:

**18.-(1) A person who is convicted of the offence of drug trafficking, or of being in possession of a controlled drug for the purpose of drug trafficking-**

***(a) on summary conviction, shall be imprisoned for a term which shall not be less than three years but which may extend to ten years, and in addition, shall be ordered to pay a fine which shall not be less than ten thousand dollars but which may extend to one hundred thousand dollars or three times the street value of the controlled drug (where there is evidence of such value), whichever is the greater:***

**Provided that where the controlled drug in respect of which the offence is committed is less than...(v) five kilogrammes of *cannabis* or *cannabis* resin, the court may, for special reasons to be recorded in writing, refrain from imposing a *mandatory* custodial sentence and, instead, order the convicted person to pay a fine to the extent specified above and in default of such payment, to undergo imprisonment for a term specified above;**

Clearly the law treats harshly even with persons who knowingly allow certain activities to be conducted upon premises which they own, even if they themselves are not actively involved in those activities. The committee does not propose to interfere with these prohibitions, except to again, create certainty and equity in the way the law treats with offenders, since it would be agreed that the gravity of the activity or offence should unequivocally determine the severity of the punishment to be imposed. The committee therefore proposes the removal of the word “cannabis” as presented below.

Section 12 of the Act prescribes:

**Subject to section 51, it is an offence for a person-**

***(a) to smoke or otherwise use prepared opium, or cocaine or heroin or cannabis; or***

**(b) to have in his possession-**

**(i) any pipes or other utensils made or adapted for use in connection with the smoking of opium, cocaine or heroin or *cannabis*, being pipes or utensils which have been used by him or with his knowledge and permission in that connection; or**

**(ii) any utensils which have been used by him or with his knowledge and permission in that connection with the preparation of opium, cocaine, heroin or *cannabis* for smoking.**

It is clear that the law has attempted to cover all activities, however slight, that touches and concerns the possession and use of the controlled drug. However, in attempting to do this the law has regrettably, failed to clearly outline the penalties along the spectrum of activities that culminates into an offence. Should possession of marijuana be clearly defined as possession of quantities greater than 10 but less than 60 grams, and the penalties are clearly outlined this would eliminate the uncertainty and inequity that currently exists.

#### **INTERNATIONAL IMPLICATIONS**

Indeed the debate on the decriminalization of marijuana is not an insular one. Domestic perspectives on the issue are not the only ones to be considered. Some regard must be had for the international obligations of Belize on the issue of the control of narcotics and the implications that any apparent deviation from those obligations would cause. This is particularly so having regard to the fact that Belize is a party to two conventions which deals extensively with the issue, those are: the 1961 Single Convention on the Narcotic Drugs and the 1988 Convention Against The Illicit Trafficking In Narcotic Drugs and Psychotropic Substances.

#### *Single Convention on Narcotic Drugs 1961*

Under Article (4) which deals with general obligations it is provided thus:

**“The parties shall take such legislative and administrative measures as may be necessary:**

- a) To give effect to and carry out the provisions of this Convention within their own territories;**
- b) To co-operate with other States in the execution of the provisions of this Convention; and**
- c) Subject to the provisions of this Convention, to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs.”**

Article 36 which addresses Penal Provision provides:

**“a) Subject to its constitutional limitations, each Party shall adopt such measures as will ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of this Convention, *and any other action which in the opinion of such Party may be contrary to the provisions of this Convention*, shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty.”**

1988 Convention Against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances

Article 3(2) which deals with offences and sanctions provides:

**“Subject to its constitutional principles and the basic concepts of its legal system, each Party shall adopt such measures as may be necessary to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 Convention, the 1961 Convention as amended or the 1971 Convention.”**

It can be argued, as indeed it has been, that both conventions do not specifically prohibit the **use** of narcotic. Though this argument may on its face seem farcical since the 1961 convention clearly states as a general obligation that countries should take steps to limit “use and possession” to strictly medical and scientific purposes, for the advancement of ‘legal argument’, it has some merit. The 1961 convention does not require countries to make the use of narcotic an offence and while the 1988 convention does speak about ‘personal consumption’ it does not place an obligation upon member states to prohibit personal consumption. Instead, what it does, is prohibit all activities that are conducted for the purpose of personal consumption. If this argument were to be adopted to justify decriminalization for personal use, its very basis would be irrational nonetheless, since, before you can get to consumption you must first possess. In fact, the very act of consumption is subsumed under possession since you continue to possess as long as you consume. It follows therefore that if possession is unlawful, in whatever form it takes, then there is no need to even restrict consumption. This is particularly true in the case of Belize, since there is no clear definition of ‘possession’. If, however, ‘possession’ were to be clearly defined, this would automatically allow the prohibition of the consumption to become potent. However, if the committee proposes to restrict a definitive amount for personal use this should automatically release the restriction upon smoking.

Both the 1961 and the 1988 conventions do not strictly define what ‘possession’ is and the conventions do not dictate how a member state should define it in their domestic law. It means therefore that creating a definition that does not offend against the spirit of the convention would not be frowned upon. It could therefore be successfully argued that failure to define ‘possession’ allows for member states to treat with the obligation under the treaties as being one to prohibit ‘possession’ as each member state sees fit and still be deemed compliant.

In this regard, if the committee should propose the de-penalization of an amount of marijuana it should be able to withstand international scrutiny and allow Belize to remain compliant with its international obligations under the aforementioned treaties.

### **CONSTITUTIONAL APPROACH**

The aforementioned approach is not the only strategy that can be adopted, there is a constitutional approach that holds equal cogency in this debate. Both the 1961 and the 1988 Conventions were very careful in recognizing the sovereignty and supremacy of the constitutions of member states. Each treaty dictates that compliance must be subject to the constitutional principles of member States. This, in fact, is the very platform for compliance. It means that the supremacy of the constitution is borderless and extends beyond the frontiers of nation shores. Constitutional supremacy trumps international obligations, in that, any international agreement that Belize enters into must not be in contravention of its Constitution. In order for a Convention to have efficacy, it must be codified into the domestic law of the State and must in effect be subject to the Supreme Law of the State. A State may choose to amend its constitution to meet international obligations if it considers it best in the interest of its national security, public health and morality or any other interest which it considers paramount. However, each constitution provides safeguards against arbitrary amendment and clearly outlines the circumstances under which amendments may be achieved. International Agreements are therefore not to be whimsically entered into since under international law it is expected that member States would have considered all political, socioeconomic, legal and international implications before undertaking international arrangements which are considered legally binding.

Under S.3 of the Constitution of Belize, it is provided that:

**“every person in Belize is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, colour, creed or sex, but subject to respect for the rights and freedoms of others and for the public interest, to each and all of the following, namely:-**

**...(c) protection for his family life, his personal privacy, the privacy of his home and other property and recognition of his human dignity;....”**

S.14(1) of the Constitution specifically provides for the protection to the right of privacy as follows:

**“ A person shall not be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation. The private and family life, the home and the personal correspondence of every person shall be respected.”**

This right however, though specifically guaranteed is subject to certain restrictions as outlined in S.9(2) of the Constitution. There are four comprehensive restrictions under section nine but for the purpose of this instant issue only two are relevant.

**“9(2) Nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention of this section to the extent that the law in question makes reasonable provision-**

**(a) that is required in the interests of defence, public safety, public order, public morality, public health, town and country planning, the development and utilisation of mineral resources or the development or utilisation of any property for a purpose beneficial to the community;**

**(b) that is required for the purpose of protecting the rights or freedoms of other persons;....”**

The committee is persuaded that should the committee propose to decriminalize possession of a small quantity of marijuana, it is specifically guaranteed by the Constitution under the right to privacy, as a man should be able to privately possess and consume a minuscule amount (say up to 10 grams) of cannabis in the comfort of his castle. To comply with any international arrangement that would circumscribe this right is an affront to the Constitution. The Committee is, however, mindful of the equally compelling argument that this guaranteed right to privacy is proscribed by other competing concerns which the Constitution itself has declared would emasculate its constitutional shield rendering it subject to ordinary legal process. However, what the Constitution does not do is remove this shield all together, it only declares that the exceptions outlined would cause any law which offends that right not to be in contravention or inconsistent with the Constitution. It could therefore be modestly argued that in the same vein, if Parliament decides in its sole discretion, as the representative of the will of the people, that possession and consumption of a minuscule amount of cannabis sativa is not injuries to public safety, public health, public morality and public order, they can restore the full potency of the fundamental right to privacy shield that is inherent in the private possession and consumption of the **specified amount** of the drug. Certainly, this would not be without certain restrictions that would be geared to towards maintaining public order. This approach is respectfully, justifiable both under the Conventions, internationally and domestically.

