

Old Herb, 'New' Purpose: A Preliminary Analysis of Marijuana as a Medicine in Barbados

DH Cohall¹, A Griffith²

ABSTRACT

Barbadians, like their Caribbean neighbours, are not newcomers to using herbs for medicinal purposes. It has been suggested that prior to the 1930s and beyond, the herb Cannabis sativa was being used for various ailments. Much of the present debate in Barbados revolves around the increasing recognition that the condemned plant seen as injurious to society, especially the youth, represents a potential treatment for several illnesses. This article specifically examines the social construction of marijuana as a drug or substance of abuse versus its use as a medicine and the impact of the present prohibitionist policy on its use especially as a medicine.

Keywords: Barbados, cannabis, decriminalization, legalization, marijuana, medicine

Hierba vieja, 'propósito nuevo': un análisis preliminar de la marihuana como medicina en Barbados

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RESUMEN

Los barbadenses, al igual que sus vecinos caribeños, no son advenedizos en cuanto al uso de hierbas con propósitos medicinales. Se ha sugerido que antes y después de la década de 1930, la hierba Cannabis sativa era ya utilizada para tratar varias dolencias. Gran parte del actual debate en Barbados gira en torno al creciente reconocimiento de que dicha planta – condenada por considerársele perjudicial para la sociedad y especialmente para la juventud – representa hoy un tratamiento potencial de varias enfermedades. Este artículo examina específicamente la construcción social de la marihuana como droga o sustancia de abuso, frente a su uso como medicamento. Asimismo, se aborda el impacto de la políticas prohibicionistas actuales sobre su uso, especialmente como medicamento.

Palabras clave: Barbados, cannabis, descriminalización, legalización, marihuana, medicina

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INTRODUCTION

The use of plants in the management of illness in Barbados and the wider Caribbean has been influenced primarily by ancestral practices of the Amerindians, West Africans and East Indians (1). Cohall provided several reasons for the decline in the practice over time, among these being the efficacy of the preparations of the plants (2). There is also the challenge in the consistency of dosage when compared with conventional treatments as well as the potential interactions with such conventional treatments. A similar contention is made for *Cannabis sativa* in its raw form. The use of the herb by humans in the Western hemisphere dates back for thousands of years. Reference has been made to its use as a fibre (for clothing and textiles), as a medicine (pain and spasm relief) and as an inebriant (3).

Cannabis, commonly referred to as ganja or marijuana (the term ‘marijuana’ is said to be aligned with racist and xenophobic efforts to criminalize and marginalize Mexicans in the United States of America (USA) in the early 1900s), is a greenish-grey mixture of dried leaves, seeds, stems and flowers of the cannabis plant. Under the laws of Barbados, cannabis refers to ‘any plant of the genus Cannabis from which the resin has not been separated and includes any part of that plant by whatever name it may be designated’ (Drug Abuse (Prevention and Control) Act, Chapter 131). Its cultivation, possession, import, trafficking, supply and misuse and the possession of any equipment for its use as well as its resin are all illegal on the island. Furthermore, possession of cannabis on or near (within 100 yards) school premises, the inclusion of a child or young person in the drug trade, and the purchase of cannabis from a child or young person are illegal and on indictment could result in imprisonment for life (Drug Abuse (Prevention and Control) Act, Chapter 131). Schools here include any nursery, primary or secondary school, technical institution, training centre, teachers’ college, community college, university or any other educational institution and the facilities maintained by such institutions.

In the context of Barbados, any redefinition or reclassification of marijuana as a medicine *vis-à-vis* its legalization for medical purposes involves restructuring the present gatekeeping prohibitionist policy and a reduction in state paternalism. Decriminalization and legalization represent two separate policy options and even in the case of decriminalization, it may be for specific purposes *eg* recreational, religious and/or research. Legalization for any purpose besides medical use implies the substance being regulated in possibly the

same manner as other legal substances (such as alcohol and tobacco), although present international conventions may limit such an option. On the other hand, medicalization of marijuana shifts its use away from a criminal offence towards the domain of health and covers use for a specific purpose accompanied by sale, production or distribution or a combination of these actions in the same manner as other socially accepted medicines.

