

FIRST STATEMENT

STAKES OF CANNABIS CULTIVATION

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INTRODUCTION

Cannabis, just like egg-plants, Irish potatoes, tomatoes etc belongs to the hops and therophytes family.

It is a plant which is grown all over the world, especially in Africa, where it was used by ancient civilizations:

- for religious ceremonies, clothing, protection, food, or medication;
- for making ropes, paper and nautical products.

Today, diverted from its original use, cannabis is one of the main drugs abused by young and old alike across the world. People often smoke it but rarely eat it except as space cake and it is often in the form of grass (marijuana, sunk ...), resin (hashish, shit ...) or oil.

Cannabis resin is more or less often mixed with other toxins such as tobacco, paraffin, stimulants

The number of hard drug users is estimated at 230 million across the world, with 200 million problematic users. Out of these, 34 million are found in Africa.

In relative terms, cannabis represents 8.5% of prevalence of drug use, hence, an absolute figure of 20 million persons.

In Cameroon:

- 25% of the population has tasted hard drugs;
- 10% are frequent drug users especially cannabis;
- Over **12,000 young people** use cannabis daily or occasionally.

Cannabis is easy to grow because people have easy access to female seeds commonly called “pepper”. This has enabled:

1. **the large scale development and cultivation of cannabis** in some regions mainly in the West and the North-West;
2. **the small scale production of cannabis** in all regions of the country especially in farms and plantations where the following are cultivated:
 - cash crops (cocoa, coffee, cotton, rubber, pineapple, etc);
 - food crops especially cereals and tubers (maize, beans, potatoes, cassava, cocoyam, yam, etc);

- market garden crops (flowers for gardens and for decoration, tomatoes, pepper, watermelon, cucumber, etc).

Cannabis is also cultivated on a smaller scale in some remote areas, or even in well-prepared rooms, without it drawing the attention of the immediate neighbourhood.

This is the reserve that supplies the market and engenders all the negative effects and deviant behaviour associated with drug use.

The challenge of cannabis cultivation lies in the fact that drugs negatively affect, either directly (health stakes), or indirectly (socioeconomic consequences linked to the deviant behaviour associated with the consumption of cannabis).

I. HEALTH CHALLENGES

Though the consumption of cannabis provokes a feeling of relaxation, mild euphoria, pleasure accompanied with spontaneous laughter for no reason, dozing, or stimulation of appetite, its effects on health depend on the duration of consumption (episodic or chronic).

A. Episodic consumption

- *Physical health*
 - Increase in heart beat and high blood pressure;
 - Bronchial irritation leading to cough;
 - Modification of perception and loss of concentration and reflexes;
 - Red (blood-shot) eyes.
- *Psychic health*
 - “Highness” from cannabis;
 - Short-term memory disorders;
 - Difficulty to multitask (while driving);
 - Acute fear.
- *Behaviour*
 - Lethargy;
 - Violence;
 - Homicide and/or suicide.

B. Chronic consumption

- *Physical health*
 - Lung cancer;
 - Increase in heart disease and heart-related deaths.

- *Psychic health*

- Development of psychic and sometimes physical addiction;
- Schizophrenia

It is worth noting that cannabis mixed with tobacco leads to both physical and psychic addiction. In the long run, this mixture becomes harmful to the cardiovascular and respiratory systems.

For pregnant women, the mixture of tobacco and cannabis increases the risk of premature birth, low birth weight, and some growth issues in infants.

This mixture leads to aggravated psychic or psychiatric problems especially in young consumers.

The tar contained in cannabis and tobacco smoke is carcinogenic. Also, the mixture of cannabis with alcohol and medication (stimulants and tranquilizers) increases health risks.

II. SOCIOECONOMIC CHALLENGES

They are closely linked to the adverse effects of drugs on individuals (physical and psychic) and their consequences on communities.

Several parameters should be considered in assessing the economic challenges of cultivating cannabis.

However, considering the negative health effects of cannabis consumption and parameters such as hospitalization, cost of medication, scarcity of mental health professionals, chronic nature of related diseases, poor work ethics (absenteeism, disability, suicide, etc), we can conclude that cannabis has a devastating effect on our economy.

Cannabis consumption also has serious social effects seen in crime such as:

- Theft of goods;
- Addiction-related murders, etc.

III. SCIENTIFIC AND THERAPEUTIC CHALLENGES

Clinical trials have been undertaken in some countries on some twenty diseases including multiple sclerosis.

However, even in research circles, the effectiveness of this therapy is not yet proven.

CONCLUSION

Cannabis is a narcotic drug and a psychotropic substance which contains 500 constituents identified and which vary depending on the species.