**Allowing private consumption would be in accordance with the letter of the Constitution and would therefore not be contrary to the principles outlined in the Conventions.**

## E. PERSONAL INTERVIEWS

### Excerpts from Personal Interviews Summarized by Theme

In order to get participation and feedback from the wider community, members were tasked to interview persons in the community to get their experiences, opinions and views of marijuana usage. These interviews are expressed below under general headings.

### **INEQUITY OF THE CURRENT LAWS**

#### **Professional couple in their 40's-**

Yes, we smoke. Not around the kids, but they know and I tell them, you are not old enough to drink and not old enough to smoke. We work hard, have a good life and take a puff now and then. We know if we get caught, we can take the lick; we can pay the fine and be done with it. Plenty of our friends smoke. They are all good people. We're not the ones who go to jail for this. We have our own business, so no one can fire us. It just does not seem right that weed is illegal. People have been smoking since time. It's natural, not harmful like liquor.

#### **Stevedore from the Port of Belize-**

I work tu haad fu mi lee bit ah money. Mek ai tell yuh, da stress fi fine money fuh put dinna pan di table and wossa skool fees fu deh pikny. I noh even no how a manij fi kip wa roof ova wi head but dah me da di man a di house and mi faamly dipen pan me. Wen weeken cum, all me wah do dah chill out lee bit and heng wid mi fren deh. Me da noh rich pipl so me cyaa buy no whiskey so me like mi lee smoke now and den. Me no si no difference between tek wa shat a likka or tek wa pull aafa wa stick a weed. But noh mek a get ketch wid wan lee stick a weed, da baka Hattiville Ramada a gwein caaz woohs me cyaa affode no big time laaya. Who wah mine mi faamly if I lan up baka jail? Di law no gat no canchanz fuh poo pipl. Nutting neva haapen to di big man deh weh di sell caaz deh done grease off nuff pipl weh gat dem back. Man like me haffu tek chance afta a done work haad and soffa.

**ENGLISH TRANSLATION:** *"I work hard and do not make a lot of money. It's very stressful to find money to pay for groceries and school for my children. I am the man of the house and worry about how I will keep a roof over our heads but I have to take care of my family. On the weekends, I want to relax with my friends but I can't afford whiskey like rich men so I like to smoke my weed. I don't see any difference between one shot of whiskey and a puff of weed but if I get caught with a stick of weed, I will go to jail because I can't afford a fancy lawyer. Then who will look after my family? The law is neither correct nor fair for the average man. Nothing happens to the big dealers because they are protected. But me? Lord, I work hard and suffer."*

### **Lawyer, who smokes weed-**

I have handled many cases and know these people are getting a raw deal. They are only smoking weed, for God's sake. This law is antiquated and only enacted so the British could control their East Indian indentured slaves to work sugar cane and rice. Like prohibition. It creates a sub culture where the suppliers get rich and the poor go to jail. But no fool yourself; the suppliers live in upper society, donate to causes, go to Church and send their kids to the best schools, Like the Kennedy family-the father was a rum runner who was appointed Ambassador to the UK; his son President of the United States. So Joseph Kennedy was a criminal while transporting liquor, but after he built his fortune as a bootlegger, was approved to represent the same country whose laws he broke? No, we have to decriminalize or do something and erase the criminal records of those who now carry the weight of that around their necks.

### **NOT A CRIME**

#### **A 37 yr. old male Rastafarian farmer in the capital city of Belmopan**

He wondered why he was hassled for smoking because "Look ya, evribadi smoak weed, from polees, dakta, an laaya to palitishan."

**ENGLISH TRANSLATION:** *"He wondered why he was being harassed for smoking weed because "everyone smoke, police, doctor, lawyers, politicians."*

#### **Aunt, caretaker-**

Mi sista deh young and me had to mine fu she 3 pikney. Tings mi haad an we get by tru di grace a Gaad. Two a deh done married and gat deh own faamly. Deh try hide it fram me but ah know deh smoke dem weed now and den. Deh cyaa do dat ya eena fu mi house. Me no si weed mek dem do notting bad and me quite proud a dem. Now di lee wan he da trouble. He drink to much and sleep to late. And wen ih wake all ih do da ruff up dem gyal and ih pikny dem. Now he bring shame pan wi faamly all di time and me noh know weh ih get dat from. Me an mi husband try wi best fu raise dem right, wi provide fu dem and wi love dem up. Only Gaad could help him now. I wish he da mi smoke weed and put down da daam bottle. Da dotty likka wa kill am. So if yu hax me how me feel bout weed, a no like it but plenty wossa ting deh out deh dan weed.

**ENGLISH TRANSLATION:** *"My sister died young and I raised her three children. It wasn't easy but with the help of God, we got by. Two of them turned out well and have their own families. They don't tell me but I know they smoke a weed from time to time. That was never allowed in my home. But I can't say that it harmed them and I am proud of how they turned out. But the youngest one, he is trouble. He drinks too much, beats women and is a bad father to his children. I am ashamed of him. I don't know where he got this behaviour from. My husband and I are good and we care for all of them and gave them love. I pray for this boy and God help me, but I wished he smoked weed and never drank. The liquor is killing him. So when you ask me how I feel about weed, well I don't like it but there are worse things but what do I know? I wish he would stop drinking and if he needs to take something, then I would not care too much if he smoked."*



## CRIMINALIZING THE NON-CRIMINAL

The majority of the persons who participated in the interviews were smokers, who lived in urban and rural areas of Belize, and who were of various ethnicities.

### Man in his mid 20's-

I nol bring up fi respeck di polees. Mi grampa midi ina de force an plenty polees cum dad eh house fi chill and drink stout. I no weed is illegal, but everybadi smook and I no dat deh kant lack all a we ina da prison. Polees pan mi street shake mi down, sho no respeck and tek mi weed. Den dem bwai sell mi weed. I no everybadi need fi mek money, but how I gwine trust polees? I see wa holeup lass week and I no di bali weh do it. But dis bali da fren wid the polees to. You tink I stupid and wa tell polees? No man. I hafto watch out fi miself. I feel bad fi di lady who get jack. I know this bwai wah do the same ting again. But dis weed ting, no man. You kip it illegal jus so sombadi cud mek money. I no do noting bad. But I dad eh criminal and no dey? Mek it legal man. Polees wa get strait quick. Mek dem deal wid wus ting.

**ENGLISH TRANSLATION:** *“I was brought up to respect the Police. My grandfather was in the Police Force and many Police would come to the house to socialize and drink some stout. I know weed is illegal but everyone smokes and I know that they can’t lock all of us up in Prison. Police on my street would search me, showing no respect and take my weed. They they turn around and sell the weed. I know everyone need to make money, but how can I trust the Police? Last week I saw a guy who I know commit a robbery but he is friends the Police as well so I did not report it. I feel bad for the lady who got robbed but I have to watch out for myself. I know this young man will do the same thing again. But this weed issue, it is kept illegal so that somebody can make money. I’m considered a criminal but not them? Make it legal. The Police will have to deal with worse crimes.”*

### Village herbalist in her 60's-

You serious? Dis da no wah new ting. People inna da village always haf wa stik rung. Me gat bad bone weh hurt, Me kip wa stik inna alcohol and rub pan mi hand an elbo so me cud sew. Me kaan afford no dacta an medicine an why me wudda use dat wen deh gud Lawd provide me wid wa natural cure? Me cur nuff people inna mi village wid weed. Wa lady kaant sleep da nite so I mek a wah tea. Di ole man, Bakadeer, gat sweet blod. Me tell ah likka only paisin fi ah. If he wah relax, smoak man. If he gwine da wa paaty weh everybadi wa drink, smoak lee bit a weed. Me use it fi treat scapian bite – ah mash it up and use it as a poutice to draw out deh paisin. Wa widower get mawga afta eh wife ded and me gi ah som bake inna wa cookie to mek eh staat eat. The gud Lawd put dis plant pan dis earth fi mek ah heal mi neigba deh and mek pipple feel betta. You cud imagine the polees deh cum arress me fid dat? Dat wudda be wa crime if I neva help dem. Cho, please, pipple use this foeva. Mi grate granny lawn dis fa fi she granny. Bad ting fit ink deh cudda mi enup inna jail fi deh do gud.

