

**PARLIAMENT
Bridgetown**



REPORT

OF THE

**JOINT SELECT
COMMITTEE
ON THE
MEDICINAL CANNABIS
INDUSTRY BILL, 2019**



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1. Pursuant to a Resolution of the Honourable the House of Assembly on Tuesday, 30^h August , 2019 and the concurrence of the Honourable the Senate on Wednesday, 4th September, 2019, a Joint Select Committee (**hereafter referred to as “the Committee”**) was constituted to debate and report on:-

A Bill to:-

- (a) the regulation of the handling of medicinal cannabis in Barbados;
- (b) the establishment of a Barbados Medicinal Cannabis Licensing Authority, a Barbados Medicinal Cannabis Licensing Board and a Barbados Medicinal Cannabis Appeals Tribunal;
- (c) the issuing of licences for the handling of medicinal cannabis; and
- (d) related matters.

2. The following members were appointed to the Committee:-

Hon. Indar A. Weir, M.P. (Chairman)
Hon. Dale D. Marshall, Q.C, M.P.
Lt. Col. Hon. Jeffrey D. Bostic, M.P.
Bishop Joseph J. S. Atherley, J.P., M.P .
Hon. Edmund G. Hinkson, M.P.
Hon. Adrian R. Forde, M.P.
Hon. Trevor A. Prescod, M.P.
Dr. Sonia E. Browne, M.P.

His. Hon. Senator Rudolph N. Greenidge

Senator Dr. Crystal K. M. Haynes

Senator Caswell A. Franklyn, J.P.

Senator Mr Christopher A. Maynard

3. The Terms of Reference of the Committee were as follows:-

1. To inquire into and determine whether the Bill as drafted fulfils the expressed objects of the promotion, regulation, and handling of i.e. cultivation, processing, importation, exportation, transit, transshipment, manufacture, sale, possession and distribution of Medicinal Cannabis in Barbados

2. To examine and analyze whether the provisions of the Bill which relate to the establishment of the Medicinal Cannabis Authority engender the development of policies, procedures and guidelines of the Medicinal Cannabis Industry ensuring the availability of Medicinal Cannabis to patients in a safe and effective manner.

3. To examine whether the Bill as drafted facilitates ongoing scientific research in Medicinal Cannabis with the resultant development of the Medicinal Cannabis Industry.

4. To consider whether the Bill as drafted offers an effective enforcement procedure to ensure compliance with the provisions of the Bill.

5. To make recommended changes, if deemed necessary, to the Bill as drafted for further consideration by the Chief Parliamentary Counsel.

4. The Committee has the honour to report as follows:-

The Committee scheduled meetings for the following dates:-

(i) Tuesday 10th September, 2019,

(ii) Tuesday 24th September, 2019,

(iii) Friday 27th September,

(iv) Tuesday 1st October, 2019 and,

(v) Monday 7th October, 2019.

The Minutes of the meetings are appended hereto and marked "B", "C", "D" "E" and "F" respectively and form part of this report.

The Hon. Indar A. Weir was elected Chairman of the Committee with the Hon. Lt. Col. Jeffrey D. Bostic as its Deputy Chairman. The Hon. Indar A. Weir chaired the meetings of the Committee.

All the meetings were held at the Lloyd Erskine Sandiford Convention Centre with the exception of the meeting of 8th October, 2019 which was held at the Senate Chamber. Permission was granted for the Committee to meet outside of the precincts of the Parliament by the House of Assembly at its last meeting on 30th August, 2019. This was done in accordance with the provisions of Standing Order 60 15(b) of the Standing Orders of the Honourable the House of Assembly.

The Committee at its first meeting settled the procedure which would govern its deliberations. Sen. C. A. Franklyn was of the view that the Select Committee should have been constituted with six (6) Senators. It should be borne in mind that this Committee originated in the House and the membership was determined by the Order reference which went from the House of Assembly requesting that the Senate chose four (4) Members.

Sen C. A. Franklyn's objection was noted. After hearing from the Clerk of Parliament and the Clerk to the Committee, Mr. Pedro Eastmond and the Hon. D. D. Marshall, Q.C., M.P., the Committee settled on its composition as follows: eight (8) Members of the House of Assembly and four (4) members of the Senate.

Prior to the first meeting the Committee invited submissions from:

1. The Barbados Bar Association;
2. The Barbados Pharmaceutical Society;
3. The African Heritage Foundation;
4. The Barbados Christian Council; and
5. Ichirouganaim Council for the Advancement of Rastafari (ICAR)

Sen. C. A. Franklyn objected to the action of the Clerk before the Committee had formally met. The Committee noted the Senator's objection and ratified the action taken by the Clerk on the basis that it was an attempt to advance its work.

The Committee then formally instructed the Clerk to request submissions from the following persons/organisations:

1. The Barbados Pharmacy Council;
2. The Barbados Medical Council;
3. The Barbados Council for the Disabled;
4. The Barbados Association of Retired persons;
5. The Barbados Banker's Association;
6. The Barbados Evangelical Association;
7. The Barbados Muslim Association;
8. Barbados Agricultural Society
9. The Pentecostal Assemblies of the West Indies (PAWI);
10. Barbados Youth Development Council
11. Mr. Douglas Trotman, Attorney-at-Law

The Committee decided that written submissions should reach the Clerk of Parliament no later than Friday 20th September, 2019.

The Committee further agreed that oral presentations should be 15 minutes in length.

It was further decided that the deliberations of the Committee be given widest circulation on Parliament's website, its YouTube channel, feeds to the GIS website and the Nation Corporation.

The oral presentations began on **Tuesday September 10th, 2019** in the Marigold Room, Lloyd Erskine Sandiford Conference Centre.

The following made oral presentations to the Committee:-

ORAL PRESENTATIONS:

- Paul “Ras Simba” Rock, African Center Charity and African Heritage Foundation.
- Felicia Holder, African Center Charity and African Heritage Foundation.
- Cyprian LaTouche.
- Dr. Ariana Marshall.
- Dr. Damian Cohall, Deputy Dean, Faculty of Medical Sciences, University of the West Indies (U.W.I.), Cave Hill Campus.
- Dr. Abdon DaSilva, President, Barbados Association of Medical Practitioners (BAMP).
- Ms. Erufu Gooding.
- Mrs. Kaye Williams, Ms. Tammi Pilgrim and Mr. Leslie Roberts – Barbados Bar Association (BBA).
- Dr. Kenneth Connell, Lecturer, Clinical Pharmacology, U.W.I. and Chairman of the Drug and Therapeutics Committee, Ministry of Health and Wellness.
- Dr. Roseanne Blenman.

(a) Paul “Ras Simba” Rock, President and Founder of the African Center Charity and African Heritage Foundation.

Ras Simba explained that his organisations are community based and engaged in activities geared towards the building of strong societies. He expressed the belief that before one could speak about medicinal cannabis, its indigenous use, which is largely akin to preventive medicine should be acknowledged. His understanding of the Medicinal Cannabis Industry Bill is that it is slanted towards pharmaceuticals and the standardisation of medicinal cannabis products.

He argued that indigenous use should be added to the Bill as it leads to opportunities for community development and empowerment, through the manufacture of medicinal wellness by-products.

Ras Simba described the penalties in the Bill as being draconian, specifically the fine of \$100,000 or ten years in prison or both (Clause 25 (3)). He claimed that this was inconsistent with the

recommendations of the CARICOM Regional Commission on Marijuana 2018. He also expressed concern about the fact that persons who had cannabis convictions are excluded from playing a role in the Industry and queried whether such records would be expunged, paving the way for them to be involved if they so desired.

The issue of trust in relation to the Pharmaceutical Industry was raised and Ras Simba stressed that products in the Industry should be natural. In closing, he registered his concern that as a Rastafarian his spirituality and his desire to use cannabis as a sacrament in his worship would be determined by a referendum.

(b) Ms. Felicia Holder, African Center Charity and African Heritage Foundation.

Ms. Holder appeared with Ras Simba and reiterated the importance of indigenous use and pointed to the anecdotal evidence in Barbados from Rastafari communities and older generations with knowledge about indigenous uses of herbs including cannabis.

Like Ras Simba, Ms. Holder referred to the distrust of pharmaceuticals and that the introduction of synthetic drugs would be defeating the purpose of the Industry. She further stated that it is counterproductive to legalise medicinal cannabis while persons are still being arrested for the possession of small amounts of cannabis.

(c) Mr. Cyprian LaTouche

Mr. LaTouche spoke about the history of cannabis; the presence of the endocannabinoid system in the human body and how the body's two main receptors react to and with tetrahydrocannabinol (THC) and cannabidiol (CBD). He also spoke about the medicinal and therapeutic effects of cannabis. He opined that Barbados should be developing a cannabis industry rather than a medicinal cannabis industry.

He spoke about the need to trace the cannabis from seed to plant and therefore appreciated the need for rules and regulations to govern medicinal cannabis. Mr. LaTouche did not specifically address the clauses of the Bill.

(c) Dr. Ariana Marshall

Dr. Marshall introduced herself as an Environmental Scientist and asked three questions:

- (a) how 'medical' is defined in the Bill? and indicated that it is usually defined in terms of the percentage of CBD or THC.
- (b) how local knowledge was being valued? She hoped sufficient attention was being paid to how cannabis has helped people.
- (c) how the fine of \$100,000 was arrived at? and further expressed concern about the method of 15 times the value.

(d) Dr. Damian Cohall, Deputy Dean, Faculty of Medical Sciences, University of the West Indies, Cave Hill Campus

Dr. Cohall introduced himself as Deputy Dean in the Faculty of Medical Sciences, U.W.I., Cave Hill Campus and Senior Pharmacologist. He indicated that the U.W.I. stands committed to assist the Government with the rolling out of this Bill. He recognised the emphasis placed on ensuring public safety. He stated his belief that collaboratively the potential exists to develop not only a brilliant, but possibly the best Medicinal Cannabis Industry in the Caribbean.

He felt that this could be achieved by using what is unique to Barbados: our soil, our educated population and that a highly skilled workforce can be created to benefit from the industry.

Dr. Cohall made another presentation, at the invitation of the Chairman, at a subsequent Committee Meeting.

(e) Dr. Adbon DaSilva, Barbados Association of Medical Practitioners (BAMP)

Dr. DaSilva questioned whether medicinal cannabis is to be interpreted as separate and distinct from the synthetic preparations for clinical use? He then highlighted the fact that "Minister" as defined in the Bill makes reference to the Minister of Agriculture and Food Security and wondered whether that Ministry now has responsibility for health related matters. He questioned whether this was an attempt to divorce the profession from the Ministry of Health and Wellness and marry it to the Ministry of Agriculture and Food Security. He then continued to express BAMP's concern

about the international obligations with respect to reporting requirements under the various treaties.

The issue of personal liability was also raised, particularly for those who prescribe and administer the product and the recommendation was made that users should be required to sign a written consent form. The BAMP representative spoke about the Authority and the provision of analytical services. The Association is of the belief that there is not enough analytical capacity to monitor conventional drugs, far less a new drug such as medicinal cannabis and its products.

Mr. DaSilva stated that his association was concerned not only with the regulatory changes to allow access to cannabis and cannabidiol, but the risks and benefits to patients as well as the broader social impact. He mentioned impaired driving and the potential for increased use of cannabis.

He ended by stating that BAMP is presently confined to prescribing approved drugs that are proven to be efficacious and safe.

BAMP was invited to submit a further written presentation.

(f) Ms. Erufu Gooding

In her own capacity as a citizen of Barbados, Ms. Gooding felt that the medicinal cannabis industry will increase the demand for labour and to meet this demand young persons over the age of 19 should be allowed to grow cannabis for the Government.

She spoke of the benefits of cannabis oil and capsules. She felt that there was a lot of potential for the country to earn money from this industry and help alleviate social problems, for example, the lack of housing and unemployment especially amongst young people.

(g) Barbados Bar Association (BBA) - Mrs. Kaye Williams, Ms. Tammi Pilgrim and Mr. Leslie Roberts

Mrs. Williams introduced herself and her colleagues and indicated the main presentation would be done by Ms. Pilgrim and Mr. Roberts, members of the BBA's Law Reform Committee.

Ms. Tammi Pilgrim

Ms. Pilgrim recognised that the Bill is intended as a specific carve out from an area that is currently criminalised and as such it is in the public interest that the Bill provides clearly defined parameters for conduct.

She identified the three main areas for discussion:

1. Who qualifies as a patient for use under the legislation;
2. Access to Medicinal Cannabis by young persons;
3. Eligibility to apply for a licence; exceptions and general comments.

Ms. Pilgrim posited that it was important for the Bill to identify who qualifies as a patient for the use of medicinal cannabis. In this regard, she submitted that the definition of patient is limited. The Bill does not presently afford to non-resident minors and young persons the same access as it does to Barbadians. She therefore recommended that the definition of patient be expanded to include minors and young persons.

Minors and young persons can only access medicinal cannabis with the involvement and written consent of a parent or guardian, along with a certificate from a medical practitioner. She suggested that further consideration be given to the provisions. Young persons have already attained the age of majority and are capable of independent decision making. The Bill does not provide alternative methods for access. Ms. Pilgrim recommended additional medical certifications.

Young person has since been removed from the draft and the issue of visitors accessing Medicinal Cannabis has since been dealt with in a later version of the Bill.

In her general comments, Ms. Pilgrim noted that the Bill does not set out a process for the easy identification of patients or caregivers. The concern revolved around the inclusion of the offence provision at Clause 40 and the corresponding penalty provision at Clause 41.

Mr. Leslie Roberts

Mr. Roberts addressed the issue of eligibility to apply for licences. He pointed to Clause 32(3) which deals with the exclusion of persons convicted under the Drug Abuse (Prevention and Control) Act, Cap. 131 and Proceeds and Instrumentalities of Crime Act, 2019 from participating in the Industry. He then pointed out that under Clause 28, Caregivers who had previous convictions for drugs were also excluded.

He raised the concern of double jeopardy or secondary punishment and suggested that consideration ought to be given to the length of time that a conviction may be reflected in a person's record and any mitigating circumstances, such as age at the time of offence and socio-economic factors.

The BBA queried the basis for written recommendations, the threshold to be applied and whether recommendations were to be written for certain diseases.

The Bar Association also raised concerns about the absence of Regulations; a concern shared by Committee member Senator C. A. Franklyn. The Hon. D. D. Marshall stated that in drafting there was a built-in agenda to the Bill and Clause 42(2) and (3) stipulate the areas that are going to be regulated. Some members of the Committee felt that those Regulations should have accompanied the Bill and not come at a later stage; and more importantly that the Regulations should be scrutinised.

The BBA felt that given the criminal penalties which attached to the Bill the general public should be made aware of the basic Regulations that would govern the operation of the Bill; also from an investment standpoint, there needs to be a clear regulatory framework.

(h) Dr. Kenneth Connell, Lecturer, Clinical Pharmacology, U.W.I. and Chairman of the Drug and Therapeutics Committee, Ministry of Health and Wellness

Dr. Connell indicated that his presentation would specifically address the inclusion of written recommendations in the Bill, an area which generated significant discussion through the day's proceedings.

He stated that there was discomfort in writing prescriptions in relation to new drugs and as such, even more so recommendations. He admitted that doctors currently write recommendations, not usually for medicinal products but, for example, exercise, reduction in salt use; nor in the traditional prescription format. He further stated that in Barbados, a recommendation is usually a prescription as doctors believe that it protects them from liability.

It was explained that recommendations would obviously be used in a situation where it is difficult to give a precise dosage e.g. the application or use of tinctures, oils and balms as opposed to pharmaceuticals.

The Hon. D. D. Marshall reassured Dr Connell that doctors can feel empowered to write a recommendation because the Bill allowed them the opportunity to do so.

In response to a question from the Hon. D. D. Marshall as to whether there is a reasonable case for prescribing medicinal cannabis compounds, Dr. Connell said that he is prepared to write prescriptions for those products that are scientifically approved. He went on to state that the Formulary Committee, based on available evidence, has approved five products which can be prescribed. Some of these drugs are synthetic, others are purified natural forms and some contain THC.

Dr. Connell recommended that the legislation should be disease specific or indication specific. There should also be clear algorithms for prescribers to follow which is the norm with the introduction of new drugs. As prescribers get more comfortable with the drug, the algorithms are relaxed and eventually removed.

Concern was expressed by some members of the Committee about the jurisdiction of the Ministry of Health, and the Ministry of Agriculture in relation to this Bill.

The Chairman sought to clarify the issue by stating that the Medicinal Cannabis Bill represented the development of an industry from seed to final user, therefore the need to locate its development and regulations in the Ministry of Agriculture. Lt. Col. Hon. J. D. Bostic stated that initially those concerns were shared by his Ministry. He gave the assurance that he was satisfied that they had been addressed and all of the responsibilities that exist under the current laws in relation to the Health and Wellness will continue.

(i) Dr. Roseann Blenman, former Merck Biomedical Scientist

Dr. Blenman had three (3) major concerns:

1. The value of big data as she termed it;
2. The devil is in the details; and
3. A concern that Barbadians in the establishment of the Industry not be relegated to slavery or agricultural colonisation as she described it.

She asserted that Medicinal Cannabis is a business with competitors and that Barbados needed to establish itself at the forefront of the industry and the way in her estimation to achieve this was by utilising big data to propel us to the forefront of this decade old history.

She felt Barbados was starting with Medicinal Cannabis whereas its competitors to some extent had started to address their minds to decriminalisation and legalisation of recreational marijuana. She felt through innovation, science and big data, Barbados should aim to be number one in this Industry.

She was of the opinion that Barbados should be looking to do clinical studies understanding marijuana and its impact on certain diseases, its dosage, side effects and safety profile. She was of the view that the introduction of the Bill should be a game changer for local and regional scientists to have an impact in this field.

Dr. Blenman did stray away from the Medicinal Cannabis onto Recreational: touching on factors such as enhanced foods. THC laden beer, popcorn, enhanced food and drink, an area touched by BAMP.

The Chairman was quick to remind her that the Bill was dealing with Medicinal Cannabis and not Recreational.

The Chairman reminded Dr. Blenman that it was stated at the outset that Barbados would become a centre of excellence for research and development and that would of necessity involve big data. We are working towards a unique cultivar and the development of strains that give us our unique brand of medicinal cannabis. Capitalising on the distinct advantage of our soils, our water because of our coral stone, and trained human resources would enable us to do so.

Dr. Blenman expressed that the Bill should reflect the disease that could be treated legally in Barbados.

She stated that the Bill should define what concentrations are allowed with respect to THC, how purity and concentrations will be assessed, and how quality control will be ensured to safeguard the public.

She argued for open access as in her opinion safeguarding 30% ownership of the industry did not in her view provide sufficient protection.

The Hon. D. D. Marshall responded that a minority ownership requirement is not novel to Barbados and referred to the liberalisation of the Telecommunications Industry. He reminded her that Research and Development is extremely expensive with billions of dollars being invested. He reiterated that the 30% requirement is not intended to exclude any Barbadian but rather to preserve the opportunity for Barbadians to be involved.

Dr. Blenman expressed that she was disenfranchised as a biomedical scientist as the area of Research and Development is too open. To be eligible for a Research and Development or Laboratory Licence, there is no restriction, not even 30%. The Chairman clarified that it does not exclude any Barbadian who is financially able from qualifying for a Research and Development or Laboratory Licence. Therefore, the possibility exists for 100% Barbadian ownership. The Hon. D. D. Marshall buttressed this position by stating that the Bill is not drafted to eliminate Barbadian ownership. All of the licences that can be granted to individuals are open to Barbadians. The only two licences where full ownership was retained because of the level of investment that is required are Research and Development and Laboratory.

Additionally, the Chairman reminded Dr. Blenman that funds would be made available through the Agricultural Development Fund and loans through the Enterprise Growth Fund. The Credit Unions would also be engaged.

Sen. C. A. Franklyn suggested that immigrant status can be purchased. The Bar Association was quick to point out that this status was not for purchase but that there was a process to be followed and once that process was approved then one paid the status fee. Hon. E. G. Hinkson reiterated that under the Immigration Act, Cap. 190 there was no purchase of Immigrant status by law. There is a process to be followed in the Act but to describe it as being for purchase would be misleading.

Dr. Blenman felt that the Bill should be empowering Barbadians rather than disenfranchising or relegating them to primary production instead of value added roles in the Industry.

Dr. Blenman was asked by the Hon. D. D. Marshall in her experience as a scientist what would be required to set up a lab. She answered stating that millions of dollars and a team comprising of a minimum of ten scientists would be needed.

Oral presentations continued on **Tuesday, September 24th, 2019**

- Mr. Paul Gibson, the People's Party for Democracy and Development (PdP).
- Mr. Peter "Adonijah" Alleyne, ICAR.

- Dr. Damian Cohall, Deputy Dean, Faculty of Medical Sciences, U.W.I., Cave Hill Campus.
- Ms. Marina Gooding, President, Barbados Pharmaceutical Society (BPS).
- Mr. Douglas Trotman, Attorney-at-Law
- Mr. Wallace Cyrus.
- Mr. Cyprian LaTouche.

(a) Mr. Paul Gibson, the People's Party for Democracy and Development (PdP)

Mr. Gibson lamented the fact that the Rastafarian Community was not consulted in the crafting of the Bill, as there is nothing in it that is representative of their thinking. He opined that the example of St. Vincent should have been followed where, in addition to a Bill for medical cannabis, there was a Bill for religious uses.

The Hon. D. D. Marshall and the Chairman refuted Mr. Gibson's assertion that the Rastafarian Community was not consulted, pointing out that discussions were in fact held with them. The Chairman stated that recreational cannabis and decriminalisation would be the subject of separate Bills.

Mr. Gibson noted that the Bill did not show how the Industry will benefit Barbadians economically, how much land will be under cultivation, how many and what types of jobs would be created. He queried whether Barbadians would be primary producers or end users of the product and cautioned that we should avoid a repeat of our colonial past.

He questioned the fairness of the continued criminalisation of simple possession by Rastafarians while certain establishments are importing and displaying for sale medicinal cannabis products with no repercussions.

He stated that the term recommendation has no place in the Bill. He based this on conversations with his colleagues. Pharmacists and doctors are familiar with prescriptions but are concerned about recommendations

Mr. Gibson informed the Committee that persons visiting Barbados with prescriptions written by their doctors outside of this jurisdiction, who he recognised as not being registered in Barbados, could not be filled by local pharmacists. He advised that visitors should be seen by local doctors and a prescription written. He further advised it should be deleted from the Bill as it attempts to change precedent and good medical practice.

He then took issue with the term therapeutic facility and queried whether it is the intent of this Government to permit persons to smoke cannabis. He stated that the term is ambiguous and ought to be deleted as it is in direct conflict with the definition of dispensing in the Pharmacy Act. Further dispensing can only be done by a pharmacist.

Mr. Gibson was asked by the Chairman whether the PdP supported smoking? He responded by saying that the PdP does not support the smoking of medicinal cannabis, as distinct from its use as a sacrament. He went on to point out that based on science, the associated risks outweigh the minimal benefits. He emphatically stated that there is no place for use of inhaled cannabis.

Mrs. St. John, Chief Parliamentary Counsel's Office corrected Mr. Gibson in relation to prescriptions from overseas being used in Barbados. Only doctors registered in Barbados can prescribe as seen in the definition of Medical Practitioner.

The Minister of Agriculture's access to patient information was questioned. Mr. Gibson pointed out that it is contrary to the new Data Protection Act, 2019 without permission from the patient. He suggested that this provision be reviewed.

Mr. Gibson stressed that the Bill should be accompanied by Regulations given the extent of its reach and those Regulations available for public scrutiny at the same time as the Bill. He further stated that the PdP believes that there are medical benefits to be derived from Medicinal Cannabis. The science has shown it. Babies with epilepsy had shown a reduction in seizures from 300-2 with drops and liquids tincture. His Party believes in principle in legitimising Medicinal Cannabis for the purposes outlined above under strictly controlled situations and Regulations. However, the Bill

does not quite achieve that as there are still loopholes and deficiencies which are causes for concern.

Sen. C. A. Franklyn argued that there have been instances when Bills were passed and Regulations were available at the same time. e.g. Public Service Act, Cap. 29 Health and Safety at Work Act, 2005.

(b) Mr. Peter “Adonijah” Alleyne, ICAR

Mr. Alleyne stated that the title of the Bill was a misnomer as in ICAR’s view there was no such thing as Medicinal Cannabis and non-Medicinal Cannabis. Cannabis is in itself medicinal and that has been so since 500 years before Christ. Cannabis is of supreme importance to Rastafari and is seen and treated as their sacrament. It has been denied to them for many years which is a flagrant violation of their constitutional rights, rights to freedom and religious observance. He asserted Rastafari was the only faith in Barbados which is not allowed to follow its religious practices.

Mr. Alleyne confirmed that ICAR had three meetings with Government. However, in their view, the Bill is reminiscent of our colonial past and it appeared that Government was intent on monetising cannabis.

He pointed to the contradiction of allowing non-Barbadians to grow cannabis legally, while at the same time criminalising Barbadians for growing the same plant. ICAR’s view is that this Bill or any of the Bills dealing with cannabis must be anchored in the concepts of reparatory justice as far as the Rastafari community is concerned. Cannabis is now seen as a major financial boost.

ICAR was not interested in taking out and putting in any elements of cannabis. Mr. Alleyne pointed to recent research which shows that the fullness of the medicinal benefits is to be found in the whole plant without any extractions or additions.

In addressing the proposed referendum on recreational cannabis, Mr. Alleyne expressed the opinion that it was ill-advised and a misstep, citing the Report of the CARICOM Regional Commission on Marijuana, 2018 which recommended legalisation and commented that there

should be no referenda on the recreational use of cannabis, given the difficult task of turning back decades of propaganda and misinformation. He stated that ICAR is calling on the Government to follow the example set by the leaders of Antigua and Barbuda and St. Vincent and the Grenadines in their approach to cannabis and Rastafari.

ICAR highlighted the different treatment meted out to cannabis users as opposed to alcohol users. Alcohol has been established as the most dangerous drug known to man, a major cause of social dislocation yet cannabis users are locked up and alcohol producers are given knighthoods.

(c) Mr Wallace Cyrus

Mr. Cyrus stated that one of the most dangerous things about marijuana is that it is a fat soluble substance which is immediately attracted to the brain tissue which is a fatty tissue and it induces severe psychotic episodes of paranoia. He argues that marijuana is a very dangerous substance.

(d) Mr. Steve Reid (audience)

Mr. Steve Reid believed that more consideration should be given to the social implications of introducing Medicinal Cannabis, as Government appeared to be introducing it in a vacuum. He believes as a Member of ICAR that tensions will increase tremendously if the Bill defining Medicinal Cannabis is passed without consideration to the other Bills that will address legalisation to prevent this social increase in tension.

In response to a question from a member of the public/audience, Hon. D. D. Marshall explained the Committee's process. The Committee having received the written submissions and heard oral presentations would meet in a closed session to distil the product of those contributions. These obviously would inform the final version of the Bill that is agreed to by the Committee.

The hearing allows for frank expression of views, the Committee is not bound by what it receives but clearly where the arguments are persuasive enough, the amendments will be made. Calls for sacramental and recreational use are outside of the mandate of this Committee given the order of reference and the terms of reference that govern the Committee's deliberations. There was still nothing to preclude persons from expressing those views.

With respect to whether there are economic benefits, a Government has to capitalise on opportunities on the horizon. It did so in the 1970s with the introduction of the legislative and regulatory framework to support the establishment of the International Business and Financial Services Sector and it is doing so again in the case of the Medicinal Cannabis Industry Bill. The science as some presenters have noted is pointing towards the use of cannabis for medicinal purposes. The other issues of sacramental and recreational use are not covered in this Bill and are outside of the ambit of this Committee.

(e) Dr. Damian Cohall, Deputy Dean, Faculty of Medical Sciences, U.W.I.

Dr. Cohall focused on six (6) areas:

1. His experience in relation to medicinal cannabis;
2. U.W.I.'s intentions in relation to the Medicinal Cannabis Industry;
3. Key milestones in support of the Medicinal Cannabis Industry;
4. The Medicinal Cannabis Bill;
5. Intended work on the Medicinal Cannabis Industry through public private partnerships with the U.W.I.; and
6. Suggestions/Recommendations on the Medicinal Cannabis Bill and associated Regulations.

1. Dr. Cohall referenced his experience and work in the area of medicinal cannabis and stressed that everything that he will present to the Committee is therefore evidence based. He advised that he currently supervises three students who are conducting research on medicinal cannabis, which U.W.I. has indicated they will be able to do actively once the legislative framework is in place.

2. He advised that U.W.I. supports the use and cultivation of medicinal cannabis for scientific and medical purposes; where appropriate protections for health and safety are in place. U.W.I. will focus on the research and development utilising a harm reduction and educational approach. Dr. Cohall also highlighted a number of training and sensitisation initiatives undertaken by U.W.I. in relation to this industry thus far.

3. The current Bill addresses some of the basic and important elements of establishing a Medicinal Cannabis Industry, a view supported by not only Dr. Cohall but by research done by others in the field at *Lynn-Landsman et al*, 2013 published in the “*American Journal of Public Health*”. He however expressed that there should be:

- (i) A registry and a means of identifying persons who are legitimately prescribing and being prescribed medicinal cannabis.
- (ii) Guidelines for medical professionals which detail the conditions for which cannabis can be prescribed and dispensed similar to the controlled substances.
- (iii) Regulations for cultivation, processing, possession, dispensing and sale of medicinal cannabis. These Regulations should ensure the integrity of the product, enable traceability and limit diversion.
- (iv) Protection of patients from prosecution by way of authorising access and use.
- (v) Age restrictions for medicinal cannabis use, Regulations on third-party possession and restrictions on advertising.

Dr. Cohall was satisfied that the above critical elements are captured in the Bill and are consistent with best practices globally.

4/5. He informed that U.W.I. desires to align itself with the industry as far as possible and may therefore need to form public private partnerships with private sector entities; with one of its main focuses being public education and awareness, seeking to impress upon the public that regulation is key in safeguarding the welfare of patients and the public. Public education would also focus on highlighting the many entrepreneurship opportunities to the wider society, in order to enable wider active participation in the industry and dismiss the misnomer that only specific classes of persons will benefit.

U.W.I. is also committed to advocating for social accountability of the industry participants in the public interest. It will extend its mandate as an educational institution to train doctors, pharmacists, nurses to become knowledgeable, and informed practitioners of medicinal cannabis and collaborate with other local tertiary educational institutions.

Conduct of research to leverage the unique selling points of the local industry, development of geographical indicators and other intellectual property, conducting clinical research thereby creating opportunities through work based programmes to develop and train local scientists to work in the industry and to enhance Research and Development, and local intellectual property generating opportunities.

Additionally, U.W.I. plans to provide quality assurance services to leverage the safety and efficacy of products for the sustainable growth of the local industry.

6. Dr. Cohall observed that the Bill provides several opportunities for collaboration between the Ministries of Agriculture and Food Security and Health and Wellness.

He stated in relation to the issue of recommendations that the United States Federal Courts have accepted the use of this terminology. In Canada, medical practitioners are required to have patients under their care prior to issuing an authorisation to use cannabis for medicinal purposes. There is a standard form: the Medical Cannabis Authorisation Form. He further stated that the medicinal cannabis products that are not considered approved by the relevant regulatory bodies, are the ones which tend to be recommended.

Dr. Cohall stressed that there should be accountability by patients after they have been made aware of benefits and potential risks of recommended products. Also, the opportunity for authorised patients to use recommended products ought to be contingent upon written consent.

It was further suggested by Dr. Cohall that recommendations could be used for extracted formulations of cannabis products as well as any formulation that is approved by a regulatory body. Once these products are not recognised by an established drug organisation, then consideration ought to be given to these drugs being recommended rather than prescribed.

He was of the view that the medicinal cannabis industry provides an excellent opportunity for training and certification to propel this industry not only as a regional but a global leader in medicinal cannabis. He recognised it as an opportunity to improve inclusivity in the industry by certifying the knowledge of legacy/traditional growers

With respect to Research and Development, which Dr. Cohall indicated has been identified as one of the key pillars of the industry, there could be potential niche markets in the global medical cannabis value chain. Research and Development can also result in the creation of an opportunity for the growth and transformation of a local scientific industry.

Dr. Cohall also stated that there must be established opportunities to promote and facilitate social accountability in relation to this industry through public education and sensitisation on the benefits of and safety issues surrounding medicinal cannabis formulations.

He listed some of the negative or harmful effects of cannabis, both in the short and long-term respectively.

Short-term:

- i) perpetual alterations/ hallucinations;
- ii) prolonged psychosis;
- iii) neo-cognitive and psychomotor impairment;
- iv) increased heart rate;
- v) drowsiness; and
- vi) increased appetite.

Long-term:

- i) increased risk of psychotic disorders;
- ii) impaired brain development and functioning; and
- iii) increased risk of cardiovascular disease.

Dr. Cohall also stressed the importance of knowledge and understanding of medicinal cannabis interactions with other drugs.

He supported an age restriction with respect to access to and use of medicinal cannabis, thereby limiting the younger demography. He considered 18 years an appropriate age.

Dr. Cohall expressed that in attempting to ensure social accountability to our policymakers and regulators there could be some form of levy that may be introduced. The levy could then be paid into a fund for support or rehabilitation services.

He also stated that the policies that are established to regulate the industry must be fair and inclusive.

Dr. Cohall estimated that over a period of time the Cannabis Industry could potentially contribute 20% of the Gross Domestic Product (GDP) for Barbados. He further expressed the view that as long as this industry remained a locally based industry there will be no leakage of foreign exchange; and conceded that there are some elements of this industry that will be extremely expensive such as Research and Development.

(f) Dr. Marina Gooding, Barbados Pharmaceutical Society (BPS)

Dr. Gooding clearly stated that the BPS believes that there is a place for medicinal cannabis in the treatment of specific medical conditions in Barbados, and therefore welcomes the addition of medicinal cannabis compounds to the National Drug Formulary.

Nonetheless, she informed that BPS has several concerns with the Medicinal Cannabis Bill and expressed that there should have been more consultation with the stakeholders when drafting the Bill.

Dr. Gooding indicated that the BPS is of the view that there should be a separation of medicinal cannabis use from the medicinal cannabis industry. She opined that the use of medicinal cannabis is already provided for and regulated in various Acts and Regulations pertaining to Medicine,

which fall under the Ministry of Health and Wellness and as such the Bill lends itself to unnecessary duplication. She suggested that all matters pertaining to medicine: prescribing, dispensing, any other functions of medical practitioners ought to be governed by the Ministry of Health and Wellness; while all other matters pertaining to the cultivation, harvesting and preparation of raw materials, research and development ought to be governed by the Ministry of Agriculture and Food Security.

Dr. Gooding also took issue with the provisions of the Bill that speak to persons under the supervision of Pharmacists handling medicinal cannabis, as only Pharmacists handle these drugs. Only pharmacists and by extension graduate pharmacists should be dispensing medicinal cannabis.

She stated that there already exists a Drug Inspectorate under the abovementioned legislation relating to Medicine; charged with policing pharmacies.

She sought clarification of some of the terms used in the Bill, stating that some of the terms may be adequate for the medicinal cannabis industry, but not medicinal cannabis use:

- i) “Recommendation”: Dr. Gooding said has certain connotations that can lead to recreational use and abuse. Thus, the BPS is of the view that doctors prescribe therefore prescriptions ought to be the only option for obtaining Medicinal Cannabis. They also believe that under the existing prescription regime it is easier for the drug inspectors to detect abuse or potential abuse. She therefore concluded in this regard that the Bill should speak only to a prescription which would contain the drug dosage form, dose being prescribed, dose schedule and duration of treatment.
- ii) “Therapeutic Facility”: The BPS questioned the purpose and need for therapeutic facilities as well as the necessity for patients to use or consume medicinal cannabis at a therapeutic facility. They are of the view that there is no need for an additional facility nor for treatments to be dispensed and/or applied or consumed.

In relation to the provisions for access to medical cannabis Dr. Gooding observed that no specific dose limit is mentioned in the Bill. It simply mentions the length of time for which the drug will be prescribed. She further observed that there is no reference to a minimum or maximum concentration of THC or CBD nor the genus of the compounds from which they are to be derived. She stated in this regard that there is a need to ensure that medicinal cannabis drugs are manufactured utilising good manufacturing practices.

Dr. Gooding further queried the meaning and relevance of the Retail Distributors Licence as pharmacies are already empowered to carry on the business of dispensing.

She expressed further concern that the qualifying medical conditions are not reflected in the Bill.

The BPS is of the view that medicinal cannabis has the potential for abuse and its use should be limited to conditions where other non-controlled drugs are not effective. There should be evidence of this to ensure that the Medicinal Cannabis is not diverted to non-medicinal use or abuse.

Finally, the BPS stressed that safety should be the main factor considered when prescribing Medicinal Cannabis.

(g) Mr. Douglas Trotman – Attorney-at-Law

Mr. Trotman began his presentation by stating his support of the Bill as there are persons in Barbados who need access to Medicinal Cannabis. He agreed that as far as palliative care is concerned, medicinal cannabis works better at the end stage than any other drug.

He advised the Committee that he had been retained by the Nyahbingi to bring a legal action in relation to the sacramental use of cannabis.

He noted that the Bill sets up two regimes and a review of the Third Schedule might be needed. He pointed out that there are two ministers of Health, one being the Minister of Agriculture.

Mr. Trotman suggested that hemp should be introduced into the Bill allowing for additional possibilities in terms of agricultural production leading to the creation of two industries running parallel. He advised that the Food and Drug Administration (FDA) has now separated marijuana from hemp, with hemp being defined as containing less than 0.3% of THC.

The issue of contingent rights was raised by Mr. Trotman as it relates to Rastafari and the practice of their religion in a state where sacramental use is legal and whether that right would be applicable if they moved to a CARICOM state where it is not.

(h) Mr. Wallace Cyrus

Mr. Cyrus indicated at the outset that he had concerns with the Bill. He is of the view that cannabis is a very serious product and has damaged and continues to significantly damage society; citing the primary constituent in cannabis as its mind altering substance.

He asserted that the primary use of cannabis is to alter the consciousness of humans. He stated that there is nothing that would encourage him to support the Bill as the health of Barbados will be seriously compromised if medicinal cannabis falls into general usage.

Mr. Cyrus advised that a new term had been introduced to the field of psychiatry and psychology: drug induced psychosis. He was adamant that people who consume cannabis become unwell and can experience a psychotic episode. He submitted that people have died from psychiatric episodes. He warned that the Government must be very careful in creating a Medicinal Cannabis Industry as it may be opening up a Pandora's Box.

(i) Mr. Cyprian LaTouche

Mr. LaTouche's presentation did not differ substantially from his first presentation above.

WRITTEN PRESENTATIONS

The Committee at this stage examined the written submissions at **appendix "G", "H", "I", "J", "K", "L", "M", "N", "O" and "P"**.

Barbados Association of Medical Practitioners (BAMP)

Dr Abdon DaSilva – President

Dr DaSilva queried whether “Minister” means the Minister of Agriculture and Food Security. Then he asked the question is it to be assumed that the Minister of Agriculture and Food Security now has responsibility for health related matters; should this not be the role of the Minister of Health and Wellness.

This is a point that has been raised by other presenters. The Committee was satisfied that the various responsibilities of the Ministries in question were not usurped. There the Minister of Agriculture properly dealt with matters related to Agriculture and in matters of Health and Wellness the remit remained that of the Minister of Health and Wellness.

The Committee in seeking to clarify an issue raised by Hon. A. R. Forde dealing with whose responsibility it is to dispense Medicinal Cannabis in a therapeutic facility discussed Clause 29(1). To make this Clause tighter, “*authorised personnel*” was defined in the definition sections.

The issue with respect to “*recommendation*” rather than prescription raised its head again.

The term “*recommendation*” was being used in the first place because there was no scientifically proven predictability with respect to dosage for medicinal cannabis, and there are a number of products for e.g., tinctures, oils, balms where at this stage the exact quantity to be used is unclear.

The doctors were concerned whether they were covered (insurance wise, sufficiently protected) if they used “*recommendation*” rather than prescription.

The Committee at that stage took no decision whether to remove or keep the concept of “*recommendation*”.

Dr. DaSilva raised the issue that with respect to cannabis, there should be some monitoring of the behavior of prescribers, dispensers, providers and patients. The Committee discovered that no such monitoring took place with respect to the other narcotic drugs other than the records that have to be submitted. The Committee felt that that same protocol should apply to medicinal cannabis.

The African Heritage Foundation

The Committee agreed that the African Heritage Foundation did an excellent oral presentation but the issues raised by them were outside the ambit of the Bill and therefore offered little assistance in improving the Bill as presented.

There was, however, one issue raised by Peter “Ras Simba” Rock who presented on their behalf and it had to do with persons who would have been convicted of indictable offences under the Drug Abuse (Prevention and Control) Act, Cap. 131 being excluded from participating the Medicinal Cannabis Industry.

The Hon. D. D. Marshall stated that he was in agreement with the presenter. He posited that there were some criminal offences which would not prevent a person from being granted a licence. He therefore felt that the Committee could consider being more flexible in that area. The Drafter (Mrs. St. John from CPC) was asked to address her mind to a formulation that would satisfy the Committee.

People’s Party for Democracy and Development (PdP)

Mr. Gibson would have done an oral presentation. The Committee felt that this written submission did not vary that much from the oral presentation and to the extent that it did vary, the issues raised were covered when the Committee examined BAMP’s presentation.

Pentecostal Assemblies of the West Indies (PAWI) submitted by Rev. Dr. Gerry Seale highlighted the following main issues:

“Dispensing, therapeutic facility” and “prescribe or recommend”

The Committee would have fairly ventilated these issues. There was one aspect of the written submission where PAWI asserted that the Medicinal Cannabis Industry Bill was simply a guise to introduce the recreational use of Marijuana.

The Committee was of the view that the Public should be made fully aware that this is the Medicinal Cannabis Industry Bill which makes legal medicinal cannabis and medical research but that recreational use was not part of it, and it was still illegal to have it for recreational use.

Hon. T. A. Prescod felt there was need for a parallel piece of legislation to go along with the Medicinal Cannabis Bill to respond to other interests in the society.

Barbados Council of the Disabled

The Council fully supports the Bill and its passage which they deem has the potential to improve the quality of life for all Barbadians. They did mention caregivers as it relates to persons with disabilities and the prohibitive cost to access treatment for a range of illnesses identified by them. They support what the Bill is seeking to establish.