Its main active agent is THC “Tetrahydrocannabinol” which is responsible for two forms of addiction, namely:

- Psychic (or mental) addiction which is manifested in the irresistible desire to take weed. However, cannabis is not addictive when taken alone (without mixing with tobacco or other stimulating or sedative products).
- High physical and psychic addiction (when mixed with tobacco and/or alcohol);

Cannabis is composed of carbon and tar. Smoking it exposes the user to the same diseases caused by tobacco (cancer, acute bronchitis). The misuse and trafficking of cannabis leads to violent situations and problems related to disregard for legal provisions (summons, court cases, sanctions, etc).

As a whole, cannabis is a risky plant which is of interest to medicine and whose use is regulated by:

- The UN Convention on narcotic drugs (1961, 1972, 1988);
- National laws on narcotic and psychotropic drugs.

It is worth noting that Cameroon’s national law classifies cannabis as a high risk substance or plant.

Since drugs have become a global problem, given that there is increasing talk of a “**global drug epidemic**”, strategies to fight this scourge are implemented at three levels:

- International (UNODC);
- Regional and sub regional (AU, CEMAC ...);
- And national (signatories to conventions).

Whatever the level, strategies are classified into three categories and are implemented based on the principle of “cooperation, equilibrium, and shared responsibility”.

In Cameroon, strategies to combat drugs in general are developed on the basis of:

- International directives (UNODC, AU, ECCAS, etc)
- National regulatory and legal provisions.

The current strategy has three components and its implementation is based on the “multi-sector” and “shared responsibility” principles. It aims is to:

- reduce the provision of narcotic drugs and psychotropic substances (through the police, gendarmerie, customs, legal and administrative authorities);

- reduce demand for narcotic products and psychotropic substances (through health authorities, nongovernmental organizations, municipal, religious and traditional authorities);
- reinforce national and international cooperation in the fight against drug trafficking and organized crime.

Therefore, drugs in general and cannabis in particular are a concern for everybody.

There is need to consult at the local level and participate in actions to prevent this scourge.

Also, administrative authorities should embark on actions which can:

- reduce risk of use or abuse and;
- charge people who go against the legal and regulatory provisions that govern life in society.

ANNEXES

FILE No. 1
SCOPE OF THE DRUG EPIDEMIC

Drugs: a global problem

- Each year, close to 210 million people use drugs and 200,000 die as a result.
- Recent studies have revealed the presence of a fast-growing market.
- Between 1998 and 2008, the number of drug users increased significantly depending on the main products:
 - 34.7% of opiate consumers;
 - 27% of cocaine consumers;
 - 8.5% of cannabis consumers.
- It is known worldwide that the issue of drugs raises a number of health and social challenges, hence:
 - drug abuse and trafficking is commemorated every 26 June.
 - many countries have signed up to the various conventions to fight this global scourge:
 - the Single Convention on Narcotic Drugs of 30 March 1961 in New York, and entered into force on 13 December 1964;
 - the Convention on narcotic drugs and psychotropic substances, signed on 20 December 1988 in Vienna;
 - the UN Convention against transnational organized crime, on drug trafficking, extradition, and money laundering adopted on 15 November 2000.

Drugs: Cameroon is not spared

- ICPO-Interpol has classified Cameroon as a 'production', transit, destination, and consumption country of all kinds of drugs:
 - Cannabis is the main drug produced in Cameroon with a trafficked volume on the rise;
 - Psychotropic substances are also hugely trafficked;
 - A significant part of synthetic drugs (cocaine, heroin, amphetamine, antidepressant ...) which enters Cameroon is for local consumption.
- Results of investigations on the situation of drugs in the country reveal that:
 - 25% of the population has experimented with a hard drug;
 - 10% of Cameroonians are frequent drug consumers, with 60% aged between 20 and 25;
 - Rural populations are more affected by drug abuse than urban residents;

- Women (who use cannabis as hair treatment) are more affected than men;

Thus, the documents published by the General Delegation for National Security, the Secretary of State for Defence in charge of the Gendarmerie, the Directorate General of Customs, and the courts of first instance present following information:

