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VEMUN



Forum: DEMUN ECOSOC

Issue: Decriminalizing the possession of cannabis

Student Officers: Mark Labous, Nandana Rajesh

Introduction

The simple word “cannabis” is the source of an immediate reaction from most people – with responses varying dramatically depending on who you ask. Cannabis is to many an addictive drug, a source of complications or the result of personal issues trying to be quelled. However, to others, cannabis is their life, a whole thriving economy waiting to attract new consumers. The duality of the legalization of this drug has been in long debate worldwide since the 20th century, without a settled consensus. Notably, European countries are in a difficult moral dilemma - as health and medical services are improving and liberties being claimed by the population. These dualities often emerge in legal, social, economic, medical, and cultural contexts.

Legalizing and decriminalizing cannabis is typically faced with two facets of the general public opinion. On one hand, people believe that the drug causes exclusive harm – typically failing to recognize the difference between cannabis and its counterparts like hemp or marijuana. On the other hand, some choose an extreme libertarian approach - usually claiming the freedom to use the drug under any condition, not taking into account its negative consequences. The key to finding a settlement in this debate is to dive into the nuances. What are the different sources of cannabis? What outcomes are produced from the consumption of cannabis? It is also important to look into the possibility of easing the burden of cases on the legal system or the heavy use of the substance in medicine.

When addressing the issue, humans must take into account both the benefits and disadvantages of cannabis. They must also recognize both the suppliers and victims of this business – as well as the judicial system passing judgment on it. The global cannabis industry generated approximately \$38.19 billion in revenue in 2024.

It is a difficult and demanding task of this committee to address the issue of decriminalizing the possession of cannabis. To this day, the United Nations remains rather undecided. The World Health Organization (WHO) recognizes the potential benefits of



cannabis in medicine whereas the UN Commission on Narcotic Drugs (CND) believes in a more nuanced solution. Politicians at the highest level are still debating this issue, impacting millions of lives.



Source: Unsplash/David Gabrić *Un champ de chanvre industriel à Pitomača, en Croatie.*

Definition of Key Terms

Cannabis

A tall plant with a stiff upright stem, divided serrated leaves, and glandular hairs. It is used to produce hemp fibre and as a drug. After extraction, the results of cannabis exploitation are different counterparts such as hemp or marijuana.

Hemp / Marijuana

Hemp refers to varieties of *Cannabis sativa* that are grown primarily for industrial, medicinal, or agricultural purposes and contain low levels of the psychoactive compound.

Marijuana refers to cannabis plants, particularly *Cannabis sativa* or *Cannabis indica*, that are cultivated for their high THC content and used primarily for recreational or medical purposes.

Drug

A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

Decriminalization

Decriminalization is the legislative process that removes criminal penalties for an action, while still keeping it illegal. It means that the legal system would not prosecute a person for the act, although it remains against the law. For example, the decriminalization of marijuana would mean that possession of it would no longer be a criminal offense, but it would still be regulated.

Legalization

Refers to the process of removing legal prohibitions or restrictions on an activity or substance, making it lawful under the applicable legal system. Legalization is not to be confused with decriminalization, the latter usually insinuating a remaining prominent government control and potentially existent illegal status.

Libertarianism

A political philosophy centered on individual liberty, limited government, and the principle of voluntary association. Libertarians generally advocate for a society where individuals are free to pursue their own lives and goals, provided they do not infringe on the rights of others. They are motivated by: individual liberty, a limited government, free markets, non-aggression principles and personal responsibility. In the case of the War on Drugs, libertarians often root for total unregulated access to substances, whether the impact be positive or negative for global health.