Barbados Pharmacy Council

Their submission touched on things that are already provided for in existing pieces of Legislation. They raised the matter of therapeutic facility and Retail Distributorship Licence which have been canvassed by the Committee.

The Committee agreed that there should be some reporting of adverse reactions to medicinal cannabis. CPC was asked to find a way for the Cannabis Authority to share with the Ministry of Health such information as the Minister of Health and Wellness may require.

Barbados Bankers Association

The Bankers Association strongly recommended that the Joint Select Committee factor into its consideration of the Bill, the inability of persons engaged in the Medicinal Cannabis Industry to access banking services, and the potential hindrance to the development of the industry in Barbados. The Banks felt that to avoid jeopardising their correspondent bank relationships, local banks may have no choice but to declare banking services to persons who engage in the activities. This they said could encompass not only direct participants, but also their vendors, suppliers and purchasers.

The Committee agreed that there was nothing they could do with respect to the Bill to satisfy the bank thereby allowing players in the Medicinal Cannabis Industry Bill to access the services offered by the Bank.

The Committee acknowledged that Barbados would lose out on tax revenue.

Dr. Harley Moseley

Dr. Moseley in his presentation argued for the addition of a Nurse to the proposed Board.

Sen. Mr. C. A. Maynard posited the view that with the passage of the Bill he could foresee the development of cancer hospices which creates a clear role for the nursing fraternity. He therefore agreed with Dr. Moseley about the role that a nurse could play on the Board.

It was felt that nurses were critical to health care. This was supported by Hon. A. R. Forde and His Hon. Sen. R. N. Greenidge who felt the representation could come from the Barbados Association of Nurses.

Hon T. A. Prescod made reference to another issue raised by Dr. Moseley in his submission, that of the inaccurate use of the word "*addiction*" and that the term has been replaced since 2015 by "*Substance Abuse Disorder*". Hon. A. R. Forde joined the debate and stated that the term is now "*drug dependency*". It was agreed by the Committee that the words '*addicted to*' be replaced by the words "*dependent on*".

National Council of Substance Abuse (NCSA)

The Council supports the Bill and asked to be included in efforts to create more public awareness.

Hon. T. A. Prescod reiterated his call that some accommodation be given to traditional and even modern practitioners of the use of cannabis for sacramental purposes. He felt that the concerns of the Rastafari Movement should be reflected ultimately in the Legislation.

His. Hon. Sen. R. N. Greenidge in reference to the submissions of NCSA felt that the Committee needs to make the point that therapeutic and recreational are not interchangeable terms, so that

once the law passes it is only medicinal and scientific cannabis that will be legal not the recreational or sacramental.

Given the nature of the cannabis plant, the issue arose as to what systems will be employed to prevent praedial larceny. The Chairman asserted that the Regulations would address those concerns and was confident that praedial larceny would not occur on a medicinal cannabis farm given the very high level of security both human and electronic.

Ichirouganaim Council for the Advancement of Rastafari (ICAR)

The Committee agreed that the written submission of ICAR was in line with the oral presentation done by Peter “Adonijah” Alleyne.

EXAMINATION OF THE BILL

Interpretation

Clause 2(1) In this Act

“Medicinal Cannabis” means

(a) Cannabis that is grown and sold pursuant to this Act.

The Committee accepted it could not have been the contemplation of the drafter to have these unintended consequences.

Hon T. A. Prescod broached the idea of recreational use for sacramental purposes. The Committee was reminded that the Executive took a decision to put a regime in place for medicinal cannabis and part of that process included creating the enfranchising arrangement to allow Barbados to participate. That essentially is the industry side of the medicinal cannabis. The Treaty arrangements to which Barbados is a signatory excludes medicinal cannabis and scientific use of cannabis from the prohibition.

The Government has already signalled its intention to go to Referendum on recreational cannabis but it is the implementation of a regime for medicinal cannabis with which the Committee is tasked.

The Committee then turned its attention to examination of the Bill, Clause by Clause.

Clause 2(1) the Interpretation section

“Cannabis”. There was some discussion as to the meaning of cannabis. Mention was made of the definition in Jamaica, St. Vincent and Antigua. The Committee agreed for consistency they should settle on the definition of *“cannabis”* as assigned in the Drug Abuse (Prevention and Control) Act. Cap.131.

Similarly, that *“cannabis resin”* should carry the meaning assigned to it by the Drug Abuse (Prevention and Control Act. Cap. 131.

“Cannabidiol” or *“CBD”* this word engendered much discussion not fully qualifying as a substance, but Hon A. R. Forde characterized it as an active ingredient which reacts with specific receptors in the body.

A question was asked as to what part of the Bill one could find *“cannabidiol”*. It was noted that there was no specific context but it was included because it was anticipated that it would later be used to specify how the different products are produced.

The Committee could not reach a consensus on that and it was flagged so as to allow the Committee to come back to it. It was decided to leave it to the drafter to come up with a formulation based on the discussion.

“cultivation”: there was a suggestion that *“planting”* should be included in this definition. The Drafter stated that to cultivate is to plant so there was no need to include the word *“plant”*.

“Medicinal Cannabis”

The earlier definitions which said that cannabis means (a) *“cannabis that is grown and sold pursuant to this Act”* engendered discussions and interpretation that cannabis not so grown was not medicinal cannabis. The Committee had issues with such an interpretation and Mrs. St. John was tasked with coming up with a formulation that would satisfy those concerns.

“Premises”: The Committee had determined on the last occasion that changes had to be made to the definition. The definition of *“premises”* attracted some discussion and because therapeutic facility also spoke to *“premises”* it was felt that the definition was too wide. There was agreement by the Committee that the definition of premises should be tightened and that is reflected in the amended version dated 2019-10-03.

“Recommendation”

Sen. C. A. Franklyn felt that the word should be removed from the Bill altogether. The Hon D. D. Marshall did not share that view.

On this occasion, much of the committee’s time was taken up with the issue. The use of two words *“Prescription”* and *“Recommendation”* has really to do with the level of precision attaching to each one. Where there is less precision – the term recommendation is used; and conversely where it is greater – the word prescription would be employed.

Practitioners were comfortable writing a prescription where there was certainty about the drug and its dosage. Where there was uncertainty the tendency was to write a recommendation. Recommendation then created an uneasiness with respect to insurance coverage if something went wrong.

After much discussion the Committee agreed to remove the word *“recommendation”* from the Bill.

“Use of Cannabis”

Tetrahydrocannabinol – Committee comfortable with the definition

“Therapeutic facility”

This term also elicited much discussion amongst the members of the Committee. Some viewing it as unnecessary and others querying what was the difference between that and a pharmacy.

Hon. D. D. Marshall made reference to persons wishing to operate pain management clinics with the hope to use Medicinal Cannabis and obvious advantages from a Tourism perspective.

Senator Dr. C. Haynes gave to my mind the best explanation for having a therapeutic facility and so it is repeated here in full;

I have a different perspective on this whole thing because my practice is a bit different from a regular medical practice. Traditionally, doctors' offices would be filing cabinets and sitting down waiting for two or three hours. I decided to set up my practice in such a way that you have an experience. Some people might buy multivitamins at home, one of the things that I offer in my clinic that a lot of people like, particularly expatriates is intravenous multivitamins. It is called IV vitamin therapy.

As much as I could tell the person go and take their Centrums, some people come in and want to watch Home and Garden on the television, relax and get the intravenous vitamins. It is a more progressive approach. You can stand in line at Flanders Pharmacy, go home and take your medication. Let us say you suffer from Chronic Pain Syndrome, in this facility you may have access to a physiotherapist, aromatherapy room and other things where you are creating an experience. I think one of the challenges that doctors have is that medicine has been practised the same old way and we do not think outside of the box, and that is where the naturopaths and the homeopaths are excelling more than us. We are failing to ensure and understand that things can come in a different way.

A therapeutic facility based on what is stated is that you have the retail distributor's licence. Ultimately, dispensing will still be in the hands of the pharmacist. This facility can be owned by anyone, but guess what? Dispensing under the draft legislation will still have to be done by a pharmacist. I think that there are adequate checks and balances where the same things apply. A doctor has to prescribe; a pharmacy has to dispense but the facility itself I do not see a challenge with it.

The concept of a therapeutic facility being new naturally some members had their reservations. In the final analysis the majority of the members opted to keep the term.

The following motion was put by Hon. E. G. Hinkson. The motion that the definition stay as is, therapeutic facility that is subject to the amendment to leave premises created by a person granted the licence and to remove to references to recommend as we had agreed previously the question was put and resolved in the affirmative with the committee dividing as follows:

Ayes

Hon. E. G. Hinkson

Hon. D. D. Marshall

His Honour R. N. Greenidge

Senator Dr. C. K. M. Haynes

Hon. T. A. Prescod

Hon. A. R. Forde

Noes

Senator Dr. C. A. Maynard

Senator C. A. Franklyn

Dr. S. E. Browne

The results of the division were 6 in favour and 3 voted against the Committee voted to retain the definition.

“Visitor”

Hon. D. D. Marshall explained that the intention was to allow the visitor who brought their medication with them to have to have it on their person without fear of arrest and not that they had to bring a prescription with them. They essentially would be placed on the same footing as a Barbadian who had Medicinal Cannabis on their person.

It is felt and the Committee agreed that the visitor be given statutory exemption. Mrs. J. St. John felt that could be achieved by amending the Customs legislation.

Discussions ensued as to whether the C.M.O. had to be notified ahead of that visitor travelling. The Committee considered a more simplified process i.e. a visitor so long as he/she can establish that he/she is legitimately in possession of Medicinal Cannabis is to be treated as if he or she were a person who was prescribed and had purchased Medicinal Cannabis under our legislation.

“Young Persons”

Again discussion followed as who was considered a minor or a young person. The Committee agreed to take out young person and the concept of minor will remain.

Establishment of Authority

Clause 3 (2)

In Clause 3 (2) the words “subject to section 17” the Committee agreed should be deleted.

Functions of the Authority

4 (1) The authority shall

- (a) Develop policies, procedures and guidelines to establish the Medicinal Cannabis is available to patients in a safe and efficient manner;
- (b) Regulate the handling of Medicinal Cannabis

Hon. A. R. Forde queried whether pharmacists or Medical Practitioners were to be issued licence.

Hon. D. D. Marshall stated that no such licences were required for Medical Practitioners or Pharmacists because they were already registered.

Sen. C. A. Franklyn had an issue with “Authority” and “Board”. He argued that the members of the Authority were also the Board.

Hon. D. D. Marshall sought to explain that the Barbados Medicinal Cannabis Licencing Authority was a body corporate and under 5 (i) there was established a Board to be known as the Barbados Medicinal Cannabis Licencing Board.

Sen. C. A. Franklyn maintained that he was completely confused.

Hon. D. D. Marshall offered to explain by reference to the Transport Board which is established by the Transport Board Act, so that the Transport Board is itself a body corporate but it has a Board of Directors commonly referred to as the “Board”.

This still did not satisfy Senator C. A. Franklyn.

Clause 5(1) Establishment of a Board to manage the Authority

Sen. C. A. Franklyn again queried why the need for an Authority, and then a separate Board and why the Authority could not run everything.

Mrs. St. John stated that in this particular instance, the Authority is set up as a Corporation which is run by a Board that is specifically appointed. There are other formulations in the law as indicated by Senator Franklyn but the extant draft was specific to instructions received.

Hon. D. D. Marshall disagreed with Sen. C. A. Franklyn. He offered the view that every body corporate must have a decision-making aspect. He gave the example of Sagicor. Sagicor being the body corporate, but the decision making operations board is the one that makes the executive decisions.

Sen. C. A. Franklyn then referenced the National Housing Corporation (NHC) that too is run by a Board appointed by the Minister.

Hon. D. D. Marshall urged Mrs. J. St. John to make a change to Clause 5(1) instead of saying that “there shall establish a Board of Directors”, it should say “there is a Board of Directors appointed by the Minister.’

Functions of the Board

The Committee had no issues.

Transfer and Secondment of Public Officers

Sen. C. A. Franklyn raised an issue with respect to officers who were seconded to the Barbados Revenue Authority and who subsequently retired. He asserts that the Auditor General has calculated their pension by the year prior to secondment.

The Committee agreed that the language here is clear that the period of service under the Authority counts for Pension under that Act as if the officer had not been so seconded.

Clauses 12 – 16

The Committee had no issues.

Clauses 17-18

Sen. C. A. Maynard queried whether the Board like other state-owned enterprises would have presentations every three years as a public forum as provided for in the Public Finance Management Act. The Chair replied yes and it will be seen at Clause 23 that the Public Finance Management Act applies.

Access to Medicinal Cannabis

Clause 25

Hon. D. D. Marshall ask Mrs St. John to redraft provisions relating to visitor.

25(1) would read ‘a person shall only use medicinal cannabis where that Medicinal Cannabis in prescribed by a Medical Practitioner.

Clause 25(2)

“young person” is to be removed

Clause 25 (3) A person who uses or consumes Medicinal Cannabis.

Sen. C. A. Maynard reasoned that if he was found with a pocket full of “spliffs” he was unsure of what would be the fine but if he was found with some of his grandmother cannabis he might get fined 100,000 dollars. He sought an explanation on this. Hon D. D. Marshall explained that with respect to fines the upper limit is stated but the judge is expected to exercise his discretion with respect to the level of fine/imprisonment.

The Committee had agreed to remove reference to authorised persons but did consider that a reference should be made to interns and graduate pharmacist.

A Pharmacist or authorised personnel under the supervision of a Pharmacist. Mrs St. John had explained that by using this phrase she had intended to capture the reference in the Pharmacy Act to a graduate Pharmacist or Pharmacy intern.

Hon. A. R. Forde noted that although the law provided for an intern to dispense under the supervision of a Pharmacist. The practice is that the Pharmacist dispenses especially as it relates to narcotic drugs

Caregivers

Clause 28. There was an exclusion of those who had been convicted of indictable offences.

Hon. D. D. Marshall indicated that Paul Rock and a few other presenters had advanced the view that with such blanket prohibition that would rule out a number of persons and it was suggested that the stance should be softened. Not all indictable offences were of such a severity that they should be left out of the loop.

The question was asked whether the Committee would recommend taking out 28 (6).

The settled view was that the risk was relatively low in that the caregiver would be dealing with small amounts of Medicinal Cannabis and there would be no harm in taking it out.

Tiers of Licences

Clause 31.(3) A licence issued pursuant to this Act should not be transferable.

A query was raised as to whether it was possible to strengthen this section. The clause is mandatory the licence shall not be transferable.

Sen. C. A. Maynard queried the cost of set up and the bar on transfer of licence. He reasoned that if one could not transfer the licence, the company had no value.

Hon. D. D. Marshall reminded him of the difference between selling your company and selling the property of the company. The licence would be the property of the company. If you sold the company to John, John owns the licence. What the Clause is saying is that the licence is personal to the applicant. If the applicant is a Company, you are a shareholder you can sell your shares. There is no difficulty there. The Authority has the option after the 3rd year of not renewing.

Eligibility to Apply

Clause 32

Mrs. St. John revealed that the view was that this provision was too wide. The question was whether one could state specific offences.

Hon D. D. Marshall reminded the Committee this was the same issue that arose in the other discussion about the Caregiver. He hinted that there was some sympathy towards softening the provision somewhat. Offences such as firearm offences, offences involving serious dishonesty, fraud, financial crimes, money laundering and trafficking.

Sen. C. A. Franklyn wondered how the Committee was going to guarantee 30% of ownership by a citizen, Permanent resident or immigrant. The gentleman I spoke about earlier who can become immigrant by being successful.

Duration of Licences

There was discussion by the Committee about licences for 3 years and the language not renewable. The policy intent was to have the licence, but the holder of the licence was not to feel that once granted that they had it for life. The Licence however was supposed to be renewable. That is not

what was achieved in drafting. The question was, however, raised as to whether 3 years was sufficient time to make good in one's investment.

Hon. T. A. Prescod urged the Committee that in trying to come to a time period, understand that this is a competitive industry in which our Caribbean brothers are seeking to lure investors from our shores.

The Committee by agreement stated the period of the licence should be five years.

Prohibition against Supply

The Committee had no issues there.

Regulations

Sen. C. A. Franklyn stated that given that the Regulations were going to be subject to Negative Resolution whenever there were ready; he preferred a scenario where they were subject to Affirmative Resolution.

Mrs. St. John indicated that this was a policy decision and the Chairman would have to indicate otherwise.

Sen. C. A. Franklyn wanted to have the Regulations scrutinized given that we were venturing into a completely new area and one that in the main is illegal.

Composition of Board

Dr. S. Browne queried the composition of the Board especially the absence of the Police and other disciplines. Hon. D. D. Marshall: The police don't need to be involved on this board. Any inputs needed from them it will be noted and given.

Hon. T. A. Prescod made reference to a discipline called Epistemology. The concept of having a criminologist on the board is that they come with the suspicions that there is something criminal about, similarly as a sociologist would come to deal with human behaviour.

Functions of the Authority

There was considerable discussion over (9)

“with the approval of the Board, establish and maintain an electronic database”. The Committee agreed to have it rephrased to state that information could be collected from the Ministry of Health and the Authority would have access to that information.

Having given due consideration to various Submissions both written and oral and after interaction with those presenters and intense discussions in Committee itself the Committee agreed to amendments as set out in the Table of Amendments (appended “**Q**”) reflected in the Amended Bill (appendix “**R**”). Transcripts of the meetings are appended “**S**”, “**T**”, “**U**”, “**V**” and “**W**”.

Acknowledgement

The Committee wishes to acknowledge all those who took the time and effort to tender written submissions to the Committee. A special thanks go out to those who were willing to make oral presentations before the Committee and at times subjected to vigorous questioning by the Committee.

This exercise demonstrated participatory democracy at its best. The Committee might not have agreed with all your comments/ suggestions but the Committee is eternally grateful for the different perspectives shared which ultimately led the Committee to make amendments.

The Committee is satisfied that it was able to execute its mandate set out in its terms of reference.



Approved by the Members of the Committee:-

Hon. Dale D. Marshall, Q.C., M.P.

Hon. Adrian R. Forde, M.P.

Hon. Indar Weir, M.P.

Hon Edmund G. Hinkson, M.P.

Hon. Trevor Prescod, M.P.,

Lt Col. the Hon. Jeffrey D. Bostic, M.P.

Dr. Sonia E. Browne, M.P.

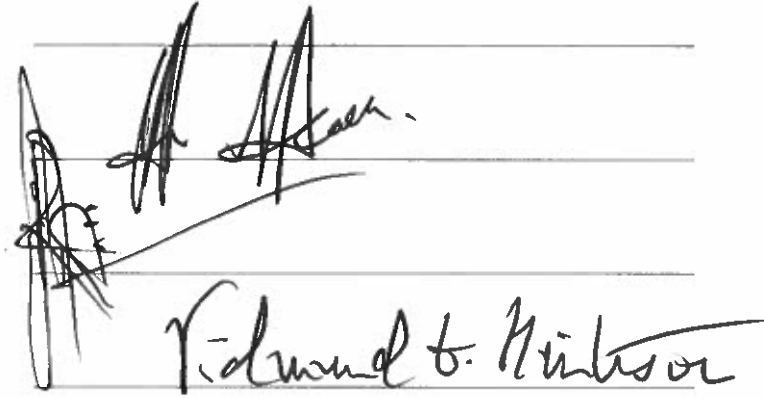
Bishop Joseph J. S. Atherley, JP., M.P.

His Honour Senator Rudolph. N. Greenidge

Senator Dr. Crystal K. M. Haynes

Senator Mr. Christopher A. Maynard

Senator Caswell A. Franklyn, J.P.



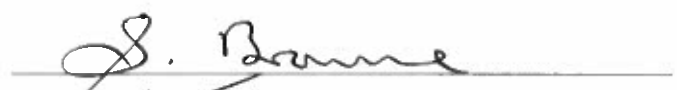
Handwritten signatures of Dale D. Marshall, Adrian R. Forde, Indar Weir, and Edmund G. Hinkson.



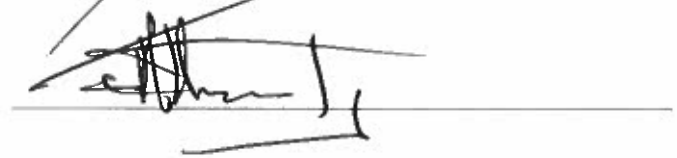
Handwritten signature of Trevor Prescod.



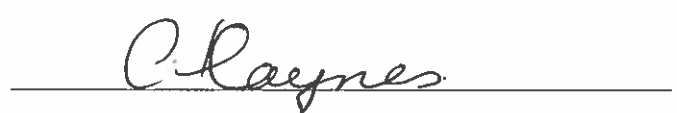
Handwritten signature of Jeffrey D. Bostic.



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Handwritten signature of Bishop Joseph J. S. Atherley.



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Dated this 15th day of October, 2019



ORIGINAL BILL



'A'

2019-08-29

OBJECTS AND REASONS

This Bill would provide for

- (a)* the regulation of the handling of medicinal cannabis in Barbados;
- (b)* the establishment of a Barbados Medicinal Cannabis Licensing Authority, a Barbados Medicinal Cannabis Licensing Board and a Barbados Medicinal Cannabis Appeals Tribunal;
- (c)* the issuing of licences for the handling of medicinal cannabis; and
- (d)* related matters.

'A'

Arrangement of Sections

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PRELIMINARY

- 1.** Short title
- 2.** Interpretation

PART II

BARBADOS MEDICINAL CANNABIS AUTHORITY

- 3.** Establishment of Authority
- 4.** Functions of the Authority
- 5.** Establishment of a Board to manage Authority
- 6.** Functions of the Board
- 7.** Board may delegate functions
- 8.** Disclosure of interest
- 9.** Report to Minister
- 10.** Directions of Minister
- 11.** Chief Executive Officer and staff of the Authority

12. Transfer and secondment of public officers
13. Limitation on powers of Board
14. Functions of the Chief Executive Officer
15. Obligation to secrecy
16. Protection from personal liability
17. Funds and resources of the Authority
18. Borrowing power
19. Guarantee of loans
20. Accounts
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23. *Public Finance Management Act* to apply
24. Annual Report to Minister

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ACCESS TO MEDICINAL CANNABIS

25. Use of Medicinal Cannabis
26. Dose limitation
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- 28. Caregivers
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- 30. Categories of licences
- 31. Tiers and types of licences
- 32. Eligibility to apply
- 33. Conditions of licences
- 34. Duration of a Licence
- 35. Prohibition against supply
- 36. Suspension or Revocation
- 37. Protection from criminal liability

PART V

BARBADOS MEDICINAL CANNABIS APPEALS TRIBUNAL

- 38. Establishment of Appeals Tribunal
 - 39. Appeals to the Cannabis Appeals Tribunal
-

PART VI
OFFENCES

- 40. Offences
- 41. General Penalty

PART VII
MISCELLANEOUS

- 42. Regulations
- 43. Amendment of Schedule
- 44. Amendment of enactments in the *Third Schedule*
- 45. Commencement

FIRST SCHEDULE

Composition and Management of the Barbados Medicinal Cannabis Licensing Board

SECOND SCHEDULE

Barbados Medicinal Cannabis Appeals Tribunal

THIRD SCHEDULE

Consequential Amendments



BARBADOS

A Bill entitled

An Act to provide for

- (a)* the regulation of the handling of medicinal cannabis in Barbados;
- (b)* the establishment of a Barbados Medicinal Cannabis Licensing Authority, a Barbados Medicinal Cannabis Licensing Board and a Barbados Medicinal Cannabis Appeals Tribunal;
- (c)* the issuing of licences for the handling of medicinal cannabis; and

(d) related matters.

ENACTED by the Parliament of Barbados as follows:

PART I

PRELIMINARY

Short title

1. This Act may be cited as the *Medicinal Cannabis Industry Act, 2019*.

Interpretation

2.(1) In this Act,

“Authority” means the Barbados Medicinal Cannabis Licensing Authority established under section 3;

“analytical services” includes services for the testing or abstraction of cannabis;

“Board” means the Barbados Medicinal Cannabis Licensing Board which is the Board of the Authority established under section 5;

“cannabis” means all parts of any plant of the genus cannabis including any resin obtained from the plant;

“cannabis material” means

(a) cannabis;

(b) cannabis resin; and

(c) any other raw material derived from the cannabis plant;

“cannabis resin” has the meaning assigned to it in the *Drug Abuse (Prevention and Control) Act, Cap. 131*;

- “cannabidiol” or “CBD” means a substance found in the cannabis plant which reacts with specific receptors in the human brain and body to give a therapeutic effect;
- “CARICOM Member States” or “CARICOM” means the countries or territories which are party to the Revised Treaty of Chaguaramas establishing the Caribbean Community, as well as the CARICOM Single Market and Economy, that was signed in the Bahamas on 5th July, 2001;
- “controlled drug” has the meaning assigned to it by section 3 of the *Drug Abuse (Prevention and Control) Act, Cap. 131*;
- “cultivation” includes harvesting, curing and drying;
- “cultivation site” means the premises specified in a Cultivator Licence as premises on which cannabis plants are authorised to be cultivated;
- “dispose” means the procedures for destroying cannabis;
- “document” means, in addition to a document in writing, anything in which information of any description is recorded;
- “handling” includes use, cultivation, processing, importation, exportation, transit, transshipment, manufacture, sale, possession and distribution;
- “harvest” means the process of gathering every plant that is reaped, whether manually or by way of machinery, whether or not that plant is dead or deemed to have no commercial value or viability;
- “licence” means a licence issued to a person by the Authority to facilitate the handling of medicinal cannabis or research and development of cannabis in accordance with the Act to supply medicinal cannabis;
- “medical, therapeutic or scientific purposes” includes scientific research, research trials, clinical trials, therapy and treatment, and manufacture of nutraceuticals and pharmaceuticals;
- “medicinal cannabis” means
- (a) cannabis that is grown and sold pursuant to this Act;

- (b) seeds, immature plants as well as all parts of the plant, along with resin extracted from any part of the plant ;
 - (c) every compound, manufacture, salt, derivative, mixture or preparation from cannabis;or
 - (d) cannabis concentrate;
that is cultivated, processed, manufactured, distributed or sold under a licence.
- “medical practitioner” has the meaning assigned to it by section 2 of the *Medical Profession Act, 2011* (Act 2011 - 1);
- “Minister” means the Minister responsible for Agriculture and Food Security;
- “minor” means a person who is a patient and who is under the age of 18 years;
- “patient” means a person who suffers from a medical condition which may be treated with medicinal cannabis prescribed or recommended pursuant to this Act;
- “pharmacist” has the meaning assigned to it by section 2 of the *Pharmacy Act, Cap. 372D*;
- “pharmacy” means a place registered as a pharmacy under the *Pharmacy Act, Cap. 372D*;
- “premises” means any land or building as well as any vehicle or receptacle located on such land or in any such building;
- “public officer” has the meaning assigned to it by section 2 of the *Public Service Act, Cap. 29*;
- “recommendation” means a written recommendation dispensing cannabis for medical purposes;
- “tetrahydrocannabinol” or “THC” means the main active ingredient in cannabis and one of the many naturally occurring chemical compounds found in cannabis;

“Tribunal” means the Barbados Medicinal Cannabis Tribunal established under section 38;

“therapeutic facility” means a premises granted a Retail Distributor Licence to

- (a) sell, dispense or provide medicinal cannabis prescribed or recommended by a medical practitioner; and
- (b) provide facilities and other medicinal or therapeutic requirements to allow a patient who has purchased prescribed or recommended medicinal cannabis to use or consume that medicinal cannabis there for therapeutic purposes;

“visitor” means a person who is

- (a) a patient
- (b) is not a resident of Barbados; and
- (c) is in possession of a prescription or written recommendation from a medical practitioner in respect of medicinal cannabis;

“young person” means a person who is a patient and who is under the age of 21 years;

(2) The provisions of the *Drug Abuse (Prevention and Control) Act*, Cap. 131, and the *Proceeds and Instrumentalities of Crime Act, 2019* (Act 2019-17) shall not prohibit, or otherwise be applied to the use of medicinal cannabis or cannabis pursuant to this Act, or be used to restrict or render unlawful, the handling of medicinal cannabis or cannabis by any person, unless it is in accordance with the provisions of this Act.

PART II

BARBADOS MEDICINAL CANNABIS AUTHORITY

Establishment of Authority

3.(1) There is hereby established a body to be known as the Barbados Medicinal Cannabis Licensing Authority.

(2) The Authority is a body corporate to which, subject to section 17, section 21 of the *Interpretation Act*, Cap. 1 applies.

Functions of the Authority

4.(1) The Authority shall

- (a) develop policies, procedures and guidelines to establish the medicinal cannabis industry and to ensure that medicinal cannabis is available to patients in a safe and efficient manner;
- (b) regulate the handling of medicinal cannabis;
- (c) subject to subsection (2), issue licences in relation to the handling of medicinal cannabis in accordance with the provisions of this Act;
- (d) develop enforcement procedures in relation to the inspection of premises that are operated by a person in order to ensure compliance with the provisions of this Act or any regulations made pursuant to this Act;
- (e) where required, assist with the provision of analytical services;
- (f) with the approval of the Board, establish and maintain an electronic database to
 - (i) include information relating to persons who handle medicinal cannabis or cannabis in accordance with this Act; and

- (ii) provide for the electronic tracking of the handling of medicinal cannabis or cannabis in accordance with this Act;
 - (g) with the approval of the Board establish and maintain an electronic register of medical practitioners, patients and caregivers, in accordance with this Act and such other registers as may be prescribed;
 - (h) provide for the distribution of educational materials and the conduct of training programmes in relation to the development and use of medicinal cannabis and the medicinal cannabis industry;
 - (i) ensure that proper disposal requirements are prescribed for the safe disposal of cannabis which is handled under this Act;
 - (j) perform such other functions assigned to it under this Act or any other enactment; and
 - (k) enter into any arrangement, which, in the opinion of the Authority, is necessary to ensure the proper performance of its functions.
- (2) In performing the functions specified in subsection (1), the Authority shall
- (a) formulate standards and prescribe codes of practice to be observed by licensees or other persons involved in the medicinal cannabis industry;
 - (b) determine the fees to be charged for services provided by or on behalf of the Authority;
 - (c) facilitate scientific research in respect of medicinal cannabis and where applicable, apply the results of such research in the development of the medicinal cannabis industry; and
 - (d) do all such things as the Authority considers necessary or expedient for the purpose of carrying out its functions.

Establishment of a Board to manage Authority

5.(1) There shall be established a Board, to be known as the Barbados Medicinal Cannabis Licensing Board, which shall be responsible for the policy, organisation and administration of the Authority, and in particular for

- (a) the appointment of staff to the Authority and the management thereof;
 - (b) the management of the other resources and contracts of the Authority;
 - (c) the development of policies for the prudent and efficient management of the Authority; and
 - (d) the monitoring of the performance of the Authority in respect of the discharge of its functions.
- (2) The *First Schedule* has effect with respect to the constitution and management of the Board and otherwise in relation thereto.

Functions of the Board

6.(1) The Board shall be responsible for the policy, strategic direction and governance of the Authority.

- (2) In performing its functions, the Board shall
- (a) monitor the administrative operations of the Authority;
 - (b) advise the Minister on matters of general policy relating to the management, and development of an efficient and regulated medicinal cannabis industry;
 - (c) ensure that the Authority receives and manages its funds in a prudent manner; and
 - (d) do all such things as the Board reasonably considers necessary or expedient for the purpose of carrying out its functions under this Act.

Board may delegate functions

7.(1) The Board may delegate to the Chairman, a committee of the Board or the Chief Executive Officer of the Authority such of its functions as it thinks expedient for the purpose of effectively transacting the business of the Board .

(2) A delegation of a function under subsection (1)

(a) does not prevent the discharge by the Board of the function; and

(b) may, at any time, be revoked by the Board.

Disclosure of interest

8.(1) A member of the Board who is in any way directly or indirectly interested in any contract or other matter whatsoever which falls to be considered by the Board, or in any contract made or proposed to be made by the Board, shall disclose the nature of his interest to the other members of the Board at a meeting of the Board, and the disclosure shall be recorded in the minutes taken at that meeting of the Board, and that member shall not take part in any deliberation or decision of the Board relating to the contract.

(2) A disclosure made by a member of the Board under subsection (1), to the effect that he is a director or shareholder of, or has a significant economic relationship with a specific company, firm or other person or is to be regarded as interested in any contract which is made with the company, firm or other person shall, for the purposes of subsection (1), be a sufficient disclosure of his interest in relation to any contract so made.

Report to Minister

9. The Board may at any time, be required by the Minister to submit a report in respect of any matter or activity in which the Authority is involved under this Act.

Directions of Minister

10. The Minister may give directions of a general nature as to the policy to be followed by the Board and the Authority in the performance of their functions, as appear to the Minister to be necessary in the public interest, and the Board and the Authority shall comply with those directions.

Chief Executive Officer and staff of the Authority

11.(1) The Board shall, with the approval of the Minister, appoint a person, to be the Chief Executive Officer of the Authority.

(2) The Chief Executive Officer

(a) shall hold office for a term not exceeding 3 years, but is eligible for reappointment; and

(b) is entitled to such remuneration and allowances as the Minister determines.

(3) The Board shall, with the approval of the Minister, appoint or employ such other members of staff as may be required for the Authority.

(4) The staff of the Authority shall receive such remuneration and such allowances as the Minister may determine.

Transfer and secondment of public officers

12.(1) Where a public officer is seconded to a post in the Authority from a pensionable office within the meaning of section 2 of the *Pensions Act*, Cap. 25, the period of service with the Authority, unless the Governor-General otherwise determines, counts for pension under that Act as if the officer had not been so seconded.

(2) Where a public officer accepts employment with the Authority, the public officer shall

- (a) be employed on terms and conditions that are no less favourable than those enjoyed by a public officer of proximate rank or a public officer performing comparable duties; and
- (b) retain any right to pension, gratuity or other allowance for which he would have been eligible had he remained in the public service and any such right is preserved.

Limitation on powers of Board

13. The Board shall not, without the prior approval of the Minister,

- (a) assign to a post established by the Board a salary in excess of such amount *per annum* as the Minister may determine and notify the Authority in writing;
- (b) appoint a person to a post established by the Board to which a salary in excess of the amount determined by the Minister under paragraph (a) is assigned; or
- (c) provide for the payment of a pension, gratuity or similar benefit to the staff of the Authority in respect of their service to the Authority.

Functions of the Chief Executive Officer

14.(1) The Chief Executive Officer shall be responsible for the day to day management of the affairs of the Authority which shall include the following

- (a) coordinating the functions of the Authority;
- (b) the taking of any administrative and managerial action as is necessary and appropriate for the effective implementation of this Act and any regulations made pursuant to this Act;

- (c)* assigning personnel as may be necessary to ensure that applications for licences are submitted to the Board for approval within the prescribed period after the making thereof;
 - (d)* ensuring the timely implementation of the decisions and directions of the Board;
 - (e)* submitting quarterly reports to the Board in relation to the activities of the Authority, in such manner as may be approved by the Board;
 - (f)* preparing the budget of the Authority and submitting the same to the Board for approval;
 - (g)* implementing operational policies and procedures in relation to the functions of the Authority; and
 - (h)* performing such other functions as may be assigned to the Chief Executive Officer by the Board or under this Act.
- (2) The Chief Executive Officer shall attend the meetings of the Board, but shall not have a vote at any meeting of the Board.

Obligation to secrecy

15.(1) Every person having an official duty or being employed in the administration of this Act shall regard and deal with as secret and confidential all information, databases, registers, records or documents relating to the functions of the Authority or the Board obtained by the person in the course of the performance of his duties or otherwise.

- (2) Notwithstanding subsection (1) a person may disclose information in any of the following circumstances
- (a)* pursuant to an order of the Court;
 - (b)* to any person or to an employee of the Authority, where he is authorised or required to do so; or
 - (c)* where disclosure is permitted under any other enactment.

(3) A person who receives information pursuant to subsection(2)(a) shall regard and deal with that information as confidential.

(4) A person who contravenes subsection (1) or (2) is guilty of an offence and is liable on summary conviction to a fine of \$10 000 or to imprisonment for a term of 2 years.

Protection from personal liability

16. No action, suit, prosecution or other proceedings shall be brought or instituted personally against any member of the Board or Tribunal, employee or agent of the Authority in respect of any Act done *bona fide* in pursuance or execution of the Act.

Funds and resources of the Authority

17.(1) The funds and resources of the Authority shall comprise

- (a) monies voted for the purpose by Parliament;
- (b) such sums as may be borrowed by the Authority for its purposes; or
- (c) revenue earned from application fees, fees for the issuing of licences and other related matters.

(2) The resources of the Fund shall be applied in the payment of salaries, payment or discharge of the expenses, obligations and liabilities of the Authority, the Board and the Tribunal and towards the performance of any function of the Authority, the Board or the Tribunal under this Act.

Borrowing power

18. The Authority may, with the approval of the Minister, borrow any money it requires for meeting any of its obligations or performing any of its functions and shall, in such a case, inform the Minister of

- (a) the amount and source of the loan; and
- (b) the terms and conditions on which the loan may be obtained.

Guarantee of loans

19. In circumstances where approval under section 18 requires a guarantee the Government may, with the approval of Parliament, in such manner and on such terms and conditions as may be specified, guarantee a loan to the Authority together with any interest or other charges payable thereon.

Accounts

20. The Authority shall, in respect of its affairs and functions,

- (a) keep proper accounts and adequate financial and other records; and
- (b) prepare financial statements in respect of each financial year,

in conformity with generally accepted accounting practice.

Monthly statements

21. Every month the Chief Executive Officer shall prepare and submit to the Accountant-General within such time as the Accountant-General may determine

- (a) a statement of revenue showing, under such headings as the Accountant-General may determine, the total revenue earned;
- (b) a statement of cash flows; and
- (c) a statement of refunds, remittances and waivers made.

during the preceding month.

Audit

22.(1) The Auditor-General shall be the auditor of the Authority.

(2) The Auditor-General shall

- (a) audit annually, the accounts of the Authority and report to the Authority and the Minister on the financial statements of the Authority;

- (b) periodically assess, on such basis as the Auditor-General may determine to be reasonable, the fairness and reliability of the information submitted to him by the Authority; and
- (c) provide the Minister and the Authority with copies of reports of audits and assessments carried out under this section.

Public Finance Management Act to apply

23. The *Public Finance Management Act, 2019* (Act 2019-1) applies to the Authority with such modifications and adaptations as may be necessary.

Annual Report to Minister

24.(1) The Board shall, not later than 3 months after the end of every financial year, submit to the Minister an annual report including

- (a) information on the execution of its functions, and the functions of the Authority over the period;
- (b) an account of the activities and transactions of the Authority throughout the financial year in such detail as the Minister may direct; and
- (c) a detailed statement of all sums remitted in accordance with the provisions of the *Public Finance Management Act, 2019* (Act 2019-1).

(2) The Board may include in its annual report mentioned in subsection (1) matters which, in the opinion of the Board, require the attention of the Minister.

PART III

ACCESS TO MEDICINAL CANNABIS

Use of Medicinal Cannabis

25.(1) A person or visitor shall only use medicinal cannabis where that medicinal cannabis is prescribed by a medical practitioner or required by a recommendation by a medical practitioner.

(2) The parent or guardian of a patient who is a minor or young person must obtain a certificate in writing from a medical practitioner certifying that the use of medicinal cannabis is necessary in the case of that minor or young person, and the parent or guardian shall consent in writing to the use of medicinal cannabis.

(3) A person who consumes medicinal cannabis without being authorised to use medicinal cannabis by a prescription or recommendation from a medical practitioner is guilty of an offence and is liable on conviction on indictment to a fine of \$100 000 or to imprisonment for a term of 10 years or to both.

Dose limitation

26. In circumstances where a prescription or recommendation by a medical practitioner requires repeated usage over a period of 3 months, a pharmacy or therapeutic facility shall not dispense to that patient more than a 30 day supply of individual doses at a time.

Keeping of records

27.(1) A medical practitioner shall maintain a record of every patient to whom he has prescribed or recommended medicinal cannabis, and where that patient has a caregiver the medical practitioner shall also enter into the record the name, national registration number and contact information for the caregiver.

(2) All information acquired by the medical practitioner under subsection (1) is confidential, but the medical practitioner shall submit to the Authority at such

times as the Authority may direct a report containing such information, excluding the name of the patient, address of the patient, or the national registration number of his patient, from his records as the Authority may prescribe.

(3) The Authority may request further information from the medical practitioner in writing.

Caregivers

28.(1) Subject to subsections (2) and (3), a patient may designate a person as a caregiver and that person has the responsibility

- (a) for the immediate care and safety of the patient;
- (b) to assist him with obtaining or using medicinal cannabis; or
- (c) to act in the best interest of that person.

(2) A guardian appointed for a person by the Court under the *Mental Health Act*, Cap. 45 shall be deemed to be the caregiver of that person.

(3) A parent or legal guardian of a patient who is a minor or young person shall be deemed to be the caregiver for that minor or young person unless that parent or legal guardian designates another person or a person is designated by an order of the Court.

(4) A person who is designated as a caregiver under this Act shall obtain from a medical practitioner a certificate that states that the caregiver is not addicted to a controlled drug.

(5) A person who is under the age of 18 years shall not be designated as a caregiver.

(6) A caregiver shall not be a person who has been convicted of an indictable offence under the *Drug Abuse (Prevention and Control) Act*, Cap. 131.

(7) A patient who changes his caregiver shall notify his medical practitioner of the change, and give that medical practitioner such information as the medical practitioner may require in respect of the new caregiver.

Dispensing of medicinal cannabis

29.(1) A pharmacist or authorised personnel under the supervision of a pharmacist in a pharmacy or a pharmacist or authorised personnel under the supervision of a pharmacist in a therapeutic facility may dispense medicinal cannabis to a patient and where applicable, to a caregiver for a patient.

(2) Subject to subsection (1), a pharmacist or authorised person being supervised by a pharmacist shall only dispense or supply medicinal cannabis on the submission by a patient or where applicable, a caregiver, of a prescription or recommendation and a valid form of identification.

(3) Upon dispensing medicinal cannabis to a patient or, where applicable, a caregiver, a pharmacist or other authorised personnel under the supervision of a pharmacist shall ensure that the label given in respect of the prescription or the recommendation has the information required by regulation 3(2) of the *Pharmacy (Compounding and Dispensing of Drugs and Poisons) Regulations, 1986* (S.I. 1986 No. 82).

