



PsySSA Statement on Cannabis

Position Statement

Background

On 18 September 2018, the Constitutional Court of South Africa handed down its judgment for case CCT 108/17, the Minister of Justice and Constitutional Development and Others v Prince. This case was an application for an order of constitutional invalidity made by the High Court of South Africa (Western Cape Division, Cape Town) which had previously declared that criminalising the use, possession, purchase and cultivation of cannabis was unconstitutional (ConCourt Post Judgment Media Summary, 2018).

The judgment was unanimous and drafted by Zondo ACJ, with the Constitutional Court declaring that:

1. section 4(b) of the Drugs and Trafficking Act 140 of 1992 was unconstitutional and, therefore, invalid to the extent that it prohibits the use or possession of cannabis by an adult in private for that adult's personal consumption in private;
2. section 5(b) of the Drugs and Trafficking Act 140 of 1992 was constitutionally invalid to the extent that it prohibits the cultivation of cannabis by an adult in a private place for that adult's personal consumption in private; and
3. section 22A(9)(a)(i) of the Medicines and Related Substances Control Act 101 of 1965 (Medicines Act) was constitutionally invalid to the extent that it renders the use or possession of cannabis by an adult in private for that adult's personal consumption in private a criminal offence.

The Constitutional Court held these statutory provisions to be constitutionally invalid as these aforementioned stipulations impinge on the right to a person's privacy as entrenched in section 14 of the Constitution. Essentially, the judgment has two primary results: firstly, it decriminalises the use or possession of cannabis by an adult in private for that adult person's personal consumption in private; and secondly, it decriminalises the cultivation of cannabis by an adult in a private place for that adult's personal consumption in private. It is to be noted however, that the use or possession of cannabis by a child anywhere, or by an adult in public, is not decriminalised (ConCourt Post Judgment Media Summary, 2018).

The Science

PsySSA acknowledges that medicinal cannabis use is currently supported in the literature for its use in the treatment of chronic pain and spasticity (Whiting et., 2015). However, various research studies have noted an association between cannabis use and adverse mental health outcomes. In a meta-analysis that screened 4764 published studies on the association between cannabis use and depression, it was concluded that cannabis use may be associated with an increased risk for developing depressive disorders, and more longitudinal studies were recommended (Lev-Ran et al. 2014).

A systematic review and meta-analysis by Gibbs et al. (2015) investigated cannabis use and mania symptoms and concluded that, while the results were provisional, it appeared that cannabis use may act as a

causal risk factor in the incidence of manic symptoms. Similarly, Marconi et al. (2016), in their meta-analytic study, concluded that the current evidence demonstrated that high levels of cannabis use increase the risk of psychotic outcomes and that there is sufficient evidence to substantiate harm reduction prevention programs. Earlier meta-analyses have reported a 2-fold increase in the risk of developing a psychotic disorder in cannabis users compared to non-users (Moore et al., 2007; Semple et al., 2005).

PsySSA endorses the position statement by the Executive Committee of the Central Drug Authority wherein Stein (2016) noted several well-documented harms of cannabis use including associations with cardiovascular disorders, respiratory disorders, and cognitive impairment (Laurent et al., 2014), and that acute cannabis use is linked to an increased risk of motor vehicle collisions and resultant fatalities (Asbridge, 2012). Hall's (2015) research concluded that "the epidemiological literature in the past 20 years shows that cannabis use increases the risk of accidents and can produce dependence, and that there are consistent associations between regular cannabis use and poor psychosocial outcomes and mental health in adulthood" (p 19). James et al. (2013) have also reported that the effects of cannabis on the developing brain during childhood and adolescence remains unclear and highlight the need for further methodologically rigorous longitudinal studies.

Recommendations & Conclusion

1. PsySSA holds the view that policy and regulatory changes regarding the use of cannabis or other psychoactive substances should be done in consultation and engagement with the relevant stakeholders and experts in the field.
2. PsySSA is concerned about the potential broad range of unintended consequences that such policy changes may trigger and the profound implications for health and social systems in South Africa.
3. It is noted that in some countries where similar regulatory changes have transpired, such occurrence has been supplemented with an increased number of facilities offering detoxification and treatment and an increase in the number of drug education campaigns. PsySSA has concern over whether South Africa's economy and health system can afford such necessary support systems.
4. PsySSA agrees with the current scientific opinion that there is insufficient evidence to predict the long-term consequences of the legalization of cannabis.
5. PsySSA supports ongoing research on the use of cannabis for medicinal purposes to ensure that its purported and potential benefits can be scientifically measured against medical and societal risks. PsySSA also argues for the rigorous regulation of the manufacturing and sale of medicinal cannabis to reduce harm to users.

References

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