

THE BECKLEY FOUNDATION'S  
GLOBAL CANNABIS COMMISSION



CANNABIS POLICY:  
MOVING BEYOND STALEMATE

EXTENDED SUMMARY

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THE BECKLEY FOUNDATION'S  
GLOBAL CANNABIS COMMISSION REPORT

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To see the *Report* in full, its *Conclusions and Recommendations* and the *Draft Framework Convention on Cannabis Control*, visit:  
[www.beckleyfoundation.org/policy/cannabis\\_commission.html](http://www.beckleyfoundation.org/policy/cannabis_commission.html)

## I. INTRODUCTION

*“That which is prohibited cannot easily be regulated”*

Cannabis is the most widely used illegal drug, with an estimated 166 million users worldwide. It is thus the mainstay of the ‘War on Drugs’. However, it has only ever held a relatively marginal position in international drug policy discussions. Cannabis came under the control of the international narcotics treaties as an afterthought, at a time when its use was confined to relatively small groups in a scattering of cultures.

The situation has however, been fundamentally transformed over the last half-century since its prohibition, due to cannabis having become firmly established as part of the youth culture, particularly in developed countries. Large illicit markets have emerged to supply the demand. The strenuous efforts to enforce prohibition through policing and quasi-military operations against illicit growing and sale have failed. Meanwhile, the efforts in themselves create substantial anguish and social harms. In the United States, for example, approximately three-quarters of a million citizens are arrested every year for cannabis possession, and in certain producer/transit countries, such as Mexico, the War on Drugs, of which cannabis is a component, has led to a virtual state of war near the US border.

While rigorous enforcement of the international conventions, without consideration of alternative paths continues in many countries, penalties and enforcement have diminished *de-facto* in others. Substantive reform is hindered, however, by a rigid international system of regulation often out of touch with the realities

surrounding contemporary cannabis use and the social harms associated with it.

In 1998 the international community agreed to a 10-year programme of activity on the control of illegal drug use and markets at a United Nations General Assembly Special Session (UNGASS) in New York. It was characterised by the slogan: *“a drug free world, we can do it”*. A commitment was made to review the programs progress in 2008/9. Clearly, the international community will not be able to report unequivocal success, as drugs are purer, cheaper, and more widely available than ever before. The laws themselves are often enforced arbitrarily, leading to discrimination against minorities – and nowhere is this more evident than with cannabis. There is increasing disagreement between governments on the appropriate policies to adopt. It is therefore essential that the process of review in 2009 be as transparent as possible, and that the experts from the relevant fields have the maximum opportunity to engage with the government officials and politicians who will ultimately decide on the future directions of drug policy.

The UN Commission on Narcotic Drugs has set up a ‘Ministerial Segment’ meeting for March 2009 to discuss the conclusions drawn from the review of the last 10 years of international drug control. The Beckley Foundation, an ECOSOC accredited NGO, will be presenting the Global Cannabis Commission Report and its findings in the margins of that meeting.

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## II. SUMMARY OF THE GLOBAL CANNABIS COMMISSION'S REPORT *'CANNABIS POLICY: MOVING BEYOND STALEMATE'*

The UN has estimated that cannabis is used by 4% of the global adult population. The number of users has risen by 10% since their last estimate in 2005, despite the call for a drug free world. This compares to a figure of 1% for the use of all other illegal drugs combined. However, the focus of international attention has concentrated on that 1% which cause the most harms, virtually ignoring cannabis in drug policy debates. It is in recognition of this that the Beckley Foundation convened a team of internationally renowned drug policy analysts to prepare an overview of the latest scientific evidence surrounding cannabis and the policies controlling its use. The concluding Report, produced by Professors Robin Room, Peter Reuter, Wayne Hall, Benedikt Fischer, and Simon Lenton, aims to both raise policy-makers' awareness of the societal dimension of cannabis use and misuse, as well as provide the empirical evidence that may inform their decisions in the context of the United Nations Strategic Drug Policy Review of 2009, and beyond.

The Report provides an authoritative guide to the latest scientific evidence on the health consequences of cannabis use; a thorough assessment of the costs and consequences of cannabis use and its prohibition at a societal level; a critical analysis of the successes and shortcomings of the different strategies adopted around the world to control cannabis use, and finally, the Report discusses how the international regulations that determine national drug policies might be reformed to allow countries a greater degree of flexibility in adopting policies which better reflect their own individual circumstances. In Part Two of the Report, the commis-

sioners offer their '*Conclusions and Recommendation*' which are also included in this summary.

In reviewing the aggregated evidence, the authors come to some striking conclusions, many of which directly challenge the international status quo on cannabis policy. The commissioners have developed a set of recommendations on the basis of these findings that aim to formulate a more just, rational, and effective approach to the control of cannabis; one that minimises the harms associated with the use of this drug, both for the individual and for society. We hope that the Report, and this summary, will prove useful in policy discussions concerning cannabis, and as a guide for governments seeking to reform their cannabis policies in the future.

## 1. THE IMPACT OF CANNABIS ON PHYSICAL AND MENTAL HEALTH

Although the effects of regular cannabis use on both physical and mental health are not understood as well as those of alcohol and tobacco, an ever-improving evidence base has shown it can have adverse effects on some users, particularly those who initiate use during adolescence and then continue to consistently use for several years while young. After a careful review of the available evidence, the authors conclude that the most probable adverse effects can be summarised as follows:

### **Acute Risks**

Scientific studies demonstrate that the risk of overdosing is close to negligible. Cannabis is one of the least toxic substances used recreationally, so the greatest public health concern is the increased risk of a traffic accident whilst driving under the acute influence of cannabis. Although this risk amounts to a maximum

of one-fifth of that posed by alcohol, the risks appear to be additive when cannabis and alcohol are used in combination. The policy challenge here is to determine what level of THC in the blood denotes impairment.

### **Chronic Risks**

From a public health perspective, the risks of harms associated with cannabis are modest in comparison to legal drugs such as alcohol and tobacco, and illegal drugs such as amphetamines, heroin and cocaine. However, chronic cannabis use is associated with the increased risk of bronchitis and impaired respiratory function. Research has yet to determine whether it carries an increased risk of oral and respiratory cancer, although the evidence suggests this risk is likely to be low compared to that of tobacco.