(4) A pharmacist shall enter the information referred to in subsection (3) in a register kept by him and established for that purpose, in the prescribed manner.

(5) A pharmacist shall not dispense to a patient or where applicable, a caregiver

(a) a quantity of medicinal cannabis greater than that which the patient or caregiver is permitted to obtain under a prescription; or

(b) any form of cannabis prohibited under this Act or any other enactment.

(6) A pharmacist shall conform to any requirement or limitation set by the medical practitioner as to the form of medicinal cannabis that is required in relation to the patient and shall provide to a patient and where applicable, a caregiver, the following information

(a) the lawful methods for administering medicinal cannabis in individual doses;

- (b) any potential danger stemming from the use of medicinal cannabis;
- (c) how to prevent or deter the misuse of medicinal cannabis by minors or young persons; and
- (d) any other information which the pharmacist may consider to be relevant.

PART IV

LICENSING THE SUPPLY OF MEDICINAL CANNABIS

Categories of licences

30. Licences may be issued in respect of the development of the medicinal cannabis industry for the

- (a) cultivation of cannabis for medicinal purposes;
- (b) transporting of medicinal cannabis;
- (c) manufacturing of medicinal cannabis products;
- (d) dispensing of medicinal cannabis at a therapeutic facility;
- (e) sale of medicinal cannabis;
- (f) research and development of cannabis for medical therapeutic or scientific purposes;
- (g) laboratory testing of medicinal cannabis;
- (h) importing of medicinal cannabis; and
- (i) exporting of medicinal cannabis.

Tiers and types of licences

31.(1) A person who desires to obtain a licence to operate in the medicinal cannabis industry may apply for any of the following licences

- (a)* a Cultivator Licence (Tier 1), Cultivator Licence (Tier 2), Cultivator Licence (Tier 3) and Cultivator Licence (Tier 4) which shall be issued to allow for the growing, harvesting, drying, trimming, curing or packaging of medicinal cannabis;
- (b)* a Research and Development Licence, which shall be issued to allow for the conduct of scientific research for the purpose of improving or further developing cannabis for medical, therapeutic or scientific purposes;
- (c)* a Laboratory Licence which shall be issued to allow for the conduct of testing and analytical services for the purpose of improving or further developing medicinal cannabis;
- (d)* a Processor Licence (Tier 1), Processor Licence (Tier 2), and Processor Licence (Tier 3) which shall be issued to allow for activities relating to the processing and manufacturing of cannabis material and medicinal cannabis products;
- (e)* a Retail Distributor Licence, which shall be issued to allow for the operation of a therapeutic facility for the dispensing of medicinal cannabis to patients;
- (f)* an Import Licence, which shall be issued to allow for the importation of medicinal cannabis products and planting material from any country where it is legal so to do;
- (g)* an Export Licence, which shall be issued to allow for the exportation of medicinal cannabis to any country in keeping with the laws of any such country; and

- (h) a Transport Licence, which shall be issued to allow for the transport of medicinal cannabis.
- (2) Where a person applies for a
- (a) Research and Development Licence; or
 - (b) Laboratory Licence
- and the licence is issued, that person shall also receive an import and export licence which shall only be used for purposes in connection with the Research and Development Licence or the Laboratory Licence.
- (3) A licence issued pursuant to this Act shall not be transferable.
- (4) In respect of a Cultivator Licence the area of land for
- (a) Tier 1 shall be not more than 1 acre;
 - (b) Tier 2 shall be more than 1 acre but not more than 5 acres; and
 - (c) Tier 3 shall be more than 5 acres but not more than 25 acres;
 - (d) Tier 4 shall be more than 25 acres.
- (5) In respect of a Processor Licence, the processing area for
- (a) Tier 1 shall be not more than 200 square metres; and
 - (b) Tier 2 shall be more than 200 square metres but not more than 500 square metres; and
 - (c) Tier 3 shall be more than 500 square metres.

Eligibility to apply

- 32.(1) A person who
- (a) is 18 years of age or older;
 - (b) is a citizen of Barbados;
 - (c) is a permanent resident of Barbados;

- (d) has immigrant status in Barbados;
- (e) is a citizen of a CARICOM Member State, other than Barbados; or
- (f) is a company, partnership or co-operative society

may apply for a licence.

(2) An application for a licence under subsection (1) shall be accompanied by a certificate from a medical practitioner that states

- (a) in the case of an individual, that the individual is not addicted to a controlled drug; or
- (b) in the case of a partnership, that a member is not addicted to a controlled drug.

(3) A person who has been convicted of an indictable offence under

- (a) the *Drug Abuse (Prevention and Control) Act*, Cap. 131;
- (b) the *Proceeds and Instrumentalities of Crimes Act, 2019* (Act 2019-17); or
- (c) any other similar enactment creating offences for illegal drugs and for the proceeds gained from such illegal drugs in Barbados or in any other country

shall not be eligible for a licence.

(4) A person to whom subsection (1)(f) applies that person shall not be eligible for a licence unless 30 per cent of the company, partnership, or co-operative society is owned by a citizen, permanent resident, person with immigrant status or a citizen of a CARICOM Member State .

(5) Subsection (4) shall not apply to a Research and Development Licence or a Laboratory Licence.

(6) The Authority shall prescribe regulations in relation to the criteria for the eligibility to apply for each category of licence.

Conditions of licences

33. The Minister on the advice of the Authority shall by regulations impose conditions in respect of the issue of licences.

Duration of a Licence

34.(1) A Cultivator Licence, irrespective of the Tier, shall be valid for 3 years and is not renewable.

(2) All other licences shall be valid for 3 years and are not renewable.

(3) A person who holds a licence under subsection (1) or (2) may, not later than 3 months before the expiration of the licence, re-apply for the issue of a new licence.

Prohibition against supply

35.(1) A person shall not cultivate, supply, possess, or obtain medicinal cannabis for any of the purposes specified under this Act, unless that person is the holder of the relevant licence issued pursuant to this Act.

(2) A person who contravenes subsection (1) is guilty of an offence and is liable on conviction on indictment to a fine of 15 times the value of the medicinal cannabis cultivated, supplied, possessed, or obtained or to imprisonment for a term of 10 years or to both.

Suspension or Revocation

36. The Authority may suspend or revoke a licence where the

- (a) person issued the licence is convicted of an offence under this Act;
- (b) person issued the licence contravenes a term or condition of a licence granted under this Act; or
- (c) Minister requires the suspension or revocation of the licence in the interest of public health or public safety.

Protection from criminal liability

37. A person who is authorised to undertake any activity under this Act is hereby protected from criminal liability, to the extent that the activity is authorised by, and conducted in accordance with, the provisions of this Act .

PART V

BARBADOS MEDICINAL CANNABIS APPEALS TRIBUNAL

Establishment of Appeals Tribunal

38.(1) There is hereby established a Barbados Medicinal Cannabis Appeals Tribunal, hereinafter called the Tribunal.

(2) The provisions of the *Second Schedule* shall have effect as to the constitution and operation of the Tribunal and otherwise in relation thereto.

(3) The Tribunal may, with the approval of the Minister, make rules to regulate its own procedure, including provision for any fees to be charged.

Appeals to the Cannabis Appeals Tribunal

39.(1) A person who is aggrieved by a decision of the Authority or any other person acting in exercise of any function delegated under this Act, may appeal to the Tribunal by way of a notice of appeal within 14 days of the date of the decision or within such longer period as the Tribunal may, in any special circumstance, allow.

(2) The notice of appeal shall set out clearly the grounds of the appeal and shall be accompanied by copies of any correspondence, document or statement relevant to the appeal.

(3) A copy of the notice of appeal, together with copies of any correspondence, document or statement shall be served on the Authority.

- (4) The Tribunal shall, within 14 days of the receipt of a notice of appeal under subsection (1), request the Authority to furnish it with a statement in writing setting out the reasons for its decision and within 14 days of receipt of the statement, a copy of the statement shall be served on the appellant.
- (5) The Tribunal may order that any book, paper, document or statement, relating to the appeal which is in the possession of the Authority, any other person acting in accordance with this Act, or the person aggrieved, be produced at the hearing of the appeal.
- (6) The Tribunal shall cause all parties to the appeal to be informed
- (a) of the date of the hearing of the appeal, which shall be within 30 days from the date on which the statement is served on the appellant pursuant to subsection (4);
 - (b) that they may appear in person or be represented by an attorney-at-law; and
 - (c) that they may call witnesses on their behalf.
- (7) On hearing an appeal under this section, the Tribunal may
- (a) dismiss the appeal and confirm the decision of the Authority;
 - (b) allow the appeal and set aside the decision of the Authority; or
 - (c) direct that the matter be referred to the Authority.

PART VI

OFFENCES

Offences

40.(1) No person shall

- (a)* sell, offer for sale or offer for free distribution, medicinal cannabis, cannabis or any derivatives or samples thereof at any convention, trade show or at a public or private event;
 - (b)* have medicinal cannabis in his possession, if that person is not a caregiver or authorised to use or licensed to use medicinal cannabis under this Act;
 - (c)* allow another person who is not authorised to use medicinal cannabis under this Act to use medicinal cannabis; or
 - (d)* make a misrepresentation in relation to a medical condition to a medical practitioner or fraudulently provide material misinformation to the medical practitioner in order to obtain a prescription or recommendation for medicinal cannabis.
- (2) A patient or caregiver shall not knowingly obtain, seek to obtain, or have in their possession, individually or collectively, an amount of medicinal cannabis from a pharmacy or therapeutic facility that would cause either the patient or the caregiver to exceed the prescribed or recommended amount that they are authorised to have in their possession.
- (3) A patient or caregiver who sells medicinal cannabis that is obtained under a prescription or recommendation issued pursuant to this Act is guilty of an offence.
- (4) A person who contravenes this section is guilty of an offence.

General Penalty

41. A person who is guilty of an offence under this Act for which no other penalty is provided, is liable on conviction on indictment to a fine of 15 times the value of the medicinal cannabis or to imprisonment for a term of 10 years or to both.

PART VII**MISCELLANEOUS****Regulations**

42.(1) The Minister shall, with the approval of the Authority, make regulations for any matter that is required or permitted to be prescribed and for carrying out or giving effect to this Act.

- (2) Without limiting the generality of subsection (1), regulations may
- (a) prescribe standards for the supply of medicinal cannabis and the systems for certification to meet these prescribed standards;
 - (b) prescribe fees for the application of a licence and fees for the granting or issuing of a licence;
 - (c) prescribe the documents required for an application and procedures for maintaining the confidentiality of information contained in application forms;
 - (d) prescribe fees for administrative costs, where required;
 - (e) prescribe application forms and the form of licences;
 - (f) regulate, restrict or prohibit premises, vehicles or equipment used or intended to be used for or in connection with the supply of medicinal cannabis;

- (g) prescribe the category of person who can apply for each type of licence;
- (h) regulate or prohibit the transport of medicinal cannabis, including in relation to specific areas in Barbados;
- (i) prescribe matters to be considered by the Authority in relation to the suitability of premises for the supply of medicinal cannabis;
- (j) prescribe standards or requirements as to the security of access to premises and for securing the premises in which medicinal cannabis is supplied or cultivated;
- (k) prescribe requirements for signage at premises licensed in the prescribed manner and information to be displayed at those premises, or on equipment or vehicles used for or in connection with the supply of medicinal cannabis;
- (l) prescribe the manner in which inspections, searches, detentions and seizures under this Act are to be carried out;
- (m) prescribe documents to be kept in relation to medicinal cannabis;
- (n) prescribe the information to be submitted to the Authority in annual reports to be submitted by a medical practitioner;
- (o) prescribe the sale, supply and safe custody, storage and security of medicinal cannabis;
- (p) prescribe the procedure for dispensing medicinal cannabis to visitors who have a medical condition;
- (q) prescribe the zoning of designated areas to be used as cultivation sites or in connection with the supply of medicinal cannabis; and
- (r) prescribe generally, any other matter or thing that is authorised or required to be prescribed by this Act.

- (3) Regulations may be made with respect to
- (a) prohibiting, regulating or controlling the supply, distribution, use, safe custody and storage of medicinal cannabis;
 - (b) preventing the improper use of medicinal cannabis;
 - (c) prescribing the manner in which cannabis is to be disposed of;
 - (d) prohibiting or regulating the issuing of medicinal cannabis by pharmacists to patients;
 - (e) requiring persons engaged in the supply of medicinal cannabis to keep records and provide information in writing or otherwise;
 - (f) the custody, accumulation, destruction, disposal, use, supply and storage of medicinal cannabis, including,
 - (i) the specifications of cupboards and other receptacles; and
 - (ii) the manner of storage of any form of medicinal cannabis;
 - (g) regulating the supply of medicinal cannabis to persons who have had a history of substance abuse;
 - (h) regulating and controlling the advertising by any person of medicinal cannabis, including the form and content of advertisements;
 - (i) prohibiting or regulating the supply of medicinal cannabis, whether by wholesale or by retail, or any class of products, unless the product or class of product is packaged in accordance with regulations and contains no more than a specified concentration of cannabidiol or tetrahydrocannabinol;
 - (j) the minimum size of packages or containers in which medicinal cannabis or any class of medicinal cannabis may be supplied or offered for supply;
 - (k) specifying the containers in which medicinal cannabis may be supplied and prohibiting the use of those containers for other substances;

- (l) labelling and specifying the particulars to be included in labels attached to containers of medicinal cannabis;
 - (m) the inspection of premises, other than residential premises, mobile facilities, stocks, records and any other documents relating to medicinal cannabis; or
 - (n) the administration and use of medicinal cannabis.
- (4) Any regulations made under this section shall be subject to negative resolution.
- (5) Where the regulations made under this Act create an offence, the regulations may provide for such offences to be tried summarily or on indictment and the regulations may prescribe the following penalties
- (a) in the case of an offence triable summarily, a fine of \$500 000 or imprisonment for a term of 5 years or to both;
 - (b) in the case of an offence triable on indictment, a fine of \$1 000 000 or imprisonment for a term of 10 years or to both.

Amendment of Schedule

- 43.(1) The Minister may, from time to time, by order published in the *Official Gazette* amend, revoke or vary the provisions of the *Schedule* to this Act.
- (2) An order made under subsection (1) shall be subject to negative resolution.

Amendment of enactments in the *Third Schedule*

44. The enactments specified in the first column of the *Third Schedule* are amended in the manner specified in the second column of the *Third Schedule*

Commencement

45. This Act shall come into operation on a date to be fixed by Proclamation.

FIRST SCHEDULE*(Section 5)**Composition and Management of the Barbados Medicinal Cannabis Licensing Board***Appointment of members**

- 1.(1) The Board shall comprise 7 members appointed by the Minister by instrument in writing.
- (2) The Minister shall appoint as members of the Board persons from
- (a) any of the following disciplines:
 - (i) banking;
 - (ii) sociology;
 - (iii) agriculture;
 - (iv) pharmacology; or
 - (v) medicine; and
 - (b) from the members of the Clergy, staff of the University of the West Indies, or members of youth organizations.
- (3) A member shall, subject to the provisions of this *Schedule*,
- (a) hold office for a term not exceeding 3 years; and
 - (b) be eligible for reappointment.

Chairman

2. The Minister shall appoint a member to be Chairman.

Resignation

3.(1) The Chairman may resign his office by instrument in writing addressed to the Minister.

(2) A member, other than the Chairman, may resign his office by instrument in writing addressed to the Chairman, who shall forthwith forward the instrument to the Minister.

(3) A resignation takes effect from the date on which the Minister receives the instrument.

Temporary leave of absence

4. The Minister may, in writing, grant a leave of absence to a member.

Temporary appointment

5. Where a member is, or is likely to be, unable to perform the functions of his office for more than 30 days, whether as a result of absence from Barbados, illness or other cause or reason, the Minister may appoint a person to act in the place of the member.

Revocation of appointment

6. The Minister shall revoke the appointment of a member who

- (a) fails to carry out any of his functions under this Act;
 - (b) becomes of unsound mind or becomes permanently unable to perform his functions by reason of ill health;
 - (c) is convicted of an offence involving fraud or dishonesty or, in the case of any other offence, is sentenced to a term of imprisonment;
 - (d) is guilty of serious misconduct in relation to his functions;
 - (e) is bankrupt or compounds with or suspends payment to his creditors;
- or

- (f) fails to declare his interest in a matter before the Board as required by this Act.

Vacancies

- 7.(1) A vacancy in the membership of the Board arises on
- (a) the death or resignation of a member;
 - (b) the revocation of the appointment of a member; or
 - (c) the absence of a member from 4 consecutive meetings of the Board without the approval of the Minister.
- (2) A person who is appointed to fill a vacancy referred to in sub-paragraph (1) shall hold office only for the unexpired portion of the term of the former member.

Disqualification of a member

8. A person who
- (a) is a member of Parliament;
 - (b) is a public officer; or
 - (c) were he a member, would have to be removed from office pursuant to paragraph 6.

is not eligible to be a member.

Gazetting of appointments

9. The appointment, resignation, death or removal from office of a member shall be published in the *Official Gazette*.

Seal and execution of documents

10.(1) The seal of the Authority shall be

- (a)* kept in the custody of the Chairman, or the person performing the functions of secretary to the Board and may be affixed to documents or instruments pursuant to a resolution of the Board, in the presence of any 2 of the persons referred to in this sub-paragraph; and
 - (b)* authenticated by the signature of the Chairman or the person performing the functions of secretary to the Board.
- (2) All documents or instruments made by the Board, other than those required by law to be under seal, and all decisions of the Board shall be signified under the hand of the Chairman, or the person performing the functions of secretary to the Board.

Committees

11.(1) The Board may appoint committees of its members or other persons to assist it with the proper discharge of its functions.

- (2) Where a person who is not a member of the Board is appointed to a committee, the Board may, with the approval of the Minister, determine the remuneration and allowances to be paid to the person.

Meetings

12.(1) The Board shall meet as often as may be necessary or expedient for the transaction of its business and such meetings shall be held at such places and times and on such days as the Board may determine.

- (2) The Chairman, or in the event of his absence from Barbados or inability to act as such, the person acting as Chairman, may at any time call a special meeting of the Board and shall call such a meeting within 7 days of the receipt by him of a request for the purpose addressed to him in writing and signed by not less than 3 members.

- (3) The Chairman, or in his absence, the person acting as Chairman, shall preside at all meetings of the Board.
- (4) Where the Chairman is absent from a meeting, the members present shall elect a member from among their number to preside at the meeting.
- (5) Five members shall constitute a quorum.
- (6) The decisions of the Board shall be by a majority of votes and in a case where the voting is equal, the Chairman or other person presiding at the meeting shall, in addition to an original vote, have a casting vote.
- (7) Minutes of each meeting shall be kept by the person performing the functions of secretary to the Board or by such other officer as the Board appoints for the purpose and shall be confirmed by the Board and signed by the Chairman at the next meeting of the Board.

Attendance of non-members at meetings

- 13. The Board may invite any person to attend any of its meetings to assist or advise it with respect to any matter under its consideration, but a person so invited does not have a right to vote.

Board may regulate proceedings

- 14. Subject to the provisions of this *First Schedule*, the Board may regulate its own proceedings.

SECOND SCHEDULE

(Section 38(2))

Barbados Medicinal Cannabis Appeals Tribunal

Appointment of members

- 1.(1) The Minister shall by an instrument in writing appoint 3 persons to be to be members of the Barbados Medicinal Cannabis Appeals Tribunal, hereinafter referred to as the Tribunal.
- (2) One of the members appointed pursuant to paragraph (1) shall be an attorney-at-law of at least 10 years standing.
- (3) The other 2 members shall be persons who in the opinion of the Minister, have such expertise as may be required for the discharge of the functions of the Tribunal.
- (4) A member of the Tribunal shall
 - (a) hold office for a term not exceeding 3 years; and
 - (b) be eligible for reappointment.

Resignation, temporary absence and disqualification

2. Paragraphs 3 to 9 of the *First Schedule* apply to a member of the Tribunal as those paragraphs apply to a member of the Board.

Institution of appeal

- 3.(1) An appeal to the Tribunal shall be instituted by filing with the Tribunal, within such time as may be stipulated in the relevant specified enactment, a notice of appeal together with such copies thereof as the Tribunal may require, and the notice shall state the precise grounds of appeal.

(2) The Chairman of the Tribunal shall set the place, date and time for the hearing of the appeal and shall notify the parties of the place, date and time at least 7 days before the date set for the hearing.

Procedure on appeal

4.(1) The appeal shall be held *in camera* and

(a) the parties may appear in person or may be represented by an attorney-at-law or an agent; and

(b) the onus of proof is on the appellant.

(2) An appeal may be heard in the absence of a party who has been given reasonable notice in writing to attend.

(3) In determining the appeal, the Tribunal may review the whole case in respect of the law and fact, exercise any discretion, and shall determine the case in accordance with its own judgment.

(4) In the case of a difference of opinion among members sitting together, the opinion of the majority shall prevail, and in case of an equality of numbers, the opinion of the Chairman shall prevail.

(5) Notwithstanding sub-paragraph (4), where the question to be determined is one of law, account shall not be taken of the opinion of a member who is not an attorney-at-law.

Powers of Tribunal

5.(1) The Tribunal

(a) may

(i) issue subpoenas,

(ii) make orders and give directions to such persons in such manner as it thinks fit

(A) for the purpose of summoning witnesses;

- (B) for requiring the disclosure of documents or other evidence;
 - (C) for requiring parties or witnesses to answer questions;
 - (D) for the purpose of conducting its proceedings in a proper and orderly manner;
- (b) may, consult any person having experience in any relevant field in order to assist it with a matter; and
- (c) shall, with respect to the attendance and examination of witnesses, the production and inspection of documents and all other matters necessary for the exercise of its jurisdiction, have all such powers as are vested in a magistrate's court in an action in that court.
- (2) In the hearing and determination of any matter before it, the Tribunal
- (a) may act without regard to technicalities and legal form;
 - (b) shall not be bound to follow the rules of evidence stipulated in the *Evidence Act*, Cap. 121;
 - (c) may inform itself on any matter in such manner as it thinks just; and
 - (d) may take into account opinion evidence and such facts as it considers relevant and material.

but in any such case, the parties to the proceedings shall be given the opportunity, if they so desire, of adducing evidence.

Decisions of Tribunal

6.(1) The decision of the Tribunal shall be in writing and shall include reasons for the decision, a statement of the Tribunal's findings on material questions of fact and a reference to the evidence or other material on which the findings are based.

(2) The Tribunal shall ensure that the decision is served on each party to the proceedings.

Meetings of Tribunal

7. Subject to this *Second Schedule*, the Tribunal may regulate its own procedure.

THIRD SCHEDULE*(Section 43)**Consequential Amendments***Enactment**

*Drug Abuse (Prevention and Control) Act,
Cap. 131*

Amendment

Section 2 is amended by

(a) deleting the definition of cannabis and substituting the following:

“cannabis” means any plant of the genus Cannabis from which the resin has not been separated and includes any part of that plant by whatever name it may be designated but does not include medicinal cannabis;” and

(b) inserting the following definition in the appropriate alphabetical order:

“medicinal cannabis” has the meaning assigned to it by section 2 of the *Medicinal Cannabis Industry Act, 2019 (Act 2019-)*;

*Customs (List of Prohibited and Restricted Imports and Export) Order, 2009
(S.I. 2009 No. 127)*

Paragraph 2 of Part II of the *First Schedule* is deleted and the following is substituted:

“ Cannabis Satvia etc.

2. *Cannabis sativa* (know as Indian hemp or bhang), *Cannabis indica*, or any preparation or mixture thereof, except

(a) under a licence issued by the Chief Medical Officer; or

(b) in accordance with the provisions of *Medicinal Cannabis Industry Act, 2019*.

MEDICINAL CANNABIS INDUSTRY BILL, 2019

EXPLANATORY MEMORANDUM

The This Bill would provide for

- (a) the regulation of the handling of medicinal cannabis in Barbados;
- (b) the establishment of the Barbados Medicinal Cannabis Licensing Authority, the Barbados Medicinal Cannabis Licensing Board, and the Barbados Medicinal Cannabis Appeals Tribunal;
- (c) the issuing of licences for the handling of medicinal cannabis; and
- (d) related matters.

PART IPRELIMINARY

- Clause 1:** provides a short tile for citing the Act.
- Clause 2:** defines certain words which are to guide the interpretation of the Act.

PART II: BARBADOS MEDICINAL CANNABIS AUTHORITY

- Clause 3:** establishes the Authority as a statutory corporation to facilitate the regulation and building of a medicinal cannabis industry in Barbados.
- Clause 4:** states the functions of the Authority.

- Clause 5:** provides a Board appointed by the Minister to manage the Authority.
- Clause 6:** states the functions of the Board.
- Clause 7:** provides for the Board to delegate certain functions to the Chief Executive Officer of the Authority.
- Clause 8:** provides for members of the Board to disclose their interest in any contractual or related matter which falls to be considered by the Board and where such a disclosure is made that Board member cannot participate in the deliberation or the decision taken by the Board.
- Clause 9:** makes provision for the Minister to request written information on the operation of the Authority and to give direction where this is required in the public interest, so the Minister can ensure that the Authority is acting in the best interest of the citizens of Barbados.
- Clause 10:** provides for the Board to keep the Minister up to date on how the Authority is functioning;
- Clause 11:** provides for a chief Executive Officer to manage the day to day operations of the Authority, and for the Authority to have the staff it will need.
- Clause 12:** provides for public servants to be seconded to the Authority if this is necessary.
- Clause 13:** makes it clear that the Board cannot vary the remuneration paid under the Act.

- Clause 14:** states the functions of the Chief Executive Officer.
- Clause 15:** imposes a strict duty of secrecy and confidentiality on the staff and people involved with the Board or the Authority.
- Clause 16:** offers protection from personal liability for the staff of the Authority or members of the Board or Tribunal.
- Clause 17:** states how the Authority is to be funded.
- Clause 18:** provides a limitation on the statutory powers of the Authority, as the Authority can only borrow money with the approval of the Minister.
- Clause 19:** provides for the Government to guarantee loans where this is required.
- Clause 20:** requires that the Authority keeps proper accounts.
- Clause 21:** requires the submission of monthly statements to the Accountant- General.
- Clause 22:** provides for Auditor-General to be the auditor of the Authority.
- Clause 23:** provides for the Authority and the Board to be subject to the *Public Finance Management Act, 2019*.
- Clause 24:** requires the Board to submit annual report giving a detailed assessment on how the Authority functioned over the year.

PART III: ACCESS TO MEDICINAL CANNABIS

- Clause 25:** provides for the use of medicinal cannabis under a strict regime which will be fully prescribed in regulations.
- Clause 26:** restricts the amount of medicinal cannabis a patient may have at one time.
- Clause 27:** provides for the medical practitioner to keep medical records of all patients given medicinal cannabis so they can be properly monitored. This information is usually kept by a medical practitioner and shall remain confidential but the Authority will be entitled to statistical information which does not identify a patient beyond usage of medicinal cannabis, impact of the usage medicinal cannabis, condition and gender.
- Clause 28:** provides for caregivers, as many patients may not be able to get their medication on their own. It also provides for the regulation of the kind of person who can be a caregiver to reduce the likelihood of patient not receiving their medication and necessary care.
- Clause 29:** provides for the manner by which medicinal cannabis will be dispensed, and this will be by pharmacy or therapeutic facility and provides for the kind of information which must accompany medicinal cannabis issues to a patient.

PART IV: LICENSING THE SUPPLY OF MEDICINAL CANNABIS

- Clause 30:** gives the categories of licences which will exist in the industry.
- Clause 31:** gives details about each type of licence and makes it clear that a single person may have multiple licences to build their business.
- Clause 32:** makes provision for the kind of person who can apply for a licence.
- Clause 33:** provides for conditions to attached to licences where this may be required.
- Clause 34:** provides for the duration of each kind of licence and makes it clear that renewal is not automatic so that the performance of the person granted the licence can be assessed. This does not alter the usual renewal procedure or business productivity or growth but serves as a form of legal notification to prevent a person developing a legitimate expectation or proprietary right to renewal which can create legal complications in event that a person is a person whose licence should not be renewed because that person is in contravention of the Act or in breach of the granted licence.
- Clause 35:** makes it an offence to be involved in the medicinal cannabis industry without a licence.
- Clause 36:** provides for suspension or revocation of a licence where this may be necessary.
- Clause 37:** makes a declaration that a person acting under this Act or under a licence issued thereunder is not subject to criminal liability for the authorised activities under the Act.

PART V: BARBADOS MEDICINAL CANNABIS APPEALS TRIBUNAL

- Clause 38:** establishes a Tribunal to hear matters under the Act.
Clause 39: outlines the basic procedure for going before the Tribunal.

PART VI: OFFENCES

- Clause 40:** provides for certain general offences.
Clause 41: provides the penalty for these general offences.

PART VI: MISCELLANEOUS

- Clause 42:** provides for detailed regulations to be made to ensure proper regulation of the use of medicinal cannabis.
Clause 43: provides for the *Schedules* to be amended by order.
Clause 44: provides for consequential amendments.
Clause 45: provides for the Act come into operation on a date to be fixed by Proclamation.

MINUTES



' B

**PARLIAMENT OF BARBADOS
(FIRST SESSSION OF 2018 – 2023)**

**JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL, 2019**

Minutes of the First Meeting of the Joint Select Committee on the Medicinal Cannabis Industry Bill, 2019 held in the Marigold Room, Lloyd Erskine Sandiford Centre, Two Mile Hill, St. Michael on Tuesday 10th September, 2019 at 10:00 a.m.

PRESENT WERE:

Hon. Indar A. Weir, M.P. (Chairman)

Hon. Dale D. Marshall, Q.C, M.P.

Senator Dr. Crystal K. M. Haynes

Lt. Col. Hon. Jeffrey D. Bostic, M.P.

Senator Caswell A. Franklyn, J.P.

Senator Mr. Christopher A. Maynard

Bishop Joseph J. S. Atherley, J.P., M.P .

His. Hon. Senator Rudolph N. Greenidge

Hon. Edmund G. Hinkson, M.P.

Hon. Adrian R. Forde, M.P.

Dr. Sonia E. Browne, M.P.

EXCUSE FOR LATENESS WAS RECEIVED ON BEHALF OF:

Dr. Sonia E. Browne, M.P.

IN ATTENDANCE WERE:

Mr. Pedro Eastmond, Clerk of Parliament

Ms. Beverley S. Gibbons, Deputy Clerk of Parliament

Miss Suzanne Hamblin, Library Assistant, Procedural Officer to the
Committee (Ag.)

Mrs. Joelle St. John, Senior Parliamentary Counsel, Chief Parliamentary
Counsel's Office

Ms. Anika Jackson, Principal Crown Counsel, Solicitor General's Chambers,
Office of the Attorney General (Special Assignment – Ministry of
Agriculture)

Ms. Nicole Thompson, Special Adviser to the Attorney General, Office of the
Attorney General

Mr. Terry Bascombe, Permanent Secretary, Ministry of Agriculture and
Food Security

Mrs. Suzette Edey-Babb, Chief Economist, Ministry of Agriculture and Food
Security

Dr. Damian Cohall, Deputy Dean (Pre-Clinical), University of the West
Indies, Senior Pharmacologist

Item 1: Appointment of Chairman

The Clerk called the meeting to order at 10:14 a.m. and stated that as required by the Standing Orders, permission for the Joint Select Committee meeting was given by the House of Assembly to meet outside the precincts of Parliament.

On the motion of Lt. Col. Hon. Jeffrey D. Bostic, seconded by Bishop Joseph J. S. Atherley, Hon. Indar A. Weir was appointed Chairman.

Hon. Indar A. Weir assumed the Chair.

The Chairman requested the appointment of a Deputy Chairman and on the motion of Hon. Dale D. Marshall, seconded by Senator Christopher A. Maynard, Lt. Col. Hon. Jeffrey D. Bostic was appointed Deputy Chairman.

Item 2: **Welcome**

The Chairman welcomed all those present to the Joint Select Committee (JSC) meeting.

Item 3: **Quorum**

The Chairman stated that a recommended quorum was five persons. Senator Caswell A. Franklyn raised the issue that six (6) Members from the Senate constituted the JSC pursuant to Standing Order 67(1) of The Honourable the Senate. A discussion ensued as to the composition of the JSC. The Committee agreed with the position of Hon. Dale D. Marshall and the Clerk that the JSC was properly constituted.

On the motion of Hon. Dale D. Marshall, seconded by Lt. Col. Hon. Jeffrey D. Bostic the JSC resolved that five (5) persons constituted the quorum.

Item 4: Technical Support

The Chairman informed the meeting that the technical support would be provided by Mrs. Joelle St. John, Senior Parliamentary Counsel, Chief Parliamentary Counsel Office and Ms. Anika Jackson, Principal Crown Counsel, Attorney General Office.

Item 5: Procedure

The Committee agreed that despite the Clerk sending out a public announcement *via* the Government Information Service prior to the meeting, another advertisement should be published requesting the public to make written submissions and/or to make oral presentations to the JSC.

It was proposed that the following persons and organisations should be invited by the Clerk to submit written submissions and/or to make oral presentations:

- i) Ichirouganaim Council for the Advancement of Rastafari (ICAR) – Mr. Peter “Adonijah” Alleyne
- ii) Barbados Pharmacy Council
- iii) Barbados Bankers Association – Ms. Donna Wellington
- iv) Barbados Medical Council
- v) Barbados Agricultural Society
- vi) Barbados Association of Retired Persons (BARP)
- vii) Barbados Council for the Disabled
- viii) Barbados Evangelical Association – Dr. Nigel Taylor

- ix) Barbados Muslim Association – Dr. Abdul Mohamed
- x) Pentecostal Assemblies of the West Indies – Rev. Dr. Gerald Seale
- xi) The University of the West Indies (UWI) – Dr. Damian Cohall, Senior Pharmacologist, Chairman of the Barbados Cannabis Licensing Authority
- xii) The Youth Development Council
- xiii) Mr. Douglas Trotman, Attorney-at-Law; and
- xiv) All other interest groups and individuals

On the motion of Bishop Joseph J. S. Atherley, seconded the Lt. Col. Hon. Jeffery D. Bostic, the list of invitees was accepted.

On the motion of Hon. Edmund G. Hinkson, seconded by Hon. Dale D. Marshall, the JSC agreed that the deadline for receipt of the written submissions would be Friday, 20th September, 2019 and that each presentation would be no more than fifteen (15) minutes and followed up with a fifteen (15) minutes question and answer segment.

The Chairman proposed that the proceedings be streamed live on Parliament's website and on YouTube for the benefit of the public. There was no objection, and on the motion of Bishop Joseph J. S. Atherley, seconded by Hon. Adrian R. Forde, that process was accepted.

The Chairman called for a ten (10) minutes break at 11:30 a.m. and on the motion of Hon. Adrian R. Forde, seconded by Hon. Edmund G. Hinkson, the meeting broke for ten (10) minutes.

The Chairman resumed the meeting at 11:52 a.m.

Item 6: Presentations

The Chairman welcomed all those present to the session and acknowledged the presence of the team from the Ministry of Agriculture and Food Security, the Office of the Opposition and the special interest groups.

The Chairman invited the presenters to make their oral presentations.

1. **African Center Charity and African Heritage Foundation – Mr. Paul “Ras Simba” Rock, President and Founder; and Ms. Felicia Holder.**

Mr. Paul “Ras Simba” Rock presented. (Transcript follows)

Ms. Felicia Holder presented. (Transcript follows)

The Chairman thanked both “Ras Simba” and Ms. Holder for their presentations. He opened up the meeting to the question and answer segment. (Transcript follows)

The Chairman sought and obtained leave from the JSC to accept the following contributions from the Floor:

- i) Mr. Justin Dias (Transcript follows)
- ii) Mr. Cyprian Nikita LaTouche (Transcript follows)
- iii) Dr. Ariana Marshall (Transcript follows)
- iv) Dr. Damian Cohall – UWI (Transcript follows)

The Chairman proposed to continue with the oral presentations.

- 2. **Barbados Association of Medical Practitioners (BAMP) – Dr. P. Abdon DaSilva – President** presented. (Transcript follows)

The Chairman thanked Dr. DaSilva for his presentation and extended an invitation to him or a representative of BAMP to return to make a more detailed presentation for the benefit of the JSC.

With the leave of the JSC, the Chairman accepted a contribution from the Floor:

- i) Ms. Efuru Gooding. (Transcript follows)

The Chairman thanked Ms. Gooding for her contribution.

SUSPENSION

The Chairman suspended the meeting for fifteen (15) minutes at 2:00 p.m.

RESUMPTION

The Chairman resumed the meeting at 2:40 p.m.

The Chairman proposed to continue with the oral presentations.

3. The Barbados Bar Association – Ms. Kaye Williams, Convener, Ms. Tammy Pilgrim and Mr. Leslie Roberts, Law Reform Committee

- i) Ms. Tammy Pilgrim presented on the following issues:-
 - Who qualifies as a “patient” for the use under the Legislation?; and
 - Access to medicinal cannabis by “young persons” as defined in the Bill and certain exceptions (Transcript follows)

- ii) Mr. Leslie Roberts presented on the following issue:-
 - Eligibility to apply for a licence under the Bill. (Transcript follows)

- iii) Ms. Tammy Pilgrim presented on the following issues:-
 - The term “Caregivers”
 - The basis for the recommendation under the Bill through a medical practitioner *via* prescription or a “recommendation”(Clause 29); and
 - The Regulations Clause (Clause 42). (Transcript follows)

The Committee agreed to accept Ms. Pilgrim’s recommendation to reappear for consideration of their full Report.

The Chairman opened up the matter to the JSC and to the Floor for discussion.

Dr. Kenneth Connell, Lecturer, UWI, Chairman, Drug and Therapeutics Committee, Ministry of Health and Wellness commented on the issue of “recommendation” or by prescription (Clause 29). (Transcript follows)

Hon. Dale D. Marshall spoke on the matter of the Regulations (Clause 42). (Transcript follows)

The Chairman stated that attention would be paid to the recommendations given on the Regulations.

With leave of the JSC the Chairman received the following comments from the Floor:

i) Dr. Rose-Ann Blenman – Former Merck Biomedical Scientist raised the following issues:

- The value of the “Big data”
- The Devil is in the details; and
- Let us not go back to Slavery or agricultural colonisation.

(Transcript follows)


The Chairman thanked Dr. Blenman for her presentation.

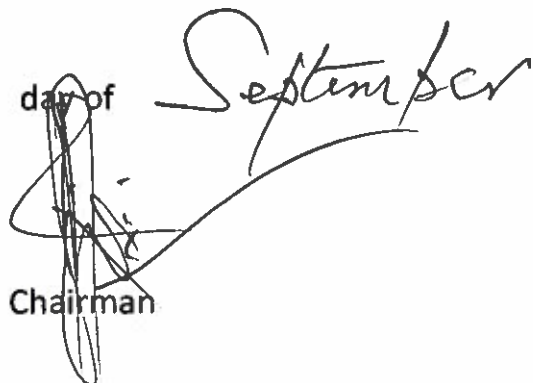
On the motion of Bishop Joseph J. S. Atherley, seconded by Senator Dr. Crystal Haynes, the Committee agreed to accept a formal documentation from Dr. Connell and Dr. Blenman.

Item 7: **ADJOURNMENT**

On the motion of Senator Caswell A. Franklyn, seconded by Dr. Sonia E. Browne the meeting was adjourned to Tuesday, September 24th, 2019 at 10:00 a.m.

There being no other business the Chairman adjourned the meeting accordingly at 5:05 p.m.


Beverley S. Gibbons
Deputy Clerk of Parliament

Confirmed this 27th day of September 2019.

Chairman

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**PARLIAMENT OF BARBADOS
(FIRST SESSSION OF 2018 – 2023)**

**JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL, 2019**

Minutes of the Second Meeting of the Joint Select Committee on the Medicinal Cannabis Industry Bill, 2019 held in the Marigold Room, Lloyd Erskine Sandiford Centre, Two Mile Hill, St. Michael on Tuesday 24th September, 2019 at 10:00 a.m.

PRESENT WERE:

Hon. Indar A. Weir, M.P. (Chairman)

Hon. Dale D. Marshall, Q.C, M.P.

Senator Dr. Crystal K. M. Haynes

Hon. Adrian R. Forde, M.P.

Senator Caswell A. Franklyn, J.P.

Bishop Joseph J. S. Atherley, J.P., M.P .

His. Hon. Senator Rudolph N. Greenidge

Hon. Edmund G. Hinkson, M.P.

Dr. Sonia E. Browne, M.P.

EXCUSES FOR ABSENCE WERE RECEIVED ON BEHALF OF

Lt. Col. Hon. Jeffrey D. Bostic, M.P.

Senator Mr. Christopher A. Maynard

IN ATTENDANCE WERE:

Mr. Pedro Eastmond, Clerk of Parliament

Ms. Beverley S. Gibbons, Deputy Clerk of Parliament

Miss Suzanne Hamblin, Library Assistant, Procedural Officer to the
Committee (Ag.)

Mrs. Joelle St. John, Senior Parliamentary Counsel, Chief Parliamentary
Counsel's Office, Office of the Attorney General

Ms. Anika Jackson, Principal Crown Counsel, Solicitor General's Chambers,
Office of the Attorney General (Special Assignment – Ministry of
Agriculture)

Ms. Nicole Thompson, Special Adviser to the Attorney General, Office of the
Attorney General

Mr. Terry Bascombe, Permanent Secretary, Ministry of Agriculture and
Food Security

Item 1: Welcome

The Chairman called the meeting to order at 10:17 a.m. and welcomed all
back to the Joint Select Committee (JSC) Meeting.

Item 2: Minutes of the Meeting of Tuesday, 10th September, 2019

Senator Caswell A. Franklyn raised an issue regarding a presenter at the
first Meeting of the JSC with the Chairman. A discussion ensued and the Clerk

advised the Committee that once the transcript was available that issue would be resolved.

On the motion of Hon. Adrian R. Forde, seconded by Senator Dr. Crystal Haynes, the Minutes of the Meeting of Tuesday, 10th September, 2019 were deferred.

Item 3: Matters Arising

There were no matters arising.

Item 4: Oral Submissions

The Chairman welcomed the Press and the public to the JSC meeting and invited the presenters to make their presentations.

- 1. People's Party for Democracy and Development (PDP) – Mr. Paul Gibson, Member presented. (Transcript Follows)**

The Chairman thanked Mr. Gibson for his presentation and opened up the meeting to the question and answer segment. (Transcript follows)

The Chairman proposed to take a ten (10) minutes break and at 12:00 p.m. the meeting broke for ten (10) minutes.

