



The Legalization of the Cultivation of Cannabis in Lebanon

MORALISTIC VIEWS VS THE RIGHT TO HEALTH

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Cannabis

Cannabis Sativa plant

Cannabinoids

substances found in the cannabis plant that act on specific receptors in the human brain and body and are the main active ingredients in cannabis preparations. The most commonly known and studied cannabinoids are THC and CBD.

Cannabis magistral preparation

raw cannabis transformed by a pharmacist for consumption, in accordance with a specified medical prescription.

Cannabis preparations

products that are produced from the Cannabis Sativa plant. They can be in the form of gel, oils, extracts, edibles, etc...

Standardized cannabis preparations

raw cannabis transformed by the manufacturer, for instance into capsules, in large batches, containing a constant composition of cannabinoids.

THC

tetrahydrocannabinol is one of the two most commonly known cannabinoids found in cannabis.

CBD

cannabidiol is one of the two most commonly known cannabinoids found in cannabis.

Schedule

category of drugs, each subjected to a different level of control.

Abbreviations

WHO World Health Organization

MoPH Lebanese Ministry of Public Health

ECDD Expert Commission on Drug Dependence

UNODC United Nations Office on Drugs and Crime

CND Commission on Narcotic Drugs

CBD Cannabidiol

THC Tetrahydrocannabinol

SDG Sustainable Development Goals

FDA Food and Drugs Administration

Introduction

Cannabis has a long history of medical use that spans back thousands of years. The first recorded medical use for the plant dates back to 2737 BC, in the world's oldest pharmacopeia where cannabis was indicated for over a hundred ailments including gout and malaria.

Across time and space, various cultures, including the local one, have grown the plant and utilized it spiritually, culturally, industrially as well as medicinally. Scholars have studied and recorded its medical properties and benefits through the ages until the 20th century when the international drug control regime strictly restricted its use, scheduling it under both Schedule I of the 1961 and 1971 conventions and Schedule IV of the 1961 convention. Schedule IV of the 1961 Convention contains "the most dangerous substances which are particularly harmful and of extremely limited medical or therapeutic value". Schedule I of the 1971 convention contains, for its part, the substances "presenting a high risk of abuse, posing a particularly, serious threat to public health which are of very little or no therapeutic value."

Schedules	Harmfulness	Degree of control
I	Substances with addictive properties, presenting a serious risk of abuse	Very strict; 'the drugs in schedule I are subject to all measures of control applicable to drugs under this Convention' (art. 2.1)
II	Substances normally used for medical purposes and given the lowest risk of abuse	Less strict
III	Preparations of substances listed in Schedule II, as well as preparations of cocaine	Lenient; according to the World Health Organization, these preparations present no risk of abuse
IV	The most dangerous substances, already listed in Schedule I, which are particularly harmful and of extremely limited medical or therapeutic value	Very strict; leading to a complete ban on 'the production, manufacture, export and import of, trade in, possession or use of any such drug except for amounts which may be necessary for medical and scientific research (art. 2.5.b)

Table 1: Schedules under the 1961 Convention¹

Schedules	Harmfulness	Degree of control
I	Substances presenting a high risk of abuse, posing a particularly, serious threat to public health which are of very little or no therapeutic value	Very strict; use is prohibited except for scientific or limited medical purposes
II	Substances presenting a risk of abuse, posing a serious threat to public health which are of low or moderate therapeutic value	Less strict
III	Substances presenting a risk of abuse, posing a serious threat to public health which are of moderate or high therapeutic value	These substances are available for medical purposes
IV	Substances presenting a risk of abuse, posing a minor threat to public health with a high therapeutic value	These substances are available for medical purposes

Table 2: Schedules under the 1971 Convention²

1. European Monitoring Center for Drugs and Drug Addictions (EMCDDA), Classification of Controlled Drugs, available at https://www.emcdda.europa.eu/publications/topic-overviews/classification-of-controlled-drugs/html_en
2. Ibid.

As such, the drug conventions effectively halted any research into cannabis, until a recently renewed interest emerged worldwide with a number of research institutions focusing on the properties of the plant, and experimenting with different legal frameworks for the control, regulation or legalization of controlled substances.

In 2018, the World Health organization's Expert Committee on Drug Dependence (ECDD) recommended rescheduling cannabis to recognize its medicinal properties and medical uses, allowing for a more flexible approach towards the use and research of cannabis. In December 2020, the Committee on Narcotic Drugs (CND) partially took into consideration the ECDD's recommendation and removed cannabis from Schedule IV of the 1961 Convention while keeping THC under Schedule I of the 1961 Convention.

In the meantime, after years of regional instability and faced with the growing threat of economic and financial collapse, Lebanon was looking at avenues for possible economic growth and financial gains. Enter the 2018 Mc Kinsey report, proposing around 150 economic options for Lebanon's economy, including the export of cannabis which promised returns of \$1 Billion.

In April 2020, the Lebanese parliament passed a law legalizing "the Cultivation of Cannabis for medicinal and industrial purposes." Law 178/2021 establishes two bodies in charge of granting licenses to persons or entities for the cultivation of cannabis and defines the requirements to apply for a permit, cultivate cannabis and sell it or manufacture products from the plant.

In the section detailing the rationale for the law, Lebanese legislators highlight the "scientific findings and the many studies pertaining to the medicinal benefits of cannabis", all the while denying the rights of local population and residents to access medicinal cannabis.

Since the days of the French mandate in Lebanon, the state has adopted a repressive approach to drugs and has considered cannabis an illicit substance despite the long history of cultivation of the plant in the country. In 1998, Lebanon passed law 673/1998 which criminalizes the use of illicit drugs and schedules cannabis as a "very dangerous substance with no medical use³".

Despite legalizing the cultivation of cannabis for medical purposes and recognizing the plant's medicinal properties, the 2020 law fails to expressly provide the right to consume medicinal cannabis, fails in amending the Lebanese Law on Drugs which criminalizes substance use and personal possession, and fails to reschedule cannabis as a substance with medicinal properties.

By failing to consider avenues through which the local population could benefit from the scientific and medical advances linked to cannabis, it emerges that the Lebanese legislator has solely focused on the economic prospects all the while avoiding reconsidering its drug policies. It has done so, as evidenced by the *raison d'être* of the law, to "protect public health" and shield it from the "health risks linked to the use of cannabis." Whereas the medical use of other substances that are considered "dangerous and harmful" is still allowed under certain conditions.

Should the state focus only on the legality of a substance, upholding its moralistic view of cannabis while disregarding the medical evidence that would benefit the individual's health?

In light of these contradictions, Skoun interviewed health care professionals in Lebanon as well as patients and academics to establish the need to amend drug laws in Lebanon in order to ensure access to medicinal cannabis to people residing in Lebanon.

This policy paper will look at the history of cannabis in Lebanon and the attempts to control its cultivation, the specificities of Lebanese cannabis, the right to access medicinal cannabis through the right to health lens, the right to access medicinal cannabis in light of the SDGs, and finally explore legal avenues to ensure access to medical cannabis.

Before tackling access to medical cannabis, this paper will briefly go over the law regulating cultivation of medicinal cannabis and some of its most prominent failures that go beyond the absence of recognition of the right of people to access medical cannabis for medical purposes.

3. Article 5, Lebanese Law 673/1998 on Drugs, Psychoactive Substances and Precursors

Law 178/2020: Gaps and failures

The Lebanese Parliament passed law 178/2020 for the cultivation of cannabis for medical and industrial purposes with the following objectives:

- Enable the State to control and regulate the cultivation of cannabis and its psychoactive components and allow legal access to it for industrial purposes exclusively,
- Achieve the sustainable development of areas affected by illicit cannabis cultivation,
- Educate and raise awareness among the public on the health risks associated with the illegal use of cannabis, taking into consideration the WHO's guidelines.
- Protect public health and safety
- Reduce the burden of the criminal justice system by reducing organized crime based on illicit cannabis trafficking.

The law establishes a Regulatory Body and gives it power over the control and supervision of the cultivation, harvesting, production, storage, distribution and sale of cannabis, as well as the granting of the necessary licenses.