One of the major arguments against marijuana use has been its potential as a gateway drug. That is, the use of cannabis and other ‘soft’ drugs sees the user progressing to ‘hard’ drugs like cocaine and opiates (4). Further, it is assumed that legalization for medical purposes will see incremental policy change to decriminalization for recreational purposes or further desire for or decriminalization of other drugs. Consequently, marijuana represents a ‘gateway’ drug in several ways, *ie* not only have arguments been proffered that see marijuana as a stepping stone to hard drug use but that relaxing the laws for medical use will result in a loosening of the laws for recreational use of cannabis and further liberalization of laws towards other illegal drugs. Like many other countries, Barbados is yet to formally reflect marijuana as a medicine in its drug policy and stands to learn much from other jurisdictions that have legalized the herb for medicinal purposes. Although Section 3 (2–3) of the Drug Abuse (Prevention and Control) Act (Chapter 131) states that the Minister of Health can amend the Drug Schedules by adding or removing any drug, substance or product after consultation with the Drug Formulary Committee, if the environment or supporting regulatory framework is not in place, this is rendered pointless. Rather than engage in a debate about whether or not Barbados should completely legalize or decriminalize marijuana, this article applies a symbolic interaction perspective and seeks to contribute to the literature on its possible medical use in the Barbadian context by addressing the following two themes:

- the symbolism of marijuana as a drug or medicine and the perceptions of harm to users and society; and
- the potential for the legal use of marijuana as a medicine in Barbados.

To address these themes, the article reviews published and grey literature on the topic.

THE SYMBOLISM OF MARIJUANA: MEDICINE OR DRUG?

It is undeniable that marijuana has bioactive constituents – cannabinoids including the psychoactive

tetrahydrocannabinol (THC) – which act on the brain's cannabinoid receptors. These receptors are activated by the endogenous cannabinoids or the endocannabinoids – anandamide and 2-arachidonyl glycerol. The endocannabinoid system controls appetite, pain sensation, mood, pleasure sensation, immune system and memory (5). Recent research into the pharmacodynamics of cannabis found that it contains many bioactive constituents (phytocannabinoids) that possess therapeutic potential for pain relief, controlling nausea, stimulating appetite and decreasing ocular pressure (5, 6). When prescribed as a medicine, marijuana can be taken orally, inhaled, applied topically or administered by suppositories for the management of various conditions. Some of the more popular formulations include oromucosal sprays, capsules, vaporized forms and tinctures. Nabilone, synthetic THC, was approved by the United States Food and Drug Administration in 1985 and also marketed in the United Kingdom, Mexico and Austria for oral administration for nausea, pain and vomiting. Dronabinol, also a synthetic THC compound, is licensed primarily in the USA and Germany with similar indications as nabilone and also for appetite stimulation in patients with HIV. Nabiximols (27 mg THC: 25 mg CBD/mL) is formulated as an oromucosal spray and is licensed for use in Europe and Canada for spasticity due to multiple sclerosis. Recent meta-analyses of clinical trials have documented moderate quality evidence which corroborates the use of cannabinoid products for spasticity and for the improvement in pain, while there has been low quality evidence for appetite stimulation in patients with cachexia syndromes and for nausea and vomiting due to cancer chemotherapy (7).

Several comparisons have been made between marijuana and alcohol in relation to their toxic effects, given that an excess of alcohol can be fatal. However, the harm associated with marijuana use includes the potential for accidents or injury and the impairment of judgment while intoxicated. The casual association of recreational use of marijuana with depression and psychosis among other effects of smoking marijuana similar to the smoking of tobacco (lung damage) has been debated (3). Cannabis dependence was said to occur in 10% of users (3). It is to be borne in mind that smoking is not a recommended method of administering metered doses of medical cannabis.

While there is empirical evidence of the pharmacological basis of the use of marijuana as a medicine and how its use as a medicine impacts its classification, it is still seen as a drug in Barbadian society or

a substance of abuse. This view may be impacting the reluctance to permit medical marijuana. Blumer posited that the response of humans towards things is located in the meaning they attach to those things, that these meanings are a consequence of social interaction, and these meanings can be modified by the interpretation of people in the process of interaction (8). It is this symbolic interaction theoretical perspective, which demonstrates that reality is socially constructed, that allows for the analysis of marijuana as a drug or medicine in Barbados. The symbolism of medicine elicits a different response or has a different meaning to a drug. The distinction made between medicines and 'drugs' as defined by the society is one that is socially constructed and culturally bound.