RESUMPTION

On resumption the Chairman resumed the meeting at 12:25 p.m.

The Chairman continued with the oral presentations.

- 2. Ichirouganaim Council for the Advancement of Rastafari (ICAR) – Mr. Peter “Adonijah” Alleyne presented. (Transcript follows)**

The Chairman thanked “Adonijah” for his detailed and provocative presentation. He proceeded to the question and answer segment. (Transcript follows)

The Chairman sought and obtained leave from the JSC to accept contributions from the Floor:

- i) Mr. Wallace Cyrus (Transcript follows)
- ii) “Ras Iralph” (ICAR Member) (Transcript follows)
- iii) Ms. Felicia Holder (appeared in her individual capacity) (Transcript follows); and
- iv) Mr. Steve Reid (ICAR Member) (Transcript follows)

The Chairman continued with the oral presentations.

- 3. Dr. Damian Cohall, PHD, Senior Lecturer in Pharmacology, Deputy Dean – Pre-Clinical Sciences, University of the West Indies (UWI)**

The Chairman thanked Dr. Cohall for his well-structured, highly professional and detailed presentation. He opened up the meeting to the question and answer segment. (Transcript follows)

The Chairman sought and obtained leave to accept contributions from the Floor.

- i) Ms. Felicia Holder (Transcript follows)

The Chairman continued with the oral presentations.

- 4. The Barbados Pharmaceutical Society -- Ms. Marina Gooding, President presented. (Transcript follows)**

The Chairman thanked Ms. Gooding for her presentation and reiterated the respective responsibilities of the Ministry of Health and Wellness and the Ministry of Agriculture and Food Security, respectively. He opened up the meeting to the question and answer segment. (Transcript follows)

The Chairman sought and obtained leave to accept contributions from the Floor.

- i) Mr. Paul Gibson (Transcript follows)

The Chairman continued with the oral presentations.

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5. **Mr. Douglas Trotman, Attorney-at-Law** presented. (Transcript follows)

The Chairman thanked Mr. Trotman for his honest and direct presentation and proceeded to the question and answer segment. (Transcript follows)

6. **Mr. C. Wallace Cyrus** presented. (Transcript follows)

The Chairman thanked Mr. Cyrus for his presentation and proceeded to the question and answer segment. (Transcript follows)

7. **Mr. Cyprian N. LaTouche** presented. (Transcript follows)

The Chairman thanked Mr. LaTouche for his presentation and opened up the meeting to the question and answer segment. (Transcript follows)

That concluded the JSC's hearing of the oral presentations.

Item 5: **Consideration of Written Submissions**

The JSC did not considered any written submissions.

Item 6: **Any other Business**


The Committee agreed that the next session would be a closed one to the public to consider the written submissions, the presentations which were made

and to examine the contents of the Bill. However, the written submissions would be posted on the Parliament's website.

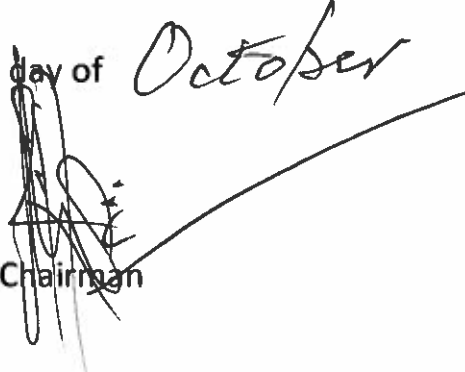
Item 7: Adjournment

The Chairman proposed to adjourn the meeting to Friday, September 27th, 2019 at 1:00 p.m.

There being no objection nor other business, the Chairman adjourned the meeting accordingly at 6:25 p.m.


Beverley S. Gibbons
Deputy Clerk of Parliament

Confirmed this 15th day of October 2019.


Chairman



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**PARLIAMENT OF BARBADOS
(FIRST SESSION OF 2018 – 2023)**

**JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL, 2019**

Minutes of the Third Meeting of the Joint Select Committee on the Medicinal Cannabis Industry Bill, 2019 held in the Marigold Room, Lloyd Erskine Sandiford Centre, Two Mile Hill, St. Michael on Friday, 27th September, 2019 at 1:00 pm.

PRESENT WERE:

Hon. Indar A. Weir, M.P. (Chairman)

Hon. Dale D. Marshall, Q.C, M.P.

Senator Dr. Crystal K. M. Haynes

Senator Mr. Christopher Maynard

Hon. Adrian R. Forde, M.P.

His. Hon. Senator Rudolph N. Greenidge

Hon. Edmund G. Hinkson, M.P.

Hon. Trevor A. Prescod, J.P., M.P.

IN ATTENDANCE WERE:

Mr. Pedro Eastmond, Clerk of Parliament

Ms. Beverley S. Gibbons, Deputy Clerk of Parliament

Miss Suzanne Hamblin, Library Assistant, Procedural Officer to the Committee (Ag.)

Mrs. Joelle St. John, Senior Parliamentary Counsel, Chief Parliamentary Counsel's Office, Office of the Attorney General

Ms. Anika Jackson, Principal Crown Counsel, Solicitor General's Chambers, Office of the Attorney General, (Special Assignment – Ministry of Agriculture)

Ms. Nicole Thompson, Special Adviser to the Attorney General, Office of the Attorney General

Item 1: Welcome

The Chairman called the Meeting to order at 1:40 p.m. and welcomed all to the Joint Select Committee (JSC) meeting.

Item 2: Minutes of the Meeting of Tuesday, 10th September, 2019

On the motion of His Hon. Senator Rudolph N. Greenidge, seconded by Hon. Dale D. Marshall the Minutes of the meeting of Tuesday, 10th September, 2019 were taken as read.

On the motion of Hon. Edmund G. Hinkson, seconded by His Hon. Senator Rudolph N. Greenidge the Minutes were confirmed as amended.

Item 3: Matters Arising

There were no matters arising.

Item 4: **Consideration of Written Submissions**

The Chairman began with the following written submissions:

1. **Barbados Association of Medical Practitioners (BAMP) – Dr. P. Abdon DaSilva, President**

The Committee agreed that there were no major variations to what was presented.

On the discussion of the definition of *“medical cannabis”* within the Bill, an issue arose as to the person dispensing it and where. Hon. Dale D. Marshall examined Clause 29.(1):

“A pharmacist or authorised personnel under the supervision of a pharmacist in a pharmacy or a pharmacist or authorised personnel under supervision of a pharmacist in a therapeutic facility may dispense medicinal cannabis to a patient and where applicable, to a caregiver for a patient.”

The Committee agreed that *“authorised personnel”* would be deleted and expressed that the only person who shall dispense medicinal cannabis in a therapeutic facility is a pharmacist, or by a graduate pharmacist or an intern pharmacist under the supervision of a pharmacist. Clause 29 would be redrafted by Mrs. St. John.

Hon. Dale D. Marshall referred Mrs. St. John to Section 27.(1) of the Pharmacy Act, Cap. 327D:

“No person shall compound, dispense or sell by wholesale or retail any drug unless the following requirements are complied with

- (a) the compounding, dispensing or selling by retail of the drugs set out in the *Second Schedule* shall be done,
 - (i) by a pharmacist, or
 - (ii) by a graduate pharmacist or an intern pharmacist under the supervision of a pharmacist on premises registered under section 16 ...”

He suggested that she incorporate the intent of Section 27.(1) to the definition of **“Pharmacist”** in the Bill.

The Committee addressed the definition of **“premises”**. **““Premises” mean any land or building as well as any vehicle or receptacle located on such land or in any such building.”** It was agreed that it would be adjusted and defined in the Regulations by Mrs. St. John.

The Committee addressed the term **“recommendation”** and agreed that it would be kept.

2. African Center Charity and African Heritage Foundation – Mr. Paul “Ras Simba” Rock and Ms. Felicia Holder

The Chairman stated that the submission did not fit within the scope of the Medicinal Cannabis Bill. However, Hon. Dale D. Marshall made referenced to “Ras Simba’s” suggestion that the restriction of preventing people who had a criminal record from getting involved in the industry was limiting. The Committee agreed with Hon. Marshall’s proposal to expand the range of offences and the categories for which expungements would be granted.

Mrs. St. John would review Clause 32.(3) which states that, ***“A person who has been convicted of an indictable offence under ...”*** and establish which offences should not be considered.

3. People’s Party for Democracy and Development (PDP)

The Committee agreed that most of what was contained in the submission was presented by Mr. Paul Gibson.

4. Pentecostal Assemblies of the West Indies (PAWI) (Barbados District) – Rev. Dr. Gerald Seale

The Chairman agreed with the recommendation that further consultation should be had with the public by way of Town Hall meetings and Focus Group sessions.

The Chairman also agreed with PAWI's recommendation at paragraph 7 relative to the composition of the Board:

"We note that under the First Schedule, Appointment of members, 1.(1) that the **"Board shall comprise 7 members"** ... We respectfully recommend that there be 8 members and the Permanent Secretary in the Ministry of Health or his/her nominee be included ..."

The Committee agreed that representatives from the Ministry of Health and Wellness and the Ministry of Agriculture and Food Security should sit on the Board *ex officio*, to offer advice and guidance but with no voting right.

5. The Barbados Council for the Disabled

The Committee agreed that the recommendations did not lead to any amendments to the Bill.

6. The Pharmacy Council

Senator Mr. Christopher Maynard raised a concern under the heading **"Comments on the Medicinal Cannabis Bill, 2019"**: "1. Current practice dictates that a substance which is categorised as a 'controlled drug', should fall under the ambit of the Ministry of Health and Wellness ..." He recommended a system for reporting adverse reactions. Hon. Dale

D. Marshall agreed and instructed Mrs. St. John to include in the Bill that the Authority shall share with the Ministry of Health such information as the Minister of Health may require of them.

7. Barbados Bankers Association Inc.

Hon. Dale D. Marshall stated that their submission was nothing which informed the Bill and it was over and above what the Committee was currently doing. It basically had to do with the acceptability of the money supply and the money receipts.

8. Dr. Harley Moseley

Under the heading **“Inadequate representation of key stakeholders on proposed board”**, Dr. Moseley recommended that the Minister should include Nursing and Psychology.

Senator Mr. Christopher Maynard agreed with the recommendation and proposed that a nurse from the Barbados Registered Nurses Association be appointed to the Board.

However, Mrs. St. John pointed out the use of **“Committees”** under the First Schedule of the Bill at paragraph 11.(1), *“The Board may appoint committees of its members or other persons to assist it with the proper discharge of its functions.”* This settled Senator Maynard’s proposal.

Under the heading **“Appropriate use of terminology”** it was recommended that the term **“addiction”** was no longer considered appropriate in medical literature as it lacked precision and was replaced by the term **“Substance Use Disorder”**.

The Committee agreed that **“dependent on”** would replace the term **“addicted”** used in the Bill.

9. Dr. Damian Cohall

The Chairman stated that his submission and presentation were very comprehensive and he basically supported the Bill.

10. National Council on Substance Abuse (NCSA)

The Chairman stated that NCSA’s recommendations generally supported the Bill. The Committee agreed that NCSA would be included as one of the Focus Groups to bring public awareness.

11. Ichirouganaim Council for the Advancement of Rastafari (ICAR) – Mr. Peter “Adonijah” Alleyne

Hon. Trevor A. Prescod raised an issue re ICAR’s presentation. The Committee agreed that ICAR’s written submission was based on their presentation and need not be reviewed.

Item 5: Examination of the Bill

Hon. Trevor A. Prescod proposed that the Committee delay the examination of the Bill and suggested that another meeting should take place for other persons to present. His position was that rather than being hasty and making the required amendments to the Bill each member should reflect and analyse the written submissions and the transcripts of the oral presentations.

A discussion ensued and the Committee agreed with the process at this stage and would proceed with the examination of the Bill.

Item 6: Any other Business

There was none.

Item 7: Adjournment

On the motion of Hon. Trevor A. Prescod, seconded by Senator Mr. Christopher Maynard the meeting was adjourned to Tuesday, 1st October, 2019 at 2:00 p.m. with a venue to be confirmed.

There being no other business the Chairman adjourned the meeting accordingly at 5:30 p.m.



Beverley S. Gibbons

Deputy Clerk of Parliament

Confirmed this

15th

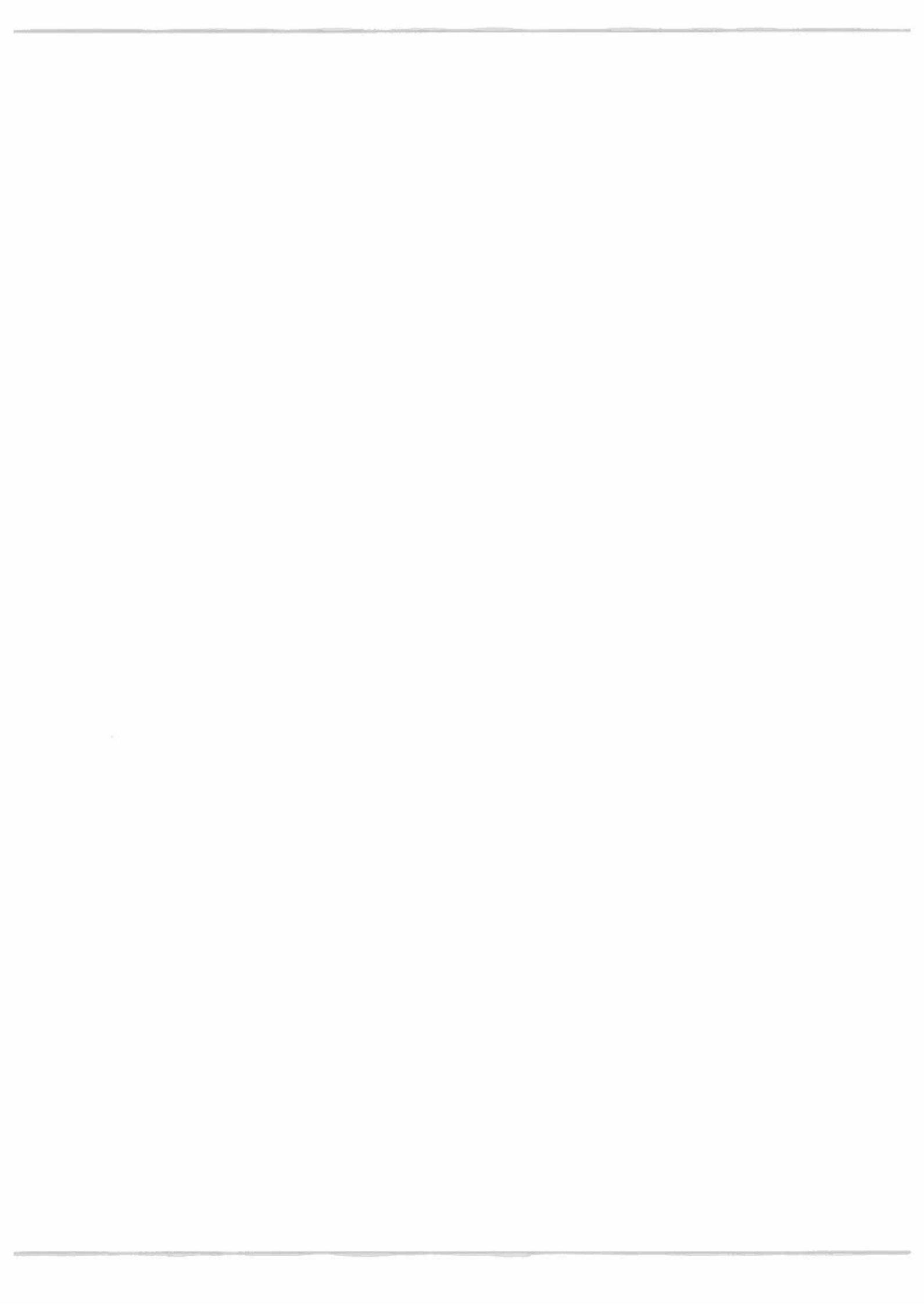
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Chairman



**PARLIAMENT OF BARBADOS
(FIRST SESSSION OF 2018 – 2023)**

**JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL, 2019**

Minutes of the Fourth Meeting of the Joint Select Committee on the Medicinal Cannabis Industry Bill, 2019 held in the Marigold Room, Lloyd Erskine Sandiford Centre, Two Mile Hill, St. Michael on Friday, 27th September, 2019 at 2:00 pm.

PRESENT WERE:

Hon. Indar A. Weir, M.P. (Chairman)

Hon. Dale D. Marshall, Q.C, M.P.

Hon. Edmund G. Hinkson, M.P.

Hon. Adrian R. Forde, M.P.

His Hon. Senator Rudolph N. Greenidge

Senator Caswell A. Franklyn

Dr. Sonia E. Browne

Hon. Trevor A. Prescod, J.P., M.P.

Senator Dr. Crystal K. M. Haynes

Senator Mr. Christopher Maynard

EXCUSE FOR ABSENCE WAS RECEIVED ON BEHALF OF

Lt. Col. Hon. Jeffrey D. Bostic, M.P.

EXCUSES FOR LATENESS WERE RECEIVED ON BEHALF OF:

Senator Dr. Crystal K. M. Haynes

Senator Mr. Christopher Maynard

IN ATTENDANCE WERE:

Mr. Pedro Eastmond, Clerk of Parliament

Ms. Beverley S. Gibbons, Deputy Clerk of Parliament

Miss Suzanne Hamblin, Library Assistant, Procedural Officer to the
Committee (Ag.)

Mrs. Joelle St. John, Senior Parliamentary Counsel, Chief Parliamentary
Counsel's Office, Office of the Attorney General

Ms. Nicole Thompson, Special Adviser to the Attorney General, Office of
the Attorney General

Item 1: Welcome

The Chairman called the meeting to order at 2:14 p.m. and resumed the
Joint Select Committee's (JSC) session.

**Item 2: Minutes of the Meetings of Tuesday, 24th September, 2019 and
Friday, 27th September, 2019**

On the motion of Hon. E. G. Hinkson, seconded by His Hon. Senator R. N.
Greenidge, the Minutes of the Meetings of Tuesday, 24th September, 2019 and
Friday, 27th September, 2019 were deferred.

Item 3: **Examination of Bill**

The Chairman proceeded to examine the Bill Clause by Clause.

PART 1 – PRELIMINARY

Clause 1 (*Short title*); and Clause 2(1) (*Interpretation*):

The Committee was in agreement with the definition of the following terms: "**Authority**", "**analytical services**", and "**Board**".

Issues were raised with the definition of the terms "**cannabis**", "**cannabis material**", and "**cannabis resin**". It was proposed by Hon. Dale D. Marshall that Mrs. St. John follow the same formulation which was adopted in part with "**cannabis resin**". That is, for consistency, "**cannabis**" would be defined by the terms of the Drug Abuse (Prevention and Control) Act, Cap. 131.

The Chairman addressed the issue of the definition of the term "**cannabidiol**" or "**CBD**": "*means a substance found in the cannabis plant which reacts with specific receptors in the human brain and body to give a therapeutic effect*". A discussion ensued and it was decided that Mrs. St. John would remove the words "**a substance**" and replace with the words "**active ingredient**". She would also redraft the definition.

The Committee was in agreement with the definition of the following terms: "**CARICOM Member States**" or "**CARICOM**", "**controlled**

drug”, “cultivation”, “cultivation site”, “dispose”, “document”, “handling”, “harvest”, “licence” and “medical”.

Hon. Dale D. Marshall raised a concern with the definition of the term, **“medicinal cannabis”**: *“means (a) cannabis that is grown and sold pursuant to this Act; (b) seeds, immature plants as well as all parts of the plant, along with resin extracted from any part of the plant; (c) every compound, manufacture, salt, derivative, mixture or preparation from cannabis; or (d) cannabis concentrate;”* It was decided that Mrs. St. John would redraft the entire definition.

The Committee was in agreement with the definition of the following terms: **“medical practitioner”, “Minister”, “minor”, “patient”, “pharmacist”, “pharmacy” and “public officer”.**

The Committee agreed that the definition of the term **“premises”** was dealt with at the last session.

An issue arose as to the definition of the term **“recommendation”**: *“means a written recommendation dispensing cannabis for medical purposes”.* The Committee agreed that Mrs. St. John would remove **“recommendation”** and **“recommended”** and replace with the term **“prescription”**.

The Committee agreed with the definition of the terms ***“tetrahydrocannabinol”*** or ***“THC”*** and ***“Tribunal”***.

The Committee agreed not to remove the definition of ***“therapeutic facility”***. However, Mrs. St. John amended by inserting ***“operated by a person”***. It would now read, ***“therapeutic facility” means a premises operated by a person granted a Retail Distributor Licence to (a) sell, dispense or provide medicinal cannabis prescribed or recommended by a medical practitioner; and (b) provide facilities and other medicinal or therapeutic requirements to allow a patient who has purchased prescribed or recommended medicinal cannabis to use or consume that medicinal cannabis there for therapeutic purposes”***.

On the motion of Hon Edmund G. Hinkson, seconded by Hon. Dale D. Marshall, the definition of ***“therapeutic facility”*** would be kept subject to the amendments and to remove the references to ***“recommended”***.

The question was put and resolved with the Committee divided as follows:

Ayes: Hon. Edmund G. Hinkson, Hon. Dale D. Marshall, His Honour Rudolph N. Greenidge, Senator Dr. Crystal K. M. Haynes, Hon. Trevor A. Prescod, and Hon. Adrian R. Forde.

Noes: Senator Mr. Christopher A. Maynard, Senator Caswell A. Franklyn, and Dr. Sonia E. Browne.

The result of the division was that six (6) Members voted in favour of the motion and three (3) Members voted against. The definition of ***“therapeutic facility”*** was retained.

Hon. Dale D. Marshall discussed the term ***“visitor”***: *“means a person who is (a) a patient (b) is not a resident of Barbados; and is in possession of a prescription or written recommendation from a medical practitioner in respect of medicinal cannabis.”* He proposed to give a statutory exemption contained within the Clause so that the person would establish legitimate possession of medicinal cannabis. Mrs. St. John to redraft the definition.

The Committee discussed the term ***“young person”***: *“means a person who is a patient and who is under the age of 21 years”*. The Committee agreed that the term ***“young person”*** would be removed and retain the term ***“minor”***.

PART II – BARBADOS MEDICINAL CANNABIS AUTHORITY

Clause 3(1) (***Establishment of Authority***) was called with no amendments by the Committee.

A discussion ensued regarding Clause 3(2): *“The Authority is a body corporate to which, subject to section 17, section 21 of the Interpretation Act, Cap.1 applies.* The Committee agreed to remove the words, **“subject to section 17”**. It would now read: *“The Authority is a body corporate to which, section 21 of the Interpretation Act, Cap.1 applies.*

Clause 4(1) (***Functions of the Authority***) sub-paragraphs (a) to (f)(i) and (ii) were called with no amendments by the Committee.

The Committee began to discuss Clause 4(1) sub-paragraph (g): *“with the approval of the Board establish and maintain an electronic register of medical practitioners, patients and caregivers, in accordance with Act and such other registers as may be prescribed.”*

SUSPENSION

The Chairman proposed a ten (10) minutes break. At 4:23 p.m. the meeting broke for ten (10) minutes.

RESUMPTION

The Chairman resumed the meeting at 4:35 p.m.

The Committee continued the discussion on Clause 4(1) sub-paragraph (g). Hon. Dale D. Marshall stated that the first six (6) words

were tautologous and were found in the Chapeaux at sub-paragraph (f). Mrs. St. John would redraft the Clause so that the Ministry of Health and Wellness would be allowed to collect information from any other Ministry for access by the Authority.

Clause 4(1) sub-paragraphs (h) to (k) and Clause 4(2) sub-paragraphs (a) to (d) were called with no amendments by the Committee.

A discussion ensued regarding the term "**Board**" in Clause 5(1) (**Establishment of a Board to manage Authority**). Hon. Dale D. Marshall proposed to make the language simpler by stating that "**the Minister shall appoint a Board of Directors**". The Committee agreed and Mrs. St. John would redraft.

Clause 5(2); Clause 6(1) (**Functions of the Board**), (2) sub-paragraphs (a) to (d); Clause 7(1) (**Board may delegate functions**) (2) sub-paragraphs (a) to (b); Clause 8(1) (**Disclosure of interest**) and (2); Clause 9 (**Report to Minister**); Clause 10 (**Directions of Minister**); Clause 11(1) (**Chief Executive Officer and staff of the Authority**) , (2) sub-paragraphs (a) to (b); Clause 11(3) and (4); Clause 12(1) (**Transfer and secondment of public officers**), (2) sub-paragraphs (a) to (b); Clause 13 (**Limitation on powers of Board**), sub-paragraphs (a) to (c); Clause 14(1) (**Functions of the Chief Executive Officer**) sub-paragraphs (a) to (h) and (2); Clause 15(1) (**Obligation to secrecy**) (2) sub-paragraphs (a) to (c), (3)

and (4); Clause 16 (***Protection from personal liability***); Clause 17(1) (***Funds and resources of the Authority***) sub-paragraphs (a) to (c), and (2); Clause 18 (***Borrowing power***) sub-paragraphs (a) to (b); Clause 19 (***Guarantee of Loans***); Clause 20 (***Accounts***) sub-paragraphs (a) to (b); Clause 21 (***Monthly statements***) sub-paragraphs (a) to (c); Clause 22 (***Audit***) (1) and (2), sub-paragraphs (a) to (c); Clause 23 (***Public Finance Management Act to apply***); Clause 24(1) (***Annual Report to Minister***) sub-paragraphs (a) to (c), and (2) were called with no amendments by the Committee.

PART III – ACCESS TO MEDICINAL CANNABIS

The Committee addressed an issue in Clause 25(1) (***Use of Medicinal Cannabis***): “A person or ***visitor*** shall only use medicinal cannabis where that medicinal cannabis is prescribed by a medical practitioner or required by a recommendation by a medical practitioner.” Mrs. St. John would redraft the provisions in relation to the term “***visitor***” and remove “***visitor***”, and “***recommendation***” from the Clause and all other Clauses.

The Committee addressed “***young person***” in Clause 25(2): “The parent or guardian of a patient who is a minor or ***young person*** must obtain a certificate in writing from a medical practitioner certifying that the use of medicinal cannabis is necessary in the case of that minor or ***young person***, and the parent or guardian shall consent in writing to the

use of medicinal cannabis." Mrs. St. John would remove the term "**young person**".

The Committee addressed the term "**consumes**" in Clause 25(3): "*A person who **consumes** medicinal cannabis without being authorised to use medicinal cannabis by a prescription or recommendation from a medical practitioner is guilty of an offence and is liable on conviction on indictment to a fine of \$100 000 or to imprisonment for a term of 10 years or to both.*" The Committee agreed that Mrs. St. John would amend to expand on the term "**consume**".

The Committee agreed that Clause 26 (**Dose Limitation**); Clause 27(1) to (3); and Clause 28(1) (**Caregivers**), sub-paragraphs (a) to (c) would remain the same except for the removal of the term "**recommendation**" by Mrs. St. John.

In Clause 28(2): "*A **guardian** appointed for a person by the Court under the Mental Health Act, Cap. 45 shall be deemed to be the caregiver of that person.*" The Committee agreed that the term "**guardian**" would be removed and replaced with the term "**receiver**".

In Clause 28(3): "*A parent or legal guardian of a patient who is a minor or **young person** shall be deemed to be the caregiver for that minor or **young person** unless that parent or legal guardian designates another*

*person or a person is designated by an on order the Court.” The term “**young person**” would be removed by Mrs. St. John.*

In Clause 28(4): *“A person who is designated as a caregiver under this Act shall obtain from a medical practitioner a certificate that states that the caregiver is **not addicted** to a controlled drug.”* The Committee had previously agreed to remove the words *“**not addicted**”* and replace with the words *“**not dependent on**”*.

The Committee addressed the issue of a caregiver being *“**under the age of 18**”* in Clause 28(5): *“A person who is **under the age of 18** years shall not be designated as a caregiver.”* It was agreed that *“**under the age 18**”* would remain.

The Committee agreed to remove Clause 28(6): *“A caregiver shall not be a person who has been convicted of an indictable offence under the Drug Abuse (Prevention and Control) Act, Cap. 131”*.

The Committee made no amendments to Clause 28(7).

In Clause 29(1) (***Dispensing of medicinal cannabis***): *“A pharmacist or **authorised personnel** under the supervision of a pharmacist in a pharmacy or a pharmacist or **authorised personnel** under the supervision of a pharmacist in a therapeutic facility may dispense medicinal cannabis to a patient and where applicable, to a caregiver for a patient.”* The

Committee had previously agreed to remove “**authorised personnel**” and Mrs. St. John would include a reference to a pharmacy intern and graduate pharmacists dispensing. Clause 29(2) to Clause 29(6), sub-paragraphs (a) to (d) were called and the Committee agreed that there would no amendments.

PART IV – LICENSING THE SUPPLY OF MEDICINAL CANNABIS

Clause 30 (**Categories of licences**) sub-paragraphs (a) to (i); Clause 31(1) (**Tiers and types of licences**) sub-paragraphs (a) to (h), (2) sub-paragraphs (a) to (b), (3) to (4) sub-paragraphs (a) to (d), and (5) sub-paragraphs (a) to (c); Clause 32(1) (**Eligibility to apply**) sub-paragraphs (a) to (f) were called with no amendments by the Committee.

In Clause 32(2): “*An application for a licence under subsection (1) shall be accompanied by a certificate from a medical practitioner that states (a) in the case of an individual, that the individual is not **addicted** to a controlled drug; or (b) in the case of a partnership, that a member is not **addicted** to a controlled drug.*” The Committee had previously agreed to remove the word “**addicted**” and replace with “**dependent on**”.

The Committee addressed the issue of the words “**convicted of an indictable offence**” in Clause 32(3): “*A person who has been **convicted of an indictable offence under (a) the Drug Abuse (Prevention and Control) Act, Cap. 131; (b) the Proceeds and Instrumentalities of Crimes Act, 2019***”

(Act 2019-17); or (c) any other similar enactment creating offences for illegal drugs and for the proceeds gained from such illegal drugs in Barbados or in any other country shall not be eligible for a licence.” It was agreed that Mrs. St. John would redraft the Clause to use specific offences such as firearm, money laundering, fraud, anti-terrorism and drug trafficking.

The Committee discussed the issue of the **“30 per cent”** contained in Clause 32(4): *“A person to whom subsection (1)(f) applies that person shall not be eligible for a licence unless **30 per cent** of the company, partnership, or co-operative society is owned by a citizen, permanent resident, person with immigrant status or a citizen of a CARICOM Member State.”* The Committee agreed that there would no amendments to the Clause.

Clause 32(5) and (6); Clause 33 (**Conditions of licences**) were called with no amendments by the Committee.

Hon. Dale D. Marshall raised an issue with the words **“not renewable”** in Clause 34(1) (**Duration of a Licence**): *“A Cultivator Licence, irrespective of the Tier, shall be valid for 3 years and is **not renewable.**”* The Committee agreed that **“not renewable”** would be removed from the Clause(s) and Mrs. St. John to redraft the Clause(s).

The Committee discussed an issue regarding the “**3 years**” in Clause 34(2): “*All other licences shall be valid for 3 years and are not renewable.*” The Committee by majority agreed to replace “**3 years**” to “**5 years**”. There were no amendments to Clause 34(3) by the Committee.

Clause 35(1) (***Prohibition against supply***) and (2); Clause 36 (***Suspension or Revocation***) sub-paragraphs (a) to (c); Clause 37 (***Protection from criminal liability***); **PART V – Barbados Medicinal Cannabis Appeals Tribunal**; Clause 38(1) (***Establishment of Appeals Tribunal***) to (3); Clause 39(1) (***Appeals to the Cannabis Appeals Tribunal***) to (6) sub-paragraphs (a) to (c) and (7) sub-paragraphs (a) to (c); **PART VI – Offences**; Clause 40(1) (Offences) sub-paragraphs (a) to (d), (2) to (4); Clause 41 (***General Penalty***) were called with no amendments by the Committee.

PART VII – Miscellaneous

An issue was raised concerning Clause 42(1) (***Regulations***). Mrs. St. John informed the Committee that the Regulations would follow the Bill. Senator Caswell A. Franklyn objected and suggested that the Regulations should be available with the Bill to be laid in Parliament. He recommended that they should be subject to an affirmative Resolution as opposed to a negative Resolution. The Committee agreed that the Regulations would follow the Bill and be subject to a negative resolution.

Clause 42(2) sub-paragraphs (a) to (r), (3) sub-paragraphs (a) to (n), (4) to (5) sub-paragraphs (a) to (b) were called with no amendments by the Committee.

In Clause 43(1) (**Amendment of Schedule**): *“The Minister may, from time to time, by order published in the Official Gazette amend, revoke or vary the provisions of the Schedule of this Act.”* It was recommended that **“Schedule”** be replaced by **“Schedules”**. Mrs. St. John informed the meeting that a change was made. No other amendments were made to Clause 43(2) by the Committee.

Clause 44 (**Amendment of enactments to the Third Schedule**), and Clause 45 (**Commencement**) were called with no amendments by the Committee.

FIRST SCHEDULE – Composition and Management of the Barbados Medicinal Cannabis Licensing Board

Dr. Sonia E. Browne raised an issue in paragraph 1(1) (**Appointment of members**) regarding the Board comprising of **“7 members”**: *“The Board shall comprise 7 members appointed by the Minister by instrument in writing.”* A discussion ensued and the Committee agreed with the Chairman’s proposal that the Minister of Health would appoint one (1) member and the composition of the Board

would be changed from seven (7) to nine (9). Mrs. St. John would amend the Clause.

Paragraph 1(2) sub-paragraphs (a)(i) to (v), sub-paragraph (b), (3) sub-paragraphs (a) to (b); paragraph 2 (***Chairman***); paragraph 3(1) (***Resignation***) to (3); paragraph 4 (***Temporary leave of Absence***); paragraph 5 (***Temporary appointment***); paragraph 6 (***Revocation of appointment***) sub-paragraphs (a) to (f); paragraph 7(1) (***Vacancies***) sub-paragraphs (a) to (c), (2); paragraph 8 (***Disqualification of a member***) sub-paragraphs (a) to (c); paragraph 9 (***Gazetting of appointments***); paragraph 10(1) (***Seal and execution of documents***) sub-paragraphs (a) to (b), (2); paragraph 11(1) (***Committees***) and (2); paragraph 12(1) (***Meetings***) to (7); paragraph 13 (***Attendance of non-members at meetings***); paragraph 14 (***Board may regulate proceedings***) were called with no amendments by the Committee.

SECOND SCHEDULE – *Barbados Medicinal Cannabis Appeals Tribunal*

Paragraph 1(1) (***Appointment of members***) to (4), sub-paragraphs (a) to (b); paragraph 2 (***Resignation, temporary absence and disqualification***); paragraph 3(1) (***Institution of Appeal***) and (2); paragraph 4(1) (***Procedure on appeal***) sub-paragraphs (a) to (b), (2) to (4) were called with no amendments by the Committee.

An issue was raised in paragraph 4(5) relative to its construction: *“Notwithstanding sub-paragraph (4), where the question to be determined is one of law, account shall not be taken of the opinion of a member who is not an attorney-at-law.”* The Committee agreed that paragraph (5) would be deleted.

The Committee agreed that there would be an appeal process from the Tribunal to the Court of Appeal. Mrs. St. John would include the appeal process under paragraph 4.

THIRD Schedule – Consequential Amendments

Mrs. St. John informed the Committee that changes would be made to this Schedule.

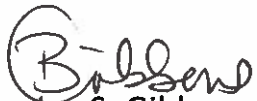
Item 4: Any other Business

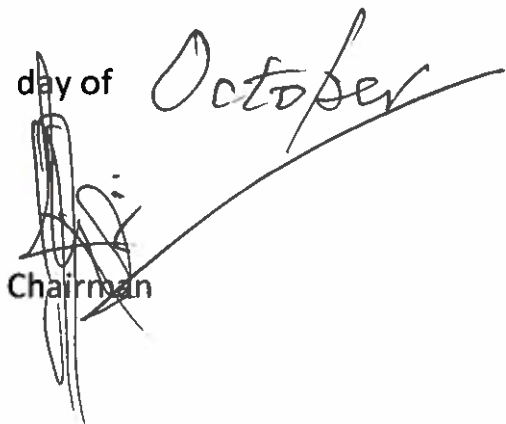
Hon. Edmund G. Hinkson stated that Mr. Douglas Trotman, Attorney-at-Law in his presentation had mentioned a Court Case by Justice Eddy Ventose on the OECS website regarding Rastafarians and their sacramony which was outside the Terms of Reference for the JSC.

Item 5: ADJOURNMENT

The Chairman proposed that the meeting adjourn to Monday, October 7th, 2019 at 2:00 p.m. There was no objection.

There being no other business the Chairman adjourned the meeting accordingly at 8:08 p.m. A venue would be confirmed at a later date.


Beverley S. Gibbons
Deputy Clerk of Parliament

Confirmed this *15th* day of *October* 2019.

Chairman

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**PARLIAMENT OF BARBADOS
(FIRST SESSSION OF 2018 – 2023)**

**JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL, 2019**

Minutes of the Fifth Meeting of the Joint Select Committee on the Medicinal Cannabis Industry Bill, 2019 held in the Senate Chamber, Parliament Buildings, Trafalgar Street, Bridgetown on Monday, October 7th, 2019 at 2:00 pm.

PRESENT WERE:

Hon. Indar A. Weir, M.P. (Chairman)

Hon. Dale D. Marshall, Q.C, M.P.

Senator Dr. Crystal K. M. Haynes

Senator Mr. Christopher Maynard

Hon. Adrian R. Forde, M.P.

His. Hon. Senator Rudolph N. Greenidge

Hon. Edmund G. Hinkson, M.P.

Hon. Trevor A. Prescod, J.P., M.P.

IN ATTENDANCE WERE:

Mr. Pedro Eastmond, Clerk of Parliament

Ms. Beverley S. Gibbons, Deputy Clerk of Parliament

Miss Suzanne Hamblin, Library Assistant, Procedural Officer to the Committee (Ag.)

Ms. Anika Jackson, Principal Crown Counsel, Solicitor General's Chambers,
Office of the Attorney General (Special Assignment – Ministry of
Agriculture)

Ms. Nicole Thompson, Special Adviser to the Attorney General, Office of the
Attorney General

Mrs. Joelle St. John, Senior Parliamentary Counsel, Chief Parliamentary
Counsel's Office, Office of the Attorney General

Item 1: **Welcome**

The Chairman called the Meeting to order at 2:40 p.m. and welcomed all to
the session.

Item 2: **Examination of the Amended Bill**

The Chairman proceeded to examine the amended Bill dated October 3rd,
2019 along with the Memorandum received from Mrs. Joelle St. John, Office of
the Chief Parliamentary Counsel with respect to the amendments.

The Chairman started with Clause 2(1) (*Interpretation*) and the Committee
confirmed that the terms "*recommendation*", "*visitor*", and "*young person*" were
removed completely from within the Bill.

Hon. Dale D. Marshall informed the meeting that "*young person*" would be
related in the Bill by the definition of "*minor*" "*means a patient who is under the
age of 18 years*". A discussion ensued regarding Mrs. St. John's comments relative

to ***“visitor”***, that the intention was that *“... the visitor be allowed to bring in their Medicinal Cannabis ...”* and she had indicated that it would have to be dealt with under the Customs Legislation. The Committee was satisfied with how it was dealt with in the Third Schedule.

The term ***“authorised personnel”*** in Clause 29 was to be removed but instead it was included in Clause 2: ***“authorised personnel” means (a) a graduate pharmacist, under the supervision of a pharmacist; or (b) an intern who is studying to be a pharmacist, under the supervision of a pharmacist”***. The Committee agreed with the amendment.

On the issue of the redefinitions, ***“cannabis”*** *“has the meaning assigned to it in the Drug Abuse (Prevention and Control) Act, Cap. 131”* and ***“cannabidiol”*** or ***“CBD”*** *“means an active ingredient found in the cannabis plant which reacts with specific receptors in the human body to give a therapeutic effect”*. The Committee agreed with the amendments.

In the term ***“handling”*** *“includes use, cultivation, processing, importation, exportation, exploration, testing, analysis, transit transshipment, manufacture, sale, possession and distribution.”* ***“Exploration”*** was flagged for Mrs. St. John to explain and it was suggested by Hon. Adrian R. Forde to include the word ***“compounding”***.

The term ***“medicinal cannabis”*** *“means (a) cannabis, (b) seeds, immature plants as well as all parts of the plant, along with resin extracted from any part of*

the plant, (c) every compound, manufacture, salt, derivative, mixture or preparation from cannabis, or (d) cannabis concentrate, that is cultivated, processed, manufactured, distributed, sold, tested, or analysed under a licence”; and the term **“premises”** *“means any land, and any buildings or structures thereon.* The Committee agreed with the amendments.

The Committee agreed with the amendments in Clause 2(2): *“The provisions of the Drug Abuse (Prevention and Control) Act, Cap. 131, and the Proceeds and Instrumentalities of Crime Act, 2019 (Act, 2019-17) and any subsidiary legislation made under these enactments shall not (a) prohibit, or otherwise be applied to the use of medicinal cannabis or cannabis pursuant to this Act; or (b) be used to restrict or render unlawful, the handling of medicinal cannabis or cannabis by any persons in accordance with the provisions of this Act.”*

The Committee confirmed that the words **“subject to the section 17”** were removed from Clause 3(2) and that Clause 4(1) sub-clause (g) was deleted.

In Clause 27(3): *“The Authority may request further information from the medical practitioner in writing, and the medical practitioner shall comply.”* A discussion ensued regarding the words **“further information”** and it was agreed by the Committee to delete the Clause.

The Committee confirmed that Clause 4(1) sub-clause (f) was widened to include **“collect and collate”**.

The Committee agreed with the insertion of Clause 4(2) sub-clause (b): *“where required request information for the database by an instrument in writing”*.

The Committee agreed with the amendment made in Clause 5(1) ***(Establishment of a Board to manage Authority)*** which was consistent with Clause 3 ***(Establishment of Authority)***.

The Committee confirmed the amendment in Clause 12 was made to clarify the period of service of a seconded public officer to the Authority which would be considered for his or her severance and retirement.

The Committee confirmed that the words ***“young person”*** was removed in Clause 28 and that Clause 28(6) was deleted.

