

From “Bhang Shops” to “Cannabis in Coffee Shops”: Time to Debate the Option?

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Cannabis use has had some degree of sociocultural sanction in India. This is besides its use for medicinal purposes. Currently, however, its non-medicinal use is prohibited in the country. The only exception is the bhang formulation that remains beyond the purview of the legal framework concerning the use of psychoactive substances in the country. Despite the prohibition, cannabis continues to be the most commonly used illicit psychoactive substances in the country. There has been only a limited and restricted discussion on cannabis policy in India. There is a dearth of literature and research in this area.

We present a case for the need to initiate a discussion on this issue to fill the lacuna in academic and scientific fora on this theme. We first offer the background on the historical and sociocultural context of cannabis use in India, followed by the Indian laws and their impact, in brief. We then offer an overview of the amended cannabis-related legalization in other countries and their impact on cannabis use. Finally, we discuss the need for a discussion on the regulatory framework for cannabis in the Indian context.

Use of Cannabis in Connection with Sociocultural Aspects

In India, cannabis has been used for centuries, with its use noted as early as 2000 BC. The use of cannabis has been documented in ancient Indian scriptures,



such as *Rigveda*, *Atharvaveda*, *Sushruta Samhita*, *Shiva Purana*, etc. The plant of cannabis has been described as “a sacred grass” (holy) in the *Atharva Veda*, where the earliest written reference to cannabis in India is found: “We tell of the five

kingdoms of herbs headed by Soma; may it, and kusa grass, and bhanga and barley, and the herb saha, release us from anxiety.”¹

Bhang was also used to dispel the evil influences caused by demons.² It was told that the cannabis plant contained a guardian spirit that counters the activity of the demons.³ Religious mendicants have used bhang so that they can go on without hunger and thirst for several days. Interestingly, the process of taking cannabis in such a traditional and ritualistic manner has been compared to the holy act of the use of wine during the Holy Communion!³ Some sects in Bengal state used to offer items containing cannabis to the guests during Durga Puja.⁴ The use of cannabis, thus, has been quite common in the context of sociocultural and religious aspects in the country.

Use of Cannabis for (Quasi-) Medicinal Purposes

The first mention of the medicinal use of cannabis dates back to the sixth- or seventh-century text, *Sushruta Samhita*. Bhang was described to have an-

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ti-phlegmatic effects and was said to be a cure for biliary fever. The pain-relieving properties were described in as early as tenth-century literature. Ancient Indian surgeons used it as an anesthetic (commonly combined with alcohol). The use of cannabis has also been reported as a household remedy for various minor ailments as well as for veterinary purposes. Cannabis, especially bhang, has been used for various ailments, such as problems of appetite and digestion, gastrointestinal illnesses, rheumatic troubles, dysuria, gonorrhoea, etc. The use of cannabis was common in rural areas of the country for conditions such as dysmenorrhoea, asthma, and spasms. Cannabis use was also common among young married people for its believed effects on sexual organs. Other reported uses of cannabis among the Indian population include relief from wound pain, toothache, acute inflammations, etc. It has a role in indigenous medicine also, with many Hakims and Vaidyas prescribing cannabis-containing items for bowel complaints and other ailments. *Charas* was used as a sleep-inducing substance in insomnia where the use of opium was considered contra-indicated.⁴

Use of Cannabis for Recreational (i.e., for Its Euphoric Properties) Purposes

Cannabis preparations were commonly used in India to alleviate fatigue and to increase power in physically stressful conditions. People involved in occupations such as fishing, farming, etc. used cannabis for its these properties. Laborers used it commonly to alleviate the sense of fatigue. It has been documented that warriors used to drink bhang along with opium to increase their courage in the battlefield.⁵

Indian Laws Regarding the Use of Cannabis

India was a signatory to UN convention on narcotics and psychotropics and hence was required to eradicate the “non-medical” use of cannabis within 25 years. India introduced the Narcotic Drugs and Psychotropic Substances

(NDPS) Act in 1985. As a result, the consumption of all psychoactive substances was prohibited by the law except for medicinal or scientific purposes. Interestingly, there was one exception to this, whereby the use of bhang (cannabis leaves’ preparations) was not prohibited. Also, it has been reported in media that there were deliberations during the finalization of the UN conventions on what was meant by “cannabis.”⁶ Additionally, it has been reported that some countries, including India,⁶ also contested the neglect of the sociocultural context of use narcotics. The exemption of bhang from the list of cannabis preparations in the NDPS Act was reportedly in keeping with the description of cannabis in the UN conventions.