The War on Drugs

The "War on Drugs" refers to a set of policies and actions aimed at reducing the illegal drug trade, drug use, and the associated criminal activities. This initiative began in

earnest in the United States in the 1980s under President Ronald Reagan, though its roots trace back to earlier decades, such as the 1970s when President Richard Nixon declared drug abuse to be "public enemy number one." Supporters of the War on Drugs argue that it has helped reduce certain types of drug use and related crimes, but it remains a deeply divisive issue, with increasing calls for drug policy reform, including the decriminalization or legalization of certain substances and a greater focus on public health approaches to drug addiction.

General Overview

As of 2020, 64 countries had laws or guidelines that allowed for the medical use of cannabinoid pharmaceutical preparations or cannabis-based products for various medical conditions. The way these countries regulate access to medical cannabis differs. On one end of the spectrum, patients with specific medical conditions can only access cannabis products that have been authorized for the market. This process involves reviewing the evidence for quality, efficacy, and safety to support the product's approval for sale, under defined circumstances, dosages, and uses. On the other end, some countries allow individuals with self-declared conditions to access cannabis-based products, often with little quality oversight. These products may be available through medical dispensaries, based on a physician's recommendation or a budtender's discretion, or through home cultivation for medical use. However this open access to cannabis may be misused, if in the wrong hands.

Marijuana is beneficial as a medicine, with fewer risks than opioids and other prescribed drugs. It is most commonly used for pain in the US. "While marijuana isn't strong enough for severe pain (for example, post-surgical pain or a broken bone), it is quite effective for the chronic pain that plagues millions of Americans, especially as they age," explains primary care physician and cannabis specialist, Peter Grinspoon. Marijuana, particularly CBD (the main non psychoactive component in cannabis), has also shown potential to treat high blood pressure, inflammation and related neuropathic pain, anxiety disorders (including generalized anxiety, panic, social anxiety, obsessive-compulsive, and post-traumatic stress disorders), gastrointestinal (GI) disorders (including irritable bowel syndrome (IBS), inflammatory bowel disease (IBD), Crohn's, and ulcerative colitis), epilepsy and other seizure syndromes, as well as the prevention of drug and alcohol addiction relapse and alleviation of the effects of chemotherapy.

Another argument would be that Marijuana is safer than some legal drugs and preferred by patients. Many patients prefer marijuana for pain because it is less addictive and carries less risk of overdose than opiates. Three researchers from the University of British



Columbia BC Centre on Substance Use in Vancouver, argue: “Although cannabis use is neither risk free nor a panacea, the risks it poses of physical dependence and accidental overdose compared with opioid use are substantially lower—indeed, fatal overdose with cannabis has never been documented and is thought to be impossible. Especially in the era of the opioid overdose crisis, the common sequelae [results] of opioid use disorder (e.g., fatal overdose, acquisition or transmission of blood-borne diseases) are hardly comparable to those of cannabis use disorder at either individual or population levels.

On the other hand, Medical legalization of marijuana makes a drug that is dangerous to children, teenagers, and young adults more readily available. This consequence has been visible for the past few years. In fact, the emergence of new synthetic opioids and a record supply and demand of other drugs has compounded the impacts of the world drug problem, leading to a rise in drug use disorders and environmental harms, according to the World Drug Report 2024 launched by the UN Office on Drugs and Crime (UNODC) today.

“Drug production, trafficking, and use continue to exacerbate instability and inequality, while causing untold harm to people’s health, safety and well-being,” said Ghada Waly, Executive Director of UNODC. “We need to provide evidence-based treatment and support to all people affected by drug use, while targeting the illicit drug market and investing much more in prevention.”

The number of people who use cannabis has risen to 228 million in 2022, which covers 4,4% of the world population aged between 15 and 64. Therefore cannabis remains the most widely used drug worldwide.

Cannabis cultivation trends as well as cannabis herb seizures and, in particular, cannabis resin seizures, declined in 2022. Irrespective of strong increases of cannabis cultivation over the last decade (notably of indoor cannabis cultivation), data for 2022 indicated a general decline in cannabis cultivation, a small decline for cannabis indoor and a far more significant decline for the drug’s outdoor cultivation. The quantity of the mentioned herb increased by 18%, reaching 6,168 tons in 2022, and the quantity of cannabis resin has faced a severe decrease of 41%, reaching 1,194 tons in 2022.