The Committee noted that the term ***“authorised personnel”*** appeared in Clause 29. The committee agreed with the amendments made in Clause 29 (5): *“A pharmacist or authorised personnel in a pharmacy shall (a) conform to any requirement or limitation set by the medical practitioner as to the form of medicinal cannabis that is required in relation to the patient; (b) provide to a patient and where applicable, a caregiver, information on the lawful methods for administering medicinal cannabis in individual doses; (c) provide to a patient and where applicable, a caregiver, information on any potential danger stemming from the use of medicinal cannabis; (d) provide to a patient and where applicable, a caregiver, information on how to prevent or deter the misuse of medicinal*

cannabis by a minor; and (e) provide to a patient and where applicable, a caregiver, any other information which the pharmacist may consider to be relevant.”

It was agreed that which was Clause 29(5) previously in the older draft of the Bill was now reflected under the Offences section at Clause 42(4).

The Committee agreed with the deletion of the words ***“sale of medicinal cannabis”*** in Clause 30 sub-clause (e) which was replaced with the words ***“research and development of cannabis for medical therapeutic or scientific purposes”***.

The Committee agreed with the insertion of the following provisions:

1. Clause 40(1) (**Appeal to the Court**) *“a party to an appeal determined by the Tribunal who is dissatisfied with the determination may, within 30 days after the party is notified of the decision, appeal to the High Court against the decision in accordance with rules of the court.*

(2) On an appeal under subsection (1), the High Court may make any order or give any decision which might have been made or given by the Tribunal, and may, if it thinks fit, remit the case to the Tribunal with directions as to its determination by the Tribunal.”; and

2. Clause 41 (***Tribunal rules of procedure***) “*The Minister may make rules to regulate the procedure for appeals to the Tribunal.*”

In Clause 44 (***Regulations***) Mrs. St. John consolidated Clause 44(2) and (3) to provide for a better continuity. The Committee agreed with the amendments.

FIRST SCHEDULE – *Composition and Management of the Barbados Medicinal Cannabis Licensing Board*

The Committee agreed with the amendments made under Paragraph 1 (***Appointment of members***) and in Paragraph 10(1) sub-paragraph (a) where the words “*in the presence of any 2 of the persons referred to in this sub-paragraph*” were deleted.

SECOND SCHEDULE – *Barbados Medicinal Cannabis Appeals Tribunal*

The Committee confirmed that Paragraph 4 sub-paragraph (5) was deleted.

THIRD SCHEDULE – *Consequential Amendments*

The Committee agreed with the amendments made under the Third Schedule.

The Committee reverted to Clause 32(3) and a discussion ensued regarding the words “*a person who has been convicted of an indictable offence*”. It was

decided to keep the offence of fraud under the Theft Act, Cap. 155 as reflected in Clause 32(3) sub-clause (d). A point was raised regarding expungement and it was agreed that Clause 32(3) would be amended. Hon. D. Marshall recommended that a person whose records is not capable of being expunged under the Criminal Records (Rehabilitation of Offenders) Act, Cap. 127 would be included in the amendments.

On the motion of Hon. Dale D. Marshall, seconded by His Hon. Senator Rudolph N. Greenidge, subject only to the amendments which Mrs. St. John would make, the Bill was approved as drafted.

Item 3: Examination of the Draft Report

The Clerk informed the meeting that the Report was not finished due to the unavailability of the transcripts and the Minutes. Additionally, he stated that he wanted to produce a Report containing a summary of some of the main contributions.

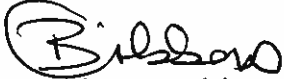
Mr. Chairman gave the Clerk the deadline of Wednesday, October 9th, 2019 to finish the Draft Report and the Minutes of the 2nd, 3rd, 4th and 5th Meetings to be circulated to the Members of the Committee by round-robin for approval so as to be ready for the 51st Sitting of Parliament on Tuesday, 15th October, 2019. The Committee agreed.

Item 4: Any Other Business

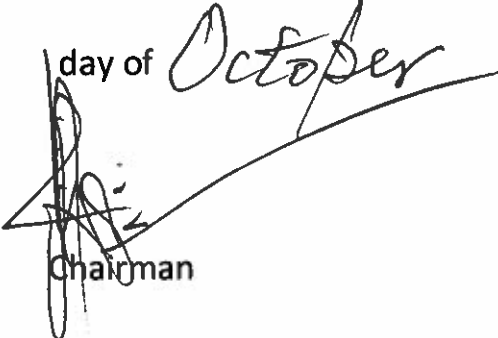
His Hon. Senator Rudolph N Greenidge commended Mrs. St. John for the good work done on the Bill.

Item 5: Adjournment

There being no other business the Chairman adjourned the meeting accordingly at 4:35 p.m.


Beverley S. Gibbons
Deputy Clerk of Parliament

Confirmed this *15th* day of *October* 2019.


Chairman

SUBMISSIONS

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THE BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS

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President: Dr. P. Abdon DaSilva
General Secretary: Dr. R. A. Manohar Singh
Treasurer: Dr. Brian MacLachlan

September 17, 2019

Mr. Pedro Eastmond
Clerk of Parliament
Parliament
Parliament Building
Bridgetown
Barbados.

Dear Sir,

Following my oral presentation to the Joint Select Committee of the Medical Cannabis Industry Bill, 2019 on Tuesday, 10th September 2019, I was asked to return for further discussion on the proposed Bill.

I attach an expanded version of the prior written submission and advise you of my preparedness to return.

I await your response.

Sincerely,

P. Abdon DaSilva.
President

Comments on proposed Act:

Interpretation

2.(1) In this Act,

“medicinal cannabis” means

(a) cannabis that is grown and sold pursuant to this Act; etc.

Is this to be interpreted as separate and distinct from the tried and tested (synthetic) preparations approved for current clinical use?

It would appear that the Act speaks to medicinal cannabis as an entity requiring a product license or authorization (to be recommended by a physician) versus a synthetic drug requiring drug approval by a regulatory authority (to be prescribed).

Doctors generally prescribe drugs that have been rigorously tested, their clinical results reported in published articles, and information about indications for their use, the mechanisms by which they achieve results, and their expected side effects are available in package inserts or in readily available publications for reference.

None of these resources for information about the efficacy, dosing, or regulations that come from the Federal Drug Administration (FDA) and/or other regulatory body are available for medicinal cannabis.

Pharmaceutical regulation has excellent quality control and enable precise dosing, and whereas it is customary for all approved drugs to be assigned a Drug Identification Number (DIN), no current cannabis- based drug enjoys that status. To date, the only such approved drug has been voluntarily recalled by its manufacturer.

What is the cannabinoid profile of the medicinal products being offered (THC, CBD, THC+CBD?)

Might this medicinal product interact with other prescribed drugs?

If a prescription is not offered, might the patient seek or use a non-medicinal product lacking safety and quality assurance? This is likely given the increasing trend toward the use of “natural” herbal preparations.

“Minister” means the Minister responsible for Agriculture and Food Security;

Is it to be assumed that the Minister of Agriculture and Food Security now has the responsibility for health- related matters? Shouldn't this be the charge/role of the Minister of Health and Wellness?

“recommendation” means a written recommendation dispensing cannabis for medical purposes;

Under the international drug control treaties, the use of cannabis is limited to scientific and medical purposes (United Nations Office on Drugs and Crime- UNODC, 2013). The treaties impose requirements on signatory countries that permit the medical use of cannabis and other drugs that are under international control (INCB, 2017). The treaties require tighter regulation of cannabis than medicines that are not under international control.

The treaties also require that the medical use of cannabis and cannabinoids be supervised by medical practitioners and that these drugs be dispensed by prescription.

There is also the requirement for reporting to the International Narcotics Control Board (INCB) on the quantities of cannabis that are used for medical purposes and on the number of patients who are treated using cannabis-based medicines.

*What are the proposed mechanisms and who will be responsible for this undertaking?
Is it being proposed that matters of patient confidentiality now fall under the aegis of the Ministry of Agriculture and Food Security?*

Where does the prescription of currently approved synthetic preparations fit into the scheme of things? Is this to be overseen/governed by the Barbados Drug Service/ Ministry of Health and Wellness? If so, why is there the need for a separation/duplication of authority?

“young person” means a person who is a patient and who is under the age of 21 years;

Does this preclude the use of synthetic cannabis in children who have a rare form of epilepsy or other conditions from which benefit may accrue?

Protection from personal liability: *Should extend to those recommending and administering the product. Additionally, users should be required to sign a document that states specifically that they understand that consumption may lead to harm that is not currently known.*

Functions of the Authority:

4.(1) The Authority

(e) where required, assist with the provision of analytical services:

Heterogeneity in the types of product tested, including differences in pharmacokinetics and the balance of THC and CBD content, makes it difficult to establish optimal therapeutic formulations and dosing regimens.

The National regulatory authority should only approve/license the use of a medicinal product when there is good evidence that it has been manufactured to a required level of quality and there is evidence from clinical trials that it is safe and effective when used to treat patients with specified medical disorders.

Evidence of quality is ensured by a specific chemical or biological evaluation and requires the use of standards of good manufacture.

To whom will the Authority be providing analytical assistance in face of the fact that no facility exists currently (locally or regionally) for adequate drug analysis?

Evidence of safety and efficacy requires preclinical pharmacological and toxicological research as well as clinical trials. It is confirmed usually by randomized controlled clinical trials that compare the effects of the medicinal product with those of a placebo, or an active treatment, in patients with the specified medical condition.

High-quality research also helps guide practitioners in evidence-based decision making when prescribing and managing patients using drugs.

After a medicine has been licensed by national authorities, its safety is monitored through the national pharmacovigilance system.

How will the necessary pharmacovigilance schemes and data collection for reporting to the INCB be organized?

If cannabis is made available for medical use, how will the government address the possible reluctance of physicians to prescribe cannabis for ethical or medicolegal reasons and uncertainty about clinical indications and dosing?

Left unaddressed, there is the potential for the creation of tension within the patient-doctor relationship when the patient desires medicinal marijuana but the physician will not recommend it, either for reasons having to do with its therapeutic potential, lack of control over the dosage patients receive, or overall objections to its use.

Use of Medical Cannabis:

25. (3) A person who consumes medicinal cannabis without being authorized to use medicinal cannabis by a prescription or recommendation from a medical practitioner is guilty of an offence and is liable on conviction on indictment to a fine of \$100 000 or to imprisonment for a term of 10 years or to both.

At the national level, the medical use of cannabis should involve monitoring the behaviour of prescribers, dispensers, providers and patients alike to ensure that cannabis-based medicines are appropriately prescribed and that they are not diverted to non-medical use or abused by patients.

This is an attempt to eliminate bogus prescriptions and/or rogue prescribers.

This is distinct from 40(1) d.

When considering the outcomes of regulatory changes to allow access to cannabis and cannabinoids for medical use, in addition to considering health risks and benefits for patients, it is important to take into account the potential broader social and public health impacts.

In particular, studies into cannabis poisonings among young children and emergency room contacts raise concerns about the potential for increases in accidental poisonings.

There is need for the prohibition of cannabis-containing products that could be attractive to minors (candy and/or beverages), and a requirement for childproof packaging of other edible products.

There should be the requirement for all cannabis and cannabis-containing product labels to include evidence based informed health warnings, contraindications and harm reduction messages.

Health risks include acute cannabis intoxication in adults, respiratory disorders (including deaths from vaping), and the potential for increased use among young adults.

Other evidence points to the increase in fatal motor vehicle accidents in jurisdictions where cannabis use has been permitted.

Cannabis smoking by middle-aged adults probably increases the risks of myocardial infarction.

The impact of medicinal cannabis use in the workplace requires careful consideration.

CBD products are widely available in health food shops and on the internet and are not scheduled or regulated as medicines as with other herbal remedies. The declared contents of non-medicinal CBD preparations are variable, often inaccurate, and these products sometimes exceed the legal limit of THC.

As healthcare providers, our goal is to help patients, to treat their illnesses, to improve their quality of life and to alleviate suffering – all within the bounds of scientific evidence.

The Barbados Association of Medical Practitioners remains committed to this ideal and encourages research on medicinal cannabis use in an effort to promote public health and public safety.

It is our duty to be an impartial body with regard to the medicinal use of marijuana and we urge our government and legal system to take a similar approach, using science and reason as the basis of policymaking.

Finally, there is need for the development of a comprehensive strategy for communication of the details of the regulations prior to implementation, so that the public and other stakeholders clearly and unambiguously understand what is permitted to facilitate informed decisions.



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Contact number: (246) 262 0068 / 838 5776

9/19/2019

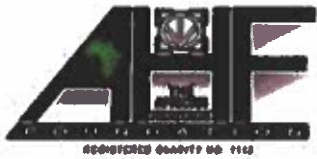
Clerk of Parliament
Rickett Street
Bridgetown

Submission - The Joint Select Committee

"Cannabis/ marijuana has deep historical, cultural and religious significance to Caribbean people. It can be traced to several ethnic, religious and cultural traditions within Asia, Africa and the Middle East and from ancient times was known throughout history as a substance with healing properties. It was introduced during the post-emancipation period to the Caribbean countries of Guyana, Jamaica, and Trinidad and Tobago by East Indian indentured labourers. The designation of cannabis/ marijuana as an unlawful substance and a dangerous drug is of relatively recent vintage. For most of our history, cannabis/ marijuana was a free substance, grown naturally and easily throughout the region. Indeed, many CARICOM citizens have memories of their grandparents and forefathers using cannabis/ marijuana in benign fashion, such as "bash tea", before the advent of prohibition, or, at least, its strict enforcement." CARICOM Regional Commission on Marijuana.

The African Heritage Foundation is of the opinion that:

- a) Cannabis being a medicinal plant used by our grandparents and forefathers, should be included in the Medical Cannabis Bill 2019, under Traditional Medicinal Cannabis.
 - b) Persons desirous of cultivating cannabis for their personal medicinal use should be allowed to grow 7 plants within the confines of their homes.
 - c) Licenses can be developed and issued to persons desirous of home cultivation for personal medicinal use. These licenses should cost no more than one hundred and fifty dollars (\$150.00) and renewable annually.
 - d) Cannabis inspectors can be employed to monitor quantity of growth by license holders.
 - e) Traditional Cannabis Cultivation (TCC) licenses should allow its owner to have on their person one ounce of cannabis for transportation purposes throughout the island.
 - f) Penalties for persons caught contravening TCC licenses should not face incarceration, but made to pay a fine of One Hundred Dollars (\$100.00) per cannabis plant in excess of regulations.
2. Persons that have been convicted of an indictable offence and have served their sentences, should not be punished twice for their offence by exclusion from the cannabis industry.
3. The first cannabis farm and processing plant should be state owned, and should share joint ownership between the government and the private sector. Revenue from these entities should be used to further develop Barbados health care.

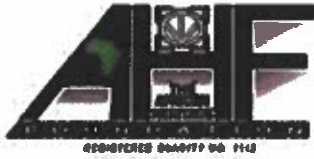


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4. To avoid exploitation of Barbadian employees in the cannabis industry, government should develop a minimum wage for their economic safety.
5. Banking facilities must be created to facilitate revenue from the cannabis industry
6. Government should work with relevant invested stakeholders on a national cannabis educational initiative.

The AHF in response to concerns raised by committee members on the social impact of cannabis regulated for traditional medicinal home use, offer these points:

1. As it relates to impaired driving – “In the largest and most precisely controlled study of its kind carried out by the U.S. Department of Transportation’s [National Highway Traffic Safety Administration](#) to research the risks of cannabis and driving, it was found that other "studies that measure the presence of THC in the drivers' blood or oral fluid, rather than relying on self-report tend to have much lower (or no) elevated crash risk estimates. Likewise better controlled studies have found lower (or no) elevated crash risk estimates. The study found that after adjusting for age, gender, race and alcohol use, drivers who tested positive for marijuana were no more likely to crash than those who had not used any drugs or alcohol prior to driving. The study however cautions that these results do not indicate that drug use by drivers is risk-free. In *Cannabis and driving: a review of the literature and commentary*, the United Kingdom's [Department for Transport](#) reviewed data on cannabis and driving, finding "Cannabis impairs driving behaviour. However, this impairment is mediated in that subjects under cannabis treatment appear to perceive that they are indeed impaired. Where they can compensate, they do, for example ... effects of driving behaviour are present up to an hour after smoking but do not continue for extended periods" Wikipedia
2. Research has found a positive association between marijuana use and high school dropout status, but it also shows that over half of the association can be explained by prior differences in observational characteristics and behaviors (i.e., selection bias). The remaining association becomes statistically insignificant after measures of cigarette smoking are included in the analysis, a variable that is not systematically included in economic analyses. Because we are aware of no physiological justification for why controlling for cigarette smoking should account for marijuana’s cognitive effects on learning, we interpret this as indicating that the negative relationship between marijuana use and high school completion is unlikely to be due to adverse effects on cognition and more likely to be the result of omitted variable bias or the effects of peer associations or other factors. The argument on cannabis causing more school dropouts is debatable as research shows:
 - a) Problem behavior theory postulates that individuals with a predisposition toward nonconformity and deviance are more likely to engage in multiple unconventional behaviors that reciprocally influence one another (Jessor and Jessor, 1977; Donovan and Jessor, 1985). Social attachment theory argues that it is weak bonds with family, school, religion, or other conventional institutions that lead to general problem behaviors (Hawkins and Weis, 1985; Simmons and Blyth, 1987; Sommer, 1985). Social learning theory (Bandura,



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1977; 1985) stresses the influence of exposure to deviant peers or family members who act as role models for specific actions through their approval of them.

- b) The basic sciences provide the main rationale for believing that marijuana use causes low educational attainment. Neuroscientists have shown that marijuana use interrupts normal cognitive functioning and memory by activating cannabinoid receptor sites in the part of the brain that controls memory (Matsuda *et al.*, 1993; Heyser *et al.*, 1993). What remains debated is whether the detrimental effect on memory and cognitive functioning is short-lived, sustained for a period of time past intoxication, or cumulative in terms of its total detrimental effect on cognitive functioning. The Rastafari community provides evidence that the detrimental effect on memory theory must be questioned. The vast number of reggae artists of whom 90% use cannabis are required to possess great memory retention in their trade. Rastafari brothers and sisters are engaged in various forms of employment that require good memory retention. Cannabis use can open an individual up in a manner that allows them to be more creative in the thought process. Schools that are founded on conformity become very uninteresting to these individuals.
3. As it relates to cannabis being poisonous for the body – “Labeling marijuana or marijuana-infused products as “poison” has been controversial. This often results from the misconception that for something to be a “poison” it has to cause serious health consequences or death. It is not likely that someone who uses marijuana will have severe health consequences, but exposure to a substance is considered a “poisoning” once abnormal or unwanted side effects occur.

Cannabis affects each individual differently and, no matter how it is used, can cause unwanted side effects. Moreover, these negative reactions can be more pronounced when marijuana is used in ways and amounts that were not originally intended. The most frequently reported unintended side effects include drowsiness, rapid heart rate, and irritability. So are you likely to die from using? No. But, are there potentially negative health risks involved? Yes.

Greater Risks with Synthetic Marijuana

4. It is also important to know that synthetic marijuana products, known by names such as Spice or K2, do not have the same effects as natural cannabis. These artificially created drugs *have* been known to cause severe health effects. They are not marijuana!” - Whitney Pennington, Education and Communications Specialist Washington Poison Center

The African Heritage Foundation is in favour of the proposed Medical Cannabis Bill 2019 provided it infuses traditional indigenous use of the plant as prescribed above.

The African Heritage Foundation.



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Respectfully
Paul Rock (Simba)
President
African Heritage Foundation.



Friday, 20 September 2019

Mr. Pedro Eastmond,
Clerk of Parliament,
Parliament Buildings,
Bridgetown.

Dear Mr. Eastmond,

Re: Joint Select Committee on the Medicinal Cannabis Industry Bill 2019

Thank you for your kind invitation to the Barbados District of the Pentecostal Assemblies of the West Indies (PAWI) to offer this written submission to the Committee through your good offices.

As you are no doubt aware, PAWI is not opposed to the introduction of medicinal cannabis in Barbados. However, earlier this year we placed our questions and concerns in a full page add in local print media. Those questions are still relevant to us and are largely unanswered. A copy of the page printed in one of our newspapers is attached for your convenience.

PAWI notes, with appreciation, that “dispensary” has been removed from the current draft of the Bill. We were concerned that the inclusion of “dispensaries” in the Bill would have the effect of opening a loophole for the development of a new entity other than pharmacies for the filling of prescriptions. Thank you.

However, we note the introduction of a “therapeutic facility” which is defined in the Bill but not explained as to how such a facility would operate. Perhaps that will be structured under regulations to be issued subsequently by the Minister of Agriculture after the passage of the Bill through both Houses of Parliament.

We are not sure why cannabis can be “prescribed” or “recommended” by a physician. This to our minds seems to create a loophole that can be exploited by those less scrupulous than desired. Perhaps this could be clarified fully in the Bill when it returns to the House of Assembly for the second and third readings.

Barbados District, Pentecostal Assemblies of the West Indies,

P. O. Box 8002, Oistins, Christ Church, Barbados. Tel: 1-246-420-7721; Fax: 420-7720; Email: pawi@caribsurf.com

Registered Charity #4. Member: Barbados Evangelical Association


PAWI notes that there are three pages in the Bill outlining the need for regulations in addition to other clauses within the Bill that call for regulations to be put in place by the Minister of Agriculture. We are concerned that such regulations will be "subject to negative resolution", which we understand means that the regulations are laid on the table of the Clerk of Parliament in the House of Assembly and if no one objects within a specified period of time those regulations automatically become law. Given that there is currently only one person sitting on the Opposition Benches in the House of Assembly we would suggest that Government needs to ventilate as fully and transparently as possible all regulations before their provisions come into force. As the old saying goes, "the devil is in the details" and we are concerned that in this case this may be literally true! The potential for the creation of loopholes, contradictions and controversy is too great not to fully discuss the proposed regulations as widely as possible.

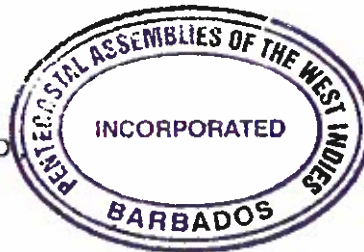
We note that under the First Schedule, Appointment of members, 1.(1) that the "Board shall comprise 7 members" and section (2) then sets out the disciplines from which Board members can be selected. We respectfully recommend that there be 8 members and the Permanent Secretary in the Ministry of Health or his/her nominee be included. While the Bill sets out provisions for the cultivation of medicinal cannabis and so can be located in the Ministry of Agriculture, it would seem prudent to have strong representation from the Ministry of Health on the Barbados Medicinal Cannabis Licensing Board.

Many of the members within PAWI are deeply concerned that this process of legislating for the development of medicinal cannabis is simply a way in which the recreational use of marijuana can be slipped into Barbadian society. Protestations from Government to the contrary have made little or no difference to this belief. We are also concerned that many Barbadians seem to believe that once this Bill is passed into law they will be free to use cannabis/marijuana recreationally as they please. In PAWI we are profoundly disturbed by this.

Thank you for affording PAWI this opportunity to voice our concerns to this Joint Select Committee.

Yours Sincerely,


Gerald A. Seale, B.Th., M.M.S., D.D.
District Presiding Bishop



Barbados District, Pentecostal Assemblies of the West Indies,

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Registered Charity #4. Member: Barbados Evangelical Association

STATEMENT ON MARIJUANA

INTRODUCTION

1. The Pentecostal Assemblies of the West Indies Barbados Inc (PAWI Barbados) is a spiritually, morally and theologically based non-governmental organisation registered as Charity #4 under the Charities Act, Cap. 243 of the Laws of Barbados. As such PAWI Barbados will not attempt to outline a scientific basis for this statement. Indeed, the available documentary evidence indicates that for every compelling scientific paper supporting the use of marijuana there seems to be a compelling scientific paper opposed to the use of the substance. We will leave the discussion of these realities to those much more qualified than PAWI Barbados in the scientific realities and theories.

2. The Christian values we espouse include sobriety, self-control and sound mind.

3. It is such values that have led us to actively discourage the use by our members of other plant derivatives such as tobacco and alcohol. That has been our unequivocal public stance since our inception here in Barbados in 1916.

MEDICAL USE

4. PAWI Barbados is willing to acknowledge that marijuana could have some benefits if used in a medicinal form but we leave the discussion of the scientific pros and cons to the medical and scientific communities. We recognise there are other dangerous substances that are prescribed by doctors in controlled circumstances and dispensed by pharmacists in Barbados.

5. We note that other medicinal products are subjected to rigorous testing over decades where side effects are clearly documented before the medicine is made available for medical prescription and use. We are unaware of such rigorous testing being done on medical marijuana.

6. We are concerned that the push for medicinal marijuana use is simply a back-door approach to the legalisation for recreational use.

7. WE MUST THEREFORE ASK:

7.1. How will the medical marijuana be accessed by pharmacies and doctors for prescription to patients?

7.2. Who will grow the marijuana and distil the appropriate derivatives for the medical fraternity to use?

7.3. What standards will be applied to the quality of derivatives for medical use?

7.4. Will there be clear guidelines for prescribing medical marijuana for the use of patients or will doctors be left to experiment?

7.5. How will side-effects be dealt with as they are noted by the medical community?

7.6. Will the rigorous scientific testing applied to other medicines be applied to marijuana derivatives before the medical community is allowed to prescribe the substances for patients?

8. We note with concern that when tobacco was first discovered in America by European explorers it was thought to have medicinal value and was prescribed as a cure for a number of ailments including stuttering. Centuries later we know there is no truth to such claims and tobacco products are routinely labelled with health warnings.

MARIJUANA LEGALISED FOR RECREATIONAL USE

9. Given that for more than a century PAWI Barbados has

actively encouraged members not to use tobacco and alcohol (see paragraph 3 above), it would now be inconsistent for us to support the legalisation of marijuana for recreational use.

10. AS WE HAVE DISCUSSED AND REFLECTED SOME QUESTIONS SUGGEST THEMSELVES SHOULD RECREATIONAL USE BE LEGALISED:

10.1. How will the legal framework address who grows/imports marijuana?

10.2. Given that differences in marijuana plants lead to differing strengths of derivatives how will this be controlled so that persons electing to use marijuana recreationally can obtain a consistent product or will this be a free-for-all?

10.3. How will sale to minors be addressed, particularly in light of those studies that suggest adolescents and pre-adolescents are more susceptible to negative psychological and medical consequences from using marijuana?

10.4. Given the lengthy process that we have had in moving towards the actual testing of drunk drivers locally, how will we deal with those who use marijuana resulting in impaired driving?

10.5. Given that some studies have shown that some people are affected negatively by the use of marijuana, how will we handle psychological and medical health problems that may arise for some of our people? Can the numbers and percentages of persons who have been treated or are being treated at the Psychiatric Hospital for marijuana related health issues be made public?

10.6. Do we have the resources to socially and psychologically assist the families of those who are negatively impacted by on-going marijuana use?

10.7. Will there be areas where its use will be restricted as with tobacco, given that many people suffer from bronchial and other challenges as a result of second-hand smoke?

RECOMMENDATIONS

11. While we might support the medical use of marijuana, we strongly recommend that marijuana be treated like all other prescription medication and be subjected to the same rigorous testing and controls applied to all prescription medicines. Is it possible that an independent scientific study be done and the findings be widely disseminated for discussion of the issues?

12. We urge that the medicinal use of marijuana not facilitate a back-door approach to the legalisation of marijuana for recreational use.

13. ***We are opposed to the legalisation of marijuana for recreational use and strongly urge that Barbados not go down this road.***





September 20, 2019

Mr. Pedro Eastmond
Clerk of Parliament
Parliament Buildings
Trafalgar Square
Bridgetown

Dear Mr. Eastmond:

The Barbados Council for the Disabled is pleased to have been asked to comment not he proposed Medicinal Marijuana Bill.

With the ratification of the United Nations Convention on the Rights of persons with disabilities, the Government and people of Barbados have signaled that the needs of citizens living with disabilities are recognised to have value. Enshrined in its several articles, the CRPD inculcates the practice “*nothing about us without us*” as evinced by Article 4:

The General Obligations clause 3 which states: “*In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.*” It is therefore most encouraging that we - the Barbados Council for the Disabled - welcomes the invitation of the joint select committee to make this submission as we are the umbrella body of and for persons with disabilities in Barbados.

In considering the present bill, the Barbados Council for the Disabled wishes to lend its support to its eventual adoption by Parliament as it is our conviction that a well-regulated access to medicinal marijuana has the potential to improve the quality of life for a large section of the community; not only the disabled, but their families, caregivers and all associated with their care.

'2'

Our reasons in support of this bill are not merely anecdotal, but having reviewed the clauses, we have established the following arguments in reaction to the legislation.

1) Many persons with disabilities live with chronic pain, spasms and céures. Medical research has shown that these situations can be greatly improved with the use of the medicaments derived from the hemp plant. It must be noted that these properties were identified for centuries with its benefits recognised in the 1800's as an anticonvulsive; it has received patients with multiple sclerosis, aided with Krone's disease and aided children/adults living with Attention Deficit Hyperactivity Disorder. With the high incidences of non-communicable diseases in our country, opportunities to alleviate the multifaceted issues are to be embraced.

As a naturally based product CBDs also have the potential to reduce the several damaging side effects faced by some persons who are required to live on medications. At present, persons living with some health conditions are only able to access a very limited cadre of medicines. Often, the associated costs are prohibitive - as much as \$3,000 per month for the prescribed dose. With the costs associated with some health conditions, the lack of employment and often the inability to work put these medical options out of the reach of many.

2) Another factor is the many side effects associated with some medications which can create secondary issues which further exacerbate the wellbeing of the patient. Disorders such as Multiple Sclerosis, asthma, epilepsy, glaucoma and innumerable others are rife among our segment of the society

A further supporting argument is the real improvement to the quality of life of not only the patient but their wider circle of family, friends, caregivers and others who interact. Living with and caring for persons suffering from constant excruciating pain has caused intensely stressful situations. The burden of the high costs already outlined, witnessing the distress of the sufferer and the stress placed on the family, strains family relations; and in a country which has become infused with the knowledge the health and wellness is not limited to physical illness, but mental illness and overall wellbeing, the potential impact of ready access to cannabinoids will contribute to this aspect of daily living.

3) In reviewing the varying clauses of the bill, the BCD is encouraged by the stringent regulations proposed to streamline the availability of medical marijuana. A properly regulated dispensing of the CBD derivatives as outlined by the bill meets with the approval of disabled community.

The licensing of imports and persons charged with the dispensing of the medical marijuana will afford us to avail ourselves of drugs prescribed professionally and removing the somewhat dubious approach taken to the CBDs.

4) Finally, the bill will remove the overwhelmingly bureaucratic approach which is now in existence. Persons already impacted by health conditions who have been able to obtain prescriptions for medical marijuana are now faced with the daunting task of applying for import licenses to obtain the drug from international sources.

The process is lengthy, involved and can ultimately fail. There are several incidences of persons having obtained the prescription to then find they have to wait months and sometimes years to access the drugs which have unfortunately in several instances come too late to affect any real impact on the sufferer.

With the proposed licensing as outlined in the present bill, this process will be considerably improved. The current system present an onerous task on a person already with compromised health entangled in a process when their energies should be otherwise directed in preserving and improving their condition.

How is the quality of life measured? Is it through a man's or a woman's earthly possessions, or is it the status or ranking in authority bestowed upon them. knowing the fallacy of life, the life we live is by far impacted by the quality of life that we live; and for many of us living within this society, whose health has been compromised, our focus switches from actively living to barely surviving because of what seems as a mountain of health challenges.

The Barbados Council for the Disabled fully supports the bill as presented as its passage has the potential to improve the quality of life of many Barbadians.

Sincerely,

Kerryann Ifill SCM MBA BSC Hons.
President
Barbados Council for the Disabled

'K'

DR. HARLEY MOSELEY MB.BS, (UWI) FAAPMR
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September 20th, 2019

The Chairman
Joint Select Committee of the Barbados Parliament
Parliament,
Parliament Buildings
Bridgetown, Barbados, W.I

Dear Sir/Madam,

Re: Joint Select Committee on the Medicinal Cannabis Industry Bill (MCIB), 2019

I have been invited to submit a written opinion to the Committee with regards to my opinion(s) and concerns that have arisen after thoroughly perusing a written copy of the MCIB. My opinions are based upon my training and experiences as a qualified physician for over 20 years and a fully qualified specialist in Rehabilitation Medicine for over ten years.

Appropriate use of terminology

I am concerned that in reading the Bill there appears to be inaccurate use of the term "addiction" throughout the document. The term "addiction" is no longer considered appropriate in medical literature as it lacks precision. In 2015 it was replaced by the term "Substance Use Disorder" by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

It is important to clarify the correct medical definitions for the MCIB.

Regulation by the proposed Barbados Medicinal Cannabis authority

With reference to Part II, 3 & 4.

The degree of proposed regulation (e.g. electronic tracking and database) is incongruent with the actual risk of development of Cannabis Substance Use Disorder.

Cannabis Use Disorder can take the form of addiction in severe cases. However, estimates suggest that only 9% of people who use cannabis will become dependent on it, with an increased risk of about 17% in those who start using in their teens. This is in contrast with 35% of people using far less regulated opiates developing a Substance Use Disorder.

Safety of Medicinal Cannabis

There is an underlying assumption in the MCIB that Cannabis is a very dangerous drug. Nearly all therapeutic medicines may have toxic, potentially lethal effects, yet there is no record in the extensive medical literature describing any cannabis-induced fatality. Cannabis is used daily by enormous numbers of people throughout the world and its use endemic in our Caribbean region. It is utilized illegally and most commonly without the benefit of direct medical supervision. By contrast aspirin and paracetamol commonly used, 'over-the-counter' medicines, cause hundreds of deaths each year.

Determination of Cannabis toxicity

Drugs used in medicine were formerly given an LD₅₀ rating. This refers to the amount of substance required to kill 50% of the test population. The higher the LD₅₀, the safer the drug. It is estimated that cannabis's LD₅₀ is around 1:20,000 or 1:40,000. By contrast, the LD₅₀ for Aspirin is 1:199, and for Caffeine it is 1:50. Therefore, it is unlikely for cannabis to induce a lethal response as a result of drug-related toxicity.

Another medical term that describes drug safety is called the therapeutic ratio. This ratio defines the difference between a therapeutically effective dose and a dose which is capable of inducing adverse effects. The higher the therapeutic ratio, the safer the drug. Paracetamol has a therapeutic ratio of ~1:8; aspirin has a therapeutic ratio of ~1:20. The therapeutic ratio for prescribed drugs is commonly around 1:10 or lower. Cannabis's therapeutic ratio, like its LD₅₀, is impossible to quantify because it is so high.

Cannabis inaccurate representation in the MCIB as a dangerous drug

The myth of cannabis being a "dangerous drug" has been perpetuated throughout the language of this Bill. Cannabis substance abuse disorder is not common. Cannabis like any other pharmaceutical substance has its risks of adverse effects, however, its clinical usefulness can no longer be denied. Further investigations and scientific research into medicinal uses for cannabis are warranted to ensure that we do not "throw out the baby with the bath water".

Inadequate representation of key stakeholders on proposed board

With reference to First Schedule, Section 2 (a) and (b), the range of disciplines, that the Minister is to select the proposed Board from should be expanded to include Nursing and Psychology.

The primary role of Nursing is patient care, advocacy and education. In addition, psychologists are important in the assessment, diagnosis and treatment of mental health and behavioral disorders that may be associated with Cannabis Substance Use disorder. Board representatives must reflect the spectrum of society that can be directly affected. A wide selection of technical advisors will give the Minister information that will more accurately reflect the societal needs and concerns.

Potential to encourage the illicit cannabis market

There is a constant risk of increasing the lucrative yield of any illegal cannabis markets. In the Bill there are some factors that might inadvertently encourage the growth of the illegal possession and sale of medicinal cannabis.

- Failure to consider the established societal use and easy available locally grown marijuana.
- 3-year non- renewable licenses
 - The Bill is not clear as to why this specific time period (why not 5, 7 or 10 years) and what are the aims in doing this. It is likely that restricting these licenses to an elite number of persons is indirectly going to encourage a growth in the illicit market where the 'unselected' will continue to ply their trade.
- There are harsh punitive measures outlined, these have not deterred anyone in the past and are unlikely to do so in the future. It might be more prudent to offer some form of 'amnesty' so that more of the current persons in the illegal market can be registered and later regulated and taxed.

Are the pharmacists only to dispense prescribed medicinal cannabis?

I suggest that a revised Bill must allow the local licensed pharmacists to 'compound' various cannabis formulations. Currently cannabis cultivation is common in our country and various 'backyard' formulations are cheap and readily available. They are going to be far cheaper than any imported cannabis-based medications. This is also one of the factors that confounded the Opioid Epidemic in the USA. Cheap heroin was readily available at the local street corner and it was far more economical to obtain than to pay for the doctor's visit and the subsequent purchase of prescribed medication through the pharmacy. There is also a growing mistrust of some patients about manufactured pharmaceuticals and their side effects. Some of the patients in my practice are openly demanding more 'natural' medicines or as few medications as possible to treat their conditions.

I hope that this written presentation can suffice, I am available for further discussion.

Regards,



H. Moseley III MB, BS (UWI), FAAPMR
Associate Lecturer, UWI (Cave Hill Campus)

References

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September 19, 2019

Chairman, Joint Select Committee of Parliament on
Medicinal Cannabis Industry Bill, 2019
Honourable Indar Weir
Ministry of Agriculture and Food Security
Graeme Hall
CHRIST CHURCH

Dear Sir,

Re: Medicinal Cannabis Industry Bill, 2019

Reference is made to the captioned Bill, and the Joint Select Committee's invitation to the Barbados Bankers Association Inc. to make submissions on the same.

The Bill proposes to regulate the use, dispensation, supply, cultivation, transportation, sale, importation and exportation of medicinal cannabis and its products ("the Activities").

While the Bill will render the Activities legal in Barbados, Barbados is subject to an International AML/CFT law regime. Despite the legalisation of medical cannabis in some States in the United States of America, under the current U. S. Federal laws, which are paramount to State law, the Activities are still considered illegal. We recognise that banks may treat funds derived from the medicinal cannabis industry as legal, where those funds are earned in a state in which it is legal. Where Barbados commercial banks have correspondent relationships with US Banks, however, even if those correspondent banks are aware that funds are derived from an industry which is legal in Barbados, correspondent have been known to shut out the local banks as part of their risk appetite decision, if they are of the view that those local banks do not have a robust AML/CFT program to keep funds from illegal activity out of their system.

Accordingly, to avoid jeopardizing our correspondent banking relationships, local banks may have no choice but to decline banking services to persons who engage in the Activities. This could encompass not only direct participants, but also their vendors, suppliers and purchasers.

We accordingly strongly recommend that the Joint Select Committee factor into its consideration of the Bill, the inability of persons engaged in the Activities to access banking services, and the potential hindrance to the development of the industry in Barbados.

It may also be useful for an end-to-end assessment of the Activities and consultation with all relevant constituents to be carried out, to ensure that the expected revenue collection is not hindered by critical areas where practicality has not been assessed comments early next week,

Page 2

September 19, 2019

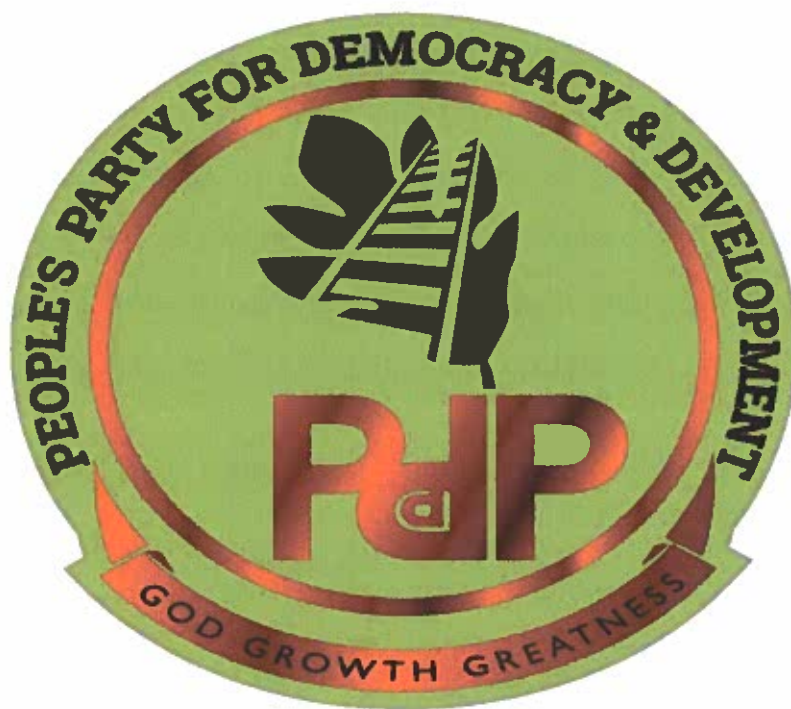
Honourable Indar Weir

In view of the short timeline provided for in-depth comment, we may submit an appendix with further comments early next week, and ask your indulgence in consideration of same in conjunction with our letter.

Yours faithfully,



Donna Wellington
President



PEOPLE'S PARTY FOR DEMOCRACY AND DEVELOPMENT

PRESENTATION TO

JOINT SELECT COMMITTEE

2019

September 19th 2019

The Peoples Party for Democracy and Developments, Submission

Joint Select Committee

The Peoples Party for Democracy and Development (PDP) is pleased to submit the following for consideration of the Joint Parliamentary Select Committee on the Medicinal Cannabis Industry Bill 2019.

The Peoples Party for Democracy and Development (PDP) applauds the Government for making the Bill the subject of wider public discussion and consultation. It is our view, that the Bill can be better drafted after discussions occur, both in the Public and Parliament, based on information, knowledgeable expertise and the opinions of various community groups, Professional Bodies, Experts, Practitioners, religious communities and interest groups.

We are here to address the questions set out by this committee regarding the Medical Cannabis Industry Bill 2019.

We are going to start by asking the following question:

Is this committee and the drafters of this Bill willing to listen, consider and make the necessary changes to this Bill based on the feedback and wise counsel offered by the critical stakeholders, to ensure this Bill will best serve the People of Barbados?

The PDP is of the view that the reach of the Bill is so vast, in that it attempts to deal with matters of cultivation, research, transportation, storage, medicinal use, importation, exportation and retail, which then results in the absence of clear regulations and such a deficiency that the bill now entails the unintended consequence of permitting far easier access to Marijuana for recreational use.

