Record of Discussion - SDPC 11: Cannabis in Scotland
16th June 2017

Record compiled by Anna Ross

Chair: Aileen O'Gorman

Facilitators: Anna Ross and Mike McCarron

SDCP 11 was a joint event held by SDPC and Contemporary Drug and Alcohol Studies (CDAS) at the University of the West of Scotland which focussed on the regulation of cannabis in Scotland. It was held at the UWS room in Film City Glasgow, and was attended by 18 participants of SDPC.

The event was structured into 2 sessions. The first session was a presentation by Steve Rolles of Transform Drug Policy Foundation (www.tdpf.org.uk) on current international movements for the regulation of cannabis, and important policy aims and points to consider when designing a cannabis policy (slides attached to the email).

The second session was a presentation by Bernadette McCreadie on her experience of interacting with MSP's, and Anna Ross on the potential hurdles and challenges to reform.

This record of discussion is an account of the overall views expressed at the meeting held under Chatham House rules and not the opinion of any one person or organisation.

Main Outcomes

1. **The regulation of cannabis is a policy option gaining traction internationally** and Scotland should be prepared to engage with the different models and processes involved.
2. **Creating a new narrative** on cannabis in Scotland, including challenging the idea that we are unable to do it because of the Misuse of Drugs Act 1971. There is flexibility and grey legal areas that can be worked through if there is a willingness by all those involved to engage with it.
    a. The new narrative must engage different publics in order to raise awareness around the impact of the current system of non-regulation on cannabis consumers, and potential outcomes of legal regulation.
    b. This may also include analysis on potential revenues such as Hemp production, cannabis research in Scottish universities and pharmacies, as well as taxable income from different regulatory models.
    c. It must also include the impact of criminal sanctions on consumers (physical, psychological and financial), and the financial impact on the Scottish Courts and police (see below on policy aims).
    d. Engaging with medical community in regards health benefits such as chronic pain, MS, arthritis and other neurological and nervous systems disorders which have shown to benefit from cannabis use.
3. **The Expert Working Group on Cannabis in Scotland** will take the outcomes of this meeting and work on a proposal for implementation. This proposal will be brought back to the SDPC group as a provisional draft and we will deliberate its content and how to take it forward. This will likely happen towards the end of 2017.
4. **A joint letter asking for drug policy reform**, akin to the joint letter handed to parties at the General Election 2017 will be drafted by **Steve O'Rawe** and circulated for signatures.

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Introduction

Aileen O'Gorman introduced the session and participants introduced themselves to the group.

Anna Ross then set the scene, explaining that this session resulted from a bit of money needing spent before the end of June, and the desire from some participants within SDPC to explore the legal regulation of cannabis in more depth. Anna also set out the 'Commitment to Respectful Dialogue' which SDPC has incorporated into its process. These were developed by Collaborative Scotland (www.collaborativescotland.org.uk) and aim to encourage open and respectful dialogue amongst participants. They are:

- **Show respect and courtesy** towards all those who are engaged in these discussions, whatever views they hold;
- Acknowledge that there are **many differing, deeply held and valid points of view**;
- **Use language carefully** and avoid personal or other remarks which might cause unnecessary offence;
- **Listen carefully** to all points of view and seek fully to understand what concerns and motivates those with differing views from our own;
- **Ask questions** for clarification and when we may not understand what others are saying or proposing;
- Express our own views **clearly and honestly with transparency** about our motives and our interests;
- Respond to questions asked of us with clarity and openness and, whenever we can, with **credible information;**
- **Look for common ground and shared interests at all times**.

Session One

Steve Rolles is the Senior Policy Analyst for Transform, and has been an advisor on cannabis policy to the Canadian Government (and currently the Quebec Government) and the Uruguay Government, among others. His presentation was in depth and showed how we are moving from a place of 'should we shouldn't we' to a place of 'how will we' regulate cannabis. Importantly his presentation (and book on cannabis regulation) takes us through the detail of how one would go about the process, and addresses many important areas such as focus on public health and risks.

The main policy aims outlined by Steve, and agreed by the group, create the foundation of how to progress with policy reform. They are (not necessarily in this order):

1. **Protection and enhancement of public health**
2. **Protection of youth**
3. **Increased community safety and a reduction in crime**
4. **Cost effectiveness and revenue generation**
5. **Rights/privacy and personal liberty**

However, while there may be agreement on the overall aims, different aims will appeal to different stakeholders and there may be tensions between them (for example public health approaches may not always complement the personal liberty approach).