Estimating the global area under cannabis cultivation is challenging as most countries do not have systems in place to systematically monitor this indicator. Some countries do report total area under cannabis cultivation, but most of these reported estimates are not based on standard methods and thus have limitations in being used for international comparisons. In addition, a number of indirect indicators are available, such as information on “hectares of cannabis eradicated”, “number of cannabis plants eradicated”, “number of

cannabis sites eradicated”, “number of cannabis plants seized” as well as information on “origin of cannabis seized”, which can provide some indications with respect to cannabis cultivation. While any single such indicator alone is insufficient for revealing the extent of cannabis cultivation and production, when they are analysed together, they can still point to countries where substantial cannabis cultivation is likely to exist.

Around 1.3 % of adults in the European Union (3.7 million people) are estimated to be daily or almost daily users of cannabis, and this is the group most likely to experience problems associated with this drug. There remains, however, a need to better understand the kinds of problems experienced by cannabis users, as well as what are appropriate referral pathways and effective treatment options for those with cannabis-related problems. Cannabis is reported to be responsible for more than one third of all drug treatment admissions in Europe.

The prohibition of drug-related activities other than those performed for medical or scientific purposes is the defining feature of the international drug control system. Set up by the United Nations (UN), this system is composed of three complementary conventions, to which all EU Member States are part of. Countries around the world have made use of the flexibility of the UN system, forgoing criminal penalties in some cases (e.g. for possession of small amounts of drugs for personal use), or replacing them with administrative ones. The UN bodies monitoring compliance with the conventions seem to have come to accept these policy choices. However, they remain resistant to the still rare yet increasingly common practice of legalising the recreational use of cannabis, which may entail regulating drug distribution and sale in a manner akin to that for alcohol and tobacco. In the EU, drug policy has remained primarily a Member State preserve. The EU has fostered Member State cooperation on law enforcement and health-related issues, while at the same time respecting their diverse philosophies on how to address recreational drug use.

Overall, the number of people reported as entering treatment for cannabis problems for the first time remained relatively stable until 2019, before declining during the pandemic, and not returning to pre-pandemic levels in most EU Member States before 2022. Some worrying new developments in the detection of cannabis seizures entering Europe may indicate that trafficking routes are diversifying and creating a growing challenge for interdiction efforts. These include, for example, the seizure of 4 tonnes of cannabis resin originating from Pakistan in the port of Antwerp, Belgium. Moreover, this is evidence that Morocco is not the only source of resin for the European cannabis market. Some EU Member States reported the trafficking of cannabis through postal systems and, increasingly, through commercial air travel, sometimes linked to the United States and Canada. There are

indications that larger quantities of herbal cannabis may be shipped from North America via maritime routes. This, alongside the appearance of new forms of the drug, raises concerns that developments in regulated cannabis markets outside Europe may increasingly have implications for the availability of this drug within the European Union in the future.

Decriminalizing recreational marijuana means possession of a small amount for personal use does not carry the risk of arrest, jail time, or a criminal record, but instead is ticketed like a minor traffic violation, according to NORML (National Organization for the Reform of Marijuana Laws), which reports 26 states have partially or fully decriminalized recreational marijuana. However, the medical benefits and safety of marijuana have not been studied enough to determine if the benefits outweigh the risks associated with the drug.

Sarah C. Hull, cardiologist at Yale School of Medicine, explains why we should not rush into legalization of medical marijuana: "Decriminalization of marijuana will create significant opportunities to conduct this research, but common-sense regulation based on science must be implemented simultaneously to create an ethical policy framework. This should aim to promote public health through comprehensive education programs and protection of vulnerable populations such as adolescents, while recognizing the right of autonomous adults to make decisions about their own health but not to act in a way that might compromise the health of others."