This Bill, which purports to be a Medical Cannabis Bill is so loosely drafted, that in essence, it will provide easy access to cannabis for every single citizen in Barbados. It is essentially a recreational use of Cannabis bill hidden in a Medical Cannabis bill.

They are those who believe this bill is so creatively drafted, that there will be no need for any referendum on the legalization of recreational Cannabis, because this bill will have already provided for it.

Has the Bill clearly defined the Objects of this Medical Cannabis Industry Bill?

“The objects of this Act are to establish a Medicinal Cannabis industry to provide for the lawful access to medicinal cannabis as an alternative treatment for persons who are suffering from a qualifying medical condition and to provide for a comprehensive licensing scheme to regulate the supply, possession and use of medicinal cannabis.”

Jamaica Cannabis Act

Our answer to the above question is ‘No’. We feel committed to this response based on our careful evaluation of the following:

- Under Objects and Reasons, there is no provision for growing, cultivating, harvesting, processing or the establishing of a Cannabis Industry.
- This is the “opening ball” for the establishment of a medical cannabis Industry in Barbados, and in our opinion it is ill-defined.

The Professional View

The Profession of Pharmacy goes back for centuries and have served in leading and managing the health of many generations of citizens, both locally and abroad.

Mr. Chairman, pharmacists are INDEED DRUG SPECIALISTS, whose focus during their Degree programs is on the key areas of: -

- **Clinical Therapeutics**
- **Pharmaceutical counselling**
- **Pharmacognosy** - the study of Medicinal Plants
- **Pharmacology** - concerned with the study of drug or medication action; where a drug can be broadly defined as any man-made, natural, or endogenous molecule which exerts a biochemical or physiological effect on the cell, tissue, organ, or organism.
- **Pharmacokinetics** - the branch of pharmacology concerned with the movement of drugs within the body, which involves many times three pages of mathematical calculations to determine accurately the situation for a patient or disease.

We reiterate, **pharmacists are indeed DRUG SPECIALIST.**

We started here so that you would have an appreciation of our responses looking through the eyes of the Pharmacy Profession and understand that our comments and feedback are based on science and have a very strong Public Health component.

Under the Pharmacy ACT CAP 372D, Section 31 (1) And (2)

- 1) No person shall, unless he is registered as a pharmacist or any other authorised seller of poisons as the case may be make use of any of the following titles
 - a) Pharmacist;
 - b) Druggist;
 - c) Pharmaceutical chemist;
 - d) Pharmaceutist;
 - e) Dispenser; or
 - f) Authorised seller of poisons.

- 2) No person shall, unless he is registered as a pharmacist, display on any premises any sign, title, emblem or representation that includes the description “drug store”, “drug dispensary”, or “pharmacy” or any other sign, title, emblem, or representation that implies or from which the public may reasonably infer that those premises are registered as a pharmacy.

Section 2 whereby “Definition of Dispensing” means the supplying of Drugs on and in accordance with a prescription given by a medical practitioner, a dental practitioner or practitioner. The dispensing of which is directly under the supervision of a Pharmacist.

Under this Bill the term Therapeutic Facility appears. It is an ambiguous term and we are suggesting that serious consideration should be given to the elimination of this term from the Medical Cannabis Bill. The challenge with the term Therapeutic Facility is its direct conflict with the Pharmacy Act 372D, Section 31 (1) and (2), whereby dispensing can only be executed by a Pharmacist according to Barbadian law.

The reason for our position on this matter is that we are cognizant of the specificity of Dosage forms listed in the Medical Cannabis Bill to be administered as: -

- Tablets
- Liquids-Solutions, Tinctures,
- Sublingual Drops
- Topical Oils, creams, ointments
- Eye Drops

These do not require a special room (Therapeutic Facility) to be administered.

You can take your Co Diovan, your Diabetic medication as well as your Medical Cannabis from the foregoing methods of administration.

We say then, for medical use, it is strongly advised against the Vaping of Oils, as the **Centre for Disease Control (CDC) USA** and our local Ministry of Health are finding a direct correlation between Vaping of Oils, Lung Disease and ultimately Death. We must slow right down on this one.

The Drug Inspectorate established under the Pharmacy Act CAP 372D, managed under the Ministry of Health and reporting in Law to the Pharmacy Council - the highest body in the land for regulation of the Profession - police Drugs, Medicines and Devices. We, the PDP, are appealing for an immediate confiscation of illegally imported CBD oils and Medicaments. The Act has not yet been passed and breaking of the Law is out through the gate. The Drug Inspectorate needs to COMB Barbados to ensure that Bajans are not being Hoodwinked by inhaling cooking oil, olive oils, oils loaded with high levels of THC and a substance that may not even be CBD etc. – all unregulated.

They have not been tested because they cannot be tested due to the lack of change in the Legislation.

Thereby, why are some individuals being charged for “spliffs” and illegal importers of Medical Cannabis are not being challenged?

We require balanced scales.

We can confirm Colonel Jeffrey Bostic has publicly, and categorically, expressed his commitment for the proper regulations and the protection of the Public’s Health, with regards to these illegal imports.

Retail Licenses

The term 'Retail License' in the Act is unclear as it relates to "Therapeutic Facility".

What is a Therapeutic Facility? We see the definition as stated in the Act, but "what is it used for?"

If the following methods outlined in the Act are the recommended methods of delivery, we therefore see no need for the term "Therapeutic Facility" to be used.

- Tablets
- Liquids-Solutions, Tinctures,
- Sublingual Drops
- Topical Oils, creams, ointments
- Eye Drops

Smoking of Cannabis, i.e. burning the plant, should not be considered for Medical Cannabis as the little suggested benefit does not out-weigh the associated risk when we look at the science.

Additionally, it damages / destroys Cannabinoid, the actual chemical that gives a therapeutic effect, and results in a euphoria which is not the **objective of the therapy. Please see the attached graph (Appendix 1)**

The Bill is also attempting to legalize Vaping.

Retail Distributor License should only be issued to Pharmacies and those authorized to legally dispense under the currently established Laws under Health.

In the definitions section it says **“premises” means any land or building and includes any vehicle or receptacle located on such land or in any such building**; under what circumstance can a car or receptacle be considered premises in the context of its use in this bill? Since this word ‘premises’ is used in this bill as a place where medical cannabis can be sold or used, that means a man can sell medical cannabis out of the back of his car or from a snow cone cart, or from a garbage bin. Or for that matter, even a temporary shop on the mighty Grynor highway on ‘kadooment’ day. It is clearly indicative of how wide and non-specific the term ‘premises’ can be construed under its current definition.

The use of the term Prescription

The use of the Term Prescription and the understanding surrounding its use in both the Medicinal and The Profession of Pharmacy is accepted.

In many conversations with both experienced Pharmacist and doctors of many, many years, the use of the term recommended **as it appears in this Bill, has no place.**

In the Pharmacy Act 1984-14, The Pharmacy Compounding and Dispensing of Drugs and Poisons Regulations 1986, Section 3 (1) and (2), it clearly states the following: -

3. (1) The dispensing of drugs shall be carried out by
 - a) a registered pharmacist; or
 - b) a graduate pharmacist under supervision of a registered pharmacist; or
 - c) an intern under the supervision of a registered pharmacist.

- (2) Drugs dispensed to patients should contain the following information clearly written, typed or printed on the label;
 - a) name of patient;
 - b) date medication was dispensed;
 - c) description number;
 - d) name of medical practitioner;
 - e) strength of drug;
 - f) directions for use of drug written in the English language;
 - g) name of manufacturer of drug dispensed; and
 - h) name and address of pharmacy.

DRUG INTERACTION BETWEEN CANNABIS AND OTHER STANDARD MEDICATIONS

We would like to bring to the consciousness of the Committee, another critical Public health consideration in respect to the Bill and the importance of ensuring the management by Doctors and Pharmacists of Medical Cannabis Patients.

There may be clinically significant interaction (i.e. cumulative effects) when medical cannabis is taken at the same time as central nervous system (CNS) depressants, including alcohol and sedative-hypnotics

There may also be risk of adverse effects when consuming cannabis in conjunction with opioids (i.e. Fentanyl), olanzapine) and anti-psychotic medications (e. clozapine, which are also used for neurological challenges.

Xenobiotic-mediated inhibition or potentiation of cannabinoid metabolism

- ▶ THC is metabolized by the isoenzymes CYP2C9 and CYP3A4, which also metabolized other drug in the liver
- ▶ Amilorone, Isonidazid, Proton Pump Inhibitor
- ▶ Antidepressants, Macrolides i.e. Clarithromycin
- ▶ Calcium Antagonist i.e. Verapamil, Antimycotic
- ▶ Anti-mycotics (i.e. itraconazole)
- ▶ HIV protease inhibitors i.e. Ritonovir

Cannabinoid –mediated regulation of drug metabolism

- ▶ Cannabis may increase the bioavailability of drugs that are metabolized by the isoenzyme (Hepatic) Enzymes CYP1A2 and CYP1B1 through inhibition of isoenzyme activity
- ▶ This may affect the efficacy of the medication and increase the potential for toxicity and side effects:
 - ▶ Amitriptyline
 - ▶ Phenacetin
 - ▶ Theophylline
 - ▶ Gransitron
 - ▶ Dacabazine
 - ▶ Flutamide

THE NEW DATA PROTECTION ACT – PROHIBITION OF PATIENT NOTES

There is no Justification for persons other than a Pharmacists and Doctors to interact with patients and patient profiles to ensure there is safety in the use of Medical Cannabis. Hence, the PdP posits that management of Medical Cannabis by persons other than those who trained as professionals to so do, should not be encouraged.

This leads to our position that patient confidentiality is of the utmost importance in the practise of these professions. The Minister and Ministry of Agriculture should have no place in accessing patient notes, only the Minister and Ministry of Health.

It is **PUBLIC HEALTH** and **SAFETY** issue.

Regulatory concerns

1. Part II section 3 provides for the establishment of the Barbados Cannabis Licensing Authority, which is understood to be a statutory corporation. But the government has already incorporated a legal entity called Barbados Cannabis Licensing Authority Inc., dated July 26th 2019 under Registration No. 43755, prior to this bill becoming Law. Can you tell me what this incorporated entity will do?

The Pdp believes this is a misstep.

2. The Authority must be above reproach in its composition. Full transparency and good fiduciary practice is critical to ensure good governance.
On the matter of the Composition of the Authority, Pharmaceutical Manufacturing should come under the Profession of Pharmacy in respect to the representative Authority. We are therefore requesting that the term Member of Pharmacy be used and not Pharmacologist.
3. The Bill purports to establish a licensing authority, which is intended to be the regulatory entity which allocates the licenses. Now, how is this being done in advance of both the establishment and passage of the Bill and the Authority. Can we have a private company incorporated a year prior to the Bill being introduced?
4. The Bill speaks to Regulations 3 (2) of Pharmacy Compounding and Dispensing of Drugs and Poisons Regulation 1986 (S.I 1986 No.82). It purports to address both prescription and recommendation, however, nowhere is the word recommendation mentioned within the regulations. The PdP asserts that there is no need for the word 'recommendation'.

5. We hold strongly to the view that the implications which flow from the establishment of this industry are such that the Regulations should be addressed at the same time of the parent Bill. The far reaching implication of this Bill significantly revolves around security, cultivation, research, medical cannabis, transportation and Penalties. Without regulation it would be a catastrophe.
6. The broad term Academia should be used for representation on the board.
7. The initial Regulation should be written and approved with the Bill. The Authority will have the power to amend or develop regulations.
8. Negative (prescribe) Resolution should not be used to make amendments to the regulations. Affirmative Resolution, only, should be used and engaged.
9. The fact that the Canadian model is the prototype being used for the Public Health categorization which falls under their Ministry of Health, means it is critical that our Laws align with those of Canada. Henceforth, the Barbados Medical Cannabis management must remain under the authority of the Ministry of Health.
10. The Bill is void of guidelines and regulations to ensure that Cannabis is being grown exclusively for Medical Purposes.

Tendering of Testing Facilities

The Testing Facility should all be Tendered, as they are persons across the length and breadth of Barbados suitably qualified to develop, structure, and meet the stated quality objectives of the International protocol for research, testing and identifying bio-equivalents.

In science we speak of having redundancy, we also use the quote “If something is scientific it is repeatable”. The development of the Cannabis Industry would obviously not preclude other players, even if it is for the purpose of cross-referencing results, strains and testing findings independently. This will make for good science.

If the earnings of the Medical Cannabis industry are as large as is being purported by the Agriculture Minister, then it can certainly facilitate an increase in numbers in the critical area of testing to ensure quality along the value chain. Therein, truly developing the science around medical cannabis.

Handover to the Ministry of Health

Earnings from this bill should be ploughed back into the Ministry of Health to support the anticipated fallout associated with growing medical cannabis in Barbados. Unlike the Canadian Medical Cannabis Bill, there are no areas for the support of abuse, neither is there adequate public health training and messaging in this Bill.

Scholarship for students

Under this Bill, unlike the Oil and Gas Industry and Bauxite/Mining Industry, there are no mandatory provisions for Scholarships that would raise our local intellectual capacity.

Moneys should be proportionally placed in Escrow directly from proceeds of earnings from the Medical Cannabis industry, and not just from Taxation and fees.

Economic Impact:

The Economic Potential for Cannabis

The Bill does not speak to how the products will allow proceeds/earnings to stay in Barbados. This begs the questions: -

- How do we benefit from the Medical Cannabis Industry?
- Are we primary producers or end users of the product?
- How much land will be utilized?
- How many jobs do we anticipate will be created and what categories of jobs?
 - Would there be a movement away from the traditional farming labour supply (Yam, Potatoes etc.)?
- How much will the Medical Cannabis Industry contribute to GDP?
- How do we as a country retain Foreign Exchange earnings?

The PDP believes that the country will lose more than we gain from this industry. We may retard the countries progress, resulting in social decline if the necessary controls are not clearly enshrined in the Bill and Regulations.

There remain many unanswered questions regarding the economics of this industry. What will there be in the regulation to ensure that the country benefits substantially from this New Industry?

We must guard against going back to the treatment, and negative experience associated with the Plantocracy in the Marijuana industry.

Approximate 0.70 cents of every Tourism dollar leaves the country for foreign shores. We must have, in this Bill, elements to ensure that the earnings and proceeds from the Medical Cannabis Industry stay in Barbados for an identifiable, sustained and specific time frame; such that it would infuse our economy with foreign exchange whereby the economic multiplier effect can be felt.

Our economists should have a significant role in unpacking this aspect of the Bill to ensure that the People once and for all earn from this industry.

These Industries traditional were based and steeped in the Old Colonial systems which parasitically extracted from our Bajan people but never supported the practice of sharing the wealth widely, and across generations of lower- and middle-class Barbadians.

It is our stand, that the small farmers, though being strung along will experience palpable disappointment if this document is not structured correctly.

- The global market for Cannabis is relatively respectable in size – estimated as being US\$150 billion. [Source: The Green Fund]

- Barclays, in their European Consumer Staples Report in September 2018, suggests that this figure could increase to **USD\$272 billion** by 2028.
- When compared with the Tourism Market, valued at US \$1.451 trillion (SOURCE: UNWTO International Tourism Highlights 2019 Edition) (and the major external driver of our domestic economy, contributing some US\$685.2 million to Barbados' GDP in 2018), **the Global Cannabis market = 10% of the Global Tourism market in size.**
- Sugar Cane Production has dramatically declined since Independence in 1966:

1966	2017	CHANGE			
1,584,000	102,181	-94%			

Positive Socio-Economic Factor – Increased Wages

However, it is possible that wages for some workers in the industry could rise:

- The majority of field workers in St. Vincent and the Grenadines earn between \$45 - \$60 daily;
- Traditional cannabis cultivators claim to earn between \$100 - \$120 daily;
- However, Cannavais has decided to offer the same wages made by field workers in the United Kingdom, which is equivalent to \$200 per day therefore, some daily paid workers with the company can therefore be expected to take home up to \$4,800 monthly. The salary structure will see the company's workers earning salaries comparable to that above many professional sector employees.
 - Source: Cannavais, an EU investor in St. Vincent

We, the members of the **People's Party for Democracy and Development** (PDP) and you the current government, have an opportunity to tighten the legislative framework of this Bill by considering the suggestions and the submissions made in this document.



MARIJUANA- AN NCSA POSITION PAPER

The area of medical use of cannabis and cannabinoids is extremely dynamic. The position outlined in this paper is framed within the mandate of the NCSA and will respond to the production and use of medical marijuana only.

The NCSA- its role and functions

The National Council on Substance Abuse (NCSA) was established as a Statutory Board in May 1995 under the aegis of the Ministry of Home Affairs. Our mandate is based on drug demand reduction in schools and the wider community.

The role and functions of the NCSA, are outlined in the NCSA Act¹ as follows:

- a) advise the Minister on measures for the eradication or control of substance abuse;
- b) advise the Minister on measures to prevent the proliferation of illegal narcotic drugs;
- c) devise, undertake and promote programmes and projects aimed at the prevention, elimination or control of substance abuse;
- d) authorise, conduct and facilitate research or surveys on substance abuse;
- e) undertake or facilitate programmes for the treatment and rehabilitation of persons affected by substance abuse;
- f) manage facilities for the treatment and rehabilitation of persons affected by substance abuse;
- g) co-ordinate or facilitate groups and organisations in the effort to eradicate or control substance abuse;

¹ http://ncsa.org.bb/images/stories/Library_Achieves/national_council_on_substance_abuse_act.pdf



- h) co-operate with local, regional and international organisations with interests similar to those of the Council; and
- i) solicit, receive and manage funds donated by government, the private sector, private citizens and international organisations for the functions mentioned in paragraphs (a) to (h).

POSITION

Until recently, interest in the use of cannabis for medical purposes was limited, a problem complicated by the large number of conditions for which cannabinoids are purported to be useful. This means that large, well-conducted studies are still scarce. In addition, the knowledge base is constantly changing as new studies are conducted. Interest in potential medical uses was revived in the 1990s following the discovery of a cannabinoid system in the brain (Iversen, 2003; Pertwee, 1997), which suggested that cannabinoids could be used to treat chronic pain and neurological disorders such as multiple sclerosis and epilepsy (NASEM, 2017).

Over the past few years, in the Caribbean, the legalisation and decriminalisation of marijuana have captured the attention of decision makers, as governments attempt to reconcile the differences between the benefits of medical marijuana and a framework for guiding the implementation of policy on marijuana use. In Barbados, the National Council on Substance Abuse (NCSA) is Government's lead agency for the prevention of the use and abuse of illegal and legal drugs and plays a critical role as an adviser on illicit drugs to the Minister of Home Affairs and Attorney General. The views of the NCSA on the use of marijuana in Barbados are, therefore, key to informing policy, programming and future research on marijuana. In

outlining its position on marijuana, the NCSA welcomes this debate on the legalisation and decriminalisation of marijuana but recognises the adverse consequences of the potential of the abuse of this drug like any other drug approved for legal uses, particularly among adolescents.

When, therefore, considering the outcomes of regulatory changes to allow access to cannabis and cannabinoids for medical use, in addition to considering health risks and benefits for patients, it is important to take into account the potential broader social and public health impacts. It is clear that the drug problem is multidimensional; and therefore equal importance MUST be placed on the factors which contribute to this challenge. It is from within these differing perspectives and impacts that the position of the NCSA, with respect to production and use of medical marijuana, is drawn.

USE OF MARIJUANA FOR MEDICAL PURPOSES

Cannabis has 142 different cannabinoids – active components – and each targets different illnesses. The two best known cannabinoids are Tetrahydrocannabinol (THC) and Cannabidiol (CBD). The former is the psychoactive component responsible for marijuana’s “high.” It has been said to help with pain and nausea, which has made it a much sought-after medication for patients undergoing chemotherapy.

CBD, on the other hand, works on the autoimmune system and acts as an anti-inflammatory. It is being tested on inflammatory bowel diseases (including Crohn’s and ulcerative colitis)

and has shown to be effective with conditions as diverse as autism, epilepsy, diabetes and heart disease. In addition, it is unlikely to get high from CBD.

The National Institute on Drug Abuse (NIDA)² defines medical cannabis as “using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions”. Medical cannabis drugs are delivered via pills, delayed-release gel capsules, sublingual tablets, drops, ointments, transdermal patches and metered inhalers. It is not smoked because that destroys the CBD and other components aside from THC. It is useful to note that in the European Union, no country that permits medical use of cannabis preparations recommends smoking as a mode of consumption. However, we also note that in the US, in March 2019 Florida’s medical marijuana laws were revised to allow patients to smoke the drug- a method of administration which was previously explicitly prohibited under the law. This is with caveat that it is only after the patient has tried other routes of administration and the prescribing physician determines in writing that the benefits of smoking, outweigh the risk.

The NCSA accepts that there is valid reason to prescribe marijuana for medical purposes in the treatment of specific categories of illness like those mentioned earlier. However, we are also aware that, save for limited jurisdictions, rigorous scientific testing of the use of cannabis as a medicinal remedy has been curtailed by legal restrictions. These restrictions, especially with respect to growing/production of cannabis have resulted in a dearth of research into the efficacy of the use of marijuana for medical purposes.

• ² <https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

An overview of the current evidence for the medical use of cannabis and cannabinoids as well highlights the limitations of and important gaps in the evidence. This emphasises the need for additional research and clinical studies, including larger and better designed trials, studies looking at dosage and interactions between medicines, and studies with longer-term follow up of participants.

The unfortunate development arising from this anomaly is that patients, health care professionals, and policy makers are without all the evidence they need to make sound decisions regarding the use of cannabis and cannabinoids. This lack of evidence-based information on the health effects of cannabis and cannabinoids has the potential to pose a public health risk, as we had mentioned earlier, which is difficult to quantify in the absence of research. We acknowledge the policy decision to have medical marijuana generally available by prescription, and commit to providing any assistance through education which is required by our mandate. We at the NCSA are mindful of our role in ensuring that people are educated by presenting the facts and the choices available. In this regard, we have already invested in a public education campaign, appropriately developed for a wide cross-section of audiences in which we will seek to clear the smoke surrounding not only marijuana, but other drugs both legal and illegal. Public education is particularly important given that public opinion about marijuana use has changed considerably over the decades and attitudes differ by generation.

In addition, as mentioned earlier, the potential economic benefits of the medical marijuana industry ought to be balanced against the social & public health impacts. In this regard, we refer to the INCB 2017 report which cautions that poorly controlled programmes for the medicinal use of cannabinoids can potentially have adverse effects on public health. That

Report cautions that poorly controlled programmes “may increase non-medical cannabis use among adults and contribute to the legalization of non-medical cannabis use by weakening public perceptions of the risks of using cannabis and reducing public concern about legalizing non-medical (so-called “recreational”) cannabis use, which is contrary to the international drug control treaties”.

The NCSA is clear that an unequivocal position must be taken with respect to the definition of medical marijuana and its permitted/ prescribed uses. It is important not to conflate the issues of recreational use of marijuana with medical marijuana as seems to be reflected in The Report on the CARICOM Regional Commission on Marijuana 2018³: *“While usage of cannabis/ marijuana for purposes other than medicinal is often referred to as ‘recreational,’ the Commission notes that, as discussed below, cannabis/ marijuana is proven to have therapeutic properties, as a stress reliever, so that the term ‘recreational’ is somewhat of a misnomer, since it ignores the mental health issues in this paradigm”*.pp10

Is the public therefore to assume that the terms therapeutic and recreational are interchangeable? Does the use for medicinal purposes contemplate use for therapeutic and by extension, recreational use as inferred in this extract? One of the major concerns to the NCSA, is the seeming trend of medical marijuana being the forerunner to recreational use of the substance, as has happened in many jurisdictions.

The Council notes that the National Institute on Drug Abuse (NIDA)⁴ makes the distinction: *“...basic and clinical researchers seeking to obtain cannabis or cannabinoids from NIDA for*

³ Report on the CARICOM Regional Commission on Marijuana (2018), *Waiting to Exhale- Safeguarding Our Future Through Responsible Socio-Legal Policy on Marijuana*. Caribbean Community Secretariat

⁴ NIDA is the Federal focal point for research, treatment, prevention, training, services, and data collection on the nature and extent of drug abuse

research purposes—including efforts to determine the value of cannabis or cannabinoids for treating a medical condition or achieving a therapeutic end need—must obtain a number of approvals...”. We would therefore derive some measure of comfort if such distinction is pellucidly defined in the available protocols.

Cannabis & Driving

In some countries (e.g. Ireland, U.K) which permit use of marijuana for medical purposes, people who drive after using cannabis for medical reasons or approved pharmaceutical medical cannabis products are exempted from prosecution for cannabis-impaired driving if they can show that they were prescribed the substance and were not impaired. The main argument for granting an exemption is that it will enable patients who use cannabinoids for medical purposes to live a more normal life. The fact that regular use of cannabis could result in low levels of THC in the blood for long periods following use without apparent impairment may be a consideration. The counterargument is that use of prescribed cannabis can still cause impaired driving and threaten road safety.⁵

GROWTH and PRODUCTION of MARIJUANA

We recognise that the emerging marijuana business will bring both opportunities and challenges:- opportunities in several areas including business, marketing, design, technology, the culinary arts, legal support, law enforcement, or certain skilled trades like technology, carpentry, or electrical work. More importantly as further research is

⁵ Cannabis and driving: Questions and answers for policymaking

encouraged and the industry matures it may build the institutional capital needed to sustain our own industry.

However, as cautioned by one of the major growers in Florida at the Florida Agricultural Policy Outlook conference in February 2019, “ Growing medical marijuana is not a get rich scheme. It is a cumbersome process. Some other challenges which are of concern to the NCSA are outlined below:

- Approval of marijuana for medicinal use is a fairly new practice. For that reason, marijuana’s effects on people who are weakened because of age or illness are still relatively unknown. Older people could be more vulnerable to the drug’s harmful effects.
- How will security of the crop be ensured?
- What systems for quality assurance will be established and maintained?
- If producing, how is money properly accounted for? Implications for banks who must comply with us-based regulations?
- Occupational Health Hazards - Protection of employees working directly in the industry
- Environmental implications
 - disposal of waste
 - water intense crop
 - exposure to volatile organic compounds
 - air quality and odour control for growing/producing & or processing
- Public Health

RECOMMENDATIONS

The National Council on Substance Abuse reiterates its earlier comments on the Draft Cabinet Paper on the National Policy for the Development of a Medical Marijuana Industry in Barbados and the Policy Paper on Medical Marijuana which was prepared by the Ministry of Agriculture and Food Security.

The NCSA:

- Supports the need for a sustained public education programme to ensure that the public is sensitised to the issues surrounding the introduction of medical marijuana and to allay any associated fears: The Council, by nature of its mandate, is well placed to add value through its educational and programming outreach to its various publics.
- Proposes that amendments be made to the NCSA Act to allow for the Council's support of the use of medical marijuana
- Supports the establishment of a central dispensing agency for medical marijuana. The growth of marijuana by patients for their medicinal use should not be allowed.
- Supports the position that persons must be suffering from a medically recognised disease or illness, which is causing a symptom for which there is no effective treatment other than medical marijuana.
- Recommends that the relevant Ministry to draft as a matter of priority and implement regulations and public policies regulating the medicinal use of pharmacological derivatives of cannabis.
- Recommends the provision of training to increase the number of professionals who can safely prescribe marijuana. One example is the "Society of Cannabis Clinicians

Clinical Cannabinoid Medicine Curriculum” which was developed in collaboration with the Medical Cannabis Institute.

- Supports the implementation of measures to ensure that robust and urgent attention be given to ensuring compliance with and/or strengthening regulations to increase financial transparency for producers and cultivators
- Supports efforts to establish systems for quality assurance and recommends that consideration be given to the inclusion of the Barbados National Standards Institute on the Medical Marijuana Authority Board

In summary, the Council supports the use of medical marijuana strictly regulated by Government, underpinned by a properly executed public education campaign appropriately developed for a wide cross-section of audiences buttressed by training primary health care providers. However, we believe that the infrastructure needed to support the growth and production of marijuana for medical purposes needs careful attention as the local industry develops.

CONCLUSION

Barbados will need to approach medical marijuana based on the current cultural context of the substance and laws surrounding its use. Parallel to the policy to decriminalise marijuana for medical purposes must be a national appetite to conduct more research to establish usage trends, with the requisite injection of funding. The Council will continue to support policy development in this regard, by monitoring closely what works and what doesn't work when it comes to making medical marijuana accessible to the general public while maintaining high safety standards and regulations.

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Presentation to the Joint Select Committee of
Parliament on the Medicinal Cannabis Industry
Bill

A. Damian H Cohall

I am the Deputy Dean (Preclinical Sciences) and a Senior Lecturer in Pharmacology in the Faculty of Medical Sciences, The University of the West Indies (UWI), Cave Hill, Campus.

My research expertise is in the areas of ethnopharmacology and pharmacognosy. I have published extensively on use the medicinal plants and their bioconstituents, inclusive of medicinal cannabis. I am the Director of a Doctorate of Philosophy (PhD) programme in Pharmacology and currently supervise five postgraduate students of which three of them are undertaking medicinal cannabis research in the areas of Epilepsy, Hypertension and Type 2 Diabetes. I am a member of the International Cannabinoid Research Society and also a member of the Advisory Editorial Board for the West Indian Medical Journal.

I am also the author of the book entitled 'Medicinal Plants of Barbados'. Some of my most recent publications assess the social climate and construct towards Cannabis sativa and also policy towards the development of a local medicinal cannabis industry. Both studies and related publications were jointly collaborated with Dr. Alana Griffith, sociologist from The University of the West Indies, Cave Hill Campus. The latter research article is entitled "*Conceptualizing a policy framework for the implementation of medical marijuana in the Caribbean territory of Barbados*" and is published in the journal *Drug Science, Law and Policy*. This research was awarded **Best Industry Applied Research** at The University of the West Indies, Cave Hill's Research Week 2018.

I am a recipient of the Faculty of Medical Sciences' Award of Merit for Leadership in Education in 2011 and most recently, I was awarded a Principal's Award for Excellence in Teaching, University and Public Service in 2018.

Through my work on medicinal cannabis, I have advocated unequivocally for patients with qualifying conditions for medicinal cannabis and the public's welfare through various seminars and medical conferences. I have also led the efforts from the Faculty of

Medical Sciences, UWI, Cave Hill towards the support of the government's intended development of a medicinal cannabis Industry.

B. The University's Key Intentions

- i. The University supports that medicinal cannabis should be used or grown for scientific and medical purposes where the intended uses meets all regulatory requirements and approvals, and where appropriate protections for health and safety are in place.
- ii. Upon legalisation of the medicinal cannabis in Barbados, the University will follow national direction, with a focus on the research and development, and take a harm reduction and educational approach to enabling the industry.

C. Key Milestones in Support of the Industry

Historically, the UWI has done significant research in the area of medicinal cannabis. The Faculty of Medical Sciences, The University of West Indies, Cave Hill supports the government intentions to establish a medicinal cannabis industry. The following outlines the key milestones in the faculty towards the advancement of a medicinal cannabis industry in Barbados:

- **May 19, 2016:** The Faculty of Medical Sciences hosted a panel discussion on medicinal cannabis during the UWI's 50th Anniversary Celebrations of Barbados.
- **September 5, 2018:** Article published in Drug Science, Policy and Law entitled "Conceptualising a policy framework for the implementation of a medical marijuana industry in the Caribbean territory of Barbados" by Alana Griffith and Damian Cohall.
- **September 21, 2018:** There was mention of an interest to establish mechanisms within the Faculty of Medical Sciences to facilitate the development of the medicinal cannabis Industry in the Faculty of Medical Sciences' Board meeting. This was also noted at subsequent Academic Board meetings of the Cave Hill Campus. Academic Board is the highest decision making body of each of the university's campuses.
- **November 8, 2018:** Dr. Damian Cohall from the Faculty of Medical Sciences, UWI was invited to comment on a Draft National Policy for the Development of a Medical Cannabis Industry.
- **November 14, 2018:** Research publication which proposed a policy framework for the implementation of the local medicinal cannabis industry won UWI's Best Industry Applied Research Award at the UWI, Cave Hill Research Awards 2018.
- **January & February 2019:** On the invitations from the Ministry of Agriculture and Food Security, The Faculty of Medical Sciences, through Dr. Damian Cohall, had

discussions with the ministry officials on the revised policy paper for the local medicinal cannabis industry prior to submission to Cabinet.

- **February 26, 27 & 28, 2019** – The Faculty of Medical Sciences delivered sensitisation workshops requested by the Barbados Drug Service, Ministry of Health and Wellness on medicinal cannabis to private and public pharmacists. The attendance was over 120 public and private pharmacists across the island.
- **May 21 - 22, 2019** – Ministry of Health & Wellness – UWI hosted a training workshop for doctors and pharmacists on the prescribing of medicinal cannabis.
- **June 29 – 30, 2018** – UWI collaborated with Cannabis Management Resources Inc to host a two-day CME credited medical conference on medicinal cannabis. The first day of the conference had featured addresses from Honourable Indar Weir, Minister of Agriculture and Food Security, Barbados and the Honourable Sabato Caesar, Minister of Agriculture, Industry, Fisheries and Rural Transformation from the St. Vincent and the Grenadines.

D. The Medicinal Cannabis Industry Bill

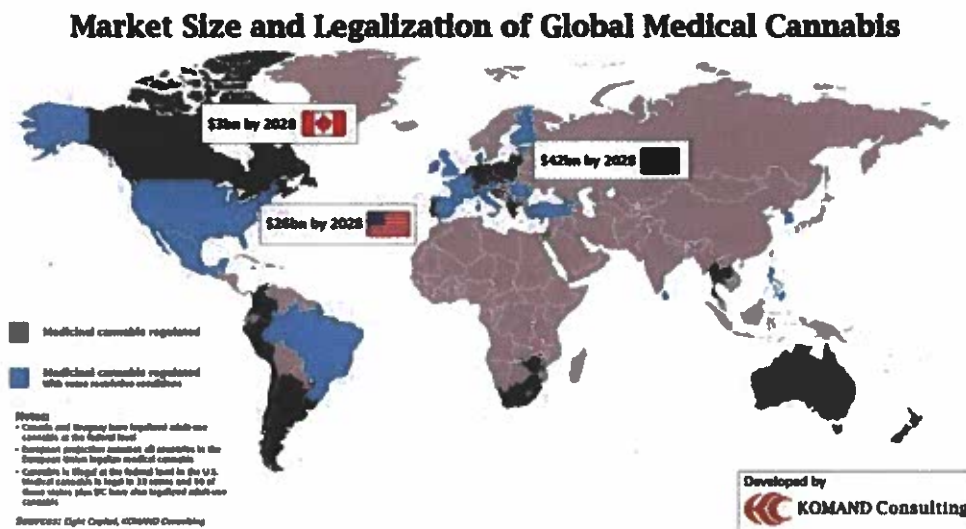


Figure 1. Global map showing the countries with legislative reform to allow medicinal cannabis. Komand Consulting Inc.

It has been noted that the **Medicinal Cannabis Industry Bill** addresses the key elements of establishing a medicinal cannabis industry. These findings have been corroborated by

research done by Griffith & Cohall, 2018¹ and Lynne-Landsman et al., 2013². The critical elements of an industry are:

- i. Establishment of a registry and a means of identifying persons who are legitimately prescribing and prescribed medicinal cannabis – ***Part II The Barbados Medicinal Cannabis Authority, Function of the Authority, Clause 4. (1) g.***
- ii. Guidelines for medical professionals which detail the conditions for which cannabis can be prescribed and dispensed similar to other controlled substances – ***Part II The Barbados Medicinal Cannabis Authority, Function of the Authority, Clause 4. (2) a.***
- iii. Regulations for cultivation, processing, possession, dispensing and sale of medicinal cannabis. These regulations should ensure the integrity of the product, enable traceability and limit diversion - ***Part II The Barbados Medicinal Cannabis Authority, Function of the Authority, Clause 4. (1) b & 4. (2) a.***
- iv. Protection for the patient from prosecution by authorising their access and use - ***Part II The Barbados Medicinal Cannabis Authority Function of the Authority, Clause 4. (1) g & i, PART III Access to Medicinal Cannabis, Use of Medicinal Cannabis, Clause 25, (1-3), Dose Limitation, Clause 26, Keeping Records, Clause 27. (1), Caregivers, Clause 28. (1).***
- v. Davenport and Pardo (2016) drew attention to the need for age restrictions for medical use, regulations on third-party possession, possible restrictions on advertising³ – ***PART III Access to Medicinal Cannabis – Use of Medicinal Cannabis, Dose Limitation, Clause 26, Keeping Records, Clause 27. (1), Caregivers, Clause 28. (1) & Part VII Miscellaneous, Regulations, Clause 42. (2) h.***

E. Intended work of public private partnerships with The University of the West Indies towards the development of medicinal cannabis industry will be facilitated primarily through the Faculty of Medical Sciences.

- i. UWI will work towards public education and awareness to:
 - a) Clearly differentiate policy approaches i.e. legalisation of medicinal cannabis from the decriminalisation of the recreational cannabis with the former being regulated by the best proven evidence to guide patient and public safety.

¹ Griffith, AD, Cohall, DC. Conceptualising a policy framework for the implementation of medical marijuana in the Caribbean territory of Barbados. *Drug Science, Policy and Law* 2018, 4:1-8. 10.1177/2050324518796349

² Lynne-Landsman SD, Livingston MD and Wagenaar AC. Effects of state medical marijuana laws on adolescent marijuana use. *American Journal of Public Health* 2013; 103(8): 1500–1506

³ Davenport S and Pardo B (2016) The Dangerous Drugs Act amendment in Jamaica: Reviewing goals, implementation, and challenges. *International Journal of Drug Policy* 37: 60–69.

- b) Impress upon the public that regulation is important towards safeguarding the public and patients' welfare but public education is equally impactful on harm/risk reduction and safeguarding the youth and the wider society.
 - c) Highlight many entrepreneurship opportunities to the wider society to enable their active participation in the industry.
 - d) Inform policy makers and the general public on the UN Single Convention on Narcotic Drugs 1961⁴ and UN Convention on Psychotropic Drugs 1971⁵ to guide the country towards exploring the medicinal and scientific purposes of cannabis until a reclassification of cannabis and related substance is scheduled.
- ii. UWI is committed to advocating for social accountability of the industry's participants in the public's interest.
 - iii. With training as a clear mandate of the university, UWI extends its mandate as an educational institution to:
 - a) Train doctors, pharmacists and nurses to become knowledgeable and informed practitioners of medicinal cannabis.
 - b) Collaborate where possible with other local tertiary educational institutions, TVET Council and international consortia to train and certify the workforce from seed to sale.
 - c) Integrate material about the endocannabinoid system and cannabinoids in the medical and health science programme for training doctors and other health care professionals.
 - iv. UWI intends to conduct research to leverage the unique selling points of the local industry:
 - a) Development of geographical indications and the generation of other Intellectual Property in the value-added segments of the value chain.
 - b) Conducting clinical research to identify new formulations of cannabinoids to treat patients with existing and new qualifying conditions.
 - c) Create opportunities through research-based postgraduate programmes to train and development a local critical mass of scientists to work in the industry and enhance the R&D and local IP generating opportunities.

⁴ United Nations Single Convention on Narcotic Drugs 1961.

⁵ United Nations Convention on Psychotropic Substances 1971

- v. UWI intends conduct quality assurance services to leverage the safety and efficacy of products for the sustainable growth of the local industry.

F. Suggestions/Recommendations for the Bill & Associated Regulations

- i. Collaboration between the Ministries of Agriculture and Food Security & Health & Wellness
 - a. At the level of the Barbados Medicinal Cannabis Licensing Board with ex officio memberships of the Permanent Secretaries of both ministries will ensure a collaborative stance on the regulation of the industry.
 - b. In operationalising the policies and procedures of the Barbados Medicinal Cannabis Licensing Authority.
 - c. In the regulation of cannabinoid pharmaceuticals and other formulations of medicinal cannabis and their approval to be added to a list validated for specific qualifying conditions.
- ii. Clarity on Recommendations vs. Prescriptions
 - a. United States of America Experience

It has been suggested that physicians in the USA may risk losing their Drug Enforcement Administration (DEA) license to prescribe medicine if they break federal law and hence in states where medicinal cannabis is legal, physicians recommend cannabis and its related medicinal products. Under Controlled Substance Act, the Drug Enforcement Administration issues registration numbers to qualifying doctors who become authorised to prescribe Schedule II, III, IV, and V controlled substances. Cannabis is a Schedule I drug in the USA⁶. Federal courts have found that “recommending” the use of cannabis for medical purposes is permitted, even if it is reasonably foreseeable that a recommendation would be used to obtain medicinal cannabis.
 - b. Canadian Experience

Medical practitioners must have patients under their care and provide their patients with an authorisation to use cannabis for medical purposes. [See Appendix 1 – Medical Cannabis Authorisation Form]⁷. Please note that pharmacological cannabinoids such as Sativex[®] (delta-9-tetrahydrocannabinol-cannabidiol) and Cesamet[®] (nabilone) have been approved for specific indications by Health Canada. Extracted medicinal

⁶ Title 21 United States Code (USC) Controlled Substances Act – Subchapter 1 – Control and Enforcement

⁷ Health Canada. Medical Document Authorizing the use of Cannabis for Medical Purposes under the Access to Cannabis for Medical Purposes Regulations [Internet]. Canada: Health Canada; 2019 [rev. 23-03-2017] cited 2019 Sept 21]. Available: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/licensed-producers/sample-medical-document-marihuana-medical-purposes-regulations.html>

cannabis has not gone through Health Canada's drug review and approval process, nor does it have a Drug Identification Number (DIN) or Natural Product Number (NPN)⁸.

c. Patient Awareness and Accountability

Systems to encourage patient awareness and accountability on using recommended products should be considered.

- Recommendations could be used for extracted formulations of medicinal products inclusive of balms, oils, tinctures and not for drug regulatory body approved pharmaceuticals.
- It is also key that patients are made aware of benefits and potential risks and how to ameliorate them. Authorised patients could proceed with an informed consent for recommended products by certified medical practitioners.

iii. Training and Certification

The industry is poised to be a leader regionally by its patient centric approach proffered by a highly trained and skilled workforce.