Regular users risk developing a dependence on the drug, and several countries have experienced an increase in the number of people seeking treatment for cannabis dependence (however, multiple factors have contributed to this rise, such as courts displaying a growing preference for treatment over incarceration). The risk of dependence is around 9% for regular users, and around one in six for young people who initiate in adolescence. These risks compare to a 32% risk for nicotine, 23% for heroin, 17% for cocaine, 15% for alcohol and 11% for stimulant users.

A convergence of evidence suggests cannabis can exacerbate the symptoms of schizophrenia and may trigger a psychotic episode in vulnerable individuals. Projected upon the wider population, though, the lack of a corresponding increase in the incidence of schizophrenia to correlate with the equivalent increase in the popular use of cannabis suggests it is



unlikely to cause schizophrenia in those without a predisposition. Further research to clarify this particular issue is very much needed.

Early onset of cannabis use is associated with poor psychosocial development, including poor educational achievement and increased likelihood of other illicit drug use. However, in such cases it has not been possible to rule out the explanation that both cannabis use and poor psycho-social development are linked to an underlying common cause, such as an individual's peer-group, social environment or their predilection for risk-taking behaviour.

Despite these risks, a number of studies have attempted to rate the harms of cannabis and have consistently found it to be less harmful than most other widely used recreational substances, legal and illegal.

### **Concerns over Stronger Forms of the Drug**

As the proportion of cannabis grown indoors using the sinsemilla method has increased, so too have concerns over the increased harmfulness of the more potent product that this method can produce. The evidence available so far suggests this form of the drug is more likely to provoke anxiety in naïve users. However, in regular users the effects depend on the success with which they titrate their dose: successful dose titration could mean stronger cannabis is less harmful as it involves inhaling a smaller volume of smoke, whereas unsuccessful dose titration could put the user at greater risk of developing dependence and other adverse mental health outcomes.

There is evidence that the THC content is not the only factor to be taken into account when considering the potential harmfulness of cannabis. Recent research has highlighted how the relative proportion of THC to another compound found in cannabis, cannabidiol (CBD), which has been found to reduce anxiety and possesses anti-psychotic properties, influences the psychological effects of the drug. More research is required to investigate the effect that changes in the THC: CBD ratio have on the risk of adverse psychological effects from using cannabis.

### **Conclusions**

In summary, cannabis use can be harmful and, as with all drugs, the likelihood of experiencing harms is dependent upon the intensity and frequency with which the drug is used. Public education programmes concerning cannabis should highlight how the risks associated with cannabis use are greater for those who start young and use more than weekly over a period of several years.

From a public health perspective, the harms associated with cannabis are modest when compared to legal drugs (alcohol and tobacco) and illegal drugs (amphetamines, heroin and cocaine). In order to better understand the health risks of contemporary patterns of cannabis use, more research is required into the relationships between intensity and frequency of cannabis use; the type of cannabis used and the likelihood of experiencing harms; the effects of early onset of use and prolonged using careers; and the connection between cannabis use and mental health disorders

## 2. THE CANNABIS PROHIBITION REGIME: JUXTAPOSING PATTERNS OF USE AND GOVERNMENT POLICIES

Cannabis is a normative experience in numerous western nations, as over 50% of the 21-year olds born after 1970 will have tried the drug at least once. Although the majority of users use the drug only a few times, many do have careers of regular use extending for ten years or more. Overall, the intensity of use-distribution can be said to most closely resemble that of alcohol, with a small proportion of heavy users accounting for the vast majority of consumption. It is these users that are most likely to experience harms. But although the prevalence of consumption varies over time, there are striking trans-national trends with regards to fluctuations in the supply and demand aspects of the cannabis market. *Cannabis control policies, whether liberal or draconian, seem to have little influence on the prevalence of consumption.*

Prohibition has failed to make cannabis prohibitively expensive as the price of intoxication from cannabis is comparable to that of alcohol. But unlike other illegal drugs derived from plants, cannabis can be grown almost anywhere, and hence has much shorter distribution chains than other drugs. This blurs the distinction between producer and user countries, rendering traditional drug control strategies, like the targeting of production and trafficking, largely ineffective. Most cannabis transactions are conducted through social networks. However, the scale of cannabis markets still leads to significant profits for organised crime, and at least moderate levels of violence in some countries, including Mexico and Jamaica, although much lower than for other drugs.

## **Enforcing Prohibition**

Cannabis arrests account for the majority of drug-related arrests in most Western countries, and have been rising sharply in many countries since the mid-1990s. There is no evidence that the arrest process targets high-rate or problematic users. On the contrary, arrests disproportionately affect young people, and in countries where the data exists, members of ethnic minorities. Although significantly more research is required to resolve the matter conclusively, there appears to be evidence suggesting that the police use cannabis-possession as a pretext to target certain groups, and to legitimise wider intrusions into their lives. Although arrests for cannabis possession are more commonly punished by fines than by imprisonment, criminal convictions can carry significant social costs. These costs must be weighed against the lack of any evidence that higher rates of arrest are associated with lower rates of cannabis use.

## **Conclusions**

Cannabis prohibition has failed to prevent, or to deter, its widespread use by making the drug prohibitively expensive. Cannabis is easily produced around the world, making its eradication effectively impossible. Although cannabis is more commonly traded within social networks than other illegal drugs, there are still illegal markets worth tens of billions of dollars to organised crime. These markets sustain significant levels of violence in certain countries.

There is no evidence that more rigorous enforcement has a significant deterrent effect, whilst there is extensive evidence that such enforcement can cause considerable harms to those arrested.

### 3. FUTURE OPTIONS: TOWARDS SOFTENING THE PROHIBITION

Although signatories to the international drug control treaties are formally required to criminalise the production, distribution, sale, use and possession of cannabis, a number of countries have adopted alternative enforcement regimes with less punitive interventions. Whilst they primarily lessen the burden of criminality, such approaches are also motivated by the desire for more ‘constructive’ or rehabilitative interventions that can limit the negative effects of criminal justice involvement and reduce the cost of enforcement, by reducing police time spent on arrests and expensive court or jail time. But even the most relaxed regimes cannot explicitly legalize the production or distribution of cannabis products due to the restrictions laid down by the international conventions.

Many such regimes involve depenalisation or decriminalisation. *Depenalisation* involves a reduction in the severity of criminal penalties, whereas *decriminalisation* involves civil rather than criminal penalties. Under a depenalisation regime, prosecuted users may still receive a criminal record, with all the adverse social consequences this incurs, whereas decriminalisation regimes avoid these adverse consequences by not involving criminal records for use. The various regimes can be categorised as follows:

- **Full Prohibition**

This regime describes the current *status quo*, *i.e.* no reform.