Major Parties Involved

Political

As the question of the decriminalization of cannabis hangs in front of many nations, it is important that their government take action to adopt or reject and not let their population wait in limbo.

However, more than national governments, some federated countries rely on the decisions of the states involved on the matter. For example, the United States went through many waves of decriminalization in the 50 states before adopting a federal legislation. The same principal goes for Australia for example.

Moreover, in some particular scenarios, specific cities or regions have different laws on the same matter. These localized decriminalization policies, adopted by towns like Lisbon or Amsterdam, prove quite difficult to reach a national consensus. They influence the population's opinions and disturb the government, creating conflicts at the different levels described previously.



Finally, the United Nations also try to reach a consensus and settle the debate at an international level. The UN Commission on Narcotic Drugs (CND) oversees the treaties and resolutions reached on the topic. The World Health Organization (WHO) is the entity responsible for global safety and health. Therefore, it provides counsel on any legislation change, keeping the medical point of view at heart.



Non-Governmental

Some non-governmental activist groups, whether they influence a region, a country, a continent or the entire globe, have the power not only to counsel governments, but also to change public opinion. Some of these entities are very prominent, for example NORML (National Organization for the Reform of Marijuana Laws) or The Last Prisoner Project (helping to free prisoners incarcerated off of cannabis-related offenses) in the USA.



Social

There are many societal figures militating nowadays for the decriminalization or the legalization of cannabis. For example, Whoopi Goldberg, Willie Nelson or Snoop Dogg have influenced the societal concepts around the drug and have participated in a normalization move that transcended the borders of the USA. Rooting for the cause can also be seen in the cinema industry with movies like *Grass is Greener*, and the religious community on both sides with conservative and liberal ideas. For example the Rastafarian community in Jamaica militating against the Roman Catholic Church, the Southern Baptist Convention or the Organization of Islamic Cooperation amongst many others.

Industrial



Lastly, several industries benefiting from the decriminalization of cannabis root for the passing of advancing laws up to total legalization. For example the Hemp and Marijuana industries see a new world of possibilities ahead with the progressing norm of medical marijuana. Moreover, the medical industry also sees the same opportunity; an illustration of two distinct industries working hand in hand to progress and discover.

Timeline of Key Events

Timeline of events in reverse chronological order leading up to present day.

Date	Event(s)
2020 - Present Day	<p>Throughout the ongoing decade, several countries have continued the momentum of the past century's advancements on the cannabis matter. Several EU nations have also eased up their legislation, legalized or decriminalized, notably Malta in 2021 and Germany in 2023.</p> <p>Some continents, though, still remain rather static, being characterized by slow progress or an active opposition like in many Middle-Eastern or Asian countries.</p> <p>Today, the global cannabis industry is present on essentially every continent and is spreading into the societal norm. While the Western world seems more progressive and open to decriminalizing, new nations are joining in, notably African nations such as Zimbabwe and Lesotho are openly cultivating medical marijuana for global export.</p>
2012 - 2020	<p>Many developing and developed countries join into the decriminalizing process, notably with Uruguay's legalization in 2013, Jamaica in 2015, Georgia in 2017, South Africa in 2018 and the legalization of medical cannabis in Thailand in 2018 (the first Asian country to do so).</p> <p>In 2020, the UN Commission on Narcotic Drugs removed cannabis from Schedule IV of the <i>Single Convention on Narcotic Drugs</i> (1964). The United Nations did so recognizing the medical value of the substance, accepting that advancements can be made.</p>