- a. Prior learning/experience certification of legacy/traditional growers and other practitioners to certify prior knowledge and practices through TVET is an opportunity to improve inclusivity among the potential participants in the industry.
- b. Utilising the Continuous Professional Education (CPE) training for healthcare professionals can be leveraged for the certification of the health practitioners to advance patient care in the industry.
- c. Additional training and certification for those stakeholders involved in the industry as outlined prior:
 - Undergraduate and Postgraduate degree programmes delivered by the UWI, Barbados Community College and other international institutions with consistent training standards.
 - Programme revisions to allow the inclusion of the Endocannabinoid System and cannabinoids in health and medical curricula at UWI and the Barbados Community College.

iv. Research & Development

⁸ Canadian Pharmacist Association. Medical cannabis Q & A Internet]. Canada: Canadian Pharmacist Association; 2019 [rev. 23-03-2017] cited 2019 Sept 21]. Available at: https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/MedicalCannabis_FAQ_Final.pdf

One of the key pillars of the proposed medicinal cannabis industry is research and development. Potential niche markets in the global medicinal cannabis value chain may be sought by focusing on improvements or innovations of various aspects of the current value chain. These can be further categorised as follows⁹:

- Propagation of Barbadian medicinal cannabis cultivars;
- Standardisation and amelioration of registered Barbadian cultivars;
- Synthesis of value-added medicinal products through novel techniques such as biosynthesis;
- Using innovation to improve extraction of cannabinoids;
- Development of products with new treatment modalities.

This creates an opportunity for the transformation of a local scientific industry, the potential development of scientific entrepreneurs and Intellectual property through patents and geographical indications. The proposed Barbados Medicinal Cannabis Licensing Authority could establish grants to facilitate the research and development mandate by the local scientific community who have sought Research and Development Licenses.

v. Social Accountability in the Industry

There must be established opportunities enabled by the Barbados Medicinal Cannabis Licensing Authority and participants to promote or facilitate social accountability in the industry. This could be primarily through:

- Public education on benefits and safety issues of medicinal cannabis.
 - Safety issues related to the use of cannabinoids especially the delta-9-tetrahydrocannabinol based preparations must be highlighted in educational sessions to assist in harm/risk reduction and maintain patient and public safety¹⁰:
 - Short term adverse effects – perceptual alterations(hallucinations), prolonged psychosis, neurocognitive and psychomotor impairment, tachycardia, somnolence, increased appetite

⁹ Cohal, D, Naraine, S. The Business of medical cannabis in Business Barbados 2019. Bridgetown, Barbados: Miller Publishing Company Limited.

¹⁰ Weinstein, AM, Cohen, K. Synthetic and Non-synthetic Cannabinoid Drugs and Their Adverse Effects-A Review from Public Health Prospective. *Frontiers in Public Health* 2018; 6:1-8. doi: 10.3389/fpubh.2018.00162.

- Long-term effects – increased risk of developing psychotic disorders, impaired brain development and functioning, increased risk of cardiovascular disease
 - Drug – Drug Interactions with other drugs in managing comorbidity.
-
- Supporting age restrictions (18 years or older) for access to medicinal cannabis and safeguards against potential substance induced conditions. Chronic cannabis use before the age of fifteen (15) years may have more deleterious effects on neurocognitive function than later use of cannabis in the adolescent stage of development¹¹.
 - Recommending levies within the industry to support rehabilitation services, the National Commission of Substance Abuse, other national health priorities can be explored.
 - Ensuring that the Barbados Medicinal Cannabis Licensing Authority policies and practices are fair and inclusive.

¹¹ Fontes, M.A., Bolla, K.I., Cunha, P.J., Almeida, P.P., Jungerman, Laranjeira, R.R., Bressan, R.A. & Lacerda, A.L.T. Cannabis use before age 15 and subsequent executive functioning. *The British Journal of Psychiatry* 2011, 198, 442 – 44

TO: THE JOINT SELECT COMMITTEE ON MEDICINAL CANNABIS
FROM: THE PHARMACY COUNCIL
DATE: SEPTEMBER 20TH, 2019

RE: POSITION PAPER ON MEDICINAL CANNABIS

Background

The Pharmacy Council is of the view that medicinal cannabis has its place in the treatment of some diseases as indicated in the research material that is presently available. We will therefore support an Act that can add value to our economy and improve the wellbeing of our patients.

To date, the Pharmacy Act (CAP 372D), the Health Services (Control of Drugs) Regulations and the Drug Abuse, Prevention and Control Act (CAP 131) predominantly regulate the practice of dispensing drugs in Barbados, particularly controlled drugs. Pharmacists are therefore adequately trained to ensure the accurate provision of these preparations to patients and they do so while precisely maintaining the record keeping procedures outlined in the cited Acts.

Comments on The Medicinal Cannabis Bill 2019

The Pharmacy Council has some concerns as it relates to the Medicinal Cannabis Bill 2019. These concerns are highlighted below:

1. Current practice dictates that a substance which is categorized as a 'controlled drug', should fall under the ambit of the Ministry of Health and Wellness. Medicinal cannabis should therefore conform to the previously highlighted Laws. The Pharmacy Council wishes to recommend that the dispensing and regulation of medicinal cannabis falls under the ambit of the Ministry of Health and Wellness while the cultivation of cannabis falls under that of the Ministry of Agriculture and Food Security.
2. Section 25 (1) (a) explains that the drug can be obtained by prescription or recommendation. Moreover, Section 29 (2) states the pharmacist or authorized person may dispense or supply medicinal cannabis on the submission of a prescription or recommendation. Medicinal cannabis being a 'controlled drug', should only be acquired through a prescription. The current laws dictate the requirements and controls for dispensing and providing controlled drugs. As such, the Council wishes to recommend that the method of obtaining medicinal cannabis be limited solely to the presentation of a prescription which is a legally enforced document.
3. The Bill defines a 'therapeutic facility' as a premise granted a Retail Distributor License to sell, dispense or provide medicinal cannabis prescribed or recommended by a medical practitioner. The Council wishes to recommend that the dispensing of medicinal cannabis be limited to the pharmacy especially because of the strict controls already in place with regards

to the inspection and regulation of pharmacies. Moreover, the Council wishes to obtain further information on the proposed regulation and inspection of the therapeutic facilities.

Conclusion and Recommendations

The health of the nation is of utmost importance and government should ensure that there is due diligence with regards to investigations on the effectiveness of the drugs on patient health and wellbeing. Moreover, The Pharmacy Council is of the view that the procedure for introducing additional drugs needs to be well-balanced with enacting new laws which are in alignment with the existing laws.

In summary, the Council therefore wishes to recommend the following:

1. Dispensing and regulation should fall under the ambit of the Ministry of Health and Wellness while the cultivation of cannabis should fall under the Ministry of Agriculture and Food Security.
2. Medicinal Cannabis should be available solely by prescription
3. The dispensing of Medicinal Cannabis should be limited to pharmacies

This paper is submitted for your consideration.

Shirley Holder



Chairman
Pharmacy Council

**TABLE
OF
AMENDMENTS**

*Table of Amendments of the Joint Select Committee to the
Medicinal Cannabis Industry Bill, 2019*

Section 2 (1) the following definitions were deleted "recommendation", "visitor" and "young person".
Section 2(1) amended to insert a definition for "authorized personnel"
Section 2(1) amended the definition of the word "cannabis" amended to carry the same meaning as it does in the Drug Abuse (Prevention and Control) Act, Cap.131.
Section 2(1) amended the definition of the word "cannabidiol" to delete the word "brain" and to replace the words "substance found" with the words "active ingredient".
Section 2 (1) amended to insert the following words in the definition of "handling" "exploration, testing, analysis"
Section 2(1) amended the definition of the word "medicinal cannabis" in paragraph (a) to delete the words "that is grown and sold pursuant to this Act".
Section 2(1) amended the definition of the word "premises" by deleting the words "as well as any such vehicle or receptacle located on such land".
Section 2(2) has been paragraphed and the words " unless it is unlawful" have been deleted and inserting the words "and any subsidiary legislation made under these enactments"
Section 3(2) amended to delete the words " subject to section 17"
Section 4(1)(f)(i) amended to insert the words "collect, collate and"
Section 4(1)(g) deleted and replaced with the following words "provide for the distribution of educational material and the conduct of training programmes in relation to the development and use of medicinal cannabis and the medicinal cannabis industry;"

Section 5(1) the words "shall be" are deleted and replaced with the words " is hereby".

Section 12 has been amended to insert paragraph (b) which states "time with the Authority or any salary, wages or any emoluments paid while at the Authority shall not be excluded from the calculation of the pension of that public officer in accordance with the provision of the *Pensions Act, Cap. 25.*"

Section 28 the term young person removed and section 28(6) delete.

Section 29(5) creates a prohibition or offence moved to 42(4).

Section 30(e) has been deleted.

Section 32(3) deleted and replaced with the following "A person who has been convicted of any of the offences in the *Second Schedule*, or of any other similar offence in any other country, shall not eligible for a licence. "

Insertion of section 40 and 41 to provide for an appeal from the Tribunal to High Court and to provide for rules to be made for Tribunal procedure.

Section 44 subsection (2) and subsection (3) into one continuous paragraph as all intended for the purposes.

First Schedule paragraph 1 is amended to increase the members of Board from 7 to 9.

First Schedule is amended in paragraph 10(1) to delete the words "in the presence of any 2 of the persons referred to in this sub-paragraph"

A *Second Schedule* has been inserted to put in the Schedule of offences.

Third Schedule is now former *Second Schedule* has been amended to delete paragraph 6(5).

Fourth Schedule former *Third Schedule* amended to amend the *Customs (List of Prohibited and Restricted Imports and Export) Order, 2009 (S.I. 2009 No. 127)* to provide for visitors, import licences and export licences and the *Drug Abuse (Prevention and Control) Act, Cap. 131* to expand the definition of Cannabis in the *First Schedule*.

Joelle A. St. John (Mrs.)

Senior Parliamentary Counsel

NEW BILL

'R'

2019-10-10 (JSC Final)

OBJECTS AND REASONS

This Bill would provide for

- (a) the regulation of the handling of medicinal cannabis in Barbados;
- (b) the establishment of a Barbados Medicinal Cannabis Licensing Authority, a Barbados Medicinal Cannabis Licensing Board and a Barbados Medicinal Cannabis Appeals Tribunal;
- (c) the issuing of licences for the handling of medicinal cannabis; and
- (d) related matters.

'R'

Arrangement of Sections

PART I

PRELIMINARY

1. Short title
2. Interpretation

PART II

BARBADOS MEDICINAL CANNABIS AUTHORITY

3. Establishment of Authority
4. Functions of the Authority
5. Establishment of a Board to manage the Authority
6. Functions of the Board
7. Board may delegate functions
8. Disclosure of interest
9. Report to Minister
10. Directions of Minister
11. Chief Executive Officer and staff of the Authority

12. Transfer and secondment of public officers
13. Limitation on powers of Board
14. Functions of the Chief Executive Officer
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16. Protection from personal liability
17. Funds and resources of the Authority
18. Borrowing power
19. Guarantee of loans
20. Accounts
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22. Audit
23. *Public Finance Management Act* to apply
24. Annual Report to Minister

PART III

ACCESS TO MEDICINAL CANNABIS

25. Use of Medicinal Cannabis
26. Dose limitation
27. Keeping of records

- 28. Caregivers
- 29. Dispensing of medicinal cannabis

PART IV

LICENSING THE SUPPLY OF MEDICINAL CANNABIS

- 30. Categories of licences
- 31. Tiers and types of licences
- 32. Eligibility to apply
- 33. Conditions of licences
- 34. Duration of a Licence
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- 36. Suspension or Revocation
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PART V

BARBADOS MEDICINAL CANNABIS APPEALS TRIBUNAL

- 38. Establishment of Appeals Tribunal
- 39. Appeals to the Cannabis Appeals Tribunal
- 40. Appeal to Court
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PART VI
OFFENCES

42. Offences

PART VII
MISCELLANEOUS

43. Regulations
44. Amendment of Schedules
45. Amendment of enactments in the *Fourth Schedule*
46. Commencement

FIRST SCHEDULE

Composition and Management of the Barbados Medicinal Cannabis Licensing Board

SECOND SCHEDULE

Offences

THIRD SCHEDULE

Barbados Medicinal Cannabis Appeals Tribunal

FOURTH SCHEDULE

Consequential Amendments

BARBADOS

A Bill entitled

An Act to provide for

- (a)* the regulation of the handling of medicinal cannabis in Barbados;
- (b)* the establishment of a Barbados Medicinal Cannabis Licensing Authority, a Barbados Medicinal Cannabis Licensing Board and a Barbados Medicinal Cannabis Appeals Tribunal;
- (c)* the issuing of licences for the handling of medicinal cannabis; and

(d) related matters.

ENACTED by the Parliament of Barbados as follows:

PART I

PRELIMINARY

Short title

1. This Act may be cited as the *Medicinal Cannabis Industry Act, 2019*.

Interpretation

2.(1) In this Act,

“analytical services” includes services for the testing or abstraction of cannabis;

“authorised personnel” means

- (a) a graduate pharmacist, under the supervision of a pharmacist; or
- (b) an intern who is studying to be a pharmacist, under the supervision of a pharmacist;

“Authority” means the Barbados Medicinal Cannabis Licensing Authority established under section 3;

“Board” means the Barbados Medicinal Cannabis Licensing Board which is the Board of the Authority established under section 5;

“cannabis” has the meaning assigned to it in the *Drug Abuse (Prevention and Control) Act, Cap. 131*;

“cannabis material” means

- (a) cannabis;
- (b) cannabis resin; and

(c) any other raw material derived from cannabis;

“cannabis resin” has the meaning assigned to it in the *Drug Abuse (Prevention and Control) Act*, Cap. 131;

“cannabidiol” or “CBD” means an active ingredient found in the cannabis plant which reacts with specific receptors in the human body to give a therapeutic effect;

“CARICOM Member States” or “CARICOM” means the countries or territories which are party to the Revised Treaty of Chaguaramas establishing the Caribbean Community, as well as the CARICOM Single Market and Economy, that was signed in the Bahamas on 5th July, 2001;

“controlled drug” has the meaning assigned to it by section 3 of the *Drug Abuse (Prevention and Control) Act*, Cap. 131;

“cultivation” includes harvesting, curing and drying;

“cultivation site” means the premises specified in a Cultivator Licence as premises on which cannabis plants are authorised to be cultivated;

“dispose” means the procedures for destroying cannabis;

“document” means, in addition to a document in writing, anything in which information of any description is recorded;

“handling” includes use, cultivation, processing, importation, exportation, exploration, testing, analysis, transit, transshipment, manufacture, sale, possession and distribution;

“harvest” means the process of gathering every plant that is reaped, whether manually or by way of machinery, whether or not that plant is dead or deemed to have no commercial value or viability;

“licence” means a licence issued to a person by the Authority to facilitate the handling of medicinal cannabis pursuant to this Act;

“medical, therapeutic or scientific purposes” includes scientific research, research trials, clinical trials, therapy and treatment, and manufacture of nutraceuticals and pharmaceuticals;

“medicinal cannabis” means

- (a) cannabis;
- (b) seeds, immature plants as well as all parts of the plant, along with resin extracted from any part of the plant;
- (c) every compound, manufacture, salt, derivative, mixture or preparation from cannabis; or
- (d) cannabis concentrate

that is cultivated, processed, manufactured, distributed, sold, tested, or analysed under a licence;

“medical practitioner” has the meaning assigned to it by section 2 of the *Medical Profession Act, 2011* (Act 2011-1);

“Minister” means the Minister responsible for Agriculture and Food Security;

“minor” means a patient who is under the age of 18 years;

“patient” means a person who suffers from a medical condition which may be treated with medicinal cannabis prescribed pursuant to this Act;

“pharmacist” has the meaning assigned to it by section 2 of the *Pharmacy Act, Cap. 372D*;

“pharmacy” means a place registered as a pharmacy under the *Pharmacy Act, Cap. 372D*;

“premises” means any land, and any buildings or structures thereon;

“public officer” has the meaning assigned to it by section 2 of the *Public Service Act, Cap. 29*;

“tetrahydrocannabinol” or “THC” means the main active ingredient in cannabis and one of the many naturally occurring chemical compounds found in cannabis;

“Tribunal” means the Barbados Medicinal Cannabis Tribunal established under section 38;

“therapeutic facility” means a premises operated by a person granted a Retail Distributor Licence to

- (a) sell, dispense or provide medicinal cannabis prescribed by a medical practitioner; and
- (b) provide facilities and other medicinal or therapeutic requirements to allow a patient who has purchased prescribed medicinal cannabis to use or consume that medicinal cannabis on the premises for therapeutic purposes;

(2) The provisions of the *Drug Abuse (Prevention and Control) Act*, Cap. 131, and the *Proceeds and Instrumentalities of Crime Act, 2019* (Act 2019-17) and any subsidiary legislation made under these enactments shall not

- (a) prohibit, or otherwise be applied to the use of medicinal cannabis or cannabis pursuant to this Act; or
- (b) be used to restrict or render unlawful, the handling of medicinal cannabis or cannabis by any person in accordance with the provisions of this Act.

PART II

BARBADOS MEDICINAL CANNABIS AUTHORITY

Establishment of Authority

3.(1) There is hereby established a body to be known as the Barbados Medicinal Cannabis Licensing Authority.

(2) The Authority is a body corporate to which section 21 of the *Interpretation Act*, Cap. 1 applies.

Functions of the Authority

4.(1) The Authority shall

- (a) develop policies, procedures and guidelines to establish the medicinal cannabis industry and to ensure that medicinal cannabis is available to patients in a safe and efficient manner;
- (b) regulate the handling of medicinal cannabis;
- (c) subject to subsection (2), issue licences in relation to the handling of medicinal cannabis in accordance with the provisions of this Act;
- (d) develop enforcement procedures in relation to the inspection of premises that are operated by a person in order to ensure compliance with the provisions of this Act or any regulations made pursuant to this Act;
- (e) where required, assist with the provision of analytical services;
- (f) with the approval of the Board, establish and maintain an electronic database to
 - (i) collect, collate and include information relating to persons who handle medicinal cannabis or cannabis in accordance with this Act; and

- (ii) provide for the electronic tracking of the handling of medicinal cannabis or cannabis in accordance with this Act;
 - (g) with the approval of Board, request from the Minister of Health such information as may assist the Authority with its functions;
 - (h) provide for the distribution of educational material and the conduct of training programmes in relation to the development and use of medicinal cannabis and the medicinal cannabis industry;
 - (i) ensure that proper disposal requirements are prescribed for the safe disposal of cannabis which is handled under this Act;
 - (j) perform such other functions assigned to it under this Act or any other enactment; and
 - (i) enter into any arrangement, which, in the opinion of the Authority, is necessary to ensure the proper performance of its functions.
- (2) In performing the functions specified in subsection (1), the Authority shall
- (a) formulate standards and prescribe codes of practice to be observed by licensees or other persons involved in the medicinal cannabis industry;
 - (b) where required, by an instrument in writing request information for the database;
 - (c) determine the fees to be charged for services provided by or on behalf of the Authority;
 - (d) facilitate scientific research in respect of medicinal cannabis and where applicable, apply the results of such research in the development of the medicinal cannabis industry; and
 - (e) do all such things as the Authority considers necessary or expedient for the purpose of carrying out its functions.

Establishment of a Board to manage the Authority

5.(1) There is hereby established a Board, to be known as the Barbados Medicinal Cannabis Licensing Board, which shall be responsible for the policy, organisation, management and administration of the Authority, and in particular for

- (a) the appointment of staff to the Authority and the management thereof;
- (b) the management of the other resources and contracts of the Authority;
- (c) the development of policies for the prudent and efficient management of the Authority; and
- (d) the monitoring of the performance of the Authority in respect of the discharge of its functions.

(2) The *First Schedule* has effect with respect to the constitution and management of the Board and otherwise in relation thereto.

Functions of the Board

6.(1) The Board shall be responsible for the policy, strategic direction and governance of the Authority.

(2) In performing its functions, the Board shall

- (a) monitor the administrative operations of the Authority;
- (b) advise the Minister on matters of general policy relating to the management, and development of an efficient and regulated medicinal cannabis industry;
- (c) ensure that the Authority receives and manages its funds in a prudent manner; and
- (d) do all such things as the Board reasonably considers necessary or expedient for the purpose of carrying out its functions under this Act.

Board may delegate functions

7.(1) The Board may delegate to the Chairman, a committee of the Board or the Chief Executive Officer of the Authority such of its functions as it thinks expedient for the purpose of effectively transacting the business of the Board .

(2) A delegation of a function under subsection (1)

(a) does not prevent the discharge by the Board of the function; and

(b) may, at any time, be revoked by the Board.

Disclosure of interest

8.(1) A member of the Board who is in any way directly or indirectly interested in any contract or other matter whatsoever which falls to be considered by the Board, or in any contract made or proposed to be made by the Board, shall disclose the nature of his interest to the other members of the Board at a meeting of the Board, and the disclosure shall be recorded in the minutes taken at that meeting of the Board, and that member shall not take part in any deliberation or decision of the Board relating to the contract.

(2) A disclosure made by a member of the Board under subsection (1), to the effect that he is a director or shareholder of, or has a significant economic relationship with a specific company, firm or other person interested in any contract which is made with the company, firm or other person shall, for the purposes of subsection (1), be a sufficient disclosure of his interest in relation to any contract so made.

Report to Minister

9. The Board may at any time, be required by the Minister to submit a report in respect of any matter or activity in which the Authority is involved.

Directions of Minister

10. The Minister may give directions of a general nature as to the policy to be followed by the Board and the Authority in the performance of their functions, as appear to the Minister to be necessary in the public interest, and the Board and the Authority shall comply with those directions.

Chief Executive Officer and staff of the Authority

11.(1) The Board shall, with the approval of the Minister, appoint a person, to be the Chief Executive Officer of the Authority.

(2) The Chief Executive Officer

(a) shall hold office for a term not exceeding 3 years, but is eligible for reappointment; and

(b) is entitled to such remuneration and allowances as the Minister determines.

(3) The Board shall, with the approval of the Minister, appoint or employ such other members of staff as may be required for the Authority.

(4) The staff of the Authority shall receive such remuneration and such allowances as the Minister may determine.

Transfer and secondment of public officers

12.(1) Where a public officer is seconded to a post in the Authority from a pensionable office within the meaning of section 2 of the *Pensions Act*, Cap. 25, the period of

(a) service with the Authority, unless the Governor-General otherwise determines, counts for pension under that Act, as if the officer had not been so seconded; and

(b) time with the Authority or any salary, wages or any emoluments paid while at the Authority shall not be excluded from the calculation of the

pension of that public officer in accordance with the provision of the *Pensions Act, Cap. 25*.

(2) Where a public officer accepts employment with the Authority, the public officer shall

- (a) be employed on terms and conditions that are no less favourable than those enjoyed by a public officer of proximate rank or a public officer performing comparable duties; and
- (b) retain any right to pension, gratuity or other allowance for which he would have been eligible had he remained in the public service and any such right is preserved.

Limitation on powers of Board

13. The Board shall not, without the prior approval of the Minister,

- (a) assign to a post established by the Board a salary in excess of such amount *per annum* as the Minister may determine and notify the Authority in writing;
- (b) appoint a person to a post established by the Board to which a salary in excess of the amount determined by the Minister under paragraph (a) is assigned; or
- (c) provide for the payment of a pension, gratuity or similar benefit to the staff of the Authority in respect of their service to the Authority.

Functions of the Chief Executive Officer

14.(1) The Chief Executive Officer shall be responsible for the day to day management of the affairs of the Authority which shall include the following

- (a) coordinating the functions of the Authority;
- (b) the taking of any administrative and managerial action as is necessary and appropriate for the effective implementation of this Act and any regulations made pursuant to this Act;

- (c)* assigning personnel as may be necessary to ensure that applications for licences are submitted to the Board for approval within the prescribed period after the making thereof;
 - (d)* ensuring the timely implementation of the decisions and directions of the Board;
 - (e)* submitting quarterly reports to the Board in relation to the activities of the Authority, in such manner as may be approved by the Board;
 - (f)* preparing the budget of the Authority and submitting the same to the Board for approval;
 - (g)* implementing operational policies and procedures in relation to the functions of the Authority; and
 - (h)* performing such other functions as may be assigned to the Chief Executive Officer by the Board or under this Act.
- (2) The Chief Executive Officer shall attend the meetings of the Board, but shall not have a vote at any meeting of the Board.

Obligation to secrecy

15.(1) Every person having an official duty or being employed in the administration of this Act shall regard and deal with as secret and confidential all information, databases, registers, records or documents relating to the functions of the Authority or the Board obtained by the person in the course of the performance of his duties or otherwise.

- (2) Notwithstanding subsection (1), a person may disclose information in any of the following circumstances
- (a)* pursuant to an order of the Court;
 - (b)* to any person or to an employee of the Authority, where he is authorised or required to do so; or
 - (c)* where disclosure is permitted under any other enactment.

(3) A person who receives information pursuant to subsection(2)(a) shall regard and deal with that information as confidential.

(4) A person who contravenes subsection (1) or (2) is guilty of an offence and is liable on summary conviction to a fine of \$10 000 or to imprisonment for a term of 2 years or to both.

Protection from personal liability

16. No action, suit, prosecution or other proceedings shall be brought or instituted personally against any member of the Board or Tribunal, employee or agent of the Authority in respect of any Act done *bona fide* in pursuance or execution of the Act.

Funds and resources of the Authority

17.(1) The funds and resources of the Authority shall comprise

- (a) monies voted for the purpose by Parliament;
- (b) such sums as may be borrowed by the Authority for its purposes; or
- (c) revenue earned from application fees, fees for the issuing of licences and fees for administrative matters.

(2) The resources of the Fund shall be applied in the payment of salaries, payment or the discharge of the expenses, obligations and liabilities of the Authority, Board and the Tribunal and towards the performance of any function of the Authority, Board or the Tribunal under this Act.

Borrowing power

18.(1) The Authority may, with the approval of the Minister, borrow any money it requires for meeting any of its obligations or performing any of its functions and shall, in such a case, inform the Minister of

- (a) the amount and source of the loan; and
- (b) the terms and conditions on which the loan may be obtained.

(2) The approval of the Minister under subsection (1) may be general or limited to a particular borrowing.

Guarantee of loans

19. In circumstances where approval under section 18 requires a guarantee the Government may, with the approval of Parliament, in such manner and on such terms and conditions as may be specified, guarantee a loan to the Authority together with any interest or other charges payable thereon.

Accounts

20. The Authority shall, in respect of its affairs and functions,
(a) keep proper accounts and adequate financial and other records; and
(b) prepare financial statements in respect of each financial year,
in conformity with generally accepted accounting practice.

Monthly statements

21. Every month the Chief Executive Officer shall prepare and submit to the Accountant-General within such time as the Accountant-General may determine
(a) a statement of revenue showing, under such headings as the Accountant-General may determine, the total revenue earned;
(b) a statement of cash flows; and
(c) a statement of refunds, remittances and waivers made,
during the preceding month.

Audit

22.(1) The Auditor-General shall be the auditor of the Authority.

- (2) The Auditor-General shall
- (a) audit annually, the accounts of the Authority and report to the Authority and the Minister on the financial statements of the Authority;
 - (b) periodically assess, on such basis as the Auditor-General may determine to be reasonable, the fairness and reliability of the information submitted to him by the Authority; and
 - (c) provide the Minister and the Authority with copies of reports of audits and assessments carried out under this section.

Public Finance Management Act to apply

23. The *Public Finance Management Act, 2019* (Act 2019-1) applies to the Authority with such modifications and adaptations as may be necessary.

Annual Report to Minister

24.(1) The Board shall, not later than 3 months after the end of every financial year, submit to the Minister an annual report including

- (a) information on the execution of its functions, and the functions of the Authority over the period;
 - (b) an account of the activities and transactions of the Authority throughout the financial year in such detail as the Minister may direct; and
 - (c) a detailed statement of all sums remitted in accordance with the provisions of the *Public Finance Management Act, 2019* (Act 2019-1).
- (2) The Board may include in the annual report mentioned in subsection (1) matters which, in the opinion of the Board, require the attention of the Minister.

PART III

ACCESS TO MEDICINAL CANNABIS

Use of Medicinal Cannabis

25.(1) A person shall only use or consume medicinal cannabis where the medicinal cannabis is prescribed by a medical practitioner .

(2) The parent or guardian of a patient who is a minor shall obtain a certificate in writing from a medical practitioner certifying that the use of medicinal cannabis is necessary in the case of that minor, and the parent or guardian shall consent in writing to the use of medicinal cannabis for the treatment of the minor.

(3) A person who uses or consumes medicinal cannabis without being authorised to use medicinal cannabis by a prescription from a medical practitioner is guilty of an offence and is liable on conviction on indictment to a fine of \$100 000 or to imprisonment for a term of 10 years or to both.

Dose limitation

26. In circumstances where a prescription by a medical practitioner requires repeated usage over a period of 3 months, a pharmacy or therapeutic facility shall not dispense to that patient more than a 30 day supply of individual doses at a time.

Keeping of records

27.(1) A medical practitioner shall maintain a record of every patient for which he has prescribed medicinal cannabis, and where that patient has a caregiver the medical practitioner shall also enter into the record the name, national registration number and contact information for the caregiver.

(2) All information acquired by the medical practitioner under subsection (1) is confidential, but the medical practitioner shall submit to the Authority at such times as the Authority may direct a report containing such information, excluding

the name of the patient, address of the patient, or the national registration number of his patient, from his records as the Authority may prescribe.

(3) The Authority may request further information from a medical practitioner, and the medical practitioner shall comply.

Caregivers

28.(1) Subject to subsections (2) and (3), a patient may designate a person as a caregiver and that person has the responsibility

- (a) for the immediate care and safety of the patient;
- (b) to assist the patient with obtaining or using medicinal cannabis; or
- (c) to act in the best interest of the patient.

(2) A receiver appointed for a person by the Court under the *Mental Health Act*, Cap. 45 or where relevant a guardian in accordance with the provisions of the *Mental Health Act* shall be deemed to be the caregiver of a person to whom that Act applies.

(3) A parent or legal guardian of a patient who is a minor shall be deemed to be the caregiver for that minor

- (a) unless that parent or legal guardian designates another person; or
- (b) a person is designated by an order of the Court.

(4) A person who is designated as a caregiver under this Act shall obtain from a medical practitioner a certificate that states that the caregiver is not dependent on a controlled drug.

(5) A person who is under the age of 18 years shall not be designated as a caregiver.

(6) A patient who changes his caregiver shall notify his medical practitioner of the change, and give that medical practitioner such information as the medical practitioner may require in respect of the new caregiver.

Dispensing of medicinal cannabis

29.(1) A pharmacist or authorised personnel in a pharmacy or a therapeutic facility may dispense medicinal cannabis to a patient and where applicable, to a caregiver for a patient.

(2) Subject to subsection (1), a pharmacist or authorised personnel in a pharmacy shall only dispense medicinal cannabis on the submission by a patient or where applicable, a caregiver, of a prescription and a valid form of identification for the patient.

(3) Upon dispensing medicinal cannabis to a patient or, where applicable, a caregiver, a pharmacist shall ensure that the label given in respect of the prescription has the information required by regulation 3(2) of the *Pharmacy (Compounding and Dispensing of Drugs and Poisons) Regulations, 1986* (S.I. 1986 No. 82).

(4) A pharmacist shall enter the information referred to in subsection (3) in a register kept by him and established for that purpose, in the prescribed manner.

(5) A pharmacist or authorised personnel in a pharmacy shall

- (a) conform to any requirement or limitation set by the medical practitioner as to the form of medicinal cannabis that is required in relation to the patient;
- (b) provide to a patient and where applicable, a caregiver, information on the lawful methods for administering medicinal cannabis in individual doses;
- (b) provide to a patient and where applicable, a caregiver, information on any potential danger stemming from the use of medicinal cannabis;
- (c) provide to a patient and where applicable, a caregiver, information on how to prevent or deter the misuse of medicinal cannabis by a minor:
and

- (d) provide to a patient and where applicable, a caregiver, any other information which the pharmacist may consider to be relevant.

PART IV

LICENSING THE SUPPLY OF MEDICINAL CANNABIS

Categories of licences

30. The Authority may issue for the development of the medicinal cannabis industry licences for the

- (a) cultivation of cannabis for medicinal purposes;
- (b) transporting of medicinal cannabis;
- (c) processing or manufacturing of medicinal cannabis products;
- (d) dispensing of medicinal cannabis at a therapeutic facility;
- (e) research and development of cannabis for medical therapeutic or scientific purposes;
- (f) laboratory testing of medicinal cannabis;
- (g) importing of medicinal cannabis; and
- (f) exporting of medicinal cannabis.

Tiers and types of licences

31.(1) A person who desires to obtain a licence to operate in the medicinal cannabis industry may apply to the Authority for any of the following licences

- (a) a Cultivator Licence (Tier 1), Cultivator Licence (Tier 2), Cultivator Licence (Tier 3) and Cultivator Licence (Tier 4) issued for the purpose of allowing the growing, harvesting, drying, trimming, curing or packaging of medicinal cannabis;

- (b)* a Research and Development Licence, issued to allow the conduct of scientific research for the purpose of improving or further developing cannabis for medical, therapeutic or scientific purposes;
- (c)* a Laboratory Licence which shall be issued to allow for the conduct of testing and analytical services associated with improving or further developing medicinal cannabis;
- (d)* a Processor Licence (Tier 1), Processor Licence (Tier 2), and Processor Licence (Tier 3) which shall be issued to allow for the processing and manufacturing of cannabis material and medicinal cannabis products;
- (e)* a Retail Distributor Licence, which shall be issued to allow for the operation of a therapeutic facility for the dispensing of medicinal cannabis to patients;
- (f)* an Import Licence, which shall be issued to allow for the importation of medicinal cannabis products and planting material from any country where it is legal so to do;
- (g)* an Export Licence, which shall be issued to allow for the exportation of medicinal cannabis or medicinal cannabis products to any country in keeping with the laws of any such country; and
- (h)* a Transport Licence, which shall be issued to allow for the transport of medicinal cannabis.

(2) Where a person applies for

- (a)* a Research and Development Licence; or
- (b)* a Laboratory Licence

and the licence is issued, that person shall also receive an import and export licence which shall only be used for purposes in connection with the Research and Development Licence or the Laboratory Licence.

(3) A licence issued pursuant to this Act shall not be transferable.

- (4) In respect of a Cultivator Licence the area of land for
- (a) Tier 1 shall be not more than 1 acre;
 - (b) Tier 2 shall be more than 1 acre but not more than 5 acres;
 - (c) Tier 3 shall be more than 5 acres but not more than 25 acres; and
 - (d) Tier 4 shall be more than 25 acres.
- (5) In respect of a Processor Licence, the processing area for
- (a) Tier 1 shall be not more than 200 square metres;
 - (b) Tier 2 shall be more than 200 square metres but not more than 500 square metres; and
 - (c) Tier 3 shall be more than 500 square metres.

Eligibility to apply

32.(1) A person who

- (a) is 18 years of age or older;
- (b) is a citizen of Barbados;
- (c) is a permanent resident of Barbados;
- (d) has immigrant status in Barbados;
- (e) is a citizen of a CARICOM Member State, other than Barbados; or
- (f) is a company, partnership or co-operative society

may apply for any licence stated in section 31.

(2) An application for a licence under subsection (1) shall be accompanied by a certificate from a medical practitioner that states

- (a) in the case of an individual, that the individual is not dependent on a controlled drug; or

- (b) in the case of a partnership, that a member is not dependent on a controlled drug.
- (3) A person who has been convicted of any of the offences in the *Second Schedule*, or of any other similar offence in any other country, shall not be eligible for a licence.
- (4) A person to whom subsection (1)(f) applies shall not be eligible for a licence unless 30 per cent of the company, partnership, or co-operative society is owned by a citizen, permanent resident, person with immigrant status or a citizen of a CARICOM Member State .
- (5) Subsection (4) shall not apply to a Research and Development Licence or a Laboratory Licence.
- (6) The Authority shall prescribe regulations in relation to the criteria for the eligibility to apply for each category of licence.

Conditions of licences

33. The Minister on the advice of the Authority shall by regulations impose conditions in respect of the issue of licences.

Duration of a Licence

34.(1) A licence shall be valid for 5 years.

(2) A person who holds a licence under subsection (1) may, not later than 3 months before the expiration of the licence, re-apply for the issue of a new licence.

Prohibition against supply

35.(1) A person shall not cultivate, supply, possess, or obtain medicinal cannabis for any of the purposes specified under this Act, unless that person is the holder of the relevant licence issued pursuant to this Act.

(2) A person who contravenes subsection (1) is guilty of an offence and is liable on conviction on indictment to a fine of 15 times the value of the medicinal

cannabis cultivated, supplied, possessed, or obtained or to imprisonment for a term of 10 years or to both.

Suspension or Revocation

36. The Authority may suspend or revoke a licence where the
- (a) person issued with the licence is convicted of an offence under this Act;
 - (b) person issued with the licence contravenes a term or condition of the licence granted under this Act; or
 - (c) Minister requires the suspension or revocation of the licence in the interest of public health or public safety.

Protection from criminal liability

37. A person who is authorised to undertake any activity under this Act is hereby protected from criminal liability, to the extent that the activity is authorised by, and conducted in accordance with, the provisions of this Act .

PART V

BARBADOS MEDICINAL CANNABIS APPEALS TRIBUNAL

Establishment of Appeals Tribunal

- 38.(1) There is hereby established a Barbados Medicinal Cannabis Appeals Tribunal. hereinafter called the Tribunal which shall hear appeals in accordance with this Act.
- (2) The provisions of the *Third Schedule* shall have effect as to the constitution and operation of the Tribunal and otherwise in relation thereto.

Appeals to the Cannabis Appeals Tribunal

39.(1) A person who is aggrieved by a decision of the Authority may appeal to the Tribunal by way of a notice of appeal within 14 days of the date of the decision or within such longer period as the Tribunal may, in any special circumstance, allow.

(2) The notice of appeal shall set out clearly the grounds of the appeal and shall be accompanied by copies of any correspondence, document or statement relevant to the appeal.

(3) A copy of the notice of appeal, together with copies of any correspondence, document or statement shall be served on the Authority.

(4) The Tribunal shall, within 14 days of the receipt of a notice of appeal under subsection (1), request the Authority to furnish it with a statement in writing setting out the reasons for its decision and within 14 days of receipt of the statement, a copy of the statement shall be served on the appellant.

(5) The Tribunal may order that any book, paper, document or statement, relating to the appeal which is in the possession of the Authority, any other person acting in accordance with this Act, or the person aggrieved, be produced at the hearing of the appeal.

(6) The Tribunal shall cause all parties to the appeal to be informed

(a) of the date of the hearing of the appeal, which shall be within 30 days from the date on which the statement is served on the appellant pursuant to subsection (4);

(b) that they may appear in person or be represented by an attorney-at-law; and

(c) that they may call witnesses on their behalf.

(7) On hearing an appeal under this section, the Tribunal may

(a) dismiss the appeal and confirm the decision of the Authority;

- (b) allow the appeal and set aside the decision of the Authority; or
- (c) direct that the matter be referred to the Authority.

Appeal to Court

40.(1) A party to an appeal determined by the Tribunal who is dissatisfied with the determination may, within 30 days after the party is notified of the decision, appeal to the High Court against the decision in accordance with rules of court.

(2) On an appeal under subsection (1), the High Court may make any order or give any decision which might have been made or given by the Tribunal, and may, if it thinks fit, remit the case to the Tribunal with directions as to its determination by the Tribunal.

Tribunal rules of procedure

41. The Minister may make rules to regulate the procedure for appeals to the Tribunal.

PART VI

OFFENCES

Offences

42.(1) No person shall

- (a) sell, offer for sale or offer for free distribution, medicinal cannabis, cannabis or any derivatives or samples thereof at any convention, trade show or at a public or private event;
- (b) have medicinal cannabis in his possession, if that person is not a caregiver or authorised to use or licensed to use medicinal cannabis under this Act;

- (c)* allow another person who is not authorised to use medicinal cannabis under this Act to use medicinal cannabis; or
 - (d)* make a misrepresentation in relation to a medical condition to a medical practitioner or fraudulently provide material misinformation to the medical practitioner in order to obtain a prescription for medicinal cannabis.
- (2) A patient or caregiver shall not knowingly obtain, seek to obtain, or have in their possession, individually or collectively, an amount of medicinal cannabis from a pharmacy or therapeutic facility that would cause either the patient or the caregiver to exceed the prescribed amount that they are authorised to have in their possession.
- (3) A patient or caregiver shall not sell medicinal cannabis that is obtained under a prescription issued pursuant to this Act.
- (4) A pharmacist shall not dispense to a patient or where applicable, a caregiver
 - (a)* a quantity of medicinal cannabis greater than that which the patient or caregiver is permitted to obtain under a prescription; or
 - (b)* any form of cannabis prohibited under this Act or any other enactment.
- (5) A person who contravenes this section is guilty of an offence is liable on conviction on indictment to a fine of 15 times the value of the medicinal cannabis or to imprisonment for a term of 10 years or to both.

PART VII**MISCELLANEOUS****Regulations**

43.(1) The Minister shall, with the approval of the Authority, make regulations for any matter that is required or permitted to be prescribed and for carrying out or giving effect to this Act.