The functions of the Regulatory Body are defined by article 4 of the law in a broad and superficial way, giving this entity discretionary powers. The importance of the tasks entrusted to it requires that they be detailed in a way that they pose no confusion.

For example, article 4 grants the Regulatory Body authority over the determination of the geographical scope and the proportion of active substances in cannabis, as well as the establishment of the validity of licenses without actually specifying any of the conditions to these responsibilities.

Furthermore, the law opens the door for corruption and bribery as article 10 mentions among the sources of funding of the Regulatory Body the "licensing fees" as well as "donations". By linking its funding and resources, including the wages of its members, to the fees it collects from the persons to whom licenses are granted, the Regulatory Body may be compelled to grant licenses to entities that do not necessarily meet the criteria. Furthermore, by recognizing "donations" as a source of funding without setting any conditions or controls over them, article 10 blatantly creates a mechanism for bribery.

Finally, article 18 of the law precludes any person having been sentenced by a court of law for a crime or offense punished by the Lebanese Drug Law to apply for a license. This effectively excludes traditional cannabis farmers and landowners where cannabis is grown from taking part in this newly established market. This poses a problem as it effaces the traditional know-how of the farmers, and maintains them in the illegal market. This provision further goes against two objectives of the law, mainly the sustainable development of the area affected by illicit cannabis cultivation, as well as the reduction of the burden on the judicial sector.

It is worth noting that sustainable development does not merely tackle the economy but encompasses a range of rights. The 2030 Agenda for Sustainable Development which has been adopted by all UN member states, including Lebanon, sets 17 Sustainable Development Goals (SDG) that include "Good Health and Well-Being", "Decent Work and Economic Growth", "Reduced Inequalities" and "Peace Justice and Strong Institutions"⁴.

4. United Nations, The 17 Sustainable Development Goals, Agenda 2030, available at <https://sdgs.un.org/goals>

The Illusion of Export

The “McKinsey Report” projects that export of agricultural products, including medicinal cannabis exports could bring Lebanon returns of 1 Billion US Dollars per year⁵, by 2025. This cash influx is direly needed to finance the country’s deficit.

However, two significant barriers stand in the way of the materialization of this prospect. On the one hand, the passivity of the government with regards to the implementation of the 2020 cannabis cultivation law. On the other hand, the classification of cannabis as a Schedule I drug under the 1961 Convention means that international cannabis sales remain subject to tight controls. Further, international paradigms are changing, and frameworks are developing increasingly fast.

Europe is a powerful example of these recent developments, with some countries at the forefront of experimentation with different models of cannabis legalization. In addition, several countries have begun cultivating their own high-quality cannabis. This puts Europe in a particularly privileged position regarding the cannabis trade, by having their own local supply and also by being able to move it quickly within the European borders, to countries that have legalized the use of cannabis.

Indeed, some of the most recent examples of framework evolution globally are in Europe; they include Germany, Switzerland, and France.

Germany legalized access to medical cannabis in 2017, with cannabis being imported from abroad⁶. The German Federal Institute for Drugs and Medical Devices established the Federal Cannabis Agency to deal with the increasing demand and oversee the cultivation and harvesting of medical cannabis in Germany⁷. The strict regulations have only allowed for the licensing of three companies to cultivate cannabis in the country⁸. Following years of local experimentation, Germany is expected to pass legislation legalizing cannabis all together and regulating the cannabis market sometime soon⁹. Germany is then likely to become a powerhouse in the international cannabis market as per the International Cannabis Business Conference estimates¹⁰.

In addition to the evident competitive hurdle of going up against a powerhouse, the increased institutionalization of the industry in countries like Germany considerably raises standards and barriers to entry. In fact, the European Union imposes that medicines entering the European market must abide by the EU Good Manufacturing Practice (EU GMP) that defines the minimum standards that manufacturers must meet in their production process¹¹. “GMP requires that medicines: are of consistent high quality; are appropriate for their intended use; meet the requirements of the marketing authorization or clinical trial authorization.”¹²

In October 2020, France passed a decree that authorized the experimentation with medical cannabis. Since the two-year trial period launched in March 2021, over 1,500 patients have received a prescription for medical cannabis supplied from abroad¹³. Promising results from the trial incentivized the French government to pass a decree allowing the cultivation of cannabis on French territory in February 2022¹⁴. France will therefore be supplying its local need with its local cannabis production.

Whereas in 2021, the Swiss government passed legislation allowing the experimentation with recreational cannabis within research programs for a period of 10 years¹⁵. Today, pharmacies in Basel are selling recreational cannabis. These experiments and studies are contingent on a sourcing clause for all cannabis to be supplied by Swiss producers¹⁶. This trial period fosters research into different plant varieties and strains and allows Switzerland to increase its competitiveness and appeal on the international market. Yet another clear indication of rapidly growing international market that will surely hinder the integration and competitiveness of Lebanese cannabis on the international level.

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5. Lebanon Economic Vision, 2017 available at <https://economy.gov.lb/media/11893/20181022-1228full-report-en.pdf>
 6. Library of Congress, “Germany: Medical Marijuana Act Enters into Force”, 13 March 2017
 7. Schlun and Elseven, “The Cultivation of Cannabis- Possibilities in Germany”, available at <https://se-legal.de/the-cultivation-of-cannabis-possibilities-in-germany/?lang=en>
 8. Ibid
 9. DW, “Germany takes first step towards relaxing cannabis law”, 14 June 2022, <https://www.dw.com/en/germany-takes-first-step-towards-relaxing-cannabis-law/a-62120448>
 10. Cannavigia, “Cannabis Country Report Germany” February 2022, <https://cannavigia.com/cannabis-country-report-germany-how-to-get-a-license-how-to-export-products-abroad>
 11. European Medicines Agency, “Good Manufacturing Practice”, available at <https://www.ema.europa.eu/en/human-regulatory/research-development/compliance/good-manufacturing-practice>
 12. Ibid
 13. Radio France “Cannabis thérapeutique : près de 1500 patients ont été suivis et accompagnés depuis un an en France”, 29 March 2022, <https://www.radiofrance.fr/franceinter/cannabis-therapeutique-pres-de-1500-patients-ont-ete-suivis-et-accompagnes-depuis-un-an-en-france-2156668>
 14. Forbes, “France enters the Medical Cannabis Industry”, 7 March 2022 <https://www.forbes.com/sites/dariosabaghi/2022/03/07/france-enters-the-medical-cannabis-industry/?sh=1ab75c3a1a0d>
 15. Nicole Potter, “Switzerland to Lift Ban on Medical Cannabis”, High Times, 22 June 2022, <https://hightimes.com/news/switzerland-to-lift-ban-on-medical-cannabis/>
 16. Chambers and Partners, Medical Cannabis and Cannabinoid Regulation 2022 Switzerland, <https://practiceguides.chambers.com/practice-guides/medical-cannabis-cannabinoid-regulation-2022/switzerland/trends-and-developments>

These three examples have in common that in all cases, the route towards local cultivation and production has gone alongside experimentation with local consumption and use frameworks. This is because medical cannabis doesn't only involve farmers and consumers. More importantly, it entails doctors, hospitals, research institutions, and pharmaceutical companies, all of which are instrumental to the development of production processes that enhance quality and guarantee consistency.

Lebanon's lack of an internal framework for experimentation and access directly hinders its chances of building international credibility. Combined with the high criminalization rate of cannabis users and farmers (both legally excluded from the newly established legal market), prospects to export USD 1Bn worth of local cannabis production are bleak.

In light of the rapid evolution of the international market and its effect on the chances of Lebanon's product being exported, Lebanon must urgently consider allowing local populations to access medicinal cannabis.

A recent article on cannabis farmers in Lebanon has exposed their move towards the production of the more lucrative Captagon¹⁷, this further highlights the pressing need to integrate local cannabis farmers into the newly established legal market and to empower them with the tools and proper structure to produce a competitive product both at the local and international level.