- **Prohibition with Cautioning or Diversion: ‘Depenalization’**

Under some regimes where cannabis use is formally prohibited and punishable by law, informal or intermediate justice measures – *e.g.* cautioning or diversion to alternative measures, including treatment – are applied at various stages of the criminal justice system. Cautioning is typically applied in a situation where an arrest could be made, either at law enforcers’ discretion, or on the basis of more formal guidelines. It sometimes involves a written notice and/or record taking. Diversion measures are usually more formalized procedures to shift offenders to education, treatment or other interventions typically aimed at changing behaviour. Diversion can occur at various stages in the criminal justice process, including pre-arrest, pre-trial, pre-sentence or as part of a sentence. Both cautioning and diversion measures are used mainly for young or first offenders, but may also be available to others, such as repeat offenders.

- **Prohibition with Civil Penalties: ‘Decriminalization’**

Under this cannabis-control reform regime, possession or use remains explicitly outlawed. However, legal control frameworks have been implemented in which specifically defined forms of cannabis possession (typically limited to possession of cannabis for personal use) are exempt or sheltered from criminal sanctions. Instead, a non-criminal punishment (*e.g.* a civil citation or infringement notice), a fine, or some other administrative sanction (*e.g.* temporary revocation of one’s driver’s license) is levied, with no further criminal consequences or involvement of the criminal justice system. Activities relating to larger-scale possession and production, as well as sale or other supply

activities of cannabis, usually remain subject to conventional criminal control procedures and penalties.

- **Partial Prohibition**

Under Partial Prohibition reforms, personal cannabis use and possession activities are no longer illegal, but commercial activities such as large-scale possession, production and supply of large amounts of the drug are prohibited. Under this system, the legality of personal use is usually limited to adults, and often excludes so-called ‘aggravating circumstances’ which are specifically defined (*e.g.* use near a school or involving minors, etc.) The rationales for such reforms in the jurisdictions where they occurred all include similar elements: law- and policy-makers were confronted with the persistent reality of cannabis being a popular and prevalent drug across the population; the risks or harms of cannabis use were not seen as being disproportionately greater than those of alcohol or tobacco; and the approach of partial prohibition was seen as a possible way to separate cannabis use from other (more dangerous) illicit drug cultures and/or markets, as well as to save criminal justice resources related to the criminal control of the drug. For example, the Netherlands tolerate cannabis sale, use and possession, and rates of prevalence are significantly lower than in other European countries. Such regimes can be brought about by two fundamentally different approaches:

*a) de facto* legalization: cannabis use is usually prohibited by criminal law, yet formalized procedures of enforcement practice (either at the law-enforcement or at the prosecution level) have created a situation in which personal cannabis use is reliably

and predictably not punished by any punitive interventions;

b) *de jure* legalization: the legality of personal cannabis use is defined by the letter of the respective law, *i.e.* the non-punishment of cannabis use is either explicitly written into the relevant drug control statute, or the scope of the law governing illegal drug use does not extend to cannabis possession. *De Jure* legalization contravenes the 1961 United Nations Convention.

- **Medical Marijuana Control**

Medical marijuana use (MMU) regimes in Canada and in an increasing number of US states protect or exempt recognised medical marijuana users from the enforcement of the relevant laws, which would otherwise render their cannabis use illegal and result in punishment.

- **Regulating Availability**

Under the reform regimes where cannabis possession and use is depenalized or permitted, the supply and availability of cannabis inevitably becomes a key practical matter. Heavy punishments for cannabis supply activities under such reform regimes can expose users to the very consequences of criminal justice enforcement that such regimes aim to reduce or avoid. Moreover, the lack of a regulated supply also maintains the criminal incentive to engage in the lucrative production and supply of cannabis. It is, therefore, worth considering controlled or regulated cannabis availability schemes as a complementary measure to legal control reform regimes aimed at use/possession.



One option is to allow the cultivation of a limited amount of cannabis for personal use. Other than this option, in a regulated-cannabis-availability system all cultivation, sale and supply of cannabis would be controlled or regulated (to a greater or lesser extent) by the government, either exercising an active monopoly of cannabis production and distribution, or regulating and licensing designated private or commercial producers and distribution outlets. Any cultivation or distribution occurring outside the government-regulated system would likely be illegal and subject to criminal sanction. Such a monopoly or licensing system would resemble the systems by which alcohol or tobacco production and dissemination is handled in a large number of jurisdictions.

## Conclusions

Alternative cannabis control regimes provide less severe penalties for personal cannabis use, varying either the quality (*e.g.* whether criminal or non-criminal) or the quantity (*e.g.* level of fine) of penalties imposed:

- *de facto* reforms are brought about by changes in how existing cannabis control law is applied. Such reforms do not necessarily reflect the spirit or letter of the existing law, but rely on the discretion of law enforcement officers or on administrative directives which can easily be withdrawn, and may be considered temporary, or not solidly founded in the material base of the law;
- *de jure* approaches are enshrined in law, and as such are an outcome of legislative or constitutional processes. They represent a more explicit expression of existing norms regarding cannabis use, as well as offering greater predictability of consequences for cannabis users.

While quite a number of countries have implemented reform measures aiming to relax cannabis-use control, fewer have addressed the issue of supply. These issues are inevitably linked, since the use of cannabis requires that the product is obtained, either by one's own cultivation, or by purchase from a supplier. The link between use and supply thus remains a major policy challenge.

#### 4. THE IMPACTS OF CANNABIS POLICY REFORMS WITHIN THE CURRENT DRUG CONTROL REGIME

A number of studies have assessed the effects of the different reform regimes described above. When considering the evidence from these studies, it is important to bear in mind that these results may not predict the effects of new reforms in other locations, because the impacts of future cannabis policy reforms may depend on contextual factors and the manner of their implementation. Existing research on the effects of these regimes has focussed on three domains:

- *general deterrence effects* – the impact of changing the law on rates of cannabis use, in both the general community and among the young (who are seen as the most vulnerable to any adverse health effects of regular cannabis use);
- *specific deterrence effects* - the impacts on the cannabis-use of those who have been apprehended;
- *adverse social effects* – the impacts of the system of control on apprehended users.