IMPORTANTLY – policy must address the risks of cannabis. For example a key focus should be on targeting high THC low CBD high potency and intensely grown cannabis which is often smoked by

young people and may cause problems in a developing brain. A range of legal cannabis options plus education and enforcement on illegal producers would be one way to address this.

The group then discussed different models of regulation and were asked to comment on the benefits and challenges of the main models. A table outlining the responses is below.

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Models of Cannabis Regulation – for more details on each model see www.tdpf.org.uk

	Medical	**Home Grown**	**Social Clubs**
Benefits	Multiple benefits Existing models to work from Immediate reduction in medical community criminalisation Could be piloted under existing legal framework Relief of many medical ailments – and evidence to back up Strategically a good start Reduced tobacco use via health info. Potential to review existing medical practices (ie telling patients they have 6 months to live which is considered unethical by some considering this is often not the case)	Easily done by Police Scotland and LA. De-facto decriminalisation could extend to cultivation of 4-6 plants (as had happened in other UK and EU jurisdictions) Reduced police and Court costs Reduced criminalisation for growers. Encourages people to learn more about cannabis plants Less bureaucracy consumers have control over strains and pesticide use Potential health benefits between communities, police and broader civil society.	Improved health benefits – ie encouraging vaping etc Would regulate and reduce illicit high potency strains. Current models in Europe appear to be compatible with UN treaty obligations and have been tested in courts. Would/could cover many kinds of use – medicinal to recreational Opportunity to provide awareness and education on health and social issues Existing models to learn from – may be possible under MDA '71 if proper collaboration between Police Scotland, the Lord Advocate and Ministers. Heavily regulated therefore appeals to policy and public – further Tom Decorte model, attached to the email.
Challenges	Demographic of decision makers – need pharmacists and other LG personnel on board. 'perverse incentive' may increase prescribable conditions (as seen in US) Risk of medical cannabis increasing 'fake' illness. Current law on cannabis is a mess (different schedules for different components). Potential to end up with a limited range controlled by 'Big Pharma'. Resistance to a more bottom up approach by big pharma. Increase the narrative of deserving and undeserving	Health and safety issue regarding proper equipment etc. Legal uncertainty around personal use and supply still applies - for example is 1 house with 3 people allowed to grow 18 plants? And how can you establish supply? Quality control issues.	Not for Profit Scottish Weather (in regards growing outdoors etc) Implementing would require a concerted effort by those involved – no easy. May need to tested in the Scottish Courts in order to provide precedence (as in Spain)

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	State Monopoly	**Commercial**	**Charity Trusts**
Benefits	'Real' Information Fixed pricing to reduce bulk buying Pharmacy sales – more access especially in rural areas. Pharmacies act as health centres Leaflets – health information provided with products Stimulates economy Can start with tighter regulations and relax later if needs be Minimum unit pricing Tackles organised crime and helps to reduce black market Reduction in criminations and stigma	None (not representative of whole group but interesting this option had the least support) Need to provide an alternative economy for current sellers Potential of other industries such as Hemp	Multi-faced model (recent model proposed by New Zealand – needs to be investigated further) Local enterprise using 'experts' in the field Safer communities Opportunity for employment Involve existing sellers
Challenges	Need to introduce informed (peer and non-judgemental) drug education into PSHE in schools Issues with state monopoly on retail (but not medicinal?) Challenge current narratives on cannabis, use personal stories. Make sure the message is clear – public health initiative.	Lack of public control on any profits made Avoiding big pharma models Environment.	Not piloted yet Potentially over regulated

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Session Two

Bernadette McCreadie gave a talk on her experiences on campaigning for medicinal cannabis. Bernie suffers from multiple medical problems stemming from an operation and has been self-medicating cannabis after experiencing severe side effects from prescribed drugs. She spoke about her determination to engage Ministers on medical cannabis regulation, and her success in getting a meeting with several MSP's and professionals. The second meeting, due to take place in the near future, is looking at getting agreement to set up a pilot on Scotland. She has had positive engagement from some MSP's but unfortunately the SNP Government have not been as engaged as would have been expected, given their recent approval at membership level of medicinal cannabis. She spoke of her fear that any move to regulate medicinal cannabis would be dominated by corporate concerns, over and above the health and wellbeing of patients.

Anna Ross then briefly outlined the main challenges to implementing regulation, in light of the Misuse of Drugs Act 1971 and collaboration between the different departments responsible for policy (see diagram 1 below).