Finally, it is important to consider the cost behind the cultivation of cannabis for export alone. If the Lebanese state hopes to profit from the export of cannabis while continuing to punish people who use and consume drugs, as well as the traditional cannabis farmers who have been legally excluded from this newly established legal market, then the state stands to lose as much in socio-economic costs.

17. L'Orient le Jour, "No longer riding the Hashish high, cannabis producers move to Captagon" 7 September 2022

History of Medical Cannabis and the Drug Control Regime

- 2737 BC** The earliest recorded use of cannabis as a medicine goes back to 2737 BC¹⁸.
- 1550 BC** In 1550 BC, Egyptian papyrus record the use of cannabis for the treatment of inflammation, in 450-200 BC, the Greco-Romans used it for the treatment of toothaches, ear aches as well as labor pains¹⁹.
- 1025 AD** In the Arab world, in 1025 AD, Avicenna or Ibn Sina's Cannon of Medicine mentions the use of cannabis for the treatment of gout, edema, infections, wounds and severe headaches²⁰.
- 1100 AD** In 1100 AD, Persian scholar Al Mayusi, in his Complete Book of the Medical Arts is the first to mention cannabis for the treatment of epilepsy. So does Ibn Al-Badri in the 15th century who reported its use in the treatment of the son of the caliph's chamberlain who suffered from epilepsy²¹. Ibn Baytar further mentions cannabis' anti-parasitic properties and Al Razi mentions its use for skin diseases²².
- 1798** In 1798, Irish doctor O'Shaughnessy introduced the therapeutic uses if cannabis to Western medicine which led to its rapid rise in the pharmaceutical context²³.
- 1840-1900** Between 1840 and 1900, European and US medical journals published more than 100 articles on the therapeutic use of cannabis, recommending it as an appetite stimulant, muscle relaxant, analgesic, hypnotic and anticonvulsant²⁴.
- 1937** However, in the early 20th century, its use started to decline in Western medicine as the age of prohibition begun. In 1937, the US passed the Marihuana Tax Act which was designed to prohibit non-medical use but which ultimately made it extremely difficult to obtain even for medical uses that it was removed from the pharmacopeia²⁵.
- 1961** The US-led War on Drugs, as well as the passing of the Single Convention on Drugs in 1961 which classified cannabis as a substance "which is particularly harmful" and "with little to no medical use", effectively ended further research into the plant worldwide. This stringent classification was made without a proper assessment by the World Health Organization (WHO)- the UN specialized agency mandated by the Convention to recommend on the scheduling of substances²⁶.
- 1988** It was only in 1988 that the CB1 and CB2, the brain receptors for cannabinoids were discovered.
- 2018** After conducting a six-year long review of cannabis and all cannabis-related products that are subject to international controls, the World Health Organization's 41st Expert Committee on Drug Dependence emitted its recommendations in 2018. The ECDD recommended the reclassification of cannabis, advising that "certain cannabis-derived medicines like cannabidiol have no potential to be abused or cause dependence but have significant health benefits for children with treatment-resistant epilepsy, and therefore should not be placed under international control.²⁷" The ECDD also recommended that THC be removed from Schedule 1 of the 1971 convention as it was found to have medical properties. In 2018, the Food and Drugs Administration (FDA) approved Epidiolex, the first medication made of cannabidiol (CBD) to treat seizures caused by Dravet syndrome and Lennox-Gastaut syndrome²⁸.
- 2020** In December 2020, following the WHO's ECDD review, the Commission on Narcotic Drugs (CND) removed cannabis from Schedule IV of the 1961 Convention thus allowing for the recognition of its medical value. It however kept THC under Schedule 1 of the 1971 Convention, against the ECDD's recommendations.

18. MedReleaf, A 6000 year history of cannabis, 2018, available at <https://www.visualcapitalist.com/wp-content/uploads/2018/06/history-of-medical-cannabis.html>

19. Ibid.

20. Ibid.

21. Whalley, B. Cannabis and epilepsy: from recreational abuse to therapeutic use. School of Chemistry, Food Bioscience and Pharmacy, University of Reading, 2007.

22. Battoul Fakhry, Mostafa Abdulrahim, Mirna N Chahine. Medical Cannabis in Lebanon: History & Therapeutic, Ethical, and Social Challenges. A Narrative Review. Archives of Clinical and Biomedical Research (2021): 137-157.

23. MedReleaf, A 6000 year history of cannabis, 2018, available at <https://www.visualcapitalist.com/wp-content/uploads/2018/06/history-of-medical-cannabis.html>

24. Transnational Institute, Sustainable Future for Cannabis Farmers 'Alternative Development' Opportunities in the Legal Cannabis Market, 2021.

25. Bridgeman, M. Medicinal Cannabis: History, pharmacology, and implications for the acute care setting, P&T March 2017, Volume 42,3, p. 180-188

26. Transnational Institute, Sustainable Future for Cannabis Farmers 'Alternative Development' Opportunities in the Legal Cannabis Market, 2021.

27. World Health Organization, "UN Commission on Narcotic Drugs reclassifies cannabis to recognize its therapeutic uses", 4 December 2020, <https://www.who.int/news/item/04-12-2020-un-commission-on-narcotic-drugs-reclassifies-cannabis-to-recognize-its-therapeutic-uses>

28. Food and Drug Administration, <https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-comprised-active-ingredient-derived-marijuana-treat-rare-severe-forms>

29. Al Jazeera, "Lebanon set to legalize medical industrial cannabis cultivation", 12 March 2020 <https://www.aljazeera.com/economy/2020/3/12/lebanon-set-to-legalise-medical-industrial-cannabis-cultivation>

The War on Drugs and Cannabis Cultivation in Lebanon

In Lebanon, cannabis was grown until the fall of the Ottoman empire with no restrictions, mainly in the Baalbeck-Hermel area, as the Ottoman navy was reliant on hemp for various products²⁹. After the first World War, France took control of Lebanon and adopted an official policy of prohibition. However, this policy was not strictly implemented as the French understood that implementing it would upset rural populations whose support they needed. Indeed, Lebanese farmers in the Baalbek Hermel area faced a lot of difficulties in cultivating any other crop. Lebanon was about to become a major cannabis producer, replacing Greece after it imposed prohibitive policies on the cultivation of hemp whereas the Egyptian demand for it was still intense. This led to Lebanon producing an estimated 60 tons of cannabis a year. Cannabis cultivation was at the time a great source of income for farmers from the area, and estimates at the time showed that 50% of Lebanese economy depended on hashish at the time³⁰.

In the 1950's, as alcohol prohibition had ceased in the United States and the Federal Bureau of Narcotics found itself without purpose, with decreasing funds and at risk of disappearing, Anslinger -the Bureau's head- looked into cannabis as a way to oppress Mexicans and Blacks. Indeed, after reading newspaper segments reporting that a whole family of Mexicans had gone insane after ingesting the plant, he requested input from 30 scientists across the country on the risks posed by cannabis. All the experts replied "that the effects of the plant were widely exaggerated and that it would be wrong to ban it."³¹

All experts except one, whose opinion Anslinger pushed and lobbied the House Committee on Appropriations, to which he presented "a nightmarish vision" of what consumption of the plant could lead to. The fear tactic worked, and the Federal Bureau of Narcotics began to receive more funding to deal with this "threat," eventually growing into a major federal bureau of the United States³².

However, after years of prohibition and drug repression in the US, substance use and drugs in general did not disappear from the country despite strict rules and regulations. The narrative then shifted to say that drug prohibition would only work if it "was being done by everyone, all over the world."³³ Although a number of countries were opposed to this rhetoric, the US government threatened to cut funding if these countries did not impose their own repressive policies.

In 1954, Anslinger addressed the Lebanese Ambassador to the United States accusing Lebanon of being the main supplier of drugs to the US and further affirmed that "some narco-traffickers were so politically influential, and some Lebanese officials so deeply involved in narco-trafficking that one might well state that the Lebanese government was in the narcotic business."³⁴

This incident led to the first crop eradication in Lebanon³⁵ which became the modus operandi of the Lebanese state in its charade to maintain foreign funding, whereby the publicized eradication of crops would become a routine practice.