**ENGLISH TRANSLATION:** *“Are you serious? Marijuana is not a new thing. People living in the village always keep a stick of weed around. I have bad bones that hurt so I keep a stick of weed in alcohol and rub on my hands and elbow so that I can sew. I can’t afford doctors and medicines and even so, why would I use those medicines when the good Lord provides a natural cure? I have cured*



many people in my village with weed. One lady can't sleep at night, so I make her some weed tea to drink. Old man Bakadeer has diabetes so I told him that liquor will only poison him so if he needs to relax he should smoke marijuana. I told him that when he is going to a party where there will be drinking, smoke a little bit of weed instead of drinking. I use it to treat scorpion bites, to draw out the poison. A widower loss his appetite after his wife died so I gave him some baked in a cookie to regain his appetite. The good Lord put this plant on this earth so I could heal my neighbours and make people well. Can you imagine if the Police came to arrest me for that? It would be a crime I didn't help them. People have used this for a long time. My great grandmother learned from hers. It is terrible to think that I could end up in jail for doing good”.

### **Man in his 30's, arrested twice, once for weed, another for burglary-**

Ok , me gat wa recad. But lisen ya dis neva need fi hapen. Me get ketch wid mi frens and since me da mi deh yunges, me tek deh rap and neva had no moni fi wah laaya, so me enup inna jail. Me neva see noting like dat befo inna mi life. Dees pipple onli trechorus. Me try do mi time an mek deh lef me lone, but we sidown and talk and me only laan fi do wos crime. Mi cell mate deh mi bad. Nobadi me wudda mess wid pan deh outside. But deh ketch me. When me get out, one a deh cum look fi mi and ask mi fi go help ah move sumtings fram eh house. Me mi fraid fi seh no so me gaan lang wid ah. Jus fi fine out deh bali deh bruk inna wa house fi tief. Me no no if me mi mo fraid ah he, mi ma or deh polees. How me get miself inna dis? So I gaan bak da jail. Dis time me cum out, me move to weh mi sista live so deh cudnd fine me. Me deh do gud. Me work fi mi bredda in law. But me look pan miself and tink, how dis lee bit ah weed bring so much troble. Me caant change dat now. All saka dat.

**ENGLISH TRANSLATION:** *“I have a police record but this did not need to happen. I was with some friends when we were arrested for marijuana and since I was the youngest, I took the blame and ended up going to prison because I did not have any money to pay for a lawyer nor the fine. The prisoners were treacherous. I was trying to serve my sentence and be left alone but we would sit and talk and was taught how to do worse crimes. My cellmates were bad, not anyone I would have socialized with on the “outside” but they recruited me. When I got released, one of them came to visit me and asked me to help him move stuff from his house. I was afraid to say no so I went along only to discover that he was breaking into someone’s house. I don’t know if I were more afraid of him, my mother or the police. How did I get myself into this? So I went back to prison. This time I came out and moved where my sister lives so they could not find me. I am doing well, I work with my brother-in-law but I look at myself and think, how can a little bit of weed cause so much trouble. I can’t change it now but all for the sake of that.”*

### **Young man in his 20's-**

Me midi go da skool, mi gat wa jab, everyting mi cool. Me need deh jab fi pay fi mi skool and fi help mi ma wid bills. She mi wah mi graduate. Me had dreams. Mi mi wah wa gud jab and tek care a mi faamli. Me pick up soh weed fi wah paaty an ennup arrested. Me drap otta skool fi work fi pay mi fine. Den mi bass fine out and fira mi. Me gat wah recad. Me kant get no job as wah bike messenga fi saka mi recad. How me wah get back inna skool and mek someting a miself? No man,

dis da too much punishment fi me and mi faamli. Change deh laws man. Yo onli bruk wa man who mi wah do gud. Now mi ma hafto work fi feed we.

**ENGLISH TRANSLATION:** *“I was going to school, had a job which I needed to pay for school and to help my mother with the bills. She wanted me to graduate. I had dreams. I want a good job and take care of my family. I picked up some weed for a party and was arrested. I had to drop out of school to pay the fine. Then my boss found out and fired me. I have a record. I can’t get a job as a messenger because of the police record. How am I to get back into school and be successful? This is too much punishment for me and my family. Change the laws. You only destroyed a man who wanted to do good. Now my mom has to work to feed us.*

### **Woman in her early 50’s**

I arrived in Belize in 1990 with the intention to stay 2 weeks to pick up my green card. All I had left to do was to pick up my police record to present to the Embassy. The police record still had a charge for being in possession of marijuana which happened when I was only 17 years old (dating back to 1978). Of course, I was therefore unable to re-enter the US.

My entire household, job and personal effects remained in the US. Luckily for me, my family was able to ship my items to Belize where I had to start from scratch – trying to secure a job, a place to live, etc. Since that time, I have worked and have never again had a run in with the law – a clean record with the exception of that one charge.

Since then, every time I want to visit with my family, who are all US citizens and I need to apply for a Visa it is always the same – problems! When I arrive in the US, I can count on being searched as if I am a criminal. I think that it is totally unfair that such a minor incident committed in your “foolish” youth should not have to affect the rest of your life.

## **MEDICINAL**

### **Professional woman in her 50’s-**

The worst symptom I had during menopause was the inability to get a good night’s sleep. It affected my ability to think clearly; I was abrasive; I was tired. My doctor gave me sleeping pills. I felt hung over the next day and my thinking was clouded. I also worried about becoming dependent on the drugs. My neighbour had the same problem when she went through menopause and told me to try smoking weed before I went to bed. I told my husband and kids and they only wanted their old mom back again. My son got me some to try and it was amazing how well I slept, woke up feeling clear headed and a much nicer person to be around. I wish I could bottle it and sell to every woman going through menopause.

**ENGLISH TRANSLATION** *“The worst symptom of menopause was my inability to get a good night’s sleep. It affected my ability to think clearly; I was abrasive and tired. My doctor gave me sleeping pills which left me feeling “hung-over” the next day and my thinking was clouded. I also worried about becoming dependent on drugs. My neighbour had the same problem during menopause and told me to try smoking marijuana before going to bed. I told my husband and kids and they only wanted their Mom back. My son got me some to try and it was amazing how well I slept. I woke up*

*feeling clear headed and was a much nicer person to be around. I wish I could bottle it and sell to every woman going through menopause.”*

### **Professional man in his 60's-**

I was diagnosed with diabetes a few years ago. It runs in the family. I eat well and exercise but it's in our family genes. I heard marijuana is a good treatment and since I can't drink alcohol anymore, I figured it was worth a try. I used to smoke marijuana when I was a young boy but when I got married I stopped as my wife came from a respectable family. So now, I smoke weed from time to time, whenever I would have taken a drink. I like the way I feel and I always ponder, why is this illegal? It doesn't make me crazy or go out and do stupid things. I read, watch TV, sit outside and talk to my friends and listen to the birds. And I wonder, have the people who think this is wrong ever tried it? No, I don't think so because if they did, they would not be against it.

### **39 yr. old female security guard in Belize City**

“Sohn peeply ooz it fu siknis, wen dehn gat asma dehn smoak it. Dehn se yee help dey”. She does not smoke marijuana.

**ENGLISH TRANSLATION** *“Some people uses it for sickness, those who have asthma smoke it. Those people say it helps them. “*

## **FREE UP THE SYSTEM**

### **Older gentleman in Belize City-**

Humph, yo noh no how life caange out ya. Eh use to be wa nice street. We smell weed from time to time. Nobadi badda nobadi. Peaceful, man. Now I fraid fi siddung pan mi verandah. Deh gang bwai shooting each ada up. Teifing. Rape. No respeck and nobadi go da jail. Polees useless. Deh arrest wa bwai fi smok weed and act like daw ah big deal. Da bwai ran da shop fi me and help me round di house. Now he inna jail, but the real criminals out on the streets. No man, polees hafto stop this rass and spend deh time deh arress de violent criminals. Mek no sense to put one lee weed smoker inna prizen when bwais have guns and I da wah prisoner ina mi home. Mek it legal so polees work pan bigger crimes.