2012	<p>Legalisation of recreational cannabis in both Colorado and Washington State, pushed by state voter initiatives. 2012, along with 1996, is seen as a milestone in the decriminalizing process in US states. It has pushed many other states to decriminalize such as Missouri, Nevada, Hawaii or even the District of Columbia (i.e. Washington DC). Mass decriminalization efforts in the United States of America have had a major influence on the rest of the world, with waves of simplification of legislation and new debate in many nations throughout the beginning of the 21st century.</p>
July 2001	<p>Portugal is the first country to decriminalize the use of all drugs for both recreational and medical use so long as the contents do not surpass a ten day's supply. Both drug farming and the possession of quantities too excessive remain criminal offenses.</p> <p>Canada becomes the first country to fully legalize the medical use of cannabis, recognizing hypothetical health benefits. Cases varying by patient profile but usually concluding to a simplified access to cannabis for the recovery or treatment of certain conditions such as epilepsy, glaucoma or cancer</p>
1970 - 2000	<p>Global ease of restrictions on cannabis use.</p> <p>In 1972, the Netherlands decriminalized and legalised the use of cannabis in coffee shops, further deescalating by use of the Opium Act reform.</p> <p>In 1996, the United States' state of California was the first to legalize the use of medical cannabis.</p>
December 13, 1964	<p>The Single Convention on Narcotic Drugs (UN treaty) was ratified and signed. It classified cannabis as a Schedule IV substance, equating it with heroin and severely restricting its use. The treaty's main goal was to modify previous events such as the International Opium Convention, further enforcing the international restriction of the use of cannabis amongst other drugs.</p>

1925	International Opium Convention revision in Geneva. League of Nations countries agreed to extend the convention to cannabis. The event mainly focused on setting goals about cannabis restriction in both exportation and medical use - finding common ground between nations to agree on the reduction of use and the necessary international supervision.
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Previous Attempts to Resolve the Issue

Europe

A few countries define the exact quantity of cannabis plants that will lead to prosecution or punishment, while others take a more general approach. In Belgium, cultivation of no more than one plant should be a minor offence resulting in a fine, and in the Netherlands, cultivation of not more than five plants would normally not be formally prosecuted. In Cyprus, cultivation of three or more plants is presumed to be a supply offence. In Denmark, prosecution guidelines consider 100 grams of cannabis plants as the limit for possession for personal use. In the United Kingdom, the 2012 drug offences sentencing guideline proposes the starting point as a fine or community order for cultivation of nine plants. In Portugal, where drug use and personal possession offences were decriminalised in 2001, cultivation of any amount, even for personal use, remains a criminal offence. Similarly, the decriminalisation of personal possession offences in Croatia, from 2013, specifically excluded cultivation, meaning that owning one plant for personal use could be punished by a sentence of 6 months to 5 years imprisonment. In Finland, any cultivation is considered as a narcotics offence, which is more serious than an offence of unlawful narcotics use. By contrast, in Spain, since 2015 cultivation for personal use in places visible to the public is considered an administrative offence, only punishable by a fine.

The majority of countries in Europe appear to opt for policies of decriminalisation or depenalisation of offences related to cannabis use, either by using non-criminal punishments or simply closing the case as minor. However, some countries have options for alternatives to punishment, diverting the users to a rehabilitative measure. In those countries, even users without any diagnosis of addiction, who commit minor drugs possession offences, may be eligible for diversion to a counselling or rehabilitation course (Croatia, France, Italy, Luxembourg, Latvia, Malta, Portugal).

In Ireland, a debate developed on whether to follow the Portuguese model and decriminalise the possession of all drugs, not just cannabis. After a public consultation, the cross-parliamentary Justice, Defence, and Equality Committee and the then minister for the national drugs strategy declared they supported the proposal (O'Keeffe, 2015). The debate on this issue continues after a change in government.

In Europe an estimated 92 000 clients entered specialist drug treatment for problems related to cannabis use (36 % of all treatment demands) in 2022, with about 58 000 entering for the first time. Cannabis was the main problem drug most frequently cited by new treatment clients, accounting for 43 % of all first-time treatment entrants in Europe.