In 1960s, the State intervened by imposing a crop substitution plan. Sunflower seeds and other crops were distributed to cannabis farmers, and the following years saw a decline in cannabis plots in favor of sunflower plots. This initiative was supported by the United Nations Office on Drugs and Crime (UNODC) that called for continuous efforts and implementation³⁶. But the Lebanese government did not follow through with the plan, and in the mid-1970s it did not provide the needed seeds and fertilizers. The farmers switched back to cannabis immediately³⁷. The "Green Plan" as it was called was also supported by US development aid, but the civil war put an end to the alternative crop initiative and cannabis production substantially grew as the war raged on, further witnessing the introduction of opium cultivation³⁸.

In 2016, the UNODC ranked Lebanon as one of the world's top five sources of cannabis resin³⁹ and in 2019, considered Lebanon as the world's third largest supplier of cannabis resin⁴⁰. Throughout the years, Lebanon continued to grow cannabis, and Lebanese strains found themselves exported across the world. Today, coffeeshops in Amsterdam often sell the popular "Red Lebanese."⁴¹

30. Nammour K, Battle for Artificial Paradises: The War on Drugs in Lebanon, Its Consequences, and the Fight to End It, in Garavito, Addressing Inequalities from a Human Rights Perspective, p.218

31. Ibid.

32. Ibid.

33. (Hari 2015, 43)

34. Marshall 2012 cited in Nammour K, Battle for Artificial Paradises: The War on Drugs in Lebanon, Its Consequences, and the Fight to End It, in Garavito, Addressing Inequalities from a Human Rights Perspective, p.218

35. Nammour K, Battle for Artificial Paradises: The War on Drugs in Lebanon, Its Consequences, and the Fight to End It, in Garavito, Addressing Inequalities from a Human Rights Perspective, p.218

36. UNODC, Resolution E/RES/1968/1292(XLIV), Replacement of Cannabis cultivation in Lebanon, 23 May 1968 https://www.unodc.org/unodc/en/Resolutions/resolution_1968-05-23_4.html

37. Transnational Institute, Sustainable Future for Cannabis Farmers 'Alternative Development' Opportunities in the Legal Cannabis Market, 2021

38. Transnational Institute, Sustainable Future for Cannabis Farmers 'Alternative Development' Opportunities in the Legal Cannabis Market, 2021.

39. UNODC, World Drug Report 2016, https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016

40. UNODC, World Drug Report, 2019 <https://wdr.unodc.org/wdr2019/>

41. Lebanese Hash, Amsterdam Coffeeshop Guide, available at <https://amsterdam-coffee-shop-guide.com/amsterdammapp.php?p=400&wd=9>

42. Lebanese American University, "Unlocking the power of Lebanese Cannabis", <https://news.lau.edu.lb/2018/unlocking-the-power-of-lebanes.php>

43. Ibid.

Specificities of Lebanese-grown Cannabis at risk

Years of for-show-eradication of cannabis crops have led to the evolution of local strains. The distinctive climatic and growing conditions in Lebanon give Lebanon-grown cannabis special characteristics. It is known for its resistance to drought and high temperatures, environmental factors that greatly affect the cannabis' chemical content, hence its pharmacological characteristics⁴². However, little has been studied about the characteristics of Lebanese cannabis.

In 2018, the Lebanese American University announced its intention to launch the Medical Cannabis Research Center to “generate evidence-based knowledge on the potential medical value of Lebanon-grown cannabis.”⁴³

The Research Center headed by Dr Mohamad Mroueh, has been studying the strains of cannabis endemic to Lebanon, and have uncovered a number of properties that may make it extremely attractive for the treatment of different ailments and conditions.

In a recently published study⁴⁴, the Medical Cannabis research center has uncovered that the cannabis oil extracted from Lebanon's native strains has “remarkable in vivo and in vitro anti-inflammatory activities comparable to dexamethasone, a potent corticosteroid.”⁴⁵

According to the center, the chemical analysis of oil extracted from cannabis grown in Lebanon's Beqaa Valley revealed that it naturally contained 59.1% of CBD and 20.2% of THC.⁴⁶

However, the local strain is at risk as the new law specifies that the legal cultivation of the cannabis plant for medical and industrial purposes will only be allowed for cannabis strains that contain a “specific percentage of THC -to be determined later on through implementation decrees”⁴⁷ This means that if the implementation decrees cap the THC content of the plant at less than 20% for instance, the plant endemic to Lebanon will not be eligible to be cultivated within the newly established legal market. The implementation of the new law thus threatens to replace the endemic plant with foreign seeds, despite the fact that research has shown repeatedly that different formulations of cannabis, with different CBD/THC ratios, are needed for the treatment of different conditions.

The belief that CBD alone has medicinal properties is a misconception. For instance, Sativex, the UK approved drug for the treatment of Multiple Sclerosis muscle spasticity has a 1:1 ratio⁴⁸ of CBD to THC and has no psychoactive effects despite its high concentration in THC.⁴⁹

Spasticity is abnormal muscle tightness due to prolonged muscle contraction. It is a symptom associated with damage to the brain, spinal cord or motor nerves, and is seen in individuals with neurological conditions, such as Cerebral Palsy, Multiple Sclerosis, stroke and traumatic brain or spinal cord injury.

- Spasticity affects over 12 million people worldwide, including approximately 80 percent of people with cerebral palsy and 80 percent of those with multiple sclerosis.
- Spasticity symptoms include continuous muscle stiffness, spasms and involuntary contractions, which can be painful. A person with spasticity may find it difficult to walk or perform certain tasks.

Source: *John Hopkins Medicine*⁵⁰

It is worth mentioning that the LAU research center has not yet received official approval from the Council of Ministers to become an institute allowed to conduct research into the controlled substance. The lack of official approval prohibits the center from growing its own plants and from conducting experiments on humans; it must also rely on the state, namely the Central Drug Bureau, to obtain the plant⁵¹. In an interview with Dr Mroueh, he highlighted that this poses a huge problem for the center as they often receive plants that have been seized in arrests and that are thus not fresh⁵². This further highlights the attachment of the Lebanese state to its moralistic view of cannabis as an illegal substance.

44. Lebanese American University, Research Highlight: Anti-Inflammatory Activity Evaluation of Lebanese Cannabis Sativa, 5 February 2021. <https://news.lau.edu.lb/2021/research-highlight-anti-inflammatory-activity-evaluation-of-lebanese-cannabis-sativa.php>

45. Ibid.

46. Ibid.

47. Article 2, Law 178/2020 Legalizing the cultivation of Cannabis for medical and industrial purposes, Lebanon 2020

48. A 1:1 ratio means that the two components are present in equal quantities.

49. Pr. Barnes, Michael Cannabis: the evidence for medical use. All-Party Parliamentary Group for Drug Policy Reform, United Kingdom, 2016.

50. John Hopkins Medicine, “Spasticity”, available at <https://www.hopkinsmedicine.org/health/conditions-and-diseases/spasticity>

51. Interview with Dr Mroueh, 30 September 2021

52. Ibid.

53. EMCDDA, European Web Survey in Drugs 2021: Emerging finding in Lebanon. Available at https://www.emcdda.europa.eu/publications/data-fact-sheets/european-web-survey-drugs-2021-emerging-findings-lebanon_en

54. Riboulet-Zemouli, et al, Cannabis and sustainable development: Paving the way for the next decade in Cannabis and Hemp policies, FAAAT think

The insistence of the law on limiting the THC content in the plant further betrays the perspective of the state that the psychoactive properties of the plant or its potential to affect well-being in a non-conservative way is irreconcilable with its understanding of health and medicine.

This moralistic lens has also led the Lebanese legislator to overlook the need of individuals living in Lebanon to access this form of treatment by maintaining the scheduling of cannabis as a dangerous substance with no medical properties, thus criminalizing its consumption and forbidding its use even in a medical setting.