**ENGLISH TRANSLATION** *“ You don't understand how life has changed. It used to be a good street, we used to smell weed from time to time and no one bothered anyone. Peaceful. But now I am afraid to sit on my verandah. These gang boys are shooting up each other. Stealing. Rape. They have no respect and no one goes to jail. The Police are useless. They arrest a boy for smoking weed and behave as if it is an accomplishment. That boy used to run errands for me and help me around the house. Now he is in jail, but the real criminals are on the street. The Police needs to focus on arresting the violent criminals. It makes no sense for a boy to be in prison for smoking weed while the boys with guns are out free and I am a prisoner in my own home. Make it legal so that police work on bigger crimes.”*

## FOREIGN AGENDA

**A female entrepreneur in her 30's** asked “bikaaz Onkl Sam seh weed da drugs, weed da drugs? Weed da waaha herbz fa Jah”. “I no no aenibadi weh brok en a hoams fu bai weed. Weed no eadiktiv laik krak” This sentiment was echoed by many people.

**ENGLISH TRANSLATION** “Because Uncle Sam says weed is a drug, that makes weed a drug? Weed is an herb from God. I don't know anyone who has broken into a house to buy weed. Weed is not addictive like crack.”

## EDUCATION

### **Unemployed, 21 yr. old pregnant female living in Southside Belize City**

“Dikriminalaizin da waahn gud idya, tu moch peepl di goh da jayl fu wa ahn lee bit a weed”. When questioned about her decision to smoke while pregnant, she replied as she laughed “Mai Ma smoak wen ih mi pregnant wit mi, an ai aarait” .

**ENGLISH TRANSLATION** “Decriminalization is a good idea, too many people are going to jail for a little bit of weed”. When questioned about her decision to smoke while pregnant, she replied as she laughed “My mother smoked when she was pregnant with me and I am alright”.

### **74 year old Amercian Retired in Belize**

At age 14, 60 years ago, the police brought a film into my school called "Reefer Madness" to show us the danger of marijuana. After the film, which we laughed at, they told us about drugs like heroin and cocaine.

We knew what they said about marijuana was not true because some of us had either tried marijuana or knew people who had. When hard drugs came around, we tried them because we thought if they lied about marijuana, they lied about the hard drugs. This, of course, led to serious problems for many of us because of the real dangers of heroin, cocaine, etc.

## OPPOSITION

### **A public service employee who lives in Hattieville, Belize District**

“Belize no redi fu dat, hafu eksplor dat moa” said the 36 yr, old female non-smoker.

**ENGLISH TRANSLATION** “Belize is not ready for that, we need to explore more”.

### **A 30 something Black Christian male**

He was adamantly opposed to the decriminalization of weed. He shared about a family member who became mentally imbalanced and he was convinced that it was due to marijuana usage.

## RELIGIOUS

### **Methodist Church - Rev. Roosevelt Papouloute wrote the following:**

“ I am very much in support of alternative ways of addressing this situation and fully supports programmes that would lead towards rehabilitation instead of incarceration and long life criminal record. I would encourage drug education, strong support system in the schools, the families and

the work place, counselling facilities managed by qualified counselors, social programmes with positive outcomes, skills trainings, and job opportunities for the young people.

I am by no means encouraging that the offenders should not face any penalties. I believe that the possession of whatever quantity of marijuana should remain an offence and that the offender should face the necessary penalties or sentences according to the laws of Belize. I believe that smoking of marijuana should not be in the public domain especially among children, teenagers and youths. I believe greater effort should be exercised to deal with the drug dealers, and that law enforcement authorities must be more intentional in re-enforcing the law.”

#### **HEAD PASTOR, DOMINION CHAPEL PARISH**

I write to negate the issue of Decriminalizing of Marijuana in our country which i believe is a means of propagandizing the sales of drugs and a bad way to control the spread of drugs nationwide.

I sincerely believe based on the bible and every country law that anyone who attempted self murder or suicide is subjected to the law of the nation and should be imprisoned. In view of this, i classify marijuana as a means of suicide acts detriment to human health which has ruined many lives and cut short destiny of many people (most especially the youths).

Marijuana is highly dangerous to health and illegal as a contraband in every countries of the world and therefore should not be Decriminalized. I rest my case

#### **EVANGELIC PASTOR**

To decriminalize any form of drug that is not prescribe for medical purpose will mean going down a road in a spiral that will be unrecoverable and lead to increase criminal activities and deaths.

Marijuana is a hallucinogen that cause false perceptions because they disrupt the normal balance of neurotransmitters in a person’s brain. In addition to marijuana use, alcohol use may also cause people to hallucinate. Most if not all persons that smoke marijuana, also drink alcohol. Lets no add to our already current problem of alcoholism!

Imagine with me someone that take a smoke of marijuana and decide to take another and another (up to ??? grams) then get into a car, who will be responsible for the death he/she may cause and will the authorities be able to test the drivers level to determine if the drivers is over the required limit, determined to be in a state of inability to drive and over the recommended amount now suggested for persons use. Is there a way to carry out this test?

Let us go back to why marijuana was first classified as an illicit drug subject to criminal penalty. The most obvious answer is that it was consider a practice that would be detrimental to society. What has changed? Is the quality now used less potent? Are we less concern about society and more incline to do what is consider popular or follow what ‘developed’ countries (sic) are allowing. Look at the so called developed countries ALL over the world, they all go down the same path of the past

great countries that ended destroyed from inward decay because of compromise, corruption and decadence - freedom from restraint. The Bible clearly teaches that alcohol leads to debauchery (depravity), how much more marijuana? Ephesians 5: 18

To allow marijuana to be used for medical purposes would be appropriate but only if properly dispensed by a medical doctor that will show justification for its need. Therefore no amount of marijuana should be legalize for any individuals personal use unless prescribed by a medical professional.

**Committee members met with Bishop Dorrick Wright- Catholic Diocese, Bishop Phillip Wright - Anglican Diocese and Pastors Howell Longworth, Godfrey Usher and Eugene Crawford. The impressions from these meetings were documented in letters to each for their consent, comment or correction, but to date no feedback has been forthcoming despite repeated follow-ups. Below are extracts from those letters.**

#### **Catholic Diocese of Belize– Bishop Dorrick Wright**

*“During our discussions you commented that you were very concerned about the possible negative impact of decriminalization on minors. You shared your personal experiences with smoking cigarettes and drinking as a young person and the peer pressures that the young is subjected to. You also had further concerns about the perception of permissiveness that decriminalization may promote and expressed concern on how the media may handle or mishandle the act of decriminalization.*

*Notwithstanding, it is our impressions that you are prepared to support the decriminalization of Marijuana as presented if the Government believes that it would be helpful, It also appear that you are supportive of other forms of penalties but you do so cautiously, in fact you would be in favour of restoring criminal penalties for repeat offenders.”*

#### **Anglican Diocese of Belize – Bishop Philip Wright**

*“During our discussions you commented that you were concerned about the support system for rehabilitation, you also wonders whether the existing system of treating people as criminals and incarceration for young offenders contribute to more problems and you were pleased with the safety measures vis-à-vis the maintaining of criminality for the possession under specific circumstances.*

*You were further concern about the misperception of the action of decriminalization as promoting a sense of permissiveness among young people and believe that a strong awareness campaign on the actual actions must be implemented if the recommendations are accepted.”*

*Notwithstanding, it is our impressions that you are prepared to support the decriminalization of Marijuana as presented, It also appear that you are supportive of other forms of penalties but would also be in favor of restoring criminal penalties for repeat offenders. Additionally, you believe*

*that the Church ought to be more proactive in dealing with the problems in society and not to limit the interaction to pronouncing judgment or criticism, perhaps in counseling and rehabilitation.*

### **Belize Association of Evangelical Churches**

*“It was our initial impression that collectively (Pastors Crawford, Longworth, Usher) you did not support the initiative to “decriminal” the possession of any quantity of marijuana. During our discussions you commented that you were very concerned about the possible negative impact of decriminalization on minors. Pastor Longworth shared his personal experience with the effects of drugs on his grandson and his belief that the use of Marijuana by his grandson has led to the use of other stronger drugs. He further indicated that with the proper financial resources his church could be most effective at offering spiritual guidance to “cure” those afflicted with the problem.*

*Notwithstanding, it is our impressions that after our explanation as stated above, Pastor Usher was prepared to support the decriminalization of Marijuana as presented. He agreed that the current policies have negatively affected the marginalized residents of Belize, It also appear that while he was supportive of other forms of penalties he would be in favor of restoring criminal penalties for repeat offenders.”*

Noteworthy is that the gateway drug hypotheses (marijuana may induce some people to using other, more potent drugs) has been a recurring concern expressed to the Committee. Real experiences such as in Portugal, Uruguay and States in the US that have legalized marijuana, have de-bunked the gateway hypothesis and, on the contrary, new research indicates that marijuana in many cases is succeeding as an exit drug. Some of the main reasons cited for this is that marijuana has less withdrawal, fewer side effects and potentially safer than drugs such as alcohol and illicit drugs for weaning purposes.