Since the EMCDDA's foundation in 1993, the extent and nature of the drug phenomenon has changed significantly. The EMCDDA collects routine data on drug law offences from EU Member States, Norway and Turkey. Broadly speaking, these are law enforcement reports of acts that breach drug laws, usually recorded regardless of any subsequent charge or penalty. To address the new challenges posed by contemporary drug issues, the agency's mandate has been revised, and on 2 July 2024 the European Monitoring Centre for Drugs and Drug Addiction will be transformed into the European Union Drugs Agency (EUDA).

The EUDA will support the European Union and its Member States through improving and extending our monitoring of drug use and drug-related problems, increasing our preparedness to identify and respond to new threats and investing in competence development. These actions will contribute to the delivery of better interventions in both the health and security areas.

The EUDA will provide services across four overlapping areas: anticipating new and future challenges; identifying and issuing alerts on emerging risks and drug-related threats; assessing needs and available responses; and assisting stakeholders by evaluating and disseminating new knowledge and best practice.

North America

International trade in marijuana was first placed under controls during the International Opium Convention of 1925. By the late 1960s most countries had enforced restrictions on trafficking and using marijuana and had imposed generally severe penalties for their illegal possession, sale, or supply. Beginning in the 1970s, some countries and jurisdictions reduced the penalty for the possession of small quantities.

In the United States, several states passed legislation in the late 1970s and early '80s to fund research on or to legalize the medicinal use of marijuana, though some of these statutes were later repealed or lapsed. Renewed decriminalization efforts in the 1990s led to the legalization of medicinal marijuana in more than a dozen states, including Alaska, Arizona, California, Colorado, Nevada, Oregon, and Washington. In 2001, however, the U.S. Supreme Court ruled against the use of marijuana for medical purposes. Later that year Canada passed legislation easing restrictions on medicinal marijuana. That country's new regulations included licensing marijuana growers to produce the drug for individuals with terminal illnesses or chronic diseases. In 2009 U.S. Attorney General Eric Holder issued a new set of guidelines for federal prosecutors in states where the medical use of marijuana was legalized. The policy shift mandated that federal resources were to be focused primarily on prosecuting illegal use and trafficking of marijuana, thereby rendering cases of medical use, in which those individuals in possession of the drug are clearly in compliance with state laws, less prone to excessive legal investigation.

In addition to the legalization of medical marijuana, many states in the late 20th and early 21st centuries passed decriminalization laws that imposed penalties other than jail time for possession of a modest amount of marijuana, often imposing a civil fine as punishment instead. In 2012 the U.S. states of Colorado and Washington became the first in which citizens voted in favor of legalizing the recreational use of marijuana. By 2022 the recreational use of marijuana was legal in 19 states.

Possible Solutions

Medical

One of the most important aspects of the decriminalization of cannabis is addressing the medical use of the drug. While it has potential uses against epilepsy, PTSD, glaucoma and other medical issues, the drug's effects on patients still remain largely understudied. A solution would be to decriminalize use in the medical field and create a task force, perhaps a subdivision of the WHO, to analyze and evaluate proper use.

Judicial

Moreover, the incarceration of cannabis users for small crimes is often seen as a waste of government resources and time, not important enough to the scale of petty drug use. In this case, a delegate could support the decriminalization of cannabis from a judicial perspective, recognizing how much weight it would alleviate from countries' courts. A



delegate could also put in place conditions to this proposal, nuancing the condemnation of the drug for heavy industrial exploitation or undeclared farming for example.