Establishing local need for medical cannabis

In 2021, Skoun in collaboration with the Lebanese Ministry of Public Health participated in the European Web Survey on Drugs which looked at pattern of use of illicit substances in different countries including Lebanon. Of a total of 274 respondents, 92% said that they had consumed cannabis in the past year. When probed about the motivations for their use of herbal cannabis, 77% stated that they use it to reduce stress, 43% to reduce anxiety and depression and 42% to improve sleep. With regards to cannabis resin or hashish, 76% responding using it to reduce stress or relax, 46% to improve sleep, 52% to treat anxiety and depression, and 13% to reduce pain and inflammation⁵³.

The properties and benefits of cannabis are well documented in a number of medical conditions. However, the evidence ranges from “conclusive” to “insufficient evidence” for other conditions. Indeed, years of global prohibition and scheduling of the drug as “particularly harmful with very limited therapeutic value” have limited research into the positive effects of cannabis and “geared funding towards the adverse effects and possible negative outcomes of cannabis use”⁵⁴.

The ECDD’s review concluded that:

Cannabis has shown both positive outcomes and a lack of significant effect in the treatment of loss of appetite associated with HIV/AIDS, chronic pain, Crohn’s disease, diabetic neuropathy, neuropathic pain, migraine and cluster headaches, and Parkinson’s disease. Further data are required to enable full assessment of the efficacy of cannabis; however, studies have shown its possible value in a variety of therapeutic indications.

Cannabis preparations are currently subject to the same level of control as cannabis under the 1961 Single Convention on Narcotic Drugs, Article 2, Paragraph 3. Preparations of cannabis are used in the control of muscle spasticity associated with multiple sclerosis, which are not always controlled by other medications. Some patients with chronic pain have also been shown to obtain relief from cannabis preparations when other available medications have not been effective.

Preclinical reports indicate that cannabinoids reduce cancer cell proliferation, inducing apoptosis in these cells, as well as inhibiting cancer cell migration and angiogenesis in numerous cancer cell types. Cannabinoids and cannabis use have also been shown to have immunosuppressant and anti-inflammatory effects in laboratory animals and humans, respectively. These findings suggest other possible therapeutic applications for cannabis and cannabinoids⁵⁵.

The ECDD further noted the usefulness of cannabis preparations- which are solid or liquid preparations that contain cannabis components- “for treatment of conditions such as certain forms of pain and epilepsy.”⁵⁶

Despite these findings, medicinal cannabis, its derivatives and cannabis preparations are not allowed in Lebanon.

However, through interviews with healthcare professionals, the immediate need to access medicinal cannabis for specific medical conditions was emphasized in order to reach standards of physical and mental health that significantly enhance quality of life.

&do tank, Vienna, March 2019 p.118

55. WHO ECDD 41st report, 2019, p. 39

56. Ibid.

57. Interview with Dr Hanin Hilal, 16 September 2021

58. Pompe Disease, Cleveland Clinic, available at <https://my.clevelandclinic.org/health/diseases/15808-pompe-disease#:~:text=Pompe%20disease%20is%20a%20genetic,complex%20sugars%20in%20the%20body.>

59. Interview with Dr Hanin Hilal, 16 September 2021

In one interview with Lebanese neurologist Dr Hanin Hilal, the plethora of conditions where cannabis has been proven effective was widely discussed. Two specific cases were discussed at length, highlighting the immediate need to access cannabis for children with refractory epilepsy, as well as people with chronic pain.

Refractory epilepsy in children is epilepsy that is resistant to medication. Epilepsy causes seizures which can prove fatal in children if they fall, or if sudden unexpected death (SUDEP) occurs.

There's a number of medications that are prescribed for epilepsy, however, a number of children have medication resistant epilepsy and therefore remain unaffected by their course of treatment. Another option for refractory epilepsy is anti-epileptic battery which costs 20000 USD and may only, in some cases decrease the number of seizures. On the other hand, CBD's anti-epileptic effect has been proven and has been demonstrated to decrease by at least 50% the number of seizures a day. It has also been shown that in cases of children's refractory epilepsy treated with a cannabis component, 8% of patients become seizure free.

Epilepsy in children is not only life threatening for those who suffer from it, but also affects the quality of life of parents who have to keep their children under surveillance to manage seizures and prevent deadly injuries. Some children reportedly wear a helmet throughout their childhood to protect their heads in case of a seizure.⁵⁷

Despite the well-documented life changing potential of CBD in children with refractory epilepsy, neurologists in Lebanon are unable to prescribe this form of treatment to their patients. "Once I've eliminated all available options or courses of treatment available in Lebanon, I have to find a solution, so I will naturally think of medicinal cannabis as long as there are studies showing its efficiency. But it's illegal in Lebanon."

When asked about the estimate of children suffering from refractory epilepsy, Dr Hilal answered "we don't have enough data in Lebanon to give an estimate but the point is not that we should only allow it if there's this number of patients that would need it in Lebanon; the point is urgent need. Some people who are suffering and are in urgent need are being denied a form of treatment." "To take another example, Pompe disease is a very rare genetic disease, even if let's say there are only 10 people who suffer from it in Lebanon, why should they die early and be paralyzed and not be able to walk for the rest of their lives?"

Pompe disease is a genetic disorder in which complex sugar called glycogen builds up in the body's cells. The disease results from the deficiency of an enzyme called acid alfa glucosidase (GAA), which breaks down complex sugars in the body. This buildup occurs in organs and tissues, especially in muscles, causing them to break down.

Since this is a genetic condition, the people who get this disease inherit it from a parent. It is common, however, that neither parent shows any symptoms. The disease is rare. In the United States, only 1 person in 40,000 is affected by Pompe disease. It can affect both males and females of all ethnic groups.

Without treatment, infants with Pompe disease will die. Many of the people with Pompe disease have respiratory problems, heart problems, and almost all are plagued with muscle weakness. Most people will have to use oxygen and wheelchairs at some point.

Source: Cleveland Clinic⁵⁸

60. Herpes Zoster, Mayo Clinic available at. [https://www.mayoclinic.org/diseases-conditions/postherpetic-neuralgia/symptoms-causes/syc-20376588#:~:text=Postherpetic%20neuralgia%20\(post%2Dhur%2D,herpes%20zoster\)%20virus%20causes%20shingles.](https://www.mayoclinic.org/diseases-conditions/postherpetic-neuralgia/symptoms-causes/syc-20376588#:~:text=Postherpetic%20neuralgia%20(post%2Dhur%2D,herpes%20zoster)%20virus%20causes%20shingles.)

61. Interview with Tourette Patient conducted on 29 September 2021.

In other words, should the state focus only on the legality of a substance, upholding its moralistic view of cannabis while disregarding the medical evidence that would benefit the individual's health?

Another case highlighted by Dr Hilal was that of postherpetic neuralgia. She recounted the story of a patient who had shingles or what is known as the Herpes Zoster virus/ Zona and who, after the resorption of the blisters, suffered from postherpetic neuralgia which is a condition that affects the nerve fibers and skin, causing burning pain that lasts long after the rash and blisters of shingles disappear. The case was so severe, that the patient was biting himself from the pain. "We tried everything, nothing worked, the patient knew that cannabis could help his pain but he would not consider the option due to the illicit nature of cannabis."⁵⁹

Shingles (herpes zoster) is a viral infection that causes an outbreak of a painful rash or blisters on the skin. It is caused by the varicella-zoster virus, which is the same virus that causes chickenpox. The rash most often appears as a band of rashes or blisters in one area of the body.

Postherpetic neuralgia is the most common complication of shingles. The condition affects nerve fibers and skin, causing burning pain that lasts long after the rash and blisters of shingles disappear.

The risk of postherpetic neuralgia increases with age, primarily affecting people older than 60. There's no cure, but treatments can ease symptoms. For most people, postherpetic neuralgia improves over time.

The signs and symptoms of postherpetic neuralgia are generally limited to the area of your skin where the shingles outbreak first occurred — most commonly in a band around your trunk, usually on one side of your body.

Signs and symptoms might include:

- Pain that lasts three months or longer after the shingles rash has healed. The associated pain has been described as burning, sharp and jabbing, or deep and aching.
- Sensitivity to light touch. People with the condition often can't bear even the touch of clothing on the affected skin (allodynia).
- Itching and numbness. Less commonly, postherpetic neuralgia can produce an itchy feeling or numbness.