### **Impacts on Prevalence of Use**

There have not been large increases in cannabis use in the countries and jurisdictions that have maintained the *de jure* illegality of cannabis while implementing reforms reducing the penalties to civil sanctions. In itself, *de facto* legalisation in the Netherlands has not resulted in increased prevalence of cannabis use, at least as long as strong restrictions on advertising and promotion activities have been in place, although there is debate about whether a period of increased 'commercialisation' contributed to increased prevalence of use by Dutch youth. The Dutch scheme has also had some success in its goal of separating the cannabis market from other drug markets. Under regimes that have maintained the illegality of cannabis, the laws and sanctions which apply seem to have, at most, a relatively modest impact on rates of cannabis use. Instead, it seems likely that other non-legal factors such as social, economic and cultural trends, some of which exert their influence across state and national boundaries, have a far greater impact on cannabis-use than the penalties which are imposed.

### **Reducing the Adverse Consequences of Prohibition**

Reforms undertaken under the existing international drug conventions have reduced, but not eliminated, some of the adverse social impacts of prohibition on individuals. These adverse consequences include, but are not limited to: adverse employment consequences; further contact with the criminal justice system; relationship problems; and accommodation difficulties. However, the benefits of reform can be undercut by police practices that increase the number of users who are penalized (a 'net-widening' effect), or that enforce the law in a discriminatory way. The costs to individuals apprehended can be substantially reduced by civil rather than criminal

sanctions for many users, although consideration needs to be given to the potentially disproportionate impact on those of limited financial means, and the socially disadvantaged, who may still end up being processed by the criminal courts because they are unable to pay the fines. There is some evidence from Australia that cannabis-users treated under an alternative enforcement regime are less likely to report negative attitudes and reduced trust towards the police and the justice system than those treated under a full prohibition regime. Economic analyses have shown that decriminalization regimes do lead to savings on criminal justice expenditure.

### **Conclusions**

*Reforms reducing or removing criminal sanctions for the use and possession of cannabis do not lead to an increase in the prevalence of use or harms.* Such reforms go some way towards addressing the adverse social impact of cannabis prohibition, although any benefits can be undermined by law enforcement practices. Enforcement of such regimes is less resource-intensive, enabling the re-allocation of these resources to more pressing problems.

## **5. BEYOND THE CURRENT DRUG CONVENTIONS**

So long as cannabis remains in Schedule I of the 1961 Convention, each party to the treaty is obliged to keep production, trade and possession as “punishable offences.” Amending the Convention with respect to cannabis appears unlikely to succeed. However, there are a number of possible strategies available to countries seeking to renegotiate their obligations under the current international drug conventions in order to enable a more flexible framework of cannabis con-

trols. Given the current global political realities concerning drug control, the most likely paths forward would be for single countries to *denounce the international conventions and re-accede with a reservation on cannabis*, or for a group of countries to *adopt a new international treaty concerning cannabis*. A further option which would be simple but controversial is to pass domestic legislation which would be in direct contravention of the international treaties.

### **Denunciation and Re-accession with a Reservation on Cannabis**

Although it is traditional for reservations to be made at the time of accession to treaties, there are recent precedents in international law for denouncing a treaty and immediately ratifying it with a reservation. Denunciation and re-accession with a reservation would thus be a viable path for a state wishing to remove cannabis from its adherence to the 1961 Convention, although such a move is likely to trigger objections from other parties to the Convention. Objections referring to the reservation would presumably not pose a problem for states reserving cannabis out of its obligations under the treaty unless more than one-third of the parties objected. If more than one-third did object, then the reservation would not be 'permitted' and the state would be excluded from the treaty. However, this scenario seems quite unlikely, especially as objections to reservations are surprisingly uncommon and those that are made are quite often untimely.

Any state proceeding with a denunciation and re-accession would be well advised to support their case with arguments of 'error' and 'fundamental change of circumstances' with regard to the 1961 Convention: 'error' in that, although harmful, cannabis is relatively less harmful than the other

substances controlled by this treaty, and ‘fundamental change of circumstances’ in that, since 1961, there has been a radical change in the prevalence of use and social position of cannabis in a great range of societies. Such arguments would help counter the political pressure exerted on any denouncing state.

### **Adoption of a New Convention**

If a group of countries were prepared to work together in reforming their cannabis laws, then a further option would be to adopt a new convention specifically concerning cannabis. Under the general rule of international law, such a convention would take priority over previous conventions relevant to the subject, at least among states adopting the new convention. Signatories to a new convention would still have obligations under the earlier treaties to states that had not ratified the new treaty, particularly with regard to international trade in cannabis. So long as a new convention provided for control to be maintained with respect to exports, especially to countries continuing the full application of the 1961 and 1988 Conventions, there is a strong argument that the “mutual rights and obligations” to other parties would be maintained.

With regards to the content of such a treaty, it is likely that it would cover similar subjects to the drug conventions and the framework convention on tobacco control: domestic measures to control the market; cooperation on international control; and the international management of the agreement and its provisions. Similarly, a cannabis convention could follow the tobacco convention in requiring advertising and other promotion and sponsorship to be banned, and in providing a set of recommendations and encouragements for such do-

mestic matters as conditions of sale, taxation provisions, educational programmes, treatment provision, labelling of strength, and composition of the product, *etc.* With respect to cooperation on the control of international trade, the provisions relating to this in the present treaties would be largely maintained.

### **Conclusions**

Any country wishing to go beyond the present constraints of the international drug control system, short of simply passing conflicting domestic legislation and bearing the international condemnation which would ensue, would need to renegotiate its relationship with these international conventions.

Of the various options for reform at the international level, the most likely path forward would be for individual countries to *denounce the international conventions and re-accede with a reservation for cannabis*. Alternatively, a group of like-minded countries could work together to negotiate and *adopt a new international convention specifically for cannabis*. Such a convention could broadly follow the Framework Convention on Tobacco, but with stronger provisions with respect to international trade. With either of these paths forward, there would likely be vociferous opposition. Any country pursuing these reforms would therefore be well-advised to frame its position in terms of such ideals and principles as human rights and liberties, proportionality and the minimisation of harms.

## 6. PATHS FORWARD FROM THE IMPASSE

Since its international prohibition in 1961, cannabis use has spread so far and wide that it can now be said with some confidence that cannabis is an enculturated drug in many societies. The prohibition approach has manifestly failed to prevent this spread. Responding to this global rise in cannabis use, national and sub-national regimes have tried a great variety of approaches to mitigating its impact. Some have lessened penalties to reduce the widespread criminalisation and disadvantaging of those youth who are caught up in the cannabis prohibition laws. Others have increased penalties motivated by concerns that people have underestimated the harms of cannabis, and that a 'clear message' therefore needs to be sent out to the population on this matter.