Societal

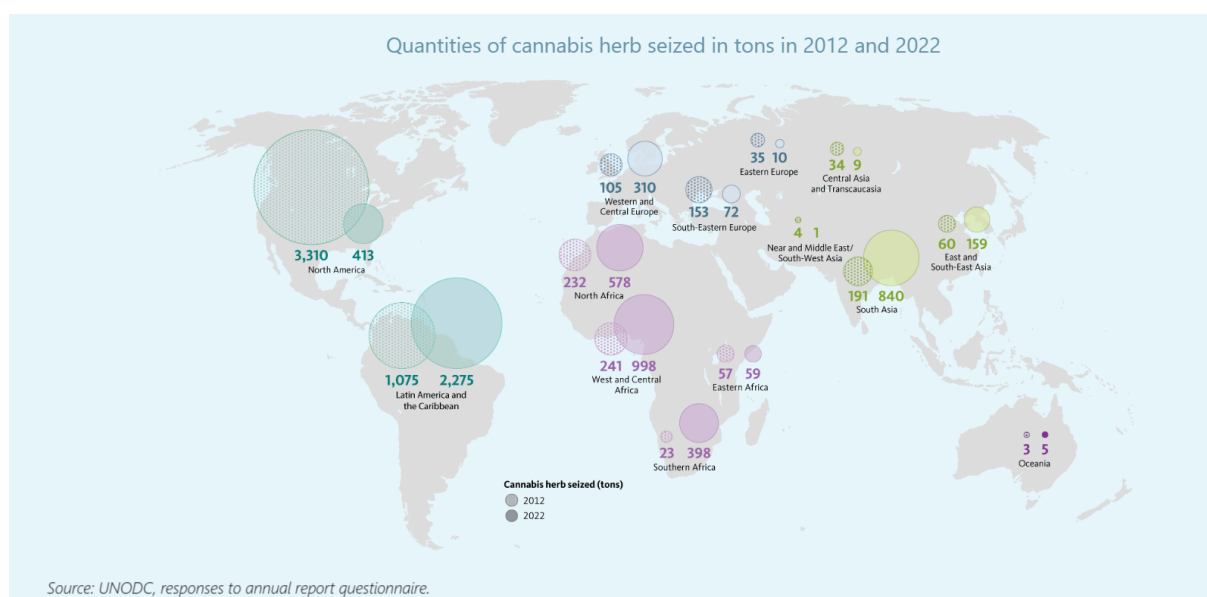
In several countries, but most notably the United States of America, there have been many scandals of unjustified or unnecessary arrests of people of color with the pretext of cannabis consumption. This raises the question of socially-ingrained racism surrounding which communities use cannabis or its counterparts the most. A solution to this problem would be to defend the decriminalization of the drug, stating how it would level out the field and provide no defending arguments to racist or discriminatory law-enforcement officers. Of course this problem greatly surpasses the use of a drug and should be tackled from many different points, one of them being the decriminalization of cannabis.

Economic

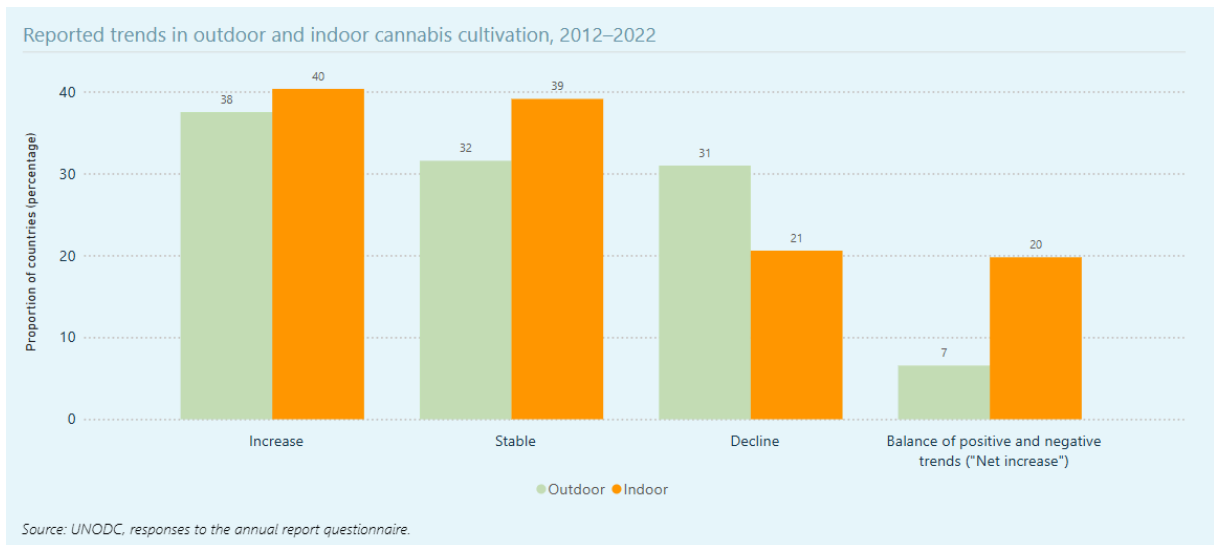
Lastly, it could be beneficial to use the economic aspect of the cannabis industry to lever other delegates in a country's favor. This could be interpreted as recognizing the economic benefits of decriminalizing a billion dollar industry for the world economy. On the other hand, other delegates could defend the limitation of the drug based on moral and / or societal values and propose economic sanctions to decriminalized nations or specific areas.