The groups were then asked to comment which models would best suit Scotland and how would we implement them.

Feedback from the groups consisted of points outlined in the table below, and the following:

- **Changing the narrative** – most politicians don't need to be educated on reform, but they need a good P.R. strategy and a good story (narrative) with which to approach it.
- **Fear of the Daily Mail** is exaggerated and it was felt the majority of the public would support such a move if given the right information.
- **Implementation requires strong leadership** – The President of Uruguay for example did not have a public mandate for the legal regulation of cannabis, but recognised the public health benefits and taking control away from criminal groups.
- **Requires collaboration between different authorities** – Police Scotland, the Crown Office and the PADS plus Minister need to collaborate.
- **Public Health Scotland** should play a role in educating its members on cannabis – evidence of effectiveness, impact of non-regulation on clients who self-medicate – reasons for clients self-medicating.
- **Public and practitioner awareness campaign –** potentially short videos could be commissioned on the various reasons people consume cannabis, and the impact the current system is having on personal and professional lives.
- **Medical vs medicinal –** medical cannabis is prescribed for certain conditions and is described as pharmaceutical grade cannabis. Medicinal cannabis is the use of cannabis by individuals to treat medical conditions that may not be 'prescribable'.
- **Process on implementation**
    - **Medical –** many US states started with medical – then went to decriminalisation (and some legalisation). Benefits include a staged implementation – but results is criminal sanctions still apply and people still feel the impact of them.
    - **Decriminalisation**
    - **Home growing**
    - **Social clubs**
    - **Licenced retail** – either state owned or commercial outlets – or combination

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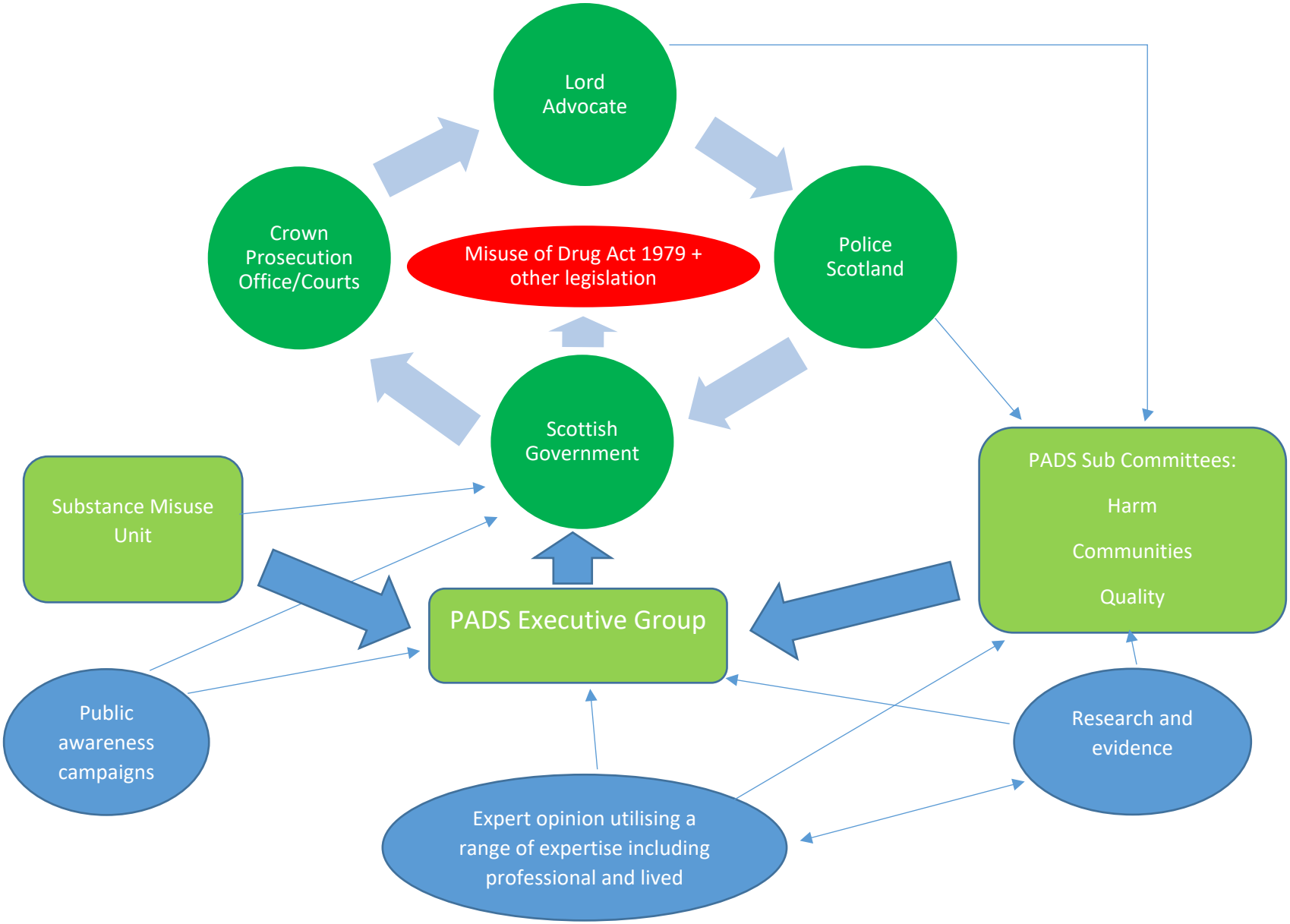
Diagram 1 – the process of collaboration and advisory structure