From our review, it is apparent that neither of these approaches has much impact on the rates of use or public health problems associated with the drug. This finding carries with it the implication that policy-makers need not worry about 'sending the wrong message' as their actions have little impact on rates of use or the harm caused by cannabis. Instead they should focus more on the evidence that lessening the penalties for cannabis possession does not lead to an increase in use or harms, but does go some way to reducing the harmful social consequences caused by the law and its enforcement.

However, the benefit of reducing these adverse social consequences can be undercut by the way in which police enforce these new laws, particularly if it leads to a 'net-widening' effect in which an increased number of people, especially the already disadvantaged, become caught up in legal enforce-



ment systems. To minimise the harms of cannabis-use, the goal of policy-makers seeking to develop a more rational approach to cannabis should be to *reduce use- and possession-penalties to a minimum*, without creating a situation which encourages the police to enforce excessively the reduced penalties.

Going beyond this, and given the evidence on the prevalence of use and the modest harms of cannabis relative to other drugs including alcohol and tobacco, it is worth considering the establishment of *a regulated legal market*, a scenario which some countries have considered but no country has enacted. Such a move would enable the application of strict market controls to try to hold down levels of use and harm, and would substantially reduce the current connection between the cannabis market and organised crime.

However, before establishing such a market, any country pursuing this would need to renegotiate its obligations under the international drug conventions. The two most likely ways of doing this identified in our review are either for an individual country to *denounce the international conventions and re-accede with a reservation on cannabis*, or for a group of like-minded countries to *negotiate and adopt a new international convention specifically concerning cannabis*, perhaps following the model of the Framework Convention on Tobacco Control. Neither option is without complication or controversy, but they would seem to provide the most efficient and least politically problematic ways of handling cannabis production and sale within a system of regulatory controls.

## **Conclusions**

Almost fifty years after the adoption of an unequivocal international prohibition on cannabis in the 1961 Single Convention on Narcotic Drugs, we face a very different world. The set of international rules and norms which were adopted then have not proven effective in the modern world, and they have adverse consequences for those who get caught up in their provisions.

In effect, the Conventions restrict the signatory countries' ability to adopt new cannabis policies and laws based on the evidence currently available. Furthermore, they restrict the accumulation of new evidence to inform the development of new systems of control which may be more appropriate to the modern world. There is a clear need for change, and yet the international drug control system seems increasingly paralyzed and immobile. There is no doubt that moving forward will be difficult, but it is not impossible. In this Report, the aim has been to draw on the available evidence to offer some possible paths forward to a more realistic and effective global regime for cannabis control.

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### III. THE REPORT'S 'CONCLUSIONS AND RECOMMENDATIONS'

#### CONCLUSIONS ABOUT CANNABIS USE AND HARMS

1. In the last half century recreational use of cannabis has become widely established among teenagers and young adults in a broad range of developed countries and in some developing countries. In developed countries with the longest history of use, a substantial minority of users continue their use into middle age and beyond.
2. There are a number of health harms from smoking cannabis. Cannabis use impairs functioning in exacting tasks, and use before driving probably increases the risk of a traffic crash. About 10 percent of those who try cannabis develop dependence on the drug, and they have a higher risk of respiratory disorders, of impaired cognitive functioning (at least in the short term), and of developing psychotic symptoms or a psychotic disorder. Early and heavy use by adolescents may increase the risks of poor educational and other psychosocial outcomes in young adulthood.
3. The probability and scale of harm among heavy cannabis users is modest compared with that caused by many other psychoactive substances, both legal and illegal, in common use, namely, alcohol, tobacco, amphetamines, cocaine and heroin.
4. Recently, concerns have been expressed about increased potency of cannabis products. Average THC content in many countries probably has increased, at least in part because of the illegality of cannabis production. The health consequences of any such increases will depend on the extent to which users can titrate the dose of THC.

5. There are variations over time in rates of cannabis use within and between countries, but these variations do not seem to be affected much by the probability of arrest or penalties for use or sale, however draconian. The widespread pattern of cannabis use indicates that many people gain pleasure and therapeutic or other benefits from use.
6. It is probable that cannabis users who drive while intoxicated can harm others. Measuring tools are now available to establish whether a driver is under the influence of cannabis and regulations and enforcement to deter this behaviour should be broadly implemented. Other harms to others from cannabis use are less well established. Role-failures from cannabis dependence (in work and family life) are probably the most important.

#### CONCLUSIONS ABOUT THE EFFECTS OF CURRENT POLICIES

7. There have been longstanding efforts to deter cannabis use by prohibition and policing. Enforcement efforts in most countries have focused on the arrest of users. In developed countries with large cannabis-using populations, the criminal penalties actually imposed for possession and use are usually modest by comparison with those possible by law. Moreover the probability of being arrested for any one incident of cannabis use is in the order of less than one in one thousand. The enforcement effort has not had much success in deterring use.
8. The rationale for severe penalties for possession offences is weak on both normative and practical grounds. In many developed countries a majority of adults born in the past half-century have used can-

nabis. Control regimes that criminalize users are intrusive on privacy, socially divisive and expensive. Thus it is worth considering alternatives.

9. In addition to the substantial government resources expended in enforcing a prohibition regime, such a regime imposes very large secondary costs and suffering at the personal level. For example, a criminal conviction for cannabis possession can exclude an individual from certain jobs and activities, and arrest can impose personal and family humiliation. In countries where data are available, arrest rates are sharply higher for many minority and socially disadvantaged groups.
10. Measures to reduce penalties or to decriminalize possession and use have been adopted in numerous jurisdictions without an upsurge in use. Moreover these reform measures have had some success in ameliorating the adverse consequences of prohibition. However, the benefits of decriminalization can be undercut by police practices which may increase the number of users penalized, or by discriminatory enforcement of the law.

#### BEYOND THE INTERNATIONAL TREATIES

11. The present international treaties have inhibited depenalization and prevented more thoroughgoing reforms of national cannabis regimes. Regimes which do go beyond depenalization or decriminalization have been characterized by inconsistencies and paradoxes. For example, the Dutch coffee shops may sell cannabis products through the front door, but are not supposed to buy their supplies at the back door.