## **DECISION MAKERS**

### **MENTAL HEALTH ASSOCIATION OF BELIZE**

“The Mental Health Association of Belize supports the World Health Organisation in its classification of substance abuse as a mental health disorder under the ICD-10 category. As such we believe that treatment and support are more helpful than criminalisation and incarceration in dealing with those who have substance abuse problems, whether with legal substances such as alcohol and tobacco or illegal substances.

However, in our experience the use of mind-altering substances can and does have serious negative effects that exacerbate the underlying mental health and social problems that an individual might be facing. This is especially true for young people. The evidence does not indicate that criminalising the use of substances reduces their use but it does place an additional burden on those convicted under the present laws. This may be by way of a permanent criminal record that will impact opportunities for travel and employment in the future but also the experience of spending time with hardened criminals in prison.



For these reasons we believe that the official response should be such as to discourage use while at the same time expanding access to treatment and rehabilitation. We therefore support the recommendation to require alternative sentences for the possession of 10 grams or less such that those convicted would not face the possibility of incarceration or permanent criminal records but would be subject to sentences that include drug education, community service, rehabilitation and/or fines with the proviso that the current penalties, including incarceration and criminal records, stay in place for those convicted for public smoking of marijuana, smoking in the presence of minors and in possession within close proximities of schools.”

## **NDACC**

The NDACC submitted a letter as presented below.

The National Drug Abuse Control Council, Ministry of Health position on the decriminalization of Marijuana is guided by the Misuse of Drugs Act of 1990. This Act empowers the Council to reduce the demand and supply of drugs and to alleviate the consequences associated with the misuse of licit and illicit drugs to create a society free from the abuse of drugs while advancing the good health and moral well-being of the nation.

One of NDACC’s key roles is to educate people about the dangers of drugs, including marijuana. It is hoped that by providing the relevant information on marijuana and the possible acute negative effects caused by chronic use, which includes learning and monitoring abilities as well of the psychosis produced by excessive use of marijuana, modified psychiatric states, which worsen certain mental illness, proper and educated choices could be made by Belizean citizens. When prevention does not work, the Council enables persons affected by the misuse of such drug to obtain proper advice, and for securing the provision of best available facilities and services for the treatment, rehabilitation and aftercare.

The Council believes that as a country we are not prepared to address the issues that Decriminalization of Marijuana could have on our society. We already have major and chronic issues with respect to the abuse of Alcohol and Tobacco consumption, which is legally consumed in Belize. Including decriminalized Marijuana into the mix of the issue, even if it is under minimal and controlled quantities, does not remove the fact that the abuse of the same possesses a threat to the healthy development of our nation.

We live in a country where limited rehabilitation and treatment infrastructure is available and the path to established well-structured minimum standard of care for treatment service providers is just in its infant state. The Council struggles on a daily basis to cope with the number of persons who abuse any substance, be it legal or illegal. In any given year the Council provides approximately 250 outreach services and the rehabilitation and treatment facilities currently available only provides support to approximately 50 persons. Thus, we believe that the focus should be first concentrated in building a system that would provide adequate standards of care and services for the already high demand for rehabilitation and treatment services.

Belize is a young country, too young to expose itself and adopt measure that first world industrialized countries are putting in place to reduce the consumption of marijuana. The determining factor is that these countries have the polices, the infrastructure and the finances to



establish a system of monitoring, controlling and tracking the sale of marijuana, established rehabilitation and treatment infrastructure to quickly address the effects that it might have in their society. Belize is still anchored in harbour to set sail; the country would need to consider many things such as the modification of our laws, the eventual behaviour change and the uncertainty of the effects that the decriminalization of marijuana would have on our society. We just need to see the effects of alcohol and tobacco on our country to have a look at what can eventually happen; this might regrettably create an unwanted storm.

With all that has been said by experts either in favour of or against the Decriminalization of Marijuana, the Council remains committed to its mandate, its mission, and the people of Belize: in creating a society free from the abuse of drugs while advancing the good health and moral well-being of our nation and cannot support in the bases of principle which are enshrined in the Misuse of Drug Act. However, the Council supports an approach for alternative measures of incarceration by the creation of a Drug Treatment Court in Belize. The structure of this court should include an integrated approach that brings together all social partners that address the issue of substance abuse and mental health to provide a mechanism for alternative custodial sentencing that would include five levels of treatment. The five levels are Education and Training, Outpatient Services, Intensive Outpatient Services, Inpatient Services and Continuing Care requiring the establishment of minimum standards of care for rehabilitation and treatment providers.

The Council takes this opportunity to advice the Committee and the supporters of the decriminalization of marijuana to join forces to develop regulatory framework and capacities in a timeframe of five (5) years with the view to decriminalization after these have been established. The Council also recommends that along with the Attorney General's Ministry we all work towards creating the framework and capacities that are required in advance of that possible decriminalization.

We wish the Decriminalization of Marijuana Committee guidance in executing its terms of reference and to hold the best interest, the common good and the well-being of all Belizeans first. Let us not leave harbour without having a careful understanding of our navigational route, for experience dictates that every approaching storm in the horizon can always be avoided.

## **BAR ASSOCIATION**

The Bar Association submitted their position, previously issued in 2008 for consideration in the 7<sup>th</sup> Constitutional amendment. The following was proposed for Government's deliberation but was not addressed at that time:

"A special court and plea bargaining should be introduced for certain specified crimes where imprisonment is not beneficial to either the accused or society, and where monetary penalties may have a more meaningful impact, for example, vehicular manslaughter which does not involve a "hit and run" element or substance abuse, possession of small amounts of marijuana and minor assault charges. That a magistrate may be taken up for months if not years with a trial for a stick of marijuana is a waste of precious judicial resources. Monetary fines may be coupled with other penalties such as community service and counseling may produce a better result than imprisonment. "

## **CRIMINAL ATTORNEY**

During a Television interview noted attorney Richard “Dickie” Bradley expressed the following:

“Two or three weeks ago a number of persons were brought to the courts charged for having an unknown quantity of marijuana, meaning that the amounts were so miniscule that the scale can’t show the weight. But as it can be tested for trace elements, persons would be legally in possession of marijuana, as quantity unknown. And the unfortunate situation with that was there were several citizens, so how utterly ridiculous it is that persons in this modern age, apparently anything that happens in this court system because of the activity of our media who are always on the ball that persons photographs, their names, their addresses not only show up on the nightly news but then it gets into the internet and then your friends and family abroad and then it’s a permanent record as well. We do not have the resources to be wasting the Government’s, the police’s, the court’s time to, in fact be charging persons for minor quantities of marijuana. We need to look at it from that angle first of all. Now let me punctuate what I am saying before it slips my mind and tell you that in fact there is too much drinking and too much smoking in Belize, that there is really a need for some serious committees to be formed so that especially our young people can turn to other activities. I believe that the vast majority of citizens, properly informed, would support a move that it makes no sense to make it a criminal matter for a person or persons to be found with small quantities of marijuana. It just does not make any sense.”

## **POLITICAL**

Hon. Said Musa, Former Prime Minister stated in the National Assembly that:

“We have a police department that spends its time going after little people with a stick of weed spending the courts time, resources and all that, when in fact why are they not concentrating their efforts in going after the big drug dons who facilitate this drug trade and corrupt the entire system. Surely the time has come to decriminalize that small quantity of marijuana, man, why don’t you do it? Why don’t you do it? Why go after the little people? Why go after the little people?”

## **BELIZE CHAMBER OF COMMERCE & INDUSTRY**

In a letter received from the Belize Chamber of Commerce and Industry they reported that after consulting with their membership, they are for the most part receptive to supporting this initiative. *“Our members believe that if this is well regulated and enforced it can reduce the burden on the judicial and prison systems. The membership did request some information from the Ministry such as the number of cases currently arising for small quantities, the cost to the tax payer, the impact on the limited resources, the level of contribution to the crime situation and any other information that may assist in providing an informed feedback.”*

There were a few suggestions, however, that they believe should be taken into consideration when the proposal is being formulated such as:

1. Consequences need to be regulated for non-payment of fines and for not attending mandatory drug education.
2. Drug Education needs to be defined.

3. Legal possession be reduced to 5 grams.

We are essentially living in a country with scarce resources and a ballooning crime problem and we believe that this initiative is a step in the right direction towards maximizing the use of our resources.

