

Ground Realities of Cannabis Use in Nepal

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Background on Cannabis

The cannabis plant has multipurpose properties and is eminent for its medicinal benefits. Before Single Convention Act 1961, was formulated, people could consume, cultivate, produce, and trade it without hesitation (UNODC, 2021). It has been used to alleviate an unlimited variety of human ills as a folk remedy until it was declared as a schedule, “I” prohibited drug (Dias et al., 2012). Since the beginning of the 20th century, political decisions on drug policy and attempts to sway public opinion have repeatedly been linked. Current liberalization efforts have largely succeeded by redefining marijuana as medicine and emphasizing the economic and social costs of the incarceration that has resulted from drug laws, rather than by attempting to change attitudes toward drugs (Dellazizzo, Potvin, Dou, et al., 2020). In 2076 B.S, The United Nations Commission on Narcotic Drugs (UNCND) voted in favor of cannabis eradication, with 27 out of 53 members voting in favor, including the removal of cannabis (Common street names include: Marijuana, Boom, Ganja, Bhango, Aunt Mary, BC Bud, Blunts, Chronic, Gangster, Pot, Ganja, Mota, Joint, Hash, Grass, Dope, Herb, Hydro, Indo, Reefer, Kif, Mary Jane, Sinsemilla, Smoke, Skunk, Weed, and Yerba) from the list of harmful drugs.

The overuse of cannabis harmful chemicals is a major concern that impacts brain development and the potential for addiction on continuous use. A major important aspect people need to know about the use of Cannabis is tetrahydrocannabinol (THC) and cannabinoids (CBD) and their ratios are to be highly considered. About 1-2 percent level of THC present in marijuana merely shows the effect on human health and it works as medicine (Dellazizzo, Potvin, Athanassiou, et al., 2020). But if it rises higher than that it will be a risk for all human health, addiction, psychological effects, and others. Similarly, increased incidence of schizophrenia in countries where highly THC-concentrated cannabis is regularly used than traditional varieties used with a low concentration of THC (Regmi et al., 2019).

Ground realities

Hippies embraced free love where the whole love, marriage, sex, and baby package were obsolete. They believe love was no longer limited to one person and to be shared freely. Hippies were further popularized in the mainstream press as rebellious youth, dismissive of authority, psychedelically

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crazed, and advocates of free love and rock and roll. They created their community in Kathmandu as a hippie Garden of Eden for consuming cannabis after opening its doors to foreign tourists in 1951 A.D. The world-famous hip-hop singer Bob Marley visited Nepal for a trek near the Muktinath temple, a species of cannabis known as purple haze (leaf turns slightly purple while flowering) is found which is one of the best species of cannabis. Then after Nepal is one of the best quality cannabis with more than 300 types of specie available everywhere with a good amount of fragrances (Pandey, 2021).

The daughter and wives of middle-income people were close to the Hippie people for sexual satisfaction. This results in Baby Boomers which increases the likelihood of using cannabis and the health risks associated with it. They believe consumption of cannabis increased sexual pleasure and the desire to have sex with satisfaction in the sexual domains of drive, lubrication, orgasm, dyspareunia, and sexual experience. The biggest challenges arose. The political leaders and policymakers were worried about their wives and daughters as well as economic threats including the drug trade. In 1961, The United Nations Single Convention on Narcotic Drugs decreed the use of cannabis for other than medical and scientific purposes. Surrounded by India, and China, and under mounting pressure from the United States, Nepal needed a strategy to cope with the Cold War of Cannabis. As a result, Cannabis was made illegal in Nepal for recreational use in 1976.

Therapeutic claims about cannabis nowadays are gaining attention. Cannabis plant of widely used species Cannabis Sativa which is also available in Nepal is an herbal drug with chemical compositions of cannabinoids, including delta-9 tetrahydrocannabinol and CBD. Nepal is a highly fertile land for cannabis with the highest THC concentration. The unofficial record shows that the THC concentration is available up to 30% in cannabis available in Nepal. There is always a political debate on the legalization of cannabis in the world. The politics are on THC concentration rather than any other ingredients of Cannabis. Companies of cannabis, retailers, stakeholders, and policymakers were influencing the highest concentration of THC supposed to be legalized. The THC legalization concentration in Canada is 0.3%, in the EU 0.2%, in Switzerland 1.0%, and so on. The exact legalization of THC concentration in Nepal is not defined yet so, it would be better to follow the WHO-recommended standard of 0.2% (UNODC, 2021).

Way Forward

It is highly recommended to identify the THC and CBD concentration and relevant isomers via clinical trials on the various types of cannabis and its species available in Nepal. Investment in epidemiological studies on the long-term health effects of cannabis use and social and economic analyses of the costs and advantages of current and alternative cannabis policies are necessary. Public awareness, strict legal actions to prohibit adolescent consumption, and minimization of backdoor policy (illegal drug trafficking). Collaborative research and development must be taken as a cost-effective initiative to regulate the legalization of cannabis in a developing state like Nepal. In terms of medicinal use, well-equipped laboratories and trained human capital need to be developed

to deliver safe cannabis products to patients without harm. Monitoring and prompt analysis of the cannabis-related effects should be continuously done to protect against the adverse health impact and limit it from being misused.

References

- Dellazizzo, L., Potvin, S., Athanassiou, M., & Dumais, A. (2020). Violence and Cannabis Use: A Focused Review of a Forgotten Aspect in the Era of Liberalizing Cannabis. *Frontiers in Psychiatry*, 11(September), 1–11. <https://doi.org/10.3389/fpsyt.2020.567887>
- Dellazizzo, L., Potvin, S., Dou, B. Y., Beaudoin, M., Luigi, M., Giguère, C. É., & Dumais, A. (2020). Association between the use of cannabis and physical violence in youths: A meta-analytical investigation. *American Journal of Psychiatry*, 177(7), 619–626. <https://doi.org/10.1176/appi.ajp.2020.19101008>
- Dias, D. A., Urban, S., & Roessner, U. (2012). A Historical overview of natural products in drug discovery. *Metabolites*, 2(2), 303–336. <https://doi.org/10.3390/metabo2020303>
- Pandey, Ashok, Parajuli, Ayuska (2021). Farming of Marijuana (Cannabis): Challenges and sustainable development a scientific analysis. *Journal of Drug Control*, Vol-14 No 19. Published by Ministry of Home Affairs, Government of Nepal.
- Regmi, S., Pandey, A., Chaudhary, P., & Acharya, A. (2019). Study on Marijuana Abuse among Male Nepalese College Students in Bangalore. *Journal of Scientific Research and Reports*, December, 1–7. <https://doi.org/10.9734/jsrr/2019/v25i430192>
- UNODC. (2021). *World Drug Report 2021 (United Drug Market Trends : Cannabis Opioids* (Sales No.). United Nations publication. https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_4.pdf%0Ahttps://www.unodc.org/res/wdr2021/field/WDR21_Booklet_3.pdf