In Barbados, like elsewhere, legally and medically sanctioned psychoactive substances are set apart from those substances that are met with social disapproval. In other words, medicines are accepted given their regulation and recommendation by medical personnel while drugs are viewed as harmful to society especially the youth. Further, some authors have defined medicines as 'compounds generally prescribed by a physician that treat, prevent, or alleviate the symptoms of disease' (9). Pharmacologically, drugs are defined as substances, other than a nutrient or an essential dietary ingredient, that affect living systems while medicines may be one or a combination of drugs given to produce a therapeutic effect (10). It has also been posited that 'a drug is a chemical which is in the wrong place at the wrong time' (11) and that the classification of drugs is an entirely political process as society dictates what people should avoid and need to avoid *vis-à-vis* addiction (12). So while some 'medicines' are misused and abused, and are equally or more harmful than marijuana, and while some people use illicit drugs to self-medicate, the classification of marijuana as a 'drug' or 'medicine' in society is laden primarily with political, social and cultural standards as opposed to the scientific basis of the classification. Skepticism among the medical fraternity about the therapeutic benefits of marijuana given its stigma as an illegal non-medical drug also affects societal construct. However, it has been posited that the skepticism is linked in the claim that medical marijuana really is a gateway for its recreational use (13).

Over the centuries, marijuana has certainly found itself as both a medicine and as a substance of abuse in the views of many in global society. Mechoulam (14) described the long history of marijuana as a medicine

used in the treatment of constipation, rheumatism and other ailments, while Russo (15) pointed out that in 19th century United Kingdom, derivative preparations were used to treat migraines in both adults and children. Further examples of its use as medicine from the mid-1850s in the USA, before its prohibition in the 1930s, have been documented by Grinspoon (16). The inclusion of ‘hashish’ or Indian hemp in the list of dangerous substances to be controlled by international legislation following The Hague (1912) and Geneva (1924–25) Conventions led to the herb being reclassified in the West Indies under the 1937 Dangerous Drug Ordinance from a commonly consumed, cultivated and culturally acceptable substance by the East Indian populations in Trinidad and Tobago, Guyana and Jamaica to a criminally offensive substance of abuse (17). It is also possible that in Barbados, the alignment of marijuana with certain marginalized groups (such as Rastafari) and with criminal activity contributes to its continued social construction as harmful to society. Manderson made the point that its outlawing was not due to the dangers of marijuana itself. One cannot ignore the power dynamics in the distinction of drugs and medicines as those with power are able to ‘define’ what is allowed (18). Such thoughts align with conflict theorists who acknowledge that in the context of the USA, the outlaw of certain drugs was due to their association with specific minority groups (19). Simply put, ‘drug laws have been symbolic weapons’ (18).

To emphasize the societal construct in Barbados, data from a Caribbean Development Research Services (CADRES) survey in 2003 showed that a majority of Barbadians (59%) believed that marijuana was harmful and only 36% of the population thought that it was beneficial for one’s health (20). It can be deduced that the plant was not seen as a ‘medicine’ with 64% of the population supporting its continued prohibition (20). A more recent CADRES poll conducted in June 2017 demonstrated a change in the attitude of Barbadians towards its marijuana laws as 52% of the population supported either decriminalization or legalization (21). Given global research findings on marijuana and trends in drug reform, it appears that in Barbados, marijuana finds itself in the wrong place based on its social definitions as a harmful drug rather than a pharmacological agent and medicine. Certainly in the USA, states that had medical marijuana laws (MMLs) experienced a reduction in the perceived riskiness of marijuana and a reduction in disapproval (22). Clearly, the perceived fear of increased crime if marijuana is permitted for medical and religious purposes by 36% of the Barbadian population, along

with the general fear of the drug, runs counter to global/emerging research (20).

MARIJUANA: ITS HARMFUL EFFECTS REAL OR PERCEIVED?

The overall level of confidence in the psychoactive adverse effects associated with recreational use of marijuana is high for addiction while medium for brain impairment, psychosis in predisposed persons, depression and anxiety (Table).

Table: Level of confidence in the evidence for adverse effects of marijuana on health and well-being (23)

Effect	Overall level of confidence*
Addiction to marijuana and other substances	High
Abnormal brain development	Medium
Progression to use of other drugs	Medium
Schizophrenia	Medium
Depression or anxiety	Medium
Diminished lifetime achievement	High
Motor vehicle accidents	High
Symptoms of chronic bronchitis	High
Lung cancer	Low

* The indicated overall level of confidence in the association between marijuana use and the listed effects represents an attempt to rank the strength of the current evidence, especially with regard to heavy or long-term use and use that starts in adolescence.

These negative consequences of drug use contribute to the fear around marijuana use especially by youth. It is contended that such fears of marijuana being an ‘assassin of youth’ were amplified by Anslinger in his efforts to introduce the Marijuana Tax Act of 1937 in the USA (18, 19). However, as will be discussed later, as a medicine, marijuana would become subject to regulations like other medicines with other constraints.