### **BELIZE NATIONAL TEACHERS' UNION (BNTU)**

The following letter was received from the BNTU.

*At a special Meeting of the Council of Management of the Belize National Teachers' Union held on Saturday, August 25, 2012, a number of important issues of national concerns affecting the lives and interest of our people and country were discussed, including Government's (GOB) recent announcement to consider "Decriminalizing the use of Marijuana (use of up to ten (10) grams) and inviting public comments and view on same."*

*Having discussed the above matter, BNTU's Council of Management position as discussed is as follows:*

*On the proposition to "Decriminalize the use of Marijuana and limit its use to up to ten (10) grams," BNTU considers the idea as pre-mature and dangerous. The negative effect of its use on the body, especially the brain and rational behavior, far outweighs its known medical uses. Much more education, study and research of its use and effects, need to be done. Small, developing countries with poor or limited resources and trained personnel to monitor, police or control its supply, sale and use would be a major challenge and problem. These concerns and our country's and governments inability to control and monitor its use and supply will lead to more health and behavioral problems which will need to be addressed by our teachers, parents, law-enforcement officers and society as a whole resulting in more criminal and socio-economic problems for all. Because of the above-listed factors and the proven fact that the continual use and addiction to the use of marijuana which to a large degree, leads to the craving and use of more powerful and dangerous drugs such as crack/cocaine, LSD and others, gives BNTU no other option, than to OPPOSE this idea and to say NO to the idea of the use of marijuana and other dangerous and harmful drugs. BNTU however, suggests that a comprehensive DRUG EDUCATION programme be introduced and taught in our schools, starting at Std. II or IV at Primary Level.*

### **KOLBE FOUNDATION (MANAGERS OF THE BELIZE PRISON)**

The following is Kolbe's response on the proposal to decriminalize the possession of up to 10 grams of marijuana, the possession of which will then be subject to fines, mandatory drug education and no imprisonment.

A review of the Belize Central Prison records shows that as of 13th July 2012 there were eighteen (18) persons in prison for possession of 10 grams or less of marijuana. Of these, seventeen (17) were imprisoned with other charges and only one (1) was imprisoned for marijuana possession

alone. Therefore from the information gathered to date it could be said that the proposed change in the law may not have a significant impact on the prison population.

Kolbe Foundation does not support the immediate decriminalization of the Possession of up to 10 grams of Marijuana. We would however support the following initiatives:

1. A transition phase to eventually decriminalize the possession of up to 10 grams of marijuana. We would propose that the law be amended initially to offer magistrates at their discretion (in cases of re-offenders, age of accused etc) to impose the alternative sentences (community service etc.).
2. Drug education should be mandatory in all cases of Drug related Offenses (Possession or Drug Trafficking).
3. An on-going assessment of the social ramification of these amendments. A quick survey was carried out on the Juveniles at the Wagner’s Youth Facility, ages 13-18. Fifty-one Inmates participated in this survey: Thirty-two (32) of the inmates admitted to have used marijuana; of that, 5 indicated that they had also advanced to using cocaine. This rapid assessment highlights our ongoing observation of the Gateway Theory (use of soft drugs, such as marijuana, precipitates the use of more potent drugs). The consequence of being criminally charged is actually currently a deterrent to engage in drug use.
4. Lastly, Kolbe would advocate for the strengthening of our national social policies to ensure that programs and projects are implemented to create a safety net for those at risk and eventually deter/decrease drug use among our citizens.

Despite Kolbe’s findings, the committee reviewed the arrest records from the Belize City Magistrate Court which reflected those arrested and convicted but who may not have been incarcerated but incurred a criminal record.

The data reviewed covered the period January – September, 2012 (9 months) and found the following results.

**CONVICTIONS Jan -Sept, 2012 (9 months)**

<b>Quantity</b>	<b># Arrests</b>
Less than a gram:	32
One-two grams:	81
Two-three grams:	40
Three to four grams:	18
Four to five grams:	16
Five to six:	6
Seven to eight:	7
eight to nine:	6
Nine to ten:	4
<b>TOTAL ARRESTS (9 months)</b>	<b>210</b>

Annualizing this data, it would then be fair to estimate an average of over 280 persons is convicted for possession of 10 grams and less of marijuana annually in the Belize District alone.

## **F: Observations**

### **Consultations:**

The DOMC spent the better part of the past two years becoming familiar with "everything" marijuana. The Committee focused on and drew conclusions utilizing current medical and scientific data; it examined laws pertaining to personal use and possession of small amounts in other countries, placing an emphasis on those in our own region. The Committee studied the social affects and legal ramifications of countries that have liberalized their laws, tabled discussions with Belizean social partners and experts, mining their experiences and tabling their concerns and recommendations. Marijuana has been a part of the Belizean social fabric for more than a century. Most people had an opinion.

### **Justice or injustice?**

The motivating concerns which birthed this exercise are the thousands of adults currently using marijuana, whose lives have been forever altered and opportunities crushed as a result of being charged and convicted. Police and court systems are appropriating valuable time and resources to apprehend and mete out sentencing for casual users who are otherwise law abiding citizens. Those sentenced to prison are exposed to violent, career criminals and after release, are further handicapped seeking employment with a criminal record. Many countries deny visas to applicants who have criminal records, further making inaccessible, educational or professional opportunities abroad. They become a diminished subgroup, relegated to success by chance. The prison population has exceeded its intended capacity, which dilutes the efficacy of any service performed on behalf of the inmates.

### **Double standard?**

One challenge for the Committee was the deciphering of the medical and scientific information on marijuana and the physical, psychological and emotional implications to marijuana users. The Committee read numerous research papers and medical findings and agrees marijuana can have negative effects, but did not find compelling data that casual use impacts poorly on emotional or physical health for most adults. In fact, many reports point to the ironic juxtaposition of marijuana to other legal, but controlled substances, such as alcohol and cigarettes. The committee did not find evidence that marijuana is a more dangerous substance than alcohol or cigarettes; in fact the medical evidence of serious medical harm on the latter two and the absence of such on marijuana can lead to the conclusion that the legal and controlled alcohol and cigarettes are more harmful.

### **Protection of Youth and Drug Education:**

A disturbing fact about the use of marijuana by young people is its negative effect on the developing brain and its impact on cognitive abilities, concentration and motivation. Marijuana use can impair youths' ability to perform well in their formative, preparative years. The experts consulted advocated for a reevaluation of drug education to ensure it is both mandatory and

effective; they pointed to the grave inadequacy and deficiencies in the current drug education practices to aid in preventing the use of any noxious substance before it begins. These experts also cited a lack of funding. Teachers in particular believe that the use of drugs by young students not only affect them but also affects the other students in the classroom as the user frequently contributes to interruption and dysfunction in the classroom. The lack of trained school counselors and the altogether lack of counselors further exacerbate the problem.

Reports commissioned by governments such as Canada, USA, Jamaica to name a few, indicated similar positions and experiences. The strategy now being employed by those regions that have depenalized the consumption is to apply financial instead of criminal penalties to the violators and earmark such penalties for drug education and counseling. In the case of regions that have legalized the consumption of marijuana the activity is taxed, and such revenues earmarked similarly.

### **Legal conclusions:**

The legal position in this document cleared the way for Belize to act as it chooses in regard to international treaties. It is noteworthy that these treaties will be revisited at the United Nations session in 2016 with the view to clearing the way for other countries that may be restricted by them, and to reevaluate their marijuana laws and make decisions free of treaty obligations. Many others have already made the bold step to decriminalization, depenalization or legalization. The DOMC have looked at these countries and have not encountered reports of any significant unintended adverse consequences. In fact, what is being reported is that after a period of implementation there is no evidence of increased usage.

### **Medical opportunities:**

Marijuana has been adopted by our society for use in herbal medicine long before and long after it was rendered illegal and there is no evidence that this will change. Furthermore, medical reports from both sides of the argument seem to now be in agreement that marijuana has some positive effects on the symptoms of some diseases. The committee did not encounter convincing evidence that marijuana is a “cure” for any disease but some researchers continue to be optimistic about this possibility.

### **Constitutional right to privacy:**

On the matter of constitutional rights, it is clear that if the law were to be amended to provide for the possession of a small amount of cannabis, it will not offend against the constitution. In fact, it can actually be shielded behind the constitutional guarantee to the right of privacy under section 14 of the Constitution. Parliament can decide that the possession of up to 10 grams of cannabis is not injurious to public safety, public health, public morality and public order.