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2 important resources on the practicalities of regulating cannabis are:

TDPF's 'How to Regulate Cannabis', available at: http://www.tdpf.org.uk/resources/publications/how-regulate-cannabis-practical-guide

Tom Decorte of the University of Ghent's soon to be published booklet on 'How to Regulate Cannabis Social Clubs' (slides attached to initial email.

Outcomes of group discussion on how to implement the different models.

The bulk of the focus was on medical, social clubs and home growing. These three models are gaining traction around the world and can be combined with state monopoly of the retail sector. The home growing model and social club model have similar benefits and challenges, as outlined below.

<table>
<tr><th>Home Growing</th><th>Social Clubs</th><th>Medical</th><th>State Monopoly</th></tr>
<tr><td colspan="2">Can be established through case law as in Spain.
Would need to engage with lawyers and the courts.
Build an 'expert' group with legal practitioner and scholars</td><td>Engage with Pharmacists.</td><td rowspan="6">Establish a research foundation (or something similar).
Fixed prices and regulated amounts.
Moratorium on commercial sale (potentially 5 years)</td></tr>
<tr><td>Can be extended similar to minor offences policy on possession of cannabis</td><td>Questions re social clubs:
How social is cannabis?
Is it a physical space or a network?
How would you police exclusivity, e.g. age?
Would it improve education on cannabis?</td><td>Engage with Public Health Scotland to raise awareness/educate. This could be done via NHS Scotland Educational – education on client cannabis use could be built into knowledge performance indicator framework</td></tr>
<tr><td>Other jurisdictions in UK have informal policy on home growing already</td><td>Could social clubs operate like cannabis cafes?</td><td>Benefits include de-stigmatisation and likely to get public approval</td></tr>
<tr><td rowspan="4"></td><td rowspan="4"></td><td>May cause public distrust because Scotland has power to implement (to a certain extent) and not doing so may raise question as to why not.</td></tr>
<tr><td>Good evidence base already exists</td></tr>
<tr><td>Need to emphasise that just because it is a medicine, does not mean it is safe.</td></tr>
<tr><td>Need to make sure it does not stigmatise social users.</td></tr>
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Moving Forward

Following the group discussions it was agreed that the cannabis sub group would take the outcome and develop a draft document which utilises all the available resources and evidence on the 4 models – home growing, social clubs, medical cannabis and state monopoly of retail. Other models can be explored as they arise, but overall it was agreed that commercialisation of cannabis should be approached with caution, and this **includes corporate control over medical products**.

Key areas of exploration include:

1. What are the key drivers for Scotland? If it is public health does there need to be a public mandate – i.e. Uruguay's implementation without a mandate.
2. How to use the power of human stories? Engaging non tradition support such as parents in telling positive stories, or the impact that the current system has had on their lives.
3. What is the economic impact of the current system, and what would be the economic impact of a reformed system?
4. How would you implement under the current legal framework?
5. How would you implement in the event of Scottish independence?

Next session(s)

Given the success of this session we agreed we would take the format and use it to discuss heroin in Scotland. The date is yet undecided but it is likely it will take place at the end of August, beginning of September.

We also have a collaborative event with the Salvation Army's Centre for Addiction Services and Research at the University of Stirling featuring Alex Stevens (tbc) in the Autumn.

To be continued…