12. 'That which is prohibited cannot easily be regulated'. There are thus advantages for governments in moving toward a regime of regulated legal availability under strict controls, using the variety of mechanisms available to regulate a legal market, such as taxation, availability controls, minimum legal age for use and purchase, labelling and potency limits. Another alternative, which minimizes the risk of promoting cannabis use, is to allow only small scale cannabis production for one's own use or gifts to others.
13. There are four main choices for a government seeking to make cannabis available in a regulated market in the context of the international conventions: (1) In some countries (those that follow the expediency principle), it is possible to meet the letter of the international conventions while allowing *de facto* legal access. The Dutch model is an example.
14. If a nation is unwilling to do this, there are three routes which are the most feasible:
  - (2) Opting for a regulated availability regime which frankly ignores the conventions. A government that follows this route must be prepared to withstand substantial international pressure.
  - (3) Denouncing the 1961 and 1988 conventions, and re-acceding with reservations with respect to cannabis.
  - (4) Along with other willing countries, negotiating a new cannabis convention on a supra-national basis.
15. The record is mixed concerning whether making cannabis use and sale legal in a highly regulated market would lead to increased harm from cannabis use in the long run. Experience with control regimes for other psychoactive substances teaches that lax re-

gimes and allowing extensive commercial promotion can result in high levels of use and of harm, while stringent control regimes can hold down levels of use and of harm.

16. A nation wishing to make cannabis use and sale legal in a regulated market should draw on the substantial experience with other relevant control regimes for psychoactive substances. These include pharmacy and prescription regimes, alcohol sales monopolies, labelling and licensing, availability and taxation controls. Special attention should be paid to limiting the influence and promotion of use by commercial interests. Attention should also be paid to the negative lessons from the minimal market controls which have often applied for tobacco and alcohol, as well as to the positive examples.

#### PRINCIPLES FOR POLICY ANALYSIS

17. Our policy recommendations below are guided by general ethical principles of public health action: measures to reduce harm should be proportional to the harm they aim to prevent, they should as far as possible have positive consequences and avoid negative ones, they should minimize effects on individual autonomy and they should be fairly enforced, particularly with regard to the less powerful or more marginalized groups.
18. Current cannabis policies may do some good, but there is a dearth of evidence in support of that claim. They clearly do harm to the many individuals who are arrested, they abridge individual autonomy and they are often applied unjustly. The enforcement of cannabis prohibition is also costly. The task is to

devise policies that do better, taking all these aspects into account. We recognize the importance of the constraints imposed on policy by popular opinion which usually supports a retention of prohibition.

19. The principal aim of a cannabis control system should be to minimize any harms from cannabis use. In our view this means grudgingly allowing use and attempting to channel such use into less harmful patterns (*e.g.* by delaying onset of use until early adulthood and encouraging all users to avoid daily use or driving a car after using).

#### POLICY RECOMMENDATIONS

20. Making policy recommendations involves value judgments and assessments of uncertainties. We offer our own recommendations for what constitutes good policy toward cannabis, recognizing that reasonable people can differ on the relevant values and in their assessments of contingencies.

#### *Actions inside the box of the current international control regime:*

21. Under the current international control regime, the cannabis policy options available to governments are arguably limited to varying the severity of penalties for use. Given that more than minimal enforcement of prohibitions seems to do little to reduce use, the principal policy concern should be to minimize the adverse consequences of prohibition.
22. If a nation chooses to use the criminal law for controlling cannabis use, there is no justification for incarcerating an individual for a cannabis possession or use offence, nor for creating a criminal conviction.



Retaining a criminal law on possession on the books as a handy tool for discretionary police use tends to result in discriminatory application of the law against the disadvantaged. Police should give very low priority to enforcing laws against cannabis use or possession.

23. A better option, the acceptability of which is more questionable under the international conventions, is to process violations administratively outside the criminal justice system. Fines should be low, and alternative sanctions such as referral to education or counseling should not be onerous, reflecting the proportionality principle.

*Setting the international conventions aside:*

24. The international drug control regime should be changed to allow a state to adopt, implement and evaluate its own cannabis regime within its borders. This would require changes in the existing conventions, or the adoption of a new pre-emptive convention.
25. In the absence of such changes, a state can act on its own by denouncing the conventions and re-acceding with reservations, or by simply ignoring at least some provisions of the conventions.
26. Any regime which makes cannabis legally available should involve state licensing or state operation of entities producing, wholesaling and retailing the drug (as is true in many jurisdictions for alcoholic beverages). The state should, either directly or through regulation, control potency and quality, assure reasonably high prices and control access and availability in general and particularly to youth.

27. The state should ensure that appropriate information is available and actively conveyed to users about the harms of cannabis use. Advertising and promotion should be banned or stringently limited to the extent possible.
28. The impacts of any changes, including any unintended adverse effects, should be closely monitored, and there should be the possibility for prompt and considered revision if the policy increased harm.

The Cannabis Commission's *Conclusions and Recommendations* were compiled by the Commissioners: Robin Room, Benedikt Fisher, Wayne Hall, Simon Lenton, Peter Reuter and Amanda Feilding.

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#### IV. ENDORSEMENTS OF THE REPORT

FERNANDO HENRIQUE CARDOSO,  
FORMER PRESIDENT OF BRAZIL

The report of the Global Cannabis Commission convened by the Beckley Foundation is a valuable contribution to our thinking on the thorny subject of illicit drugs. It is based on solid research and it is argued in an imaginative and yet realistic fashion. The failure of the 'War on Drugs' strategy is quite evident around the world, but the alternatives are not easy to grasp. A paradoxical condition prevails, where prohibitionist laws coexist with a growing diversity of real life alternative practices.

In Latin America, however, we can no longer afford to look the other way. The human and the institutional costs are too high. We need to change our way of thinking and acting on this matter. New policies must be based on empirical data, not on ideological assumptions and dogmas. The notion of focusing on cannabis, as proposed by the Beckley Commission, is a key contribution to the debate. It points towards more efficient and more humane methods of dealing with this matter.

*Fernando Henrique Cardoso*  
November 2008

JASWANT SINGH,  
LEADER OF THE OPPOSITION IN THE UPPER HOUSE, INDIA

I agree with the Conclusions and Recommendations of the Global Cannabis Commission Report. In India, historically and culturally, associations with psycho-active substances have never been a cause of social concern. Because of the nature and self-regulating systems of our society, India has never really needed any externally imposed 'rules', or even 'management' of its production, consumption or ceremonial and ecclesiastical intake. Such activities, never 'hidden', were and are accepted as cultural norms, restricted only by society's restraints. Consequently, cannabis, opium and similar natural products remained free of any 'underground' dealings - until, that is, 'control and commerce' arrived.