## **Drug Court:**

Consultations are underway and proposals being formulated for the establishment of a Drug Court. The Drug court will be geared towards rehabilitation rather than retribution. An offender at the first appearance will be given the opportunity to elect whether he wishes to be dealt with through the process of the drug court or through the Magistrates' Court. In effect, if he elects the Drug Court a plea will not be taken from him, he will be medically assessed and assigned to some form of rehabilitative treatment. If he is not receptive to the treatment or fails or withdraws his consent to complete the treatment, his case will be reverted back to the Magistrate's Court where it would be dealt with criminally. If, however, he has completed the rehabilitation program, the matter will not be recorded and he will be released without having pled to a charge or been tried for one. The overriding objective is to rehabilitate an offender who has been identified as a drug abuser. It means therefore that not every offender will be channeled to the Drug Court, only those who have a problem with Drug abuse.

The DOMC believes that this initiative is laudable but is substantially different from the decriminalization of marijuana since the drug court entertains matters involving illegal action perpetuated by someone under the influence of any substance, legal or illegal, in possession or otherwise. Decriminalization specifically affects only those persons found in possession of up to 10 grams or marijuana and such possession would not subject the person to the drug court.

## **Legalization and enforcement:**

In its deliberations the committee was frequently confronted with the notion of legalization of marijuana. While there were some compelling arguments made by the proponents such as increased taxable economic opportunities and the elimination of the organized crime affiliated with illegal trade and production, it is the committee's impression that most major organizations consulted were uncomfortable with any such proposal. However, most of those very organizations agreed that incarceration and criminal records are not appropriate response to the possession of small amounts of marijuana, especially for first time offenders. A few were concerned that decriminalization or depenalization would be perceived as condoning the use of marijuana and as a result law enforcement would abdicate their responsibilities to enforce the law against public smoking.

## G: RECOMMENDATIONS

Taking into consideration the nature of public opinion in Belize to the issue of the decriminalization of marijuana, medical and scientific research, and the legal aspects of de-penalizing personal use of marijuana, the committee proposes a resolution that should be agreeable to most stake holders.

The DOMC makes the following recommendations:

1. That it not be a criminal offense for anyone to be found in possession of up to 10 grams of marijuana and such individuals should be subject to administrative penalties as referred to in Section 2 below. The committee therefore proposes a change to the Misuse of Drugs Act, Chapter 103, revised edition 2000 with the removal of the word “cannabis” from Section 12 of the Act subject to section 51.
2. That in the **decriminalization** of the possession of up to 10grams of marijuana for private personal use there should be:
  - a. No criminal record for possession of up to 10grams of marijuana
  - b. No incarceration for possession of up to 10grams of marijuana
  - c. Ticket issued with fines for possession of up to 10grams of marijuana.
  - d. Administrative penalties for up to 10 grams of marijuana should be mandatory Prevention Drug Education and any or all of the following for:
    - i. Fines of \$15/gram found in possession with 2/3 of the fine going to the courts and 1/3 to NDACC to fund drug education.
      1. Increase penalty for repeat offenders and/or longer (more involved) drug education programs
    - ii. Prevention Education
      1. Mandatory drug education for minors and their parents and/or guardians (juvenile offenders).
    - iii. Community service
      1. Community service for repeat offenders
    - iv. Rehabilitation (in-patient as recommended by NDACC)
    - v. Treatment (out-patient as recommended by NDACC)
    - vi. Restrictions of the possession and use around minors, schools, churches, public spaces, detention center and rehabilitation centers

Anyone in default of the satisfaction of administrative penalties is subject to contempt proceedings.

3. Possession should be clearly classified as custody and control of above 10 grams to under 60 grams



4. Private, personal use is limited to use inside private residences and cannot be of a reckless nature.
5. Revision of the Use of Drug Act to remove conflicts with these recommendations.
6. Revision of other sections of the Laws to amend and remove conflicts with these recommendations.
7. Removal of the criminalization of the use of paraphernalia in relation to the use of cannabis, for example, by amending section 51 a and b sub-section (i) and (ii) with the removal of the word cannabis.
8. To introduce drug education into pre and post natal care education
9. To undertake an extensive drug educational campaign to sensitize and empower the public.
10. To amend the Misuse of Drugs Act, Chapter 103, revised edition 2000 to clearly define possession of marijuana as quantities greater than 10 grams but less than 60 grams.
11. Expunge criminal records for persons who were found guilty of this offence retroactively.

## H: CLOSING

Since 2012, the Decriminalization of Marijuana Committee (DOMC) has worked to garner public opinion, review literature, and study international trends on the issue of decriminalization of marijuana. After endless hours of debate and consultations, the DOMC recommends that Belize decriminalizes the possession of up to ten grams of marijuana by adults in private settings.

Marijuana has been a part of the Belizean social fabric for more than a century and there is no indication that this will change. The committee believes that most Belizeans are in favor of or are indifferent to adults using marijuana in private settings. The laws of Belize should reflect this. Medical and scientific research supports the claim that marijuana use is no more harmful than legal drugs such as nicotine and alcohol. Numerous medical reports indicate that marijuana has even had positive effects on the symptoms of some diseases. In countries that have already decriminalized or legalized marijuana, the evidence suggests that usage had not increased during the time of implementation. Decriminalizing this small amount of marijuana is a practical and long overdue advancement in our laws.

The decriminalization of marijuana would also assist thousands of Belizeans, mostly young black men, who have been disenfranchised because of the current penalization of marijuana possession. Those found with up to ten grams of marijuana, clearly not to sell or traffic, are currently fined or imprisoned. Incarceration and criminal records are not the appropriate response to the possession of small amounts of marijuana, especially first time offenders. In prison, they are exposed to violent, career criminals and their lives are torn apart. With a police record, they are unable to gain employment and are unable to care for their families, becoming further alienated from their communities. It is time for this vicious cycle to end. By decriminalizing the possession of up to ten grams of marijuana, offenders are able to keep their jobs, maintain the family unit, and focus more on improving upon their futures.

By decriminalizing marijuana, Belize does not legalize marijuana possession. Rather, it applies a financial penalty instead of a criminal penalty to violators of the violation. The DOMC believes this change is more in line with the norms and views of our society, with medical and scientific research, and with the international trend towards taking a fresh and more objective view of marijuana usage and uses. This small change in law can have a positive and resounding effect on the lives of countless Belizeans.

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2. T. Mikuriya. (Ed.) 1973. *Marijuana: Medical Papers 1839-1972*. Oakland: Medi-Comp Press.
3. AMA (American Medical Association) Legislative Counsel William C. Woodward told Congress on July 12, 1937: "*The obvious purpose of and effect of this bill is to impose so many restrictions on the medicinal use [of cannabis] as to prevent such use altogether. ... It may serve to deprive the public of the benefits of a drug that on further research may prove to be of substantial benefit.*"
4. Several books explore this issue in further detail. These include: A. Mack and J. Joy. 2001. *Marijuana as Medicine: The Science Beyond the Controversy*. Washington, DC: National Academy Press; L. Iverson. 2000. *The Science of Marijuana*. New York: Oxford University Press; B. Zimmerman et al. 1998. *Is Marijuana the Right Medicine for You?*; C. Conrad. 1997. *Hemp for Health: The Medicinal and Nutritional Uses of Cannabis Sativa*. Rochester VT: Healing Arts Press; L. Grinspoon and J. Bakalar J. 1997. *Marihuana the Forbidden Medicine*; E. Rosenthal et al. 1997. *Marijuana Medical Handbook*. Oakland: Quick American Archives; and R. Mechoulam. (Ed.) 1986. *Cannabinoids as Therapeutic Agents*. Boca Raton: CRC Press.
5. NSW (New South Wales) Working Party on the Use of Cannabis for Medicinal Purposes. 2000. *Report of the Working Party on the Use of Cannabis for Medical Purposes*. Sydney: Parliament House; J. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: National Academy Press; House of Lords Select Committee on Science and Technology. 1998. Ninth Report. *Cannabis: The Scientific and Medical Evidence*. London: The Stationary Office; J. Morgan and L. Zimmer. 1997. *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence*. New York: Lindesmith Center; Grinspoon and Bakalar. 1997. *Marihuana the Forbidden Medicine*.
6. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base*.
7. I. Galve-Roperph et al. 2000. Antitumoral action of cannabinoids: involvement of sustained ceramide accumulation of ERK activation. *Nature Medicine* 6: 313-319.
8. M. Van der Stelt et al. 2001. Neuroprotection by delta-9 tetrahydrocannabinol, the main active compound in marijuana, against ouabain-induced in vivo excitotoxicity. *The Journal of Neuroscience* 21: 6475-6479; J. Joy et al. 1999. *Marijuana and Medicine: Assessing the Science Base*.
9. APHA (American Public Health Association) Resolution 9513: "Access to Therapeutic Marijuana/Cannabis," adopted November 1995 states in part, "[The APHA] encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids, and ... urges the Administration and Congress to move expeditiously to make cannabis available as a legal medicine."
10. Health Canada legalized the possession and cultivation of medical marijuana on July 31, 2001.
11. The FAS' (Federation of American Scientists) position on medical marijuana, adopted November 1994, states in part: "Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis compared to other medications, ... the President should instruct the NIH and the Food and Drug Administration to make efforts to enroll seriously ill patients whose physicians believe that whole cannabis would be helpful to their conditions in clinical trials, both to allow data-gathering and to provide an