Source: Mayo Clinic⁶⁰

Alongside the lack of ability of physicians to prescribe cannabis, fear of arrest and prosecution as well as, the stigma surrounding substance use hinder people in need of accessing a valid form of treatment they might be in dire need of.

Without decriminalizing substance use or legalizing access to medicinal cannabis, patients in need of cannabis will remain unable to access a legitimate, evidence-based, scientifically proven form of treatment.

62. Priyanka Navani, "Lebanon's prisons: A microcosm of disease, sectarianism and near-anarchy", TRT World, 4 January 2022, available at <https://www.trtworld.com/magazine/lebanon-s-prisons-a-microcosm-of-disease-sectarianism-and-near-anarchy-53288>

63. World Health Organization Constitution, 22 July 1946

Stigma, fear and criminalization

“This is my right, it’s my right to access this form of treatment without fear, without being afraid of being arrested. I need it to live a normal life.⁶¹”

Law 673/1998 on drugs criminalizes the acquisition and use of illicit substances, including cannabis and its derivatives. This means that patients in need of cannabis run the risk of being arrested and prosecuted for their pursuit of health.

Taking into consideration the detention conditions⁶² in Lebanon and the notoriously overcrowded, unhygienic and underserved places of detention; if arrested for their cannabis use, individuals who already suffer from different ailments are at heightened risk of deteriorating health, both physical and mental.

The criminalization of substance use carries with it stigma and discrimination. People who consume substances, regardless of the reason, are perceived negatively by society and often times considered criminals, in that they are violating the law by consuming illicit substances, but are also assumed to commit other illicit activities or crimes. This stigma has consequences on many levels.

First it discourages people from accessing a legitimate form of treatment. As the example of the postherpetic neuralgia patient who would not consider cannabis as a form of treatment despite the considerable pain he was in. Stigma may also force people to take their treatment in secret or only during the weekends. In one of the documented cases, a Multiple Sclerosis patient had found that cannabis greatly helped with her pain but she would only use cannabis on the weekends and skip her doses during the week thus jeopardizing her well-being and quality of life.

More importantly and more dangerously, patients may not disclose to their healthcare providers that they are consuming cannabis for their symptoms which may put them at risk. Disclosing substance use could potentially help the healthcare provider make a better diagnosis and allow for the prescription of medication that does not interact with cannabis to avoid harmful and dangerous consequences.

The current trials and studies into cannabis are all experimenting with different ratios of CBD and THC where different combinations are more effective depending on the condition and the symptoms. By acquiring and consuming cannabis from the illicit market, in an unregulated way, patients have no way of knowing what they are consuming, what is the ratio they have access to, the quality of the cannabis they consume etc... All of these factors affect their course of treatment and affect their ability to be medically monitored.

Finally, as per the WHO’s recommendation, some components of cannabis have the potential for abuse and health risk, as such,

cannabis intake for medical purposes should entail follow-up by a physician or a mental health practitioner in order to ensure safe access and consumption of cannabis.

64. Division of Mental Health and prevention of Substance Abuse of the World Health Organization, WHOQOL User Manual, 2012 available at <https://www.who.int/tools/whoqol>

65. Ibid.

66. Interview with Dr Hanin Hilal, 16 September 2021

The Right to Health

The right to health is recognized in the following international instruments and declarations:

- Article 25 of the Universal Declaration of Human Rights
- The World Health Organization Constitution
- Article 12 of the International Convention on Social, Economic and Cultural Rights
- The three Drug Control Conventions (1961, 1971, 1988)
- The World Cancer Declaration
- The Sustainable Development Goals 2030 (goal 3.4)
- Special Session of the UN General Assembly on the World Drug Problem Declaration-UNGASS 2016

In its Preamble, the Lebanese Constitution specifies that “Lebanon is also a founding and active member of the United Nations Organization and abides by its covenants and by the Universal Declaration of Human Rights. The Government shall embody these principles in all fields and areas without exception.” Lebanon thus constitutionally recognizes the right to health of all individuals despite making no mention of it, as such, within the Constitution.

Legislators cannot recognize the medicinal benefits of cannabis and decide to deprive patients of immediate compassionate care by denying them access to medicinal cannabis.

The World Health organization defines health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,”⁶³ this broad definition of health allows us to incorporate, in light of recent scientific advances, access to medicinal cannabis as part of this right to health.

Indeed, if physical and mental health are not “merely the absence of disease and infirmity” then we must not only look at the potential of cannabis in healing illnesses but also at its potential in enhancing quality of life.

In developing a tool for the measurement of quality of life at the end of the 90’s, the World Health Organization emphasized the need for such a metric, stating that

“the increasingly mechanistic model of medicine, concerned only with the eradication of disease and symptoms, reinforces the need for the introduction of a humanistic element into health care. Health care is essentially a humanistic transaction where the patient’s well-being is a primary aim. By calling for quality of life assessments in health care, attention is focused on this aspect of health, and resulting interventions will pay increased attention to this aspect of patients’ well-being. WHO’s initiative to develop a quality of life assessment arises, therefore, both from a need for a genuinely international measure of quality of life, and restates its commitment to the continued promotion of an holistic approach to health and health care, as emphasized in the WHO definition of health as “A state of physical, mental and social well-being, not merely the absence of disease and infirmity”⁶⁴.”

The WHO defined quality of life as the “individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. This broad concept incorporates in a complex way the persons’ physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to their environment⁶⁵.

67. Tourette Syndrome, Oxford Medicine, available at <https://oxfordmedicine.com/view/10.1093/med/9780190636036.001.0001/med-9780190636036-chapter-9>

68. Tourette Association of America, “Medical Marijuana Research”, available at <https://tourette.org/research-medical/medical-marijuana/>

The aspects measured by the WHO's Quality of Life tool are presented below.

Domain I Physical Capacity

Pain and discomfort
Energy and fatigue
Sleep and rest

Domain II Psychological

Positive feelings
Thinking, learning, memory and concentration
Self-esteem
Bodily image and appearance
Negative feelings

Domain III Level of Independence

Mobility
Activities of daily living
Dependence on medication or treatments
Work capacity

Domain IV Social Relationships

Personal relationships
Social support
Sexual activity

Domain V Environment

Physical safety and security
Home environment
Financial resources
Health and social care: accessibility and quality
Opportunities for acquiring new information and skills
Participation in and opportunities for recreation/ leisure activities
Physical environment (pollution/noise/traffic/climate)
Transport

Domain VI Spirituality/Religion/ Personal Beliefs

Overall quality of life and general health perceptions

In one of the examples cited by Dr Hanin Hilal⁶⁶, the quality of life of children with refractory epilepsy, as well as their parents is noted. Indeed, although the parents are not ill, they are unable to enjoy a certain quality of life as a result of their child's epilepsy.

In another example cited by Dr Hilal and in a subsequent interview with the patient, it emerged that a young person suffering from Gilles de la Tourette Syndrome had managed to achieve significant quality of life improvements through his use of cannabis.

69. Tourette Association of America, "Medical Marijuana Research", available at <https://tourette.org/research-medical/medical-marijuana/>
70. Code of medical Ethics, Law no. 240 dated October 22, 2012, Lebanon, Articles 3.2, 27.4, 27.9.

Tourette Syndrome "refers to an association of motor and phonic tics with variable but frequent psychiatric comorbidity. Prevalence in children is estimated at 0.3–0.9%. In addition to their well-characterized phenomenology, tics display a peculiar variability over time, which is strongly influenced by a variety of contextual factors. Motor tics may be simple (eye blinking, eye movements, grimacing, sniffing, lip movements, head nodding, head flicks, shoulder shrugs, rapid arm or leg movements, sniffing, or throat clearing) or complex (touching or handling an object, squatting-rising, jumping, bending or twisting the torso or limbs, abdominal muscle tensing, complex head movements, or pronouncing syllables, words, or phrases) with the appearance of orchestrated sequences lacking a specific purpose or appearing out of context."