- **In 2011, a total of 9009 criminal cases** (misconduct, night robbery, drug and organ trafficking, cybercrime, vehicle and motorbike theft ...)
- **89 actions to impound** drugs in urban areas, with 49 in the Adamawa region and 11 in the Centre,
- 26 organized groups (highway robbers) of drug addicts and users of warfare weapons were dismantled,
- **396 cases of stolen vehicles and motorcycles related to drug use were recorded,**
- **19 cases of cybercrime were recorded by the judicial police department, with 8 cases in the South-west Region and 5 in the Centre,**
- Many hectares of cannabis farms were discovered and destroyed across the country;
- Over a hundred foreigners (Chadians, Nigerians, Central Africans, Kenyans, Moroccans, Latvians, Pakistanis, Thais, and Cameroonians, Nigerians, ...) were summoned for the trafficking of cannabis, psychotropic substances, cocaine and heroin;
- Over twenty persons, mainly students and graduates, were referred to the courts on charges of cybercrime;
- A large amount of cannabis, a little over 6 tonnes, was impounded. Part of this cannabis was intended for local consumption and a large amount was to be exported;
- Hundreds of Indian hemp troves/rolls were seized around schools in urban areas;
- **150 kg of cocaine in 2011 and 8,272 kg in 2012** were impounded/seized in the country's airports;
- In 2011, **2 kg** of heroin smuggled from Nigeria were seized in a hotel in Douala, a few unweighted grams were seized as part of routine actions/operations;
- In urban areas, large amounts of psychotropic substances packaged in boxes of 25 kg were impounded by the Police. They included

Diazepam, Tramol, Tramadol, Methamphetamine, Ephedrine tablets
... These drugs were supposedly from Asia and West Africa.

It is clear that the amounts of drugs seized are not representative of the actual amounts in circulation across the national territory.

In addition, an increase in alcohol and drug-related cancer and pneumopathy cases has been observed. However, it is still difficult to obtain data on other infectious diseases related to drug abuse.

Yet, HIV/AIDS has emerged as a cause of drug abuse and alcohol consumption due to its depressing consequences.

According to a survey conducted on youth who indulged in unprotected sexual intercourse in a state of drunkenness, various cases of HIV/AIDS can also be attributed to the abuse of drugs and alcohol.

Furthermore, data on drug-related crime is not fully available due to the absence of studies. The link between both is however obvious simply by observation. In fact, most robberies, including "highway robbery", are committed after consumption of Indian hemp.

In hospitals, the number of patients requiring health care due to the use of cannabis or other psycho-active substances is on the rise. The Jamot Hospital in Yaounde alone receives 5,000 to 6,000 patients yearly with an increase of about 2000 patients every year. In 2010, 340 patients, 500 in 2011 and 657 in 2012 were admitted for drug-related illnesses: fits of delirium, bipolar disorders, schizophrenia, drug-addiction, and chronic psychosis ... In addition, 70 to 75 % of persons admitted to the hospital were young people aged between 20 and 45.

It is worth noting the increase in the consumption of traditional uplifting herbs often added to traditional alcohol, "*Afofo*", as it is commonly known, which has caused many deaths in villages. The common use of alcoholic products packaged in sachets and retailed at CFAF 100 is a destructive plague which needs to be dealt with. The availability of these alcoholic products in sachets, which are often consumed with cannabis, is the cause of motorbike accidents in major cities and villages in the country. The Douala Laquintinie Hospital alone recorded slightly over 2000 cases of injury caused by motorbike accidents in 2011 against 2,657 cases in 2012.

In fact, available raw data from across the country reveals an increase in the consumption of cannabis and other drugs.

FILE 2

PHYSICAL AND HEALTH-RELATED CONSEQUENCES OF DRUG ABUSE

Physical

- Deterioration of physical appearance and poor body hygiene
- Loss of weight (due to loss of appetite)
- Enlargement or irritation of the lips
- Depigmentation of the cheeks
- Red (Bloodshot) eyes
- Stigmata on the skin (injection sites)
- Ugliness

Health

- Weakening of natural defences, hence exposure to infection (hepatitis, septicaemia, HIV/AIDS)
- Respiratory disorders (lung infection)
- Cardiovascular risks (infection of the heart and other vessels)
- Destruction of the brain
- Reduced intellectual ability
- Reduced fertility
- Reduced physical stamina
- Sleep disturbances (cocaine)
- Cancer (tobacco)
- AIDS (loss of self-control: unprotected sexual intercourse, improper use or non-use of condoms, injections)
- Hallucinations (cannabis)
- Coma (overdose)
- Death
- Etc.

FILE 3

ADVERSE EFFECTS OF DRUG ABUSE ON BEHAVIOUR AND SOCIETY

Behaviour

- A distracted and absent-minded look, reduced vigilance;
- Discouragement (young people lose the desire to do anything, slack off, and think that drugs are the only way out);
- Verbal aggressiveness for no real reason;
- Change of attitude towards family, friends, school, and usual activities;
- Hypersensitivity, unusual anger;
- Excessive laughter and crying for no apparent reason;
- Groundless change of opinion;
- Association with isolated groups;
- Repeated absence from school;
- Constant desire for money, theft from parents and friends, trickery, robbery, prostitution;
- Specific smells, possession of drug-related materials (cigarette paper, pipes, syringes);

In society

- High cost of care by society (health care, suppression of drug trafficking);
- Obstacle to healthy and productive labour force, poor performance;
- Reduction in productivity;
- Increase in ills such as prostitution, corruption (to enable the free flow of drugs);
- Escalation of violence: crime, assaults and organized crime, robbery of pharmacies to obtain drugs;
- Upsurge in juvenile delinquency;
- Multiplication of marginalized groups;
- Increase in death rate due to overdose;
- Increase in the number of road and workplace accidents.