It was the British East India Company that first made opium a commercial commodity, leading to the Opium wars with China of 1839 and 1856. Legislation inevitably followed, but this marginal legislation, as introduced by the British, had no impact for instance on Rajputana, which continued to live by its own ancient social and cultural mores. We still do.

After independence in 1947, as part of its 'modernization process', India adopted the Western or US method of drug control, signing the Single Convention of 1961, and enacting the Narcotic Drugs and Psychotropic Substances Act of 1964 which, ignoring the cultural specificity and plurality of the Indian situation, committed India to eradicate 'all cultural usage' of cannabis within a 25-year time span. Cannabis (which, in India can grow anywhere) and opium products

were made illegal. Sadly, we in India had not even publicly debated this important legislation, nor had we researched it well enough before adoption.

This legislation has changed the nature of our drug trade. Traditional farmers were replaced as suppliers by criminal networks. The sale of cannabis and opium became as risky as selling modern psychotropic drugs, so the emphasis shifted to selling 'chemicalised' hard drugs with higher profit margins. This became a permanent shift.

Politically unsettled conditions in Afghanistan, Pakistan, Sri Lanka and many parts of India has seen the involvement of several militant groups in the drug trade.

Fortunately, rural India still stands largely unscathed, and India's cultural norms remain. But for how long will this constructive, culturally organic solidarity last in our rural hinterland? I have no answer to this troubling thought and question.

Yours sincerely,

*Jaswant Singh*

27 November 2008

JAN WIARDA,  
FORMER CHAIRMAN OF EUROPEAN POLICE CHIEFS

During my 45 years of service in the police, from sergeant to Chief Constable of The Hague, and chairman of the EU-Police-Chiefs, I have been a privileged witness of the war on drugs. I saw in the 1960s the decline and fall of the post-war approach of authoritative maintenance of public order. I saw how the older generations wrestled with the completely different attitude of the baby-boomers in the 1960s and 1970s. The consumption of stimulants became more and more widespread, with negative effects for the addicts themselves, and for their relations with society.

I was pleased by the introduction of the more realistic, sensible approach of regulating the availability of cannabis for consumers, and the harm-reduction programmes for users of other stimulants, such as methadone programmes, needle exchange, user rooms, etc. The majority of my colleagues in the police were also in favour of the new policies, even if it was not always easy to cope with the conflicting interests of drug-users and law-abiding citizens. But in the end, the policy worked to the advantage of both the individuals and society. I am astonished by the ongoing world-wide pressure, from the early 1980s to the present day, to continue and to intensify the war on drugs, instead of turning to a system of regulation and control. Huge investments in eradication and crop-substitution (as in Columbia and Afghanistan), huge investments in enforcement, in investigative powers and manpower and criminalisation of users have had little effect on drug production and consumption.

But now it is time for change! The Beckley Foundation has had the stamina and endurance to bring about the Global Cannabis Commission Report, *Moving Beyond Stalemate*. The outstanding scientists who composed this report point the way ahead - to a world that is not taken hostage by a misconception of human behaviour towards stimulants, and a world that is not terrorised by organised criminals whose only interest lies in expanding the war on drugs, because it is the real source of their profit.

The time for change has come.

*Jan Wiarda*

10 December 2008

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## V. THE BECKLEY FOUNDATION CANNABIS COMMISSION DRAFT FRAMEWORK CONVENTION ON CANNABIS CONTROL

### BACKGROUND

Cannabis is subject to international control by the 1961 Single Convention on Narcotic Drugs, as amended in 1972 ([http://www.incb.org/convention\\_1961.html](http://www.incb.org/convention_1961.html)), and it is also affected by the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances ([http://www.incb.org/incb/convention\\_1988.html](http://www.incb.org/incb/convention_1988.html)). Because a basic principle of these conventions is that legitimate use of substances covered by them should be limited to medical and scientific purposes, they have been an effective block to efforts at a national or sub-national level to move in any way to a regulatory system of control that aims to regulate use so as to minimize social and health harm.

While in principle these Conventions can be amended, this is not a practical possibility at the present time. An alternative path is for like-minded states to adopt a new Convention specifically devoted to cannabis. On the legal principle of “last in time” taking precedence, this can be argued to take precedence in and between those states adopting such a new convention (Room et al., 2008: 159-162).

A precedent for a new convention covering a single psychoactive substance is the Framework Convention on Tobacco Control (FCTC; [http://www.who.int/fctc/text\\_download/en/indec.html](http://www.who.int/fctc/text_download/en/indec.html)). This convention was negotiated under WHO auspices, was adopted in 2003, and came into



force in 2005. It has been proposed that cannabis might be added to this Convention, but this would require an amendment process which is also not presently a practical possibility. The alternative, which is explored here, is to adopt a new convention, which might well be modelled on the tobacco convention.

#### ADAPTING THE TOBACCO CONVENTION AS A MODEL

Comparative studies of the dangerousness of drugs are in substantial consensus that cannabis is less harmful to health than tobacco. By this criterion, modelling a new cannabis convention of the FCTC can be seen as a relatively conservative option. On the other hand, the FCTC is not as strong as public health advocates would wish. A major area of weakness is in terms of its lack of measures to monitor and control the international legal trade. This is an area in which the 1961 Single Convention is strong, reflecting a half-century of experience already at that time in regulating the legal trade in opiates and other medications. These provisions of the 1961 Single Convention would remain in force for any trade involving countries which remained outside a new cannabis Convention. It therefore seems prudent (and less confusing) to adopt the same provisions on international legitimate trade as in the 1961 Single Convention. Accordingly, these provisions are included in the proposed Convention, although their level of detail might seem at times excessive.

The model of the FCTC has also been strengthened in two other respects. The draft Cannabis Convention provides that it takes precedence over free trade and equal-treatment provisions of WTO and other trade agreements. This issue was omitted from the FCTC since no agreement satisfactory to

public health could be reached on it. The draft Cannabis convention also includes provisions concerning control of on-premise sales and consumption, drawing on experience from the alcohol field. On the other hand, the draft Cannabis Convention omits some wording from the FCTC that arose from the particularly iniquitous and duplicitous history of tobacco industry interference in science and policy, and the understandable special emphasis in the FCTC on tobacco smoke and emissions.