Source: *Oxford Medicine*⁶⁷

The 20-year-old man reported that he was diagnosed at the age of 8 with Gilles de la Tourette Syndrome and has lived with vocal tics, mainly severe throat clearing, as well as complex head movements. He reported that the severity of his tics affected his mental health and has led him to suicidal ideation and several suicide attempts. It has also affected his social life as he was dismissed from college due to his severe tics and was unable to keep a job. He was treated for Tourette's with heavy medication that affected his ability to have a clear mind and often times put him in a lethargic state, without much result on his tics. Through his research he found out that in some countries like Germany and Canada⁶⁸, cannabis is used for the treatment of the symptoms of Tourette Syndrome. He tried the substance and found it to have a great effect on the frequency and severity of his symptoms. He says that the effects of one intake of cannabis would last a week where he would no longer have any tics. Doctors from a medical clinic he goes to for psychiatric care, have described the effects of cannabis on his symptoms as "almost miraculous, we could not believe the change he had gone through, it was like he never had Tourette."

The use of cannabis for medical reasons has granted him better well-being, allowed him to reclaim his life and resume social activities which were greatly hindered by the symptoms of Tourette. "In a country that kills dreams, ever since I started using cannabis medically, I have managed to achieve many of my dreams."

Tourette is not a life-threatening condition, but it severely impacts those living with it. "Tourette can be very different from person to person. Not only are the tics different from one person to another, but one of the characteristics of Tourette is that tics change with time. Some people have very mild Tourette, so much so, that it can be barely noticeable. Others have very severe tics which can be disruptive to the person's ability to do certain things (depending on what the tics are), embarrassing for the person or disruptive to those around the person with Tourette. Additionally, because tics are repetitive, sometimes people have tics that become painful⁶⁹."

The ability to reduce the symptoms of Tourette Syndrome, through a course of treatment that does not alter the patient's ability to be active and productive, and the huge impact this has on the person's quality of life illustrates perfectly this broader understanding of health.

It is a person's established right to give their input and consent to medical treatment. If a course of treatment is not compatible with their preferred lifestyle, then they must also have access to alternatives.⁷⁰

Although the scientific studies into the effects of cannabis are not abundant, "medical marijuana and cannabis-based medications that include THC and cannabis extracts have been reported to reduce symptoms of Tourette Syndrome in small scientific studies, patient reports, and anecdotal case reports. They are currently used to treat adult patients in Germany and Canada.⁷¹"

Pain management is another main aspect in which cannabis has been shown to have benefits.

Chronic pain is extremely common and has been estimated that 8-46% of the population has chronic pain at some point, depending on the definition. Severe pain occurs in about 11% of adults and 8% of children. Severe chronic pain is known to have adverse effects on many aspects of life including employment, daily activities, relationships, mood, sleep and general health. Current treatment is often, but not always, effective but can be associated with serious side effects. This is particularly the case for the opioids, which carry very serious risks, including mortality.⁷²

The treatment of pain is a common example across the world where states have allowed the use of controlled substances such as opioids. Systems have been created to ensure access to opiates or opioid based medications despite the risks. This dissonance between cannabis and opioids further betrays the state's moralistic standpoint with regards to cannabis.

71. Tourette Association of America, "Medical Marijuana Research", available at <https://tourette.org/research-medical/medical-marijuana/> Ibid.

72. Dr M. Barnes et. al, Cannabis : the evidence for medical use, NHS Foundation Trust, 2016

73. UNDP, Development Dimensions of Drug Policy: Innovative Approaches

74. International Drug Policy Consortium, Medicinal Cannabis Briefing, April 2018, available at https://fileserver.idpc.net/library/Medicinal%20cannabis%20briefing_ENG_FINAL.PDF

75. International Drug policy Consortium, Medicinal Cannabis Briefing, April 2018, available at <https://fileserver.idpc.net/library/Medicinal%20>

Legal avenues to ensure immediate and compassionate access to medicinal cannabis

In June 2017, the International Narcotics Control Board (INCB) published an alert on the therapeutic use of cannabis, noting that a growing number of governments worldwide have authorized the medicinal use of cannabis. It stated that such use was permissible under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol⁷³. In 2020, the CND amended the scheduling of cannabis, recognizing its medical uses.

In the motivations section of law 178/2020, the Lebanese legislator mentions several countries that have legalized the cultivation of cannabis such as Australia, Austria, Canada, Colombia, Holland, Uruguay, and a number of states in the United States. However, all of these states have also legalized, within one framework or another, access to medical cannabis.

We can thus draw from the varied experiences of different countries that have adopted medical cannabis programs or different forms of regulation in order to inform Lebanon's policy choices.

The first medical cannabis program dates back to 1996 when the state of California legalized access to medical cannabis.

Before delving into possible mechanisms to allow access to medical cannabis, the experiences of countries with different models of access allow us to dispel some common myths⁷⁴:

- There has been no increase in illicit cannabis use as a direct link to the regulation of access to medicinal cannabis, especially among adolescents, where prevalence has remained stable in the United States for instance.
- The number of traffic accidents caused by acute cannabis intoxication has not increased noticeably in jurisdictions where the consumption of cannabis is permitted.
- There have been no recorded deaths caused by cannabis; on the contrary, the survival rate and quality of life of patients have improved.
- There has been no sharp rise in crime – there is even evidence in some US states implementing a medicinal cannabis scheme that the crime rates have dropped by as much as 13%

The existing mechanisms ensuring access to medical cannabis are⁷⁵:

- Individual and exceptional permits to import and use medical cannabis while maintaining overall prohibition
- Regulation of demand by granting licenses mechanisms allowing legal access to medications or herbal cannabis preparations through: self-cultivation, cannabis clubs, sale in clinics or sale in pharmacies
- Implementation of regulatory systems in place for controlled medicines

When allowing access to medical cannabis, there are different products we must consider:

- Pharmaceutical medications such as Sativex and Epidiolex,
- Pharmaceutical preparations such as tablets, oils, sprays and capsules produced from the components of the cannabis flower that can be put together by compounding pharmacies,
- And herbal cannabis that can be vaporized or smoked.

There are four main avenues Lebanon can consider to ensure access to medical cannabis. These are not mutually exclusive and can be considered in parallel to one another.

1. Allow immediate and compassionate access for certain cases such as end-of-life palliative care, severe chronic pain, and other conditions that greatly affect quality of life.

Through this model, the Lebanese state could make exceptions allowing certain patients to have access to medical cannabis while maintaining overall prohibition.

In Australia for instance, this model was implemented by giving the police the possibility not to prosecute terminally ill patients for their use of illicit substances⁷⁶. However, the previous example would still expose people to arrests and would not guarantee safe access to medical cannabis.

In other countries, like Germany, before the 2017 reform, some patients would be granted individual authorization to access cannabis.

However, it is important to keep in mind that with the ongoing research into the potential benefits of cannabis in relation to different ailments, having an arbitrary and limiting list of illnesses and conditions for which people could be allowed to access cannabis for medical purposes, would not be ideal. Medical experts, the Ministry of Public Health (MoPH) and the Order of Physicians should have the ability to recommend conditions for which medical cannabis would be indicated.

2. Amend the scheduling of cannabis as per article 5 of law 673/1998

The current schedule of cannabis is “particularly dangerous with no medical use” under Lebanese law 673/1998⁷⁷. In accordance with the WHO’s recommendation, this schedule could be amended to allow for the regime of prescription of controlled substances to be applied.

Indeed, the current system allows for the prescription of dangerous substances with significant risk of abuse such as opioid-based pain killers, as well as stimulants such as Ritalin. The Lebanese state allows for the prescription of opioids for the management of pain despite the fact that they carry serious risks to public health including the risk of mortality. By shifting the scheduling of cannabis, cannabis-based medications such as Sativex and Epidiolex would be immediately eligible to be sold in local pharmacies.

Furthermore, the system in place for the prescription of controlled substances could also be applied to the prescription of cannabis or cannabis-based preparations.