Concerns have been expressed about the enforcement of legislation that abruptly criminalizes drug use without considering the pre-existing religious and cultural practices. Similar concerns have been expressed about the NDPS Act. It has been documented that the Act has led to an increase in the low-level drug users’ arrests, ignoring the sociocultural aspects.⁷ Also, the NDPS Act has been amended thrice since its enactment. However, no changes have been introduced to the regulatory control of cannabis.

Cannabis Legalization—Global Experience

Globally, there has been a trend toward de-stigmatization and de-criminalization of drug use, especially cannabis use, in some countries. However, this concept of decriminalization is not new. The Netherlands was one of the first countries to adopt a more tolerant attitude toward drugs. This was a direct result of the unique socio-political situation in the Netherlands. The Dutch policy arose out of a different understanding of the gateway theory, where the policymakers viewed “gateway” as a sociocultural phenomenon. The intention was to keep the low-level recreational users of cannabis in legal channels and away from “hard drugs.” To this end, a policy differentiating between drugs with a low risk of harm (“soft drugs”, e.g., cannabis) and drugs with higher risk of harm (“hard

drugs”) was proposed.⁸ Under this policy, the sale of cannabis products in small quantities was allowed in the licensed *coffee shops*. Coffee shops are cafes where the sale of cannabis is permissible. This was done with clearly defined criteria for setting up such facilities. These are known as the AHOJ-G criteria: no advertising, no sale of hard drugs, no nuisance, no access for underage people (<18 years), and no sale of large quantities (>5 g). These shops in the Netherlands operate in a legal grey zone—while they have a stated immunity from the Government, the immunity is not sacrosanct and could be easily overturned. It has been reported that the coffee shops generally comply with these criteria.⁹

The cannabis coffee shops policy has shown some encouraging results on the overall cannabis use in the Netherlands. Coffee shops dominate the cannabis consumption market in the country and, thus, keep the cannabis users away from the illegal drug markets (for the most parts).⁸ Hard drugs market is more separate in the Netherlands as compared to the other European countries.¹⁰ The likelihood of finding hard drugs is low in these shops.⁸ The likelihood of buying cannabis outside the coffee shop system is less in the areas with a high density of such coffee shops. This separation between soft- and hard-drug markets has likely decreased the “gateway” to hard drugs.¹¹ On the other hand, the areas away from cannabis coffee shops show more lively trade in cannabis and hard drugs, with a higher risk of mixing hard and soft drugs.^{8,12}

The overall impact of this policy decision is relatively less clear, with studies suggesting mixed findings. Initial studies suggested a correlation between the number of coffee shops and the increase in cannabis use by youth. Monshouwer et al. reported that the increase continued until the first half of the 1990s, followed by stabilization in cannabis use rates, and then a decrease, as the number of shops decreased.¹³ However, in the same time period, such a rise was also noted in other countries without the coffee shops as well. More importantly, the Netherlands did not show an excessive increase in cannabis usage during this time. On the other hand, another

study found only a modest correlation between the number of coffee shops and the overall cannabis usage in the general population.¹¹ Coffee shops did not lead to an escalation of use to heavier patterns. However, the rates of treatment for cannabis-related problems are higher as compared to other European countries. Interestingly, more restrictions on the cannabis coffee shops over the years have shown to displace the cannabis market to illegal retailers.⁸

Although the Netherlands probably remains the most famous example of a more tolerant policy toward cannabis possession and use, it is not the only country with such a policy. Many jurisdictions have adopted lenient views toward the possession and use of cannabis in recent years. They include some states in the USA, Chile, Spain, Uruguay, Canada, etc.