Appendices

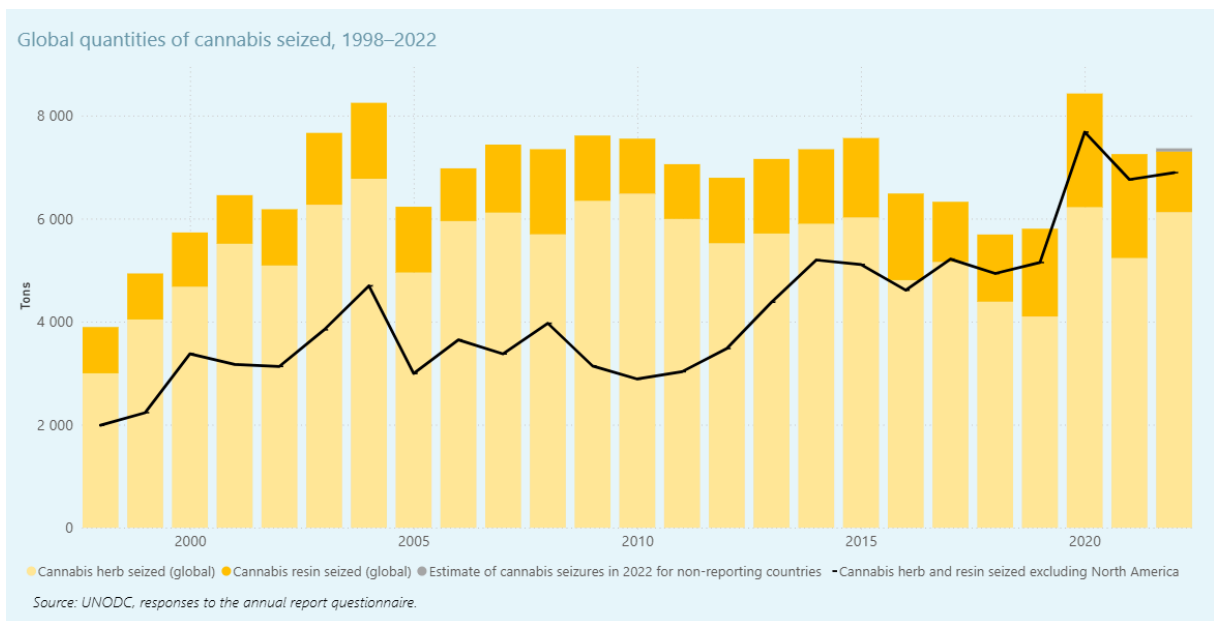
Appendix A



Appendix B



Appendix C



Appendix D

Prevalence of cannabis use around the world



Source: UNODC World Drug Report 2017 (data is for 2015 or most recent year available)

BBC

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