Under the current system, substances classified under schedule 2 as “highly dangerous with medical utility⁷⁸”, or schedule 3 as “dangerous with medical utility⁷⁹” can be prescribed by a doctor or dental surgeon⁸⁰.

As per article 82 of the Lebanese law on Drugs, the prescription should include the name of the substance, its amounts and the method of its use, as well as the duration of the treatment and the number of times it should be renewed, if necessary.⁸¹

There are a number of safeguards put forth by the Lebanese Law on Drugs that allow access to controlled substances while limiting their abuse. For instance, schedule 2 substances can only be prescribed for a period not exceeding seven days⁸², and on forms provided by the MoPH’s Narcotics Department⁸³.

Schedule 3 substances can be dispensed in small amounts at the discretion of the MoPH without prescription, in exceptional cases⁸⁴. This provision could facilitate the immediate and compassionate access to cannabis to certain patients listed in the model above.

and Precursors

79. Ibid

80. Article 81, Lebanese Law 673/1998 on Drugs, Psychoactive Substances and Precursors

81. Article 82, Lebanese Law 673/1998 on Drugs, Psychoactive Substances and Precursors

82. Article 89, Lebanese Law 673/1998 on Drugs, Psychoactive Substances and Precursors

83. Article 88, Lebanese Law 673/1998 on Drugs, Psychoactive Substances and Precursors

84. Article 93 and 94, Law 673/1998 on Drugs, Psychoactive Substances and Precursors

85. Article 83, Lebanese Law 673/1998

86. Transform Drug Policy Foundation, Cannabis social clubs in Spain: legalisation without commercialization, November 2018, available at <https://transformdrugs.org/blog/cannabis-social-clubs-in-spain-legalisation-without-commercialisation>

87. Inter-Ministerial Substance Use Response Strategy 2016-2021.

By rescheduling cannabis, it would make it available in whichever form the legislator or the Ministry of Public Health decide, in pharmacies designated for sale to the public, as well as hospitals or public or private medical institutions⁸⁵.

The prescription of cannabis by physicians would allow for a proper medical follow-up, for a study of side-effects, and for the evaluation of adequate dosages depending on the condition. The ability to prescribe medical cannabis would also allow the health sector in Lebanon to play an active role in the research around medical cannabis by developing case studies.

The rescheduling of cannabis would also allow for proper research to be conducted on the medical benefits of the plant and would facilitate the officialization of the LAU Cannabis Research Center as well as its ability to gain access to fresh plants for study.

It would also allow local pharmaceutical companies to produce cannabis-based medication and standardized cannabis preparations, making them available to the public at a lower cost and potentially creating job opportunities.

3. Legalize and regulate cannabis in Lebanon.

In a number of countries, such as Uruguay or Canada, the recreational use of cannabis is legal.

In other countries, self-cultivation is allowed whereby individuals or non-profit associations are allowed to cultivate privately a limited number of plants for their own consumption.

Although this seems like the least viable option for Lebanon, one option could be to allow individuals, on the basis of a prescription, to self-cultivate the plant for personal use; medical cannabis clubs could also be allowed by the state whereby groups of patients could form a club and collectively grow the plant for their own medical use. Clubs would be subject to oversight, whereby they would have to register as non-profit associations, keep detailed records and report on the quantity of cannabis cultivated, be closed to the public and only allow more or less immediate consumption⁸⁶. This is the case in Spain.

Another avenue is to allow pharmacies and dispensaries to sell cannabis preparations and cannabis flowers to patients.

The regulation of both supply and demand would allow the state to gain control over the cannabis market and collect taxes from the revenue of the sales of cannabis.

4. Decriminalize substance use in Lebanon.

Finally, the state can consider decriminalizing the use of cannabis and all illicit substances, whereby people who consume cannabis are not criminalized and do not risk arrest and prosecution. The decriminalization of substance use is in line with Lebanon's Inter-ministerial Substance Use Response Strategy 2016-2021⁸⁷ and would be an adequate response to the public health issue that is substance use.

In June 2017, a Joint United Nations statement called for [the] review and repeal [of] punitive laws that have been proven to have negative health outcomes and that counter established public health evidence⁸⁸.

The decriminalization of substance use would first allow the state to reallocate the resources it spends on the repression, arrest and prosecution of people who use drugs and invest these wasted resources into the underfunded healthcare system. It would further allow people to disclose their use to their healthcare professional and get the support they may need in the cases where their use of substances is proving problematic, thus avoiding developing serious health consequences. This would offset on the

Objective 1.3.2, Lebanon available at <https://www.moph.gov.lb/en/Pages/127/15546/inter-ministerial-substance-use-response-strategy-for-lebanon-2016-2021>

88. World Health Organization, Joint United Nations Statement on Ending discrimination in healthcare settings, 27 June 2017, available at <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings>

89. Annual statistics of the Central Drug Bureau, 2016, 2017, 2018, Lebanon.

long term, the costs incurred by the state in treating chronic conditions.

Finally, it will allow the state to correct the wrongs caused by repressive drug policies through the arrest and prosecution of people who use drugs, noting that more than 50% of those arrested in Lebanon are cannabis consumers⁸⁹.

Globally, including Lebanon, prohibition has proved more harmful than beneficial in the individual, the society and the state. It has failed consistently in reducing demand and supply for illicit drugs, has caused the arrest of almost 3000 people a year in Lebanon, mainly aged between 18 and 35 years old. Repressive drug policies have had devastating effects on people who use drugs, stripping those convicted of drug use of employment and education opportunities and has cost the state significant amounts of resources that have been wasted into a failed policy that has yet to yield positive results.

The decriminalization of substance use would fulfill objective 5 of law 178/2020 legalizing the cultivation of cannabis for medical and industrial purposes, which aims at decreasing the burden on the Lebanese justice system. Indeed, every year around 3000 people are arrested for drug use, and another 6000 interrogated for the same charge. These numbers could amount to around 10000 new cases per year before an already overburdened judiciary.

Whichever avenue policy makers and legislators decide to adopt, it is important to take stock of the harmful impact the war on drugs has had on local population, noting that it has failed in achieving its objective of decreasing supply and demand of illicit substances.

It is also important to remember the political history of the policies of repression, and to keep in mind that a number of studies are currently being conducted worldwide on the therapeutic benefits of other controlled substances such as MDMA, Ketamine, LSD, etc... As such, this debate is sure to happen again.

Today, in light of the current economic situation, the lack of access and availability of pharmaceutical medication, as well as the therapeutic benefits of cannabis, it is paramount to acknowledge the significant impact access to medical cannabis will have on individuals living in Lebanon.

Recommendations

The following recommendations stem from the consideration of available and developing evidence, as well as policy models around the world to regulate access to medicinal cannabis, while keeping in mind the Lebanese context.

1. Consider access to medicinal cannabis as a health issue, away from preconceived notions and moralistic views
2. Recognize the medical benefits and numerous applications of cannabis and cannabis components in the treatment of a number of conditions and ailments
3. Amend Law 673/1998 to reflect the changes in the scheduling of cannabis, recognizing its medical and therapeutic applications
4. Recognize the harms and negative consequences of repressive drug policies towards people who use drugs, communities and state resources
5. Keeping in mind the overburdened judiciary and the health aspects of substance use, amend law 673/1998 to decriminalize the use of cannabis and all illicit substances.
6. Grant official recognition to the Medical Cannabis Research Center at LAU and all forthcoming research centers dedicated to the study of the medical benefits of currently illicit substances
7. Consider the developing research and studies around the world on different illicit substances.
8. Involve the medical community i.e. the Order of Physicians, the Lebanese Psychiatric Society, in the decision-making process to ensure access to medical cannabis
9. Encourage and foster research and studies around the topic of medical cannabis and include cannabis in medical schools' curricula.
10. Amend Law 178/2020 and draft implementation decrees to:
 - Better define the functions of the Regulatory Body, limiting its discretionary powers
 - Limit avenues for corruption and bribery
 - Include traditional farmers and landowners in the newly established legal cannabis market
 - Ensure access to medical cannabis to people living in Lebanon.



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