

MINISTERIAL STATEMENT
ON THE
CULTIVATION OF CANNABIS FOR MEDICINAL USE IN ZAMBIA
BY THE
MINISTER OF HEALTH, DR CHILUFYA

Madam Speaker, thank you for the opportunity to deliver a ministerial statement on the issue of cultivation of cannabis for medicinal use in Zambia.

Madam Speaker, it is a sense of grave responsibility that I stand before this august House to inform the public on what the Government's position is on the cultivation of cannabis for medicinal use. This follows the issuance of a ministerial statement by the Minister of Home Affairs, Hon. Steven Kampyongo, MP, on 2nd March, 2017, who informed the House that the law provides for the cultivation of cannabis for medicinal purposes. This is indeed, the correct position as provided for in Part II of the Dangerous Drugs Act of 1967, Cap 95 of the Laws of Zambia.

Madam Speaker, in Zambia, cultivation and use of cannabis and other related substances is mainly regulated by the following laws:

- (a) The Narcotics and Psychotropic Substances Act of 1993;
- (b) The Dangerous Drugs Act of 1967; and
- (c) The Medicines and Allied Substances Act of 2013.

Madam Speaker, the Narcotics and Psychotropics Substances Act, under the custodianship of the Minister of Home Affairs prohibits or criminalises trafficking, importation, exportation, possession and cultivation, use of, manufacture and trading in narcotics, including cannabis as

provided for in sections 6,7,8,9,10,13 and 17 of the Act. As such, any person found violating these provisions is liable for penalties as specified in the Act, if found guilty and convicted by a court of competent jurisdiction. The Act therefore, deals with illicit or unlawful use of narcotics.

Madam Speaker, the Dangerous Drugs Act provides for the licensing, importation, exportation, production, possession, sale, distribution and use of dangerous drugs including cannabis or marijuana and its derivatives, thereof, intended for medicinal and scientific use, whether in humans or animals.

Madam Speaker, section 3 of this Act states that the drugs to which this part applies are raw opium, coca leaves, poppy-straw, cannabis, cannabis resin and all preparations of which cannabis resin forms the base.

Madam Speaker, sections 4 and 5 of the Act require that any person who wants to import or export product of drugs referred to in the section above should have a license issued by the Minister of Health as delegated to the Zambia Medicines Regulatory Authority (ZAMRA). In as far as cultivation is concerned, section 8 disallows cultivation of cannabis, unless with permission from the Minister of Health. As such, a person may apply for a license or authorisation to the minister through ZAMRA to cultivate cannabis for medical or scientific purposes. Further, the license or authorisation may be granted with or without conditions attached to.

Madam Speaker, this august House may wish to note that there is a fee attached to the issuance of the license to cultivate cannabis, though not prescribed by law. However, it remains the prerogative of the minister to decide on the fee to charge. Such a license or authorisation may be revoked, suspended or amended as the minister may deem necessary.

Madam Speaker, the law further empowers the Minister of Health by way of regulation to control production, sale and distribution of drugs, which are highlighted in section 3 above.

Madam Speaker, the Medicines and Allied Substances Act of 2013 provides for the general regulation of the pharmaceutical industry in Zambia. Advertising, distribution, manufacturing and conducting of clinical trials, disposal and all activities related to Medicines and Allied Substances for both humans and animals are provided for in this Act. Anyone who is desirous to cultivate cannabis for medicinal or scientific purposes is expected to apply to ZAMRA, the authority designated to enforce and administer the provisions of this Act. Based on the above provisions as highlighted, the law in Zambia allows for this cultivation provided there is authority. However, there are conditions that are put in place to safeguard the process from the farm to the factory, laboratory to the research institutions and finally, to the hospitals.

Madam Speaker, I want to bring the House to speed on the uses of medicinal marijuana. We use medicinal marijuana in the following conditions:

- (a) chronic pain resulting from certain chronic medical conditions;
- (b) nausea and vomiting in patients receiving certain treatments such as chemotherapy;
- (c) loss of appetite in patients with certain chronic conditions;
- (d) epilepsy;
- (e) glaucoma, a condition associated with increased Intra-Ocular Pressure (IOP) in the eye; and
- (f) multiple sclerosis symptoms, a condition that is association with spasticity, frequent urination and pain, inflammation of the skin, muscle and other connective tissues.
- (g)

Madam Speaker, very important to note however, is that there are many other drugs available on the market and in our health facilities that can treat these ailments that medical marijuana is said

to treat. These drugs are safer, less prone to abuse or other health related complications and adverse events that marijuana can cause. Therefore, it is important to note that we do not have a gap that would justify growing cannabis for medicinal purposes at this moment in Zambia.

Allow me to illustrate the potential impact of further loosening the prudent controls that are in place to curtail free availability of cannabis as may result from allowing cultivation in Zambia:

- (a) Marijuana consists of over 400 chemicals, including many toxic psychoactive chemicals, whose long-term effect on the human remains largely unstudied. It would be irresponsible and medically unethical to allow such toxic substances to be administered to Zambians under the guise that the Ministry of Health has allowed it;
- (b) long-term use of marijuana can lead to addiction. This can be highly detrimental to our quest to have a nation of healthy and productive people that contribute to the growth of our nation and aspiration for a prosperous middle income country by the year 2030. Furthermore, there are a number of patients that we have admitted to our psychiatric institutions for causes induced by marijuana;
- (c) addiction to marijuana is a gateway to the use of other more potent and highly dangerous drugs such as heroin and cocaine. These drugs have been indisputably linked to organised crime and money laundering, apart from destroying many lives.

Madam Speaker, we have evidence that where the cultivation of marijuana has been legalised, the recreational use has also increased. Recreational use of marijuana in Zambia today is on the high side and the Government will not, at this moment, authorise cultivation of marijuana.

Madam Speaker, you may further wish to note that though some research exists that demonstrates the effectiveness of marijuana in certain ailments, there is no sufficient research on the long-term ill effects of its use. Marijuana has not in any way demonstrated to have a higher efficacy and safety profile as compared to the medicines we already have available in Zambia. It is for this reason that marijuana is the most widely used recreational drug globally and is classified as a schedule 1 drug or a substance that has a high potential for abuse and has no

accepted medical use. Medical marijuana is simply marijuana and, as such, its prolonged use has the same effect.

Madam Speaker, I take note that the field of medicinal marijuana science is ever growing. If the body of knowledge grows to the extent that can prudently consider cultivation and dispensation of cannabinoids in Zambia, it must be reiterated that it would be under the most rigorous ring-fencing of the supply of such products right from the farm to the point where the patient takes it with no room allowed for leakage of supplies into the recreational arena.

In conclusion, the question that we should address as a nation is: with the safe proven alternative registered medicines that we have in Zambia, should we take the risk of wanton cultivation of marijuana with the drastic negative potential it may bring to our nation? Allowing the cultivation of cannabis simply increases its availability and, therefore, its acceptability which creates a public health concern.

At the moment, it is the studied view of the Ministry of Health that the licensing of marijuana cultivation for medicinal or other purposes cures no ill and potentially entails disaster. For the sake of clarity, at this moment in time, the Ministry of Health has no intention of giving out any license to allow the cultivation of marijuana.

Madam Speaker, I thank you.