POTENTIAL FOR IMPLEMENTATION OF MEDICAL MARIJUANA LAWS IN BARBADOS

This article began by exploring the social construction of marijuana as a drug or medicine. An outline of the forms and types of medical marijuana was provided. It briefly explored some of the fears associated with the use of marijuana especially for youth and fears of allowing marijuana to be used as a medicine. Encapsulated in its decriminalization for any purpose is a set of regulations on its use. Four basic dimensions of medical marijuana regulation were identified by Lynne-Landsman *et al* (24). There should be a registry and means of identifying those legitimately prescribed marijuana. Guidelines should exist for medical professionals on conditions for

which marijuana can be prescribed by doctors *etc* similar to other agents. Regulations for access, cultivation, possession, pharmacies involved in dispensing and sale of medical marijuana, and the protection for the patient from prosecution should also be established (24). If effectively enforced, these regulations should result in only those with prescriptions accessing and possessing marijuana for medical purposes. In effect, it reduces adolescent access to the drug unless it has been prescribed to that adolescent for specific clinical indications.

As it pertains to healthcare standards, Barbados has excellent standing. A good foundation for regulation of medical marijuana in Barbados is grounded in its regulation of medical practitioners, allied health services and the prescription and dispensing of other medicines. Presently, the Drug Abuse (Prevention and Control) Act (Chapter 131) allows the Minister of Health to permit the use of cannabis and its resin as medicine. However, it is clear that a major challenge in considering any further implementation of MMLs in Barbados is the need for social redefinition of the herb from a drug to a medicine. Attendant with this movement would be a change from the prohibitionist paradigm towards a public health approach. It is clear that drug awareness programmes in their present state will require redesign to take into account the redefinition of marijuana as a medicine.

The protection of minors could be enabled by the Barbados' Health Services Amendment Act 2009. This legislation specifically prohibits the use of tobacco by minors, sale of tobacco to minors, and self-service displays of tobacco products. It also prohibits minors from selling tobacco and advertising tobacco products. Although this Act could potentially criminalize minors for use, it serves as a good reference for how minors may be protected in a context where marijuana has been legalized for medical purposes. In the state of California, USA, similar restrictions have been put in place to protect youth under the Guidelines for the Security and Non-diversion of Marijuana Grown for Medical Use (25). More specifically, the Enforcement Section of the Guidelines stipulates that medical marijuana may not be smoked 'at or within 1000 feet of a school, recreation center, or youth center (unless the medical use occurs within a residence) [or] on a school bus' (25). Barbados' Drug Abuse (Prevention and Control) Act (Chapter 131) has similar protections for youth, but given the prohibitionist policy in place, restrictions are not limited to smoking.

Under the Medical Profession Act 2010, the Barbados Medical Council governs the registration of medical

practitioners, regulation of standards of medical practice in the public interest, establishment and maintenance of a system for standards in the training and competency of medical practitioners, investigation of the professional conduct, performance or ability of registered medical practitioners and, most importantly, sanctioning of such professionals under a Code of Practice (Section 3[4]). In the context of California, the Medical Board of California functions similarly; while the state law protects doctors who recommend medical marijuana from punishment, it can discipline those who do recommend medical marijuana but fail to comply with acceptable medical standards (22). Similar provisions can be implemented under Barbados' Medical Profession Act 2010.

CONCLUSION

This article explored the social construction of marijuana as a substance of abuse or as a medicine. It was posited that a major challenge in considering the implementation of medical marijuana in Barbados is a need for social redefinition of the use of the plant (or its products) from a drug of abuse to a medicine. The present meaning of cannabis in Barbados aligns with the frequently contested 1930s 'knowledge' of the herb and its effects on the young and society. It is this meaning attached to marijuana that has been interpreted and supported by the symbolic delinquent youth testing positive for its use that reinforces the reluctance to allow its medical use. Unfortunately, reports of marijuana use locally continue to be made based on the recreational and substance abuse paradigm rather than treating it as medicine. Emerging health data on medical marijuana are creating a counterbalance to these reports, especially drawing from other countries where legalization of marijuana for medical purposes has occurred. More so, the legalization of marijuana for medical purposes in Barbados may support the creation of an emerging environment where the abuse of substances and the use of marijuana for medical purposes are separated in drug education and practice. Such an environment is one where the protection of the young will be a priority in the event that the island's drug policy supports access to medical marijuana by legally authorized individuals.

AUTHOR CONTRIBUTIONS

Both authors conceptualized and wrote the manuscript.

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