The complete *Framework Convention* can be found at: [www.beckleyfoundation.org/pdf/Framework\\_Convention\\_on\\_Cannabis\\_Control.pdf](http://www.beckleyfoundation.org/pdf/Framework_Convention_on_Cannabis_Control.pdf)

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## VI. COMMISSIONERS' BIOGRAPHIES

**Robin Room** is a sociologist and Professor at the School of Population Health, University of Melbourne, and the director of the AER Centre for Alcohol Policy Research at Turning Point Alcohol & Drug Centre, Fitzroy, Victoria, Australia. He was also the founding director of the Centre for Social Research on Alcohol and Drugs at Stockholm University. He had previously directed research at the Addiction Research Foundation of Ontario (1991-1998) and the Alcohol Research Group in Berkeley, California (1977-1991). Room has studied the effects of alcohol, drug and gambling policies. He is a co-author of numerous books on alcohol policy, including *Young Men and Drugs* (NIDA, 1975), *Alcohol in Developing Societies* (Finnish Foundation for Alcohol Studies, 2002), and *Alcohol – No Ordinary Commodity* (Oxford UP, 2003). His research interests include historical, cultural and social epidemiological studies of alcohol and other drugs, including comparative research across psychoactive substances.

**Peter Reuter** is an economist, public policy researcher, and Professor in the School of Public Policy and in the Department of Criminology at the University of Maryland. He is the Director of the Program on the Economics of Crime and Justice Policy at the University, as well as the Senior Economist at RAND. Reuter founded and directed RAND's multidisciplinary Drug Policy Research Center from 1989-1993. His early research focused on the organization of illegal markets, and resulted in the publication of *Disorganized Crime: The Economics of the Visible Hand* (MIT Press, 1983). Since 1985 most of his research has dealt with alternative approaches to controlling drug problems, both in the United States and

Western Europe. His other books are (with Robert MacCoun) *Drug War Heresies: Learning from Other Places, Times and Vices* (Cambridge UP, 2001), and (with Edwin Truman) *Chasing Dirty Money: The Fight Against Money Laundering* (Institute for International Economics, 2004). He is currently finishing a project on global heroin markets. He has served as a consultant to numerous US government agencies and organizations elsewhere, including the European Monitoring Center on Drugs and Drug Abuse, the United Nations Drug Control Program and the British Department of Health.

**Wayne Hall** is Professor of Public Health Policy in the School of Population Health at the University of Queensland. He was formerly Director of the Office of Public Policy and Ethics at the Institute for Molecular Bioscience, UQ (2001-2005), and Director of the National Drug and Alcohol Research Centre at UNSW (1994-2001). With Rosalie Pakula, he is the author of *Cannabis Use and Dependence: Public Health and Public Policy* (Cambridge UP, 2003). He has advised the World Health Organization on the health effects of cannabis use; the effectiveness of drug substitution treatment; the scientific quality of the Swiss heroin trials; the contribution of illicit drug use to the global burden of disease; and the ethical implications of genetic and neuroscience research on addiction. He is currently researching the policy and ethical implications of research on the genetics and neurobiology of nicotine dependence; biological interventions that purport to extend human life expectancy; and the regulation of pharmaceutical drugs.

**Benedikt Fischer** is Professor and CIHR/PHAC Chair in Applied Public Health at the University of Victoria, British Columbia, and the Director of Illicit Drugs, Public Health and

Policy Unit at the Centre for Addictions Research of British Columbia (CAR-BC). He is also affiliated with the Centre for Addiction and Mental Health as a Research Scientist, and as adjunct faculty to the Departments of Public Health Sciences and Criminology at the University of Toronto. He has published several articles on Canadian cannabis and other drug policies, and has contributed to substance use policy development in Canada at the local and national levels. In 1998, he led the writing of a study by a pan-Canadian working group on the options for cannabis use control reform in Canada. Originally trained as a criminologist, Fischer's research focuses primarily on illicit substance use, marginalized populations, infectious disease, criminal justice and public health, all with a strong interest in policy and programme development.

**Simon Lenton** is an associate professor and Deputy Director at the National Drug Research Institute, Perth, Western Australia, and he works as a Clinical Psychologist in private practice. He has published more than 30 scientific articles, book chapters and reports on cannabis, health and the law, and has presented his work at numerous national and international conferences. He is first author of *Cannabis Possession, Use and Supply*, a monograph published in 2000. Lenton was a former member of the Ministerial Working Party on Drug Law Reform which advised the Western Australian Government on the design and implementation of the Cannabis Infringement Notice scheme which came into effect in March 2004. He is currently heading a large pre-post evaluation of that scheme. Lenton's research interests include illicit drug use and harm reduction, impact of legislative options for cannabis, and drink and drug driving.

use and harm reduction, impact of legislative options for cannabis, and drink and drug driving.

**Amanda Feilding**, founder and director of the Beckley Foundation, has long advocated an evidence-based approach to drug policy that seeks to minimise the harms associated with drug use. Towards this end she has hosted seven influential seminars on International Drug Policy issues, entitled '*Society and Drugs: A Rational Perspective*'. These meetings bring together leading academics, experts and policy-makers from around the world, and have helped not only to broaden the debate, but also have initiated such outcomes as the 2007 call for a UK drug-classification system based on a scientifically-evaluated scale of harms. In 2006, her awareness of the lack of attention paid to cannabis in international drug policy discussions led her to convene the Global Cannabis Commission Report.

The **Beckley Foundation** is an ECOSOC-accredited NGO, whose Drug Policy Programme was set up to develop a scientifically-evaluated evidence base. It aims to cast light on the current dilemmas facing policy-makers within governments and international agencies, and to work with them in order to promote objective and open debate on the effectiveness, direction and content of future drug policies.

The Foundation has produced over 30 academic Reports, Proceedings Documents and briefing papers on key policy questions and recent policy initiatives. It has founded two sister organisations, now both independent: the *International Society for the Study of Drug Policy* (ISSDP) and the *International Drug Policy Consortium* (IDPC).

The Beckley Foundation also runs a parallel Scientific Programme which promotes the scientific investigation of consciousness and its changing states from a multidisciplinary perspective. Working in collaboration with leading scientists and institutions around the world it initiates and directs research into the neurophysiology underlying the full range of conscious states. It is particularly interested in scientific research that has practical implications for improving health and well-being, and which also provides the scientific evidence upon which better informed policy decisions can be based.

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AMANDA FEILDING, DIRECTOR  
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