In the USA, over the years, there has been a slow but steady rise in the percentage of people ever using cannabis. Colorado, Washington State, Alaska, and Oregon (from 2012 to 2014) were the first states of the USA to legalize the production and sale of cannabis. Certain state regulations exist in the USA, such as the minimum age for purchase being 21 years, ban on public use of cannabis, excise taxes on retail sales, etc. There is very little robust data on the impact of the legalization of recreational cannabis in the USA. The available data are mixed, with some studies reporting increased rates of adult cannabis use,¹⁴⁻²⁰ whereas others reporting no impact on adult cannabis use.²¹⁻²⁴ The effect on adolescent use and perceptions is not yet well understood. This study examines change in adolescent marijuana use and related perceptions in Colorado, before and after the implementation of legal commercial sale of recreational marijuana for adults starting on January 1, 2014. The data are from a repeated cross-sectional survey of a representative sample of Colorado high school students, with separately drawn samples surveyed in fall 2013 (prior to implementation). A recent study reported that cannabis legalization had little or no impact on cannabis prevalence among youth.²⁵ Adverse outcomes related to over-consumption of cannabis have also plateaued, after an initial increase during

the early years after legalization. The cannabis market in the USA grew by 30% in 2016 to 6.7 billion USD, with a projected market of 20.2 billion USD by 2021.²⁶

In 2013, Uruguay became the first country in the world to completely legalize marijuana, in a move that has since been dubbed the “great experiment.” Uruguay became the first country to legalize the production, distribution, and use of cannabis for non-medical or non-scientific purposes. Two-thirds of the population had reportedly expressed disagreement with this Uruguayan law, primarily due to beliefs such as the possibility of worsening security conditions in the country, cannabis use as a gateway, and the ineffectiveness of such measures in curbing illegal trafficking.²⁷ The law permits three forms of cultivation in Uruguay: (a) up to six plants at home, (b) through cannabis users’ cooperatives (with up to 45 members), and (c) licensed producers. However, the licensed producers can sell cannabis to the government only. A confidential registry of commercial cannabis buyers is to be maintained, which is to be run by the Institute for Regulation and Control for Cannabis. There is a purchase cap of 40 g of cannabis per month, with a complete ban on advertising and promotion. However, the country witnessed delays in establishing the channels for the legal distribution of cannabis.²⁸ This led to a rather precarious situation, since the country did not have a regulatory body in the first place. The data from Uruguay on the impact on cannabis use are still emerging. A study suggested an increase in the lifetime prevalence of cannabis use from 5.3% in 2001 to 20.0% in 2011 and 33.6% in 2016 (i.e., three years after cannabis legalization). The past year cannabis use also showed a steep increase from 1.4% in 2001 to 8.3% in 2011 and 15.4% in 2016. No change in crime trends was noted. However, an increase in fatal motor vehicle accidents was noticed since 2013.²⁹

Spain allows for cannabis clubs. These clubs have been established since 2002, following a series of Spanish Supreme Court rulings. The clubs allow non-commercial social groups to cultivate and distribute cannabis for the personal consumption needs of their members. These clubs function within a legal grey area. The social clubs must meet certain cri-

teria such as registration with a regional registry, premise to be kept closed for the public, prescribed limit on the quantity of cannabis consumed, immediate consumption of the cannabis distributed by the clubs, run on a non-profit basis, etc. These clubs are effectively self-regulating in nature.³⁰ As per the recent estimate, there are at least 400 social clubs in Spain. Thus, such a model removes the profit-motivated efforts to increase or initiate the use of cannabis by their producers and suppliers. Regulations such as immediate consumption and closed membership helped reduce cannabis availability in the market and reduce the potential for the new initiation of cannabis among new and young users. However, it has been seen in other countries, such as Belgium, that adopting less stringent membership policies of such clubs leads to having thousands of members in such clubs, defeating the purpose of such policy.³⁰ Some initial data suggested that the members of such clubs did not increase their cannabis use over the period, with favorable impacts in terms of legal protection and health risk reduction.