FILE 4

DRUGS AND DRUG-SPECIFIC DANGERS

DRUG	SPECIFIC DANGERS	COMMON DANGERS
CANNABIS OR BANGA OR INDIAN HEMP	<ul style="list-style-type: none"> - Anxiety, fear, worry, apprehension, distress, confusion, distraction ... - Loss of the notion of time and space, lack of energy; - Slow thinking/poor concentration; - Hallucinations; feelings of persecution, unease, psychic disorders 	<ul style="list-style-type: none"> - Lowering of natural defences - Exposure to diseases (hepatitis, HIV/AIDS) - Addiction - Aggressiveness - Loss of appetite
HEROIN	<ul style="list-style-type: none"> - Severe illnesses (HIV/AIDS, septicaemia) - Respiratory disorders - Overdose resulting in coma or death - Withdrawal syndrome 	<ul style="list-style-type: none"> - Weight loss - Physical weakness - Reduced intellectual activity
COCAINE	<ul style="list-style-type: none"> - Heart complications - Sleep disturbances - Destruction of the nervous system 	<ul style="list-style-type: none"> - Criminal acts (rape, assault, theft, murder ...) - Madness
CRACK	<ul style="list-style-type: none"> - Respiratory disorders - Depression and suicide 	<ul style="list-style-type: none"> - Suicide
AMPHETAMINE	<ul style="list-style-type: none"> - Arousal and sadness - Insomnia 	<ul style="list-style-type: none"> - Ugliness
LSD	<ul style="list-style-type: none"> - Hallucinations 	<ul style="list-style-type: none"> - Death
SOLVENTS	<ul style="list-style-type: none"> - Loss of contact with reality - Lung destruction - Brain damage - Asphyxia and coma or death 	
TOBACCO	<ul style="list-style-type: none"> - Cardiovascular risks - Respiratory disorders - Cancer - Reduced physical stamina 	
ALCOHOL	<ul style="list-style-type: none"> - Reduced vigilance - Loss of self-control - Irresponsible behaviour 	

FILE 5

PRACTICAL TIPS FOR COMBATTING DRUG ABUSE

How can drugs be avoided?

Drugs can be avoided by:

- learning about the damaging effects of drug abuse
- adopting healthy recreational activities (sports, dancing, walking, reading ...)
- joining an association to regain self-confidence
- seeking counselling when necessary
- knowing that hard work is the key to success
- working at the right pace and resting when tired
- avoiding bad company and drug trafficking and sales points
- bearing in mind that the cultivation, trafficking and consumption of some drugs is punishable by law.

What should one do in the presence of a drug addict?

- Try to understand the person.
- Avoid dramatizing the situation
- Avoid judging and stigmatizing the person
- Get informed on the adverse effects of drug abuse
- Show some love and affection
- Ensure that he is in good health (feeding)
- Involve specialists (medical staff and social workers)

Tell-tale signs of drug-abuse

N.B.: Each of these signs, especially a change of attitude, may simply be due to adolescence. However, a combination of signs should result in keener attention to and dialogue with the teenager.

- Change of attitude towards family, friends, school and usual activities
- Unusual hypersensitivity and anger
- Distraction, daydreaming
- Verbal aggressiveness for no real reason
- Excessive laughter and crying for no apparent reason
- Change of friends for no apparent reason and without conflict
- Desire to be alone, indifferent attitude towards life, belonging to isolated groups

- Repeated absence from school or from usual leisure activities, running away from home
- Deterioration of physical appearance and personal hygiene
- Desire to borrow or steal money from parents or friends
- Specific odours in bedroom
- Possession of cigarette paper (LB) and rolling paper
- Drowsiness in the day, blood shot eyes, dilated pupils, wearing sunglasses even in the evening to hide eyes
- Poor assessment of objects, distance and speed
- Impaired coordination, staggering
- Stuttering
- Appetite disturbance (increased or decreased appetite depending on the type of drug consumed)
- Scars along veins especially on the arms, bruises on the hands, arms and legs
- Blood spots on clothes, possession of tools such as special pipes, syringes or droppers, spoons, tourniquet, cotton balls.