*alternative to the black market while the scientific questions about the possible utility of cannabis are resolved."*

12. In a July 24, 1997 letter to California Senator John Vasconcellos, American Cancer Society Legislative Advocate Theresa Renken wrote: "*[California Senate Bill] 535 focuses on medical marijuana research. [The] American Cancer Society ... Supports S.B. 535 because it is consistent with our long-held position of supporting research of any agent or technique for which there may be evidence of a therapeutic advantage.*"
13. AMA (American Medical Association) Council on Scientific Affairs 1997 Report #10: Medical Marijuana contains the following statements supporting a physician's right to freely discuss marijuana therapy with a patient, and favoring further research into medical marijuana's therapeutic potential: "*The AMA recommend that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which preclinical, anecdotal or controlled evidence suggests possible efficacy, including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia and neuropathic pain.*"
14. R. Doblin and M. Kleiman. 1991. Marijuana as anti-emetic medicine: a survey of oncologists attitudes and experiences. *Journal of Clinical Oncology* 9: 1275-1280.
15. Reuters News Wire. April 23, 2001. "Physicians divided on medical marijuana."
16. "*Cannabis and its derivatives have shown promise in a varieties of disorders. The evidence is most impressive in glaucoma, ... asthma, ... and in [combating] the nausea and vomiting of cancer chemotherapy. ... Smaller trials have suggested cannabis might also be useful in seizures, spasticity, and other nervous system disorders.*" Conclusion of the National Academy of Sciences Institute of Medicine. 1982. *Marijuana and Health*. Washington, DC: National Academy Press.
17. "*First, there is good evidence that THC is an effective anti-emetic agent for patients undergoing cancer chemotherapy. ... Second, there is reasonable evidence for the potential efficacy of THC and marijuana in the treatment of glaucoma, especially in cases which have proved resistant to existing anti-glaucoma agents. Further research is ... required, but this should not prevent its use under medical supervision. ... Third, there is sufficient suggestive evidence of the potential usefulness of various cannabinoids as analgesic, anti-asthmatic, anti-spasmodic, and anti-convulsant agents.*" W. Hall et al. 1994. *The health and psychological consequences of cannabis use: Monograph prepared for the National Task for on Cannabis*. Canberra: Australian Government Publishing Service.
18. "*Marijuana looks promising enough to recommend that there be new controlled studies done. The indications in which varying levels of interest was expressed are the following: appetite stimulation/cachexia, nausea and vomiting following anti-cancer therapy, neurological and movement disorders, analgesia [and] glaucoma.*" Conclusions of the National Institutes of Health. 1997. *Workshop on the Medical Utility of Marijuana: Report to the Director*. Bethesda: National Institutes of Health.
19. House of Lords Select Committee on Science and Technology. 1998. Ninth Report: *Cannabis: the Scientific and Medical Evidence*. London: The Stationary Office.
20. "Lords Say, Legalise Cannabis for Medical Use." 1998. Press Release. House of Lords Select Committee on Science and Technology Press Office.
21. "*We are concerned that the MCA [Medicines Control Agency] approach to the licensing of cannabis-based medicines ... place the requirements of safety and the needs of patients in an unacceptable balance. ... Patients with severe conditions such as multiple sclerosis are being denied the right to make informed choices about their medication. There is always some risk in taking any medication, ... but these concerns should not prevent them from having access to what promises to be the only effective medication available to them.*" Conclusion of the British House of Lords Select Committee on Science and Technology. 2001. Second Report: *Therapeutic Uses of Cannabis*. London: The Stationary Office.
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23. Wang T, Collet JP, Shapiro S, Ware MA (June 2008). "[Adverse effects of medical cannabinoids: a systematic review](#)". *CMAJ (Review)* **178** (13): 1669–78. doi:10.1503/cmaj.071178. PMC 2413308. PMID 18559804.
24. Gordon AJ, Conley JW, Gordon JM (December 2013). "Medical consequences of marijuana use: a review of current literature". *Curr Psychiatry Rep (Review)* **15** (12): 419. doi:10.1007/s11920-013-0419-7. PMID 24234874.
25. Washington, Tabitha A.; Brown, Khalilah M.; Fanciullo, Gilbert J. (2012). "Chapter 31: Medical Cannabis". *Pain*. Oxford University Press. p. 165. ISBN 978-0-19-994274-9. "Proponents of medical cannabis site its safety, but there are clear uncertainties regarding safety, composition and dosage."
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# J: QUESTIONNAIRE



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### PRESS RELEASE

#### COMMITTEE EXTENDS PUBLIC COMMENTS REGARDING MARIJUANA DECriminalIZATION TO AUGUST 31

The Committee commissioned by the Minister of National Security to evaluate the issue of Decriminalization of Marijuana thanks those who submitted their opinions regarding a proposal to remove the current criminal penalties incurred for possession of 10 grams or less of marijuana (Cannabis Sativa) for personal use. Your responses have been respectfully evaluated and taken into consideration, including, many requests to extend the deadline. In this regards the committee has extended the period for submitting your comments to August 31, 2012.

For the purpose of this discussion we invite your continued input and ask that you respond to us with your thoughts on the following:

1. Should an amount of Marijuana be decriminalized? If yes, how much? (one gram of marijuana is equivalent to one standard size unfiltered cigarette)
2. What penalties, in monetary fines and/or community service, should be levied upon first time offenders? Should these penalties remain the same for multiple offenses?
3. Should mandatory drug education be required?
4. Should the penalties for youths and adults be treated differently and if so, how and what age would you use to distinguish between the two?
5. Do you believe that "decriminalization" of marijuana will increase, remain the same, or decrease the usage of marijuana both for adults and youths? Please submit data and references to support your position.
6. Do you believe "decriminalization" will encourage minors to smoke marijuana? Why? Please submit data or references to support your position?
7. Do you believe that marijuana is more or less harmful than alcohol and tobacco? Why?
8. Do you believe that marijuana is the "gateway drug"? Why? What evidence do you have to support either position?
9. What is your opinion on using for medicinal home remedies?

What other constraints, concerns or suggestions do you have with this proposal?

Please email your comments to [decriminalizebelize@gmail.com](mailto:decriminalizebelize@gmail.com)

## K. INTERNATIONAL POLICIES ON MARIJUANA

<u>COUNTRY</u>	<u>MARIJUANA POLICY</u>
AUSTRALIA	In some territories, a civil penalty system is used for possession up to 25g or two non-hydroponic plants; offenders may attend a drug diversion program.
BELGIUM	Civil penalties for possession up to 3g or one female plant. However, use in the presence of a minor or in a public place is strictly forbidden.
CANADA	Medical use exceptions only.
CZECH REPUBLIC	Possession of more than 15g or five plants is a misdemeanor.
ISRAEL	Medical use only.
ITALY	Under certain quantitative limits of active ingredient, an administrative offense only. Medical use exception by prescription.
MEXICO	Possession of up to 5g decriminalized.
PERU	Possession of up to 8g is legal if no other drugs are carried.
PORTUGAL	Personal consumption is limited to 2.5g and entails a penalty and fine.
UNITED KINGDOM	Possession of small amounts result in a “cannabis warning” and a record of the warning is retained but is not disclosable to third parties. Repeated cannabis warnings within a 12 month period result in a police caution which will show up in a criminal records check.
UNITED STATES	Eighteen (18) states allow possession and cultivation of “reasonable amounts” for medical use. Some have designated shops for purchase and use of marijuana.
JAMAICA	Possession of up to two (2) ounces (60 grams) is a non criminal offence.