After Uruguay, Canada became the second country in the world to federally legalize cannabis for recreational use in 2018. The data on the impact of legalization in Canada are not yet available.

Cannabis in Coffee Shops in India—Need for Debate?

Our suggestion for the debate on the feasibility of cannabis coffee shops in India aims to initiate a discussion on the regulatory framework for cannabis in the country.

Cannabis in coffee shops in India is not an entirely novel idea. It is merely an extension of what has already existed in the country for probably close to a century now. Sale of cannabis in government authorized shops in India remains a grossly under-documented fact. These shops (known as Bhang Theka or Bhang Shops) have been in existence in certain states of the country for many years now. These shops are authorized by the government to sell cannabis in the form of bhang. Such shops have been reported in the states of Rajasthan, Uttar Pradesh, Punjab, and Odisha. However, most of

the documentation of their existence comes from the media reports.³¹ At least in some of these states (such as Punjab and Odisha), the license for these shops is issued by the state excise department. However, the sale figures and other details of these shops could not be accessed.

The availability of cannabis in shops is a strategy that is neither a full prohibitory approach nor a full legalization approach. It has its own pros and cons, as highlighted in the section on experiences from other countries. Some of the expected benefits of such an approach include breaking the link between cannabis and other drugs (usually referred to as “hard” drugs) such as heroin and a curb on the illegal trade and black market.

However, certain key differences from other countries need to be kept in mind before embarking on such a policy for India. The cultivation and production of cannabis-containing products are illegal in India. Hence, there is a possibility that the legalization of shops might increase the “back door” illegal trade and production of cannabis. The Netherlands is a relatively small country with a population of 17 million (comparable to the population of Delhi). India is a much larger country with nearly 100 times the population and a much larger and diverse geographical spread. This calls for significant adaptations and amendments while discussing the implications of implementing such a policy. The Netherlands owes a large part of the success of its cannabis policy to effective implementation. Another important difference is the fact that the cannabis plant is indigenous to the Indian subcontinent, unlike the Netherlands. A significant proportion of cannabis procured by the shops in the Netherlands is imported from East African nations. Since the procurement itself is an illegal activity, it follows that there is always a deficiency of supply. Since cannabis grows in the wild in India, it is comprehensible that keeping tabs on the legal supply of cannabis shops might be difficult. Experience from Chile suggests that criminalizing a substance that is a part of the sociocultural milieu will not necessarily lead to a decrease in its consumption.³² India also has a long tradition of cannabis use in the sociocultural context. Also, unlike Uruguay, there is some regulatory framework that exists

in the country whereby the state excise department issues the license for setting up the bhang shop.

Acceptance of sale of cannabis in shops, however, shall require amendments to the existing regulatory framework. More importantly, before such a possibility is embarked upon, there is a need to systematically study and document the impact of the existing bhang shops in the country. The impact of access to cannabis through these shops needs to be studied and documented. This shall help make an informed decision while reviewing the regulatory framework for cannabis in the country. Finally, we need to be cognizant of the fact that despite the prohibition, cannabis continues to be one of the most commonly used psychoactive substances in the country. Also, there has been a trend of a steady increase in the proportion of treatment seekers who are current cannabis users in the country.³³

The scenario regarding cannabis is changing in India. Recently, the states of Uttarakhand and Madhya Pradesh issued licenses for the commercial cultivation of *non-narcotic* cannabis.^{34,35} Also, a private member’s bill was introduced in the Indian parliament for the legalization of cannabis.³⁶ It is time that academics and researchers discuss and document the various aspects of the cannabis policy of the country. The use of cannabis for medicinal and research purposes is permissible under the current Indian law. We also need to explore the need to review the regulatory framework for cannabis in the country.

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