- (2) Without limiting the generality of subsection (1), regulations may
- (a) prescribe standards for the supply of medicinal cannabis and the systems for certification to meet these prescribed standards;
 - (b) prescribe fees for the application of a licence and fees for the granting or issuing of a licence;
 - (c) prescribe the documents required for an application and procedures for maintaining the confidentiality of information contained in application forms;
 - (d) prescribe fees for administrative costs, where required;
 - (e) prescribe application forms and the form of licences;
 - (f) regulate, restrict or prohibit premises, vehicles or equipment used or intended to be used for or in connection with the supply of medicinal cannabis;
 - (g) prescribe the category of person who can apply for each type of licence;
 - (h) regulate or prohibit the transport of medicinal cannabis, including in specific areas in Barbados;
 - (i) prescribe matters to be considered by the Authority in relation to the suitability of premises for the supply of medicinal cannabis;

- (j)* prescribe standards or requirements as to the security of access to premises and for securing the premises in which medicinal cannabis is supplied or cultivated;
- (k)* prescribe requirements for signage at premises licensed in the prescribed manner and information to be displayed at those premises, or on equipment or vehicles used for or in connection with the supply of medicinal cannabis;
- (l)* prescribe the manner in which inspections, searches, detentions and seizures under this Act are to be carried out;
- (m)* prescribe documents to be kept in relation to medicinal cannabis;
- (n)* prescribe the information to be submitted to the Authority in annual reports to be submitted by a medical practitioner;
- (o)* prescribe the sale, supply and safe custody, storage and security of medicinal cannabis;
- (p)* prescribe the zoning of designated areas to be used as cultivation sites or in connection with the supply of medicinal cannabis;
- (q)* prohibit, regulate or control the supply, distribution, use, safe custody and storage of medicinal cannabis;
- (r)* prevent the improper use of medicinal cannabis;
- (s)* prescribe the manner in which medicinal cannabis is to be disposed of;
- (t)* regulate or prohibit the issuing of medicinal cannabis by pharmacists to patients;
- (u)* require persons engaged in the supply of medicinal cannabis to keep records and provide information in writing or otherwise;

- (v) prescribe procedure for the custody, accumulation, destruction, disposal, use, supply and storage of medicinal cannabis, including,
 - (i) the specifications of cupboards and other receptacles for storage; and
 - (ii) the manner of storage of any form of medicinal cannabis;
 - (w) regulate the supply of medicinal cannabis to persons who have had a history of substance abuse;
 - (x) regulate and control the advertising by any person of medicinal cannabis, including the form and content of advertisements;
 - (y) prohibit or regulate the supply of medicinal cannabis, whether by wholesale or by retail, or any class of products, unless the product or class of product is packaged in accordance with regulations and contains no more than a specified concentration of cannabidiol or tetrahydrocannabinol;
 - (z) prescribe the minimum size of packages or containers in which medicinal cannabis or any class of medicinal cannabis may be supplied or offered for supply;
 - (aa) specify the containers in which medicinal cannabis maybe supplied and prohibiting the use of those containers for the supply other substances;
 - (ab) prescribe the procedure for labelling and specify the particulars to be included on labels attached to containers of medicinal cannabis;
 - (ac) prescribe the procedure for the inspection of premises, other than residential premises, mobile facilities, records and any other documents relating to medicinal cannabis; or
 - (ad) prescribe the procedure for the administration and use of medicinal cannabis.
- (3) Any regulations made under this section shall be subject to negative resolution.

(4) Where the regulations made under this Act create an offence, the regulations may provide for such offences to be tried summarily or on indictment and the regulations may prescribe the following penalties

- (a) in the case of an offence triable summarily, a fine of \$500 000 or imprisonment for a term of 5 years or to both;
- (b) in the case of an offence triable on indictment, a fine of \$1 000 000 or imprisonment for a term of 10 years or to both.

Amendment of Schedules

44.(1) The Minister may, from time to time, by order published in the *Official Gazette* amend, revoke or vary the provisions of the *Schedules* to this Act.

(2) An order made under subsection (1) shall be subject to negative resolution.

Amendment of enactments in the *Fourth Schedule*

45. The enactments specified in the first column of the *Fourth Schedule* are amended in the manner specified in the second column of the *Fourth Schedule*.

Commencement

46. This Act shall come into operation on a date to be fixed by Proclamation.

FIRST SCHEDULE*(Section 5, 44(1))**Composition and Management of the Barbados Medicinal Cannabis Licensing Board***Appointment of members**

- 1.(1) The Board shall comprise 9 members .
- (2) The 9 members of the Board shall be persons from
 - (a) any of the following disciplines:
 - (i) banking;
 - (ii) sociology;
 - (iii) agriculture;
 - (iv) pharmacology; or
 - (v) medicine; and
 - (b) from the members of the Clergy, staff of the University of the West Indies, or members of youth organizations.
- (3) The members of the Board shall be appointed by an instrument in writing in the following manner:
 - (a) 8 persons by the Minister responsible for Agriculture; and
 - (b) one person by the Minister responsible for Health.
- (4) A member shall, subject to the provisions of this *Schedule*,
 - (a) hold office for a term not exceeding 3 years; and
 - (b) is eligible for reappointment.

Chairman

2. The Minister shall appoint a member to be Chairman.

Remuneration

3. A member of the Board is entitled to such remuneration and allowances as the Minister determines.

Resignation

- 4.(1) The Chairman may resign his office by instrument in writing addressed to the Minister.
- (2) A member, other than the Chairman, may resign his office by instrument in writing addressed to the Chairman, who shall forthwith forward the instrument to the Minister.
- (3) A resignation takes effect from the date on which the Minister receives the instrument.

Temporary leave of absence

5. The Minister may, in writing, grant a leave of absence to a member.

Temporary appointment

6. Where a member is, or is likely to be, unable to perform the functions of his office for more than 30 days, whether as a result of absence from Barbados, illness or other cause or reason, the Minister may appoint a person to act in the place of the member.

Revocation of appointment

7. The Minister shall revoke the appointment of a member who
 - (a) fails to carry out any of his functions under this Act;

- (b) becomes of unsound mind or becomes permanently unable to perform his functions by reason of ill health;
- (c) is convicted of an offence involving fraud or dishonesty or, in the case of any other offence, is sentenced to a term of imprisonment;
- (d) is guilty of serious misconduct in relation to his functions;
- (e) is bankrupt or compounds with or suspends payment to his creditors;
or
- (f) fails to disclose his interest in a matter before the Board as required by this Act.

Vacancies

8.(1) A vacancy in the membership of the Board arises on

- (a) the death or resignation of a member;
- (b) the revocation of the appointment of a member; or
- (c) the absence of a member from 4 consecutive meetings of the Board without the approval of the Minister.

(2) A person who is appointed to fill a vacancy referred to in sub-paragraph (1) shall hold office only for the unexpired portion of the term of the former member.

Disqualification of a member

9. A person who

- (a) is a member of Parliament;
- (b) is a public officer; or
- (c) were he is a member, would have to be removed from office pursuant to paragraph 6,

is not eligible to be a member.

Gazetting of appointments

10. The appointment, resignation, death or removal from office of a member shall be published in the *Official Gazette*.

Seal and execution of documents

11.(1) The seal of the Authority shall be

- (a) kept in the custody of the Chairman, or the person performing the functions of secretary to the Board and may be affixed to documents or instruments pursuant to a resolution of the Board; and
- (b) authenticated by the signature of the Chairman or the person performing the functions of secretary to the Board.

(2) All documents or instruments made by the Board, other than those required by law to be under seal, and all decisions of the Board shall be signified under the hand of the Chairman, or the person performing the functions of secretary to the Board.

Committees

12.(1) The Board may appoint committees of its members or other persons to assist it with the proper discharge of its functions.

(2) Where a person who is not a member of the Board is appointed to a committee, the Board may, with the approval of the Minister, determine the remuneration and allowances to be paid to the person.

Meetings

13.(1) The Board shall meet as often as may be necessary or expedient for the transaction of its business and such meetings shall be held at such places and times and on such days as the Board may determine.

(2) The Chairman, or in the event of his absence from Barbados or inability to act as such, the person acting as Chairman, may at any time call a special

meeting of the Board and shall call such a meeting within 7 days of the receipt by him of a request for the purpose addressed to him in writing and signed by not less than 3 members.

(3) The Chairman, or in his absence, the person acting as Chairman, shall preside at all meetings of the Board.

(4) Where the Chairman is absent from a meeting, the members present shall elect a member from among their number to preside at the meeting.

(5) Five members shall constitute a quorum.

(6) The decisions of the Board shall be by a majority of votes and in a case where the voting is equal, the Chairman or other person presiding at the meeting shall, in addition to an original vote, have a casting vote.

(7) Minutes of each meeting shall be kept by the person performing the functions of secretary to the Board or by such other officer as the Board appoints for the purpose and shall be confirmed by the Board and signed by the Chairman at the next meeting of the Board.

Attendance of non-members at meetings

14. The Board may invite any person to attend any of its meetings to assist or advise it with respect to any matter under its consideration, but a person so invited does not have a right to vote.

Board may regulate proceedings

15. Subject to the provisions of this *Schedule*, the Board may regulate its own proceedings.

SECOND SCHEDULE*(Section 32(3), 44(1))**Offences*

Enactment	Section of Enactment
<i>Anti-Terrorism Act, Cap 158</i>	a conviction for any offence under this Act.
<i>Drug Abuse (Prevention and Control) Act, Cap. 131</i>	a conviction for an indictable offence under any of the following sections: section 4(3); section 5; section 6(3); section 7(1); section 11(2); section 14(6); section 18(4); section 19(1); section 20(3); section 21(3); section 22(2); or section 23.
<i>Firearms Act, Cap. 179</i>	a conviction for an offence under any of the following sections: section 18; section 19; or section 20.
<i>Money Laundering and Financing of Terrorism (Prevention and Control) Act, 2011</i>	a conviction for any offence under this Act.

SECOND SCHEDULE (CONT'D)*(Section 32(3), 44(1))*

Enactment	Section of Enactment
<i>Theft Act, Cap. 155</i>	a conviction for an offence under any of the following sections: section 8; section 9; section 10; section 19; section 24; section 25; or section 26.
<i>Trafficking of Persons Prevention Act, 2016</i>	a conviction for an offence under any of the following sections: section 3(1); section 3(3); section 4(1); section 4(3); section 6(1); section 7; section 8; or section 9.

THIRD SCHEDULE

(Section 38(2), 44(1))

Barbados Medicinal Cannabis Appeals Tribunal

Appointment of members

1.(1) The Minister shall by an instrument in writing appoint 3 persons to be to be members of the Barbados Medicinal Cannabis Appeals Tribunal, hereinafter referred to as the Tribunal.

(2) One of the members appointed pursuant to paragraph (1) shall be an attorney-at-law of at least 10 years standing.

(3) The other 2 members shall be persons who, in the opinion of the Minister, have such expertise as may be required for the discharge of the functions of the Tribunal.

(4) A member of the Tribunal shall

(a) hold office for a term not exceeding 3 years; and

(b) is eligible for reappointment.

Resignation, temporary absence and disqualification

2. Paragraphs 3 to 10 of the *First Schedule* apply to a member of the Tribunal as those paragraphs apply to a member of the Board.

Institution of appeal

3.(1) An appeal to the Tribunal shall be instituted by filing with the Tribunal, within such time as may be stipulated in the relevant specified enactment, a notice of appeal together with such copies thereof as the Tribunal may require, and the notice shall state the precise grounds of appeal.

(2) The Chairman of the Tribunal shall set the place, date and time for the hearing of the appeal and shall notify the parties of the place, date and time at least 7 days before the date set for the hearing.

Procedure on appeal

4.(1) The appeal shall be held *in camera* and

- (a) the parties may appear in person or may be represented by an attorney-at-law or an agent; and
- (b) the onus of proof is on the appellant.

(2) An appeal may be heard in the absence of a party who has been given reasonable notice in writing to attend.

(3) In determining the appeal, the Tribunal may review the whole case in respect of the law and fact, exercise any discretion, and shall determine the case in accordance with its own judgment.

(4) In the case of a difference of opinion among members sitting together, the opinion of the majority shall prevail, and in case of an equality of numbers, the opinion of the Chairman shall prevail.

Powers of Tribunal

5.(1) The Tribunal

- (a) may
 - (i) issue subpoenas,
 - (ii) make orders and give directions to such persons in such manner as it thinks fit
 - (A) for the purpose of summoning witnesses;
 - (B) for requiring the disclosure of documents or other evidence;
 - (C) for requiring parties or witnesses to answer questions;

- (D) for the purpose of conducting its proceedings in a proper and orderly manner;
 - (b) may, consult any person having experience in any relevant field in order to assist it with a matter; and
 - (c) shall, with respect to the attendance and examination of witnesses, the production and inspection of documents and all other matters necessary for the exercise of its jurisdiction, have all such powers as are vested in a magistrate's court in an action in that court.
- (2) In the hearing and determination of any matter before it, the Tribunal
- (a) may act without regard to technicalities and legal form;
 - (b) shall not be bound to follow the rules of evidence stipulated in the *Evidence Act*, Cap. 121;
 - (c) may inform itself on any matter in such manner as it thinks just; and
 - (d) may take into account opinion evidence and such facts as it considers relevant and material.

but in any such case, the parties to the proceedings shall be given the opportunity, if they so desire, of adducing evidence.

Decisions of Tribunal

6.(1) The decision of the Tribunal shall be in writing and shall include reasons for the decision, a statement of the Tribunal's findings on material questions of fact and a reference to the evidence or other material on which the findings are based.

(2) The Tribunal shall ensure that the decision is served on each party to the proceedings.

Meetings of Tribunal

7. Subject to this *Schedule*, at a meeting of the Tribunal, the Tribunal may regulate its own procedure.

FOURTH SCHEDULE*(Section 45)**Consequential Amendments***Enactment**

Customs (List of Prohibited and Restricted Imports and Export) Order, 2009
(S.I. 2009 No. 127)

Amendment

Paragraph 5 is deleted and the following is substituted:

“ 5. (1) No person shall import any of the goods set out in the *First Schedule* to this Order except that person is authorised to do so by

(a) a licence issued in respect of the goods either by the Minister under the *Miscellaneous Controls Act, Cap. 329*;

(b) any other enactment; or

(c) Part II of the *First Schedule*.

(2) No person shall export any of the goods set out in the *Second Schedule* to this Order except that person is authorised to do so by

(a) a licence issued in respect of the goods either by the Minister under the *Miscellaneous Controls Act, Cap. 329*;

(b) any other enactment.

Paragraph 2 of Part II of the *First Schedule* is deleted and the following is substituted:

“ **Cannabis for medicinal purposes etc.**

2. *Cannabis*, meaning all parts of any plant of the genus *cannabis*, or any preparation or mixture thereof, where that form medicinal cannabis is permitted in accordance with the provisions of *Medicinal Cannabis Industry Act, 2019* where

(a) the person can show written proof from their doctor that the cannabis is prescribed for medicinal purposes and that the quantity of the cannabis is the quantity which would be required for the period of the person’s stay in Barbados; or

(b) where the person is the holder of an import licence or a licence issued in accordance with the provisions of *Medicinal Cannabis Industry Act, 2019 (Act 2019-)* that grants permission to import.

”.

Part II of the *Second Schedule* is amended by inserting the following after paragraph 3:

“ **Cannabis export**

4. *Cannabis*, meaning all parts of any plant of the genus *cannabis*, or any preparation or mixture thereof may be exported where the person is the holder of an export licence or a licence issued in accordance with the provisions of *Medicinal Cannabis Industry Act, 2019 (Act 2019-)* that grants permission to export.”.

*Drug Abuse (Prevention and Control) Act,
Cap. 131*

Paragraph 1 of the *First Schedule* is amended by deleting the words “Cannabis (Indian Hemp) and Cannabis resin (Resin of Indian Hemp)” and substituting the following:

“Cannabis and Cannabis Resin”.

HANSARD TRANSCRIPTS

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**FIRST MEETING OF THE JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL (2019)
MARIGOLD ROOM,
LLOYD ERSKINE SANDIFORD CENTRE (LESC)**

TUESDAY, SEPTEMBER 10, 2019

First SESSION 2018-2023

PRESENT:

Hon. Indar A. WEIR, M.P., M.B.A (Chairman)
Lt. Col. the Hon. J. D. BOSTIC, M.P., MVO, B.A. (Hons.), M.P. (Deputy Chairman)
Hon. Dale D. MARSHALL, Q.C., M.P., LL.B. (Hons.)
Hon. Edmund G. HINKSON, M.P., LL.B (Hons.) L.E.C. LL.M.
Dr. Sonia E. BROWNE, M.P.; M.B.B.S.
Hon. Adrian R. FORDE, M.P.
Bishop Joseph J. S. ATHERLEY, M.P., J.P., B.A., B.Sc., PgD., (Leader of the Opposition)
His Honour Senator Rudolph N. GREENIDGE, L.L.B
Senator Dr. Crystal K. M. HAYNES, M.B.B.S
Senator Mr. C. A MAYNARD, M.B.B.S., F.R.C.S. (ENT)
Senator Caswell A. FRANKLYN, J.P.

ALSO IN ATTENDANCE:

Mr. Pedro E. EASTMOND, Clerk of Parliament
Ms. Beverley S. GIBBONS, Deputy Clerk of Parliament
Miss Suzanne HAMBLIN, Library Assistant, Procedural Officer to the Committee (Ag.)
Ms. Anika JACKSON, Principal Crown Counsel, Office of Attorney General
Mrs. Joelle St. JOHN, Senior Parliamentary Counsel, Chief Parliamentary Counsel's Office
Ms. NICOLE THOMPSON, Special Advisor to the Attorney-General
Mr. Terry BASCOMBE, Permanent Secretary in the Ministry of Agriculture and Food Security
Mrs. Suzette EDEY-BABB, Chief Economist in the Ministry of Agriculture and Food Security
Mr. Damian COHALL, Chairman of the Barbados Cannabis Licensing Authority

ABSENT:

Hon. T. A. PRESCOD, M.P.

Meeting commenced at 10:14 a.m.

Mr. CLERK: Welcome to the Joint Select Committee on the Medicinal Cannabis Industry Bill. Now this is the first occasion that since I was at

Parliament that a Committee has met outside of the precinct. This procedure will inform the Committee that permission was given by the House on the last occasion for the Committee to sit outside of the precinct, so we are well within the Standing Orders of the House. The first order of business will be to appoint a Chairman. It will take a motion from the floor. The intention is to appoint Hon. I. A. Weir.

Lt. Col. the Hon. J. D. BOSTIC: Mr. Clerk I would like to move the motion for the appointment of the Honourable Minister Indar Weir to be the Chairman of this Select Committee.

Seconded by Bishop J. J. S. ATHERLEY.

The question that Hon. I. A. WEIR be appointed as Chairman was put to the Committee and resolved in the affirmative with one division from Senator C. A. Franklyn. Hon. I. A. WEIR was appointed as Chairman.

Mr. CHAIRMAN: Thank you Mr. Clerk of Parliament. I would like to ask for the appointment of a Deputy Chairman.

Hon. D. D. MARSHALL: Mr. Chairman I would like to move the appointment of Lt. Col. the Hon. J. D. Bostic.

Seconded by Senator Mr. C. A. MAYNARD.

Mr. CHAIRMAN: We have our proposer and a seconder for the appointment of Lt. Col. the Hon. J. D. BOSTIC, Minister of Health and Wellness to be Deputy Chairman.

The question was put and resolved in the affirmative without division.

Mr. CHAIRMAN: Let me use this opportunity now to welcome all of you to this Select Committee. We do know that the Medicinal Cannabis Industry Bill 2019 was piloted in Parliament on August 30, 2019, and after, a decision was taken for it to come to Select Committee for us to have the Bill properly ventilated to hear the views of the Opposition and general public in terms of what their concerns may be, in terms of what the Bill should look like and how we should proceed on October 8, 2019.

Therefore, at this time I would want for us to agree to quorum. A recommended quorum is five people. Can we take a motion for a quorum?

Hon. D. D. MARSHALL: I move that the quorum be set at five people.

Bishop J. J. S. ATHERLEY: Mr. Chairman, before we settle that issue, may I grasp to who exactly are that Members of the Committee.

Mr. CHAIRMAN: The Members of the Committee are as follows - From the House of Assembly: Hon. Dale Marshall (Attorney General), Hon. Adrian Forde (Minister of Youth and Community Empowerment), Hon. Edmund Hinkson (Minister of Home Affairs), Hon. Trevor Prescod (Minister of Environment and National Beautification), Lt. Col. the Hon. Jeffrey Bostic (Minister of Health and Wellness), Dr. Sonia Browne (Chairman of Committees in Parliament), Bishop Joseph Atherley (Leader of the Opposition), and Hon. Indar Weir (Minister of Agriculture and Food and Security). From the Senate are as follows: His Hon. Senator Rudolph Greenidge, Senator Dr. Crystal Haynes, Senator Mr. Christopher Maynard, Senator Caswell Franklyn. Dr. Browne has indicated that she will be late and therefore begged to be excused at this time.

Senator C. A. FRANKLYN: Before we proceed, I have some queries.

Bishop J. J. S. ATHERLEY: Mr. Chairman I was calling for the floor before the Honourable Senator, simply to say that I am advised by my colleague Senator, whom I respect highly in regard in these matters as perhaps the foremost authority, that the Senate does not properly contribute to the composition of this Joint Select Committee if they are only four Honourable Members from the Senate. I believe that he about to speak to that.

Senator C. A. FRANKLYN: Yes I am thank you. When we met as a Joint Select Committee for the Integrity in Public Life Bill, we had that same issue. I remembered the Attorney General agreeing that a Joint Select Committee constituting Members from the Senate should have six Member of the Senate. Standing Order 67 states that, Joint sleet Committees (I) "*The Senate may for the purposes of any Select Committee appoint not less than six members to sit with members of the General Assembly as a Joint Select Committee.*"

Senator C.A. FRANKLYN: I am sure that the House must have been aware of the Standing Orders of the Senate when they spoke to having four people. I asked for some advice and I did not agree with the advice that I got, that is why I am bringing it here. The advice that I got was that the Committee was formed in the House, but the Standing Order does not say that. It says a Joint Select Committee must have six Senators. It does not say where it was formed, if it was formed in the Senate, in the House or wherever else, it must have six Senators. It does not have any dressing, just that.

Hon. D.D. MARSHALL: ... Mr. Chairman, I have looked at the Standing Orders of both the Senate and

the House, and the Standing Orders of the Senate do speak in fairly bald terms of Select Committees. Section 62 says:

"Every Select Committee shall be so constituted as to ensure as much as possible that the balance of the parties in the Senate is reflected in the Committee."

Hon D.D. MARSHALL: However, we have to take the provisions of these Standing Orders conjointly with the provisions of the Standing Orders of the House. For example, there is a provision in Section 63, which is headed '**Procedure in Select Committees**'. It does not say any more than that. Then it goes on to say:

"Unless the Senate otherwise directs, three Senators shall be the Quorum."

Hon D.D. MARSHALL: Now, I think it is incumbent upon Senator Franklyn to explain if he wants to contend that the Senate Rules should effectively preempt the House Rules. How will the Senate be able to direct other than what is provided here? How will the Senate Rules say that three Senators shall be a Quorum? Sir, the fact is that we have House Rules and we have Senate Rules. I do not think there is any dispute as to which Chamber of Parliament is pre-eminent. This is a Committee that commenced in the House, and while I do not see any provision which deals with whether it started in the House or started in the Senate Chamber, the Rules must be taken as working together. Sir, it is impossible for a Joint Select Committee to have its Rule relating to quorum being determined by the Senate. I do not know how that would work, so feel free.

Asides.

Senator C.A. FRANKLYN: My experience helps as coming from the credit union movement.

Hon. D.D. MARSHALL: Sir?

Senator C.A. FRANKLYN: I am telling you how it works.

Hon. D.D. MARSHALL: Tell me how these Standing Orders work. I am not interested in the credit union movement.

Senator C.A. FRANKLYN: I am showing how these should be intended to work. You have a Joint Select Committee of the Senate and the House but you should not have a Sitting of the Committee unless three Senators are there. That is all that means, you know.

Hon. D.D. MARSHALL: No, Sir. This does not mean that. This cannot possibly mean that. This says that the quorum of the Select Committee shall be....

Senator C.A. FRANKLYN: The quorum of the Senate.

Hon. D.D. MARSHALL: It does not say that.

Senator C.A. FRANKLYN: That is what I am trying to tell you....

Hon. D.D. MARSHALL: This Rule says:
"Unless the Senate otherwise directs, three Senators shall be the quorum."

There is no quorum of Senate Members and

quorum of House Members. There is a quorum of the Committee, howsoever that quorum is made up. You are trying to bifurcate these Rules and end up with something that will make no sense.

Senator C.A. FRANKLYN: What you are doing now makes no sense. Standing Order 67 does not bear any interpretation. It says what it means. That is all that it says. You do not have to go and spend ten years at Hugh Wooding Law School to understand. That says you must have six Senators. Full-stop. You can go and read from Standing Orders 1 to 65 or to 66. When you get to 67 it says you must have six Senators. Nothing more, nothing less. You do not need one of those ten judges which you just appointed to determine that. It says what it means.

Bishop the Hon. J.J.S. ATHERLEY: It would seem to me that the reference which the Honourable Attorney General made in relation to the three Senators constituting a quorum speaks to the issue of quorum and not to the composition of the Committee. Senator Franklyn's original point was that the Committee should be composed of at least six Senators. That does not speak to quorum. That speaks to the composition of the Committee.

Senator C.A. FRANKLYN : With all due respect, the House got it wrong. They were looking at the wrong Standing Orders. The old Standing Orders of the Senate say "four". I have them here. The Joint Select Committee shall have four Members. These were the old Standing Orders that somebody was referring to. The new Standing Orders say "six". These are the old ones. Check them if you doubt me. That is why the House went ahead and said "four" because somebody looked at the old Rules.

Mr. CLERK: Mr. Chair, I have listened to the Leader of the Opposition, and he is saying that the Standing Order which the Attorney General made reference to had to do with quorum. My point is that you cannot pick and choose which Standing Order should govern the entire Committee. If you are saying that the Standing Order which says there should be six Members of the Select Committee, you would also have to take the Standing Order of the Senate which says the quorum should be three or four. You cannot determine when you want a quorum that you go to the Rules other than Rules of the Senate, and when you want to determine the composition you go to the Rules of the Senate.

Senator C.A. FRANKLYN : Would you please speak to the last submission that I made, where the old Standing Orders of the Senate says four Members should be Members of the Joint Select Committee? That is the point I think is most relevant now, because I think you used the wrong Rules.

Mr. CLERK: As I indicated when this issue came up, because this issue was raised in the Senate and I think that was the proper place for the Rule to be settled and not to come to this Committee, I am still maintaining that in terms of this Committee when it relates to the six

Members from the Senate, that speaks to when the Committee originates in the Senate and the Senate determines how many Members of its Chamber would sit on that Committee.

Hon. D.D. MARSHALL: I would like us to get on with the business. Mr. Chairman, the House Standing Orders provides at No. 58 where it talks about Joint Select Committees of both Houses. It talks about the Debate Committee, the Library Committee and other Joint Committees. Then you have something called Sessional Select Committees of the House, Committee of Public Accounts, Standing Orders Committee and Committee of Privileges, and then it goes on at sub-item 4 to say:

"A Select Committee may be appointed by the House to consider or inquire into and take evidence upon some matter and to report their opinion or observations thereon for the information of the House, or to consider a Bill or for any other purpose in which they can assist the House."

Sir, at sub-rule 2 it says this:

"The Committee shall consist of such Members as may be directed by order of the House, and in the absence of such direction shall consist of Members who shall be nominated by the Speaker."

Therefore, it is clear from this when it says, *"The Committee shall consist of such Members as may be directed by order of the House"*, that the Rules of the House must be pre-eminent over the Rules of the Senate. Now this House has determined that it will have a Select Committee, it has set out the number of people who shall constitute the Committee and it has set out the number of people from the House who will sit on the Committee, so whatever Rules my learned friend may be referring to the point is there are only four spots that are available for the Senate. That is it. I would like to urge, Sir, that we move on.

Senator C. A. FRANKLYN: You must remember you cannot shift your position to suit yourself. The last time we had a Joint Select Committee you yourself said the Senate must have six people when we had the Integrity in Public Life Committee. If you want to check the Minutes or want to check whatever else but no, do not do this. I do not like it. You are changing your position to suit people. You want to get ahead with this business. I have issues with that too, but I will speak to that when I get there but right now, I am speaking purely to the fact that you, as Attorney General of Barbados gave a decision in the last Joint Select Committee that we sat in and I am just going along with the same position that you had back then. What changed? That was your position, you know. It was not mine because I did not read the Standing Orders then. I got that from you that is why I raised it.

Hon. D. D. MARSHALL: Mr. Chairman and Mr. Clerk, we could waste a whole morning with this. I proposed the Bill to Parliament, I moved it, I opened the debate and I asked that it go to Joint Select Committee. I was and remain happy for The Senate to take six seats. I

did not on any occasion make any exposition into the law. On that occasion we did not discuss the Rules. It did not come up. That was my position and I remain resolute on that position.

Senator C. A. FRANKLYN: I beg to differ. I heard you with my own ears whilst sitting in The Senate Chamber make that point. I do not forget things too easily. I have a steel trap here. It captures things and I do not forget them. You said that in a meeting. If you want, you can check the Minutes later when you are finished but you said that, that is why I take this position today because of the learning from you.

Mr. CHAIRMAN: Are there any other comments on this matter.

Bishop the Hon J.J.S. ATHERLEY: I am unclear as to where we are, Mr. Chairman, with respect to whether or not the Committee is properly constituted. I have not heard anything shared with us by the learned Attorney General which suggested that Senator Franklyn is wrong in the position he has taken. The last reference the Attorney General made suggested the House's discretion in determining who goes to that Committee but it did not speak to number and there are other Standing Orders that address the issue of number.

Hon. D. D. MARSHALL: Let me make it clear what my position is. I am on this Committee, not as the legal advisor to Government nor as the legal advisor to this Committee. I am on this Committee as a Member of Parliament. I offer such views as I have based on what my training is, so if the Leader of the Opposition and Senator Franklyn are asking me to take on a different role I regret that is not what I am here for. Nonetheless, in my view, Mr. Chairman and Clerk of Parliament, the Committee is properly constituted.

Mr. CLERK: Mr. Chairman, that is my view as well.

Mr. CHAIRMAN: Having heard the views of all I would want to ...

Hon. D. D. MARSHALL: There is nothing about this to vote about. If Caswell Franklyn has a problem let him go back to The Senate.

Mr. CHAIRMAN: I would want to proceed with the business before us therefore, I would move to the next item on the Agenda which is technical support.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, with your further leave, could you just clearly outline for us the numbers with respect to both the House of Assembly and The Senate that constitute this Committee formally if you are about to proceed? Mr. Speaker, I am not talking about names, I am talking about numbers.

Mr. CHAIRMAN: There are eight from the House of Assembly and four from The Senate. Next item on the Agenda, technical support. Technical support will be provided by representative of the Chief Parliamentary Counsel, Ms. Joelle St. John and Ms. Anika Jackson from Office of Attorney General. I would want to suggest that when we get to the Bill we go through Clause by Clause.

Those in favour please say aye.

Senator C. A. FRANKLYN: With everything that has happened here this morning, I am not prepared to be window dressing for Government's agenda. You want to have this Bill and you want to give it some sort of semblance of decency so you appointed a Joint Select Committee and ram things down people's throat. I do not swallow easily. This level of disrespect, not only to me, as a Senator or to The Senate, but the people of this country. Right now we came here today, I have an agenda that says "Technical support procedure and presentations" and then last night I opened my email and I saw a presentation from the Barbados Association of Medical Practitioners (BAMP). That is highly disrespectful of this Committee. The Committee had not met, had not chosen a single person to be chairman, vice chairman or anything, but somebody took it upon themselves to be King and start the process without us. You went ahead and did the work of the Committee without the Committee sitting for a second. That is wrong. That is disrespectful. It seems to me that you are rushing this thing again to fit into some timeline that you want ignoring the fact that there are rules and there is common decency that you have to observe. I am not prepared to be a rubber-stamp making it look like Caswell Franklyn was on that Committee, so things went by. No, no, no, you are not doing it right. Item six and the presentation I see from the back, who is to say what procedure we would have adopted when we constitute ourselves as a Committee. You decide what we will, I do not know who you are because, you that person, you are not garbage this is disrespectful, and I do not expect it from you. You have a Joint Select Committee that shall sit down and decide how we are going to proceed but somebody decided this is what we are going to do before the Committee ever meets. That means there is no need for me or the other people in the Committee; we are just window dressing to suit the Government's agenda that will not work with me.

Hon. D. D. MARSHALL: If Senator Franklyn is finished.

Senator C. A. FRANKLYN: I just started.

Hon. D. D. MARSHALL: Well, we could be here all day. Let me say this right: I do not understand. It is not a presentation. The whole point of a Select Committee is to receive presentations from individuals or entities to inform the eventual outcome of the legislation. Is it Senator Franklyn's objection to the fact that a properly functioning secretariat would consider it useful to send a written document that was submitted by the BAMP to the Committee in advance to the Committee meeting. What exactly is the objection? How is that disrespectful, in fact, Sir, in my view any document that comes to the Parliament in relation to this Committee is properly sent to its Member? You are not asked to decide anything on it: it is being sent to you so you could do what you love to do so much, read at night. What is the objection that it was sent to you? Send it back.

Senator C. A. FRANKLYN: The objection is that somebody decided before this Committee met how this Committee will function.

Hon. D. D. MARSHALL: Sir?

Senator C. A. FRANKLYN: It is no Sir, nothing, you have an agenda. You people want to get this marijuana thing out fast because you got your people to satisfy who helped in the campaign, so you want to get the marijuana thing for them. You want to ram it down the throats of the people of this Country. I got up this morning and I saw this thing from BAMP.

Hon. D. D. MARSHALL: Your objection, seriously, is that somebody sent you an advance document?

Senator C. A. FRANKLYN: No, no. My objection is that you people...

Mr. CHAIRMAN: Senator Franklyn, I wish for us to proceed.

Hon. D. D. MARSHALL: He has other objections, so you could as well hear all of them one time.

Mr. CHAIRMAN: Are there any further objections?

Mr. CLERK: If I may just add because when the Committee was established, I as Clerk of Parliament sent letters to those Associations that we thought would have an impact on the final Bill to be passed by this Committee and then sent back to the House. So, we wrote the Barbados Association of Medical Practitioners, we wrote the Barbados Pharmaceutical Society, we tried to contact the Rastafarian movement, Ichirougnaim Council for the Advancement Of Rastafari (ICAR), we wrote the Christian Council. So, the presentation that Senator Franklyn is referring to is a presentation that was just sent in response to our inviting those Associations to make presentations. Now, I as Clerk thought that useful to help with the work of the Committee not to determine what the Committee should do or what process it should take. Given my experience in the function of Committees, those are the bodies that we would usually invite especially given the subject matter. Now, on the issues of presentations, Senator Franklyn is quite in his right to then determine at what point will we hear those presentations, but I see nothing wrong with inviting Associations that relate to the subject matter of our Committee to submit presentations to the Committee.

Mr. CHAIRMAN: Is it my understanding that the request for the matter before us was for it to be heard by stakeholders and interest groups and if that is my understanding then is it fair that we should entertain presentations from all interest groups. If that is correct, then shall we proceed to the presentations, having outline earlier that when we get to the legislation, we would go Clause by Clause to ventilate all issues about the legislation?

Senator C. A. FRANKLYN: You miss my submission by a mile. I said the Committee decides what happens in Committee. Nobody had authority to proceed to do anything without the Committee approving or

saying this is what we want you to do but I understand this is a rush job. If you look at the letter that came from BAMP it says "*The Barbados Association of Medical Practitioners is pleased even at short notice*" ... you did not give people time to prepare this thing, this is a rush job, this marijuana thing.

Mr. CHAIRMAN: Senator Franklyn, I do not want to cross you but to be very honest with you if they had objections, they would not have submitted the presentation. Given the fact that they said it is short noticed they still proceeded to prepare, so I believe that we can move along. What I will not do from here on is to entertain further unnecessary delay of these proceedings.

Senator C. A. FRANKLYN: Let me tell you something, Mr. Chairman, I resent that you said anything I talk about unnecessary delay. This is not unnecessary. What you want to do is to rush your marijuana thing through Parliament without anybody saying anything about it and talking to me about unnecessary delay?

Mr. CHAIRMAN: Senator Franklyn, I am in the Chair.

Senator C. A. FRANKLYN: Trust me on that. I took offence...

Mr. CHAIRMAN: Senator Franklyn, please. I am in the Chair.

Senator C. A. FRANKLYN: Yeah, but you cannot disrespect me.

Mr. CHAIRMAN: I ask you, Sir.

Senator C. A. FRANKLYN: I asked you to apologise.

Mr. CHAIRMAN: I gave the floor to the Leader of the Opposition.

Senator C. A. FRANKLYN: I asked you to apologise, I do not bring unnecessary delay or anything like that. I speak to the issues here and I do not ask anything from you. I had my seat here because of the same thing with the Opposition but not from you. I would hear your apology now if you want to. No, I do not bring an unnecessary delay, who you think you are talking to?

BISHOP the Hon J.J.S. ATHERLEY: Mr. Chairman, we are not supposed to hear asides, I imagine perhaps in the context we can. The sentiment as to who cannot control you is totally out of place. I am not about controlling Senator Franklyn, he is a mature, responsible, enlightened person who ultimately in my view is the best authority of matters of the procedure when it comes to the Laws and Regulations of Parliament as well as the Public Service.

Mr. CHAIRMAN: We do not have a statement on record.

Bishop the Hon J.J.S. ATHERLEY: Let me just put that into the record. The point I wanted to make when I first asked for the floor, I personally resent the expression offered by the Honourable Attorney General that this is garbage. What Senator Franklyn is offering is garbage... that type of language, sentiment in my view, does not properly belong around this table and as Chairman I think you should have made a comment with

respect to that. You have now, yourself compounded it by suggesting that this is an unnecessary delay. Senator Franklyn, is pointing to the matter of procedure. The Clerk who significantly guides these activities around this table has suggested that Senator Franklyn is right in what he is saying and apologetically he has offered the fact that he went ahead in order to facilitate the process and invited expressions of interest to be represented here. This is the proper procedure, the proper discussion we are having, you may not like the tone, but you cannot dismiss Senator Franklyn.

Mr. CHAIRMAN: Bishop Atherley, Leader of the Opposition, Senator Franklyn, accuse me, sitting in this Chair, of seeking to rush a matter through Parliament. An accusation on which he has no proof or no basis from which he should have accused me. He did blatantly say that we decided on the presentation that we shared and that also is an accusation. I would like to proceed.

Hon. D. D. MARSHALL: Mr. Chair, Senator Franklyn has noted his objection to this document being submitted. I certainly have to objection to it, I am very happy for it because I got to read it last night, but where there is a claim, there is a remedy, so [that] I would be grateful if Senator Franklyn, having raised the objection on procedural basis, would be so kind as to point this Committee to exactly what remedy he is seeking in that regard, otherwise, let us get on with the business of the Committee.

Mr. CHAIRMAN: Senator Franklyn, you are free to suggest a remedy.

Senator C. A. FRANKLYN: Mr. Chair, you or the Honourable Attorney-General will not twist what I am saying. I have said that the entire proceedings that we have here so far is out of order, simply because people went ahead and did things without the blessing of this Joint Select Committee and expect me to stand up and take it, because nobody had [the] authority to go out there... I see a whole set of stuff and you are telling me about what the Committee will and will not do. No, the Committee decides what we will do, the Committee was never called upon to decide anything, and that is what I call [being] disrespectful. I do not think I want to entertain anything today of this 'thing' because this meeting should be an initial meeting for us to settle on how we were going to proceed. But no, you [have] already decided that and [have] decided that we would proceed this way, without hearing from any one of us, and that is wrong. The first meeting of any Committee of which I am aware you do not start like this, you have started right now like [if] we have [already] settled our procedure and we have invited people to present. I am saying that that is disrespectful of this Committee and you know that, but you are in a rush. I do not know why, but you are in a rush, and do not let me tell you why I know that you are in a rush. I had a meeting with your Ministry last week. I know you are in a rush.

We must settle procedure first, then at the second meeting we can invite whomever we want to invite, you

do not invite people here ahead of me and stuff. No, it does not work so. You are in a hurry. Take your time, if you want your fellows to smoke this "spliff" in time they will get it eventually, but take your time and do it right.

Mr. CHAIRMAN: Senator Franklyn, your objections are noted. I will like for us to proceed.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, are we still on a matter of procedure and if we are, will we be inviting, through use of public media advertising, other interests to be represented before the Committee?

Mr. CHAIRMAN: Proceed. Item No. 6

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, I put a question to the Chair and before the Committee. On the matter of procedure will we be going forward, through use of public media advertising, inviting other interest groups to represent themselves and their positions here before the Committee?

Mr. CHAIRMAN: Yes, we will be happy to receive your recommendations.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, it is not a matter of my representations. Are we going as a Committee to advertise publicly that those who have an interest can appear here or present documents for the consideration of the Committee. It has nothing to do with my representations.

Mr. CHAIRMAN: Members, the question before the Committee is if we are going to allow for presentations to the Committee. Those in favour say aye, those opposed say nay.

The question was resolved in the affirmative and was agreed upon.

Mr. CHAIRMAN: As a follow-on to that, I do recall when I piloted the legislation, I did state that interest groups would be allowed to do presentations as well. I also did make the recommendation that we would have focus groups to present as well. Are there any special interest group or any particular group that you may want to...

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, so as not to add to the unnecessary delay, but really my question was, will the Committee actually deliberately advertise so that people might know and not rely on the Clerk to take the initiative.....

Hon. D. D. MARSHALL: Mr. Chairman, I do not know that the Committee has a public persona other than through the Clerk. I mean, does the Public Accounts Committee, which you Chair, advertise in its own name or are the Ads put out by the Clerk? What is the point we are getting at?

Bishop the Hon J.J.S. Atherley: Mr. Chairman, he is a lawyer, I am not. The Clerk may execute the action, but he can do so on behalf of the Committee. So will the Clerk be instructed to use the public media to invite interested parties? That is exactly what I am asking.

Hon. D. D. MARSHALL: Mr. Chairman, I

think that the Leader of the Opposition well knows how Select Committees work. He has been on several during his political career. He now chairs The Public Accounts Committee. The Clerk is by convention and practice the mouthpiece of the Committee. I want to commend the Clerk, publicly, for being so perspicacious as to reach out on behalf of the Committee to various interest groups to invite them to make presentations. When the day comes that we become so tie-bound by procedural things that we fail to recognise the good sense of what has been done, then you know that we are in difficulties. What the Clerk did was eminently sensible, saved time and I commend him for it. If Senator Franklyn has an objection, then so be it, but I do not. As far as going forward is concerned, I would appreciate if the Clerk could tell us exactly who he has invited and it should be smarter for us around the table to determine if there are any other entities or individuals who we should now invite. And I would like to suggest that we use the Government Information Service (GIS) as well, and publish the details of the meetings.

Hon E.G. HINKSON: My suggestions would be the Council of the Disabled and the Barbados Association of Retired Persons be invited.

Mr. CHAIRMAN: Are there any other recommendations?

Hon D. D. MARSHALL: It would be helpful to know, Sir who has been invited.

Mr. CLERK: Mr. Chairman, as I had indicated earlier, we had written the Barbados Association of Medical Practitioners, the Barbados Pharmaceutical Society, the Barbados Christian Council, and we tried to reach out to ICAR, but we did not have any contact information. We also did a GIS announcement about the meeting this morning. And there is a group of three individuals who came this morning from the African Heritage and they are prepared to make a presentation this morning.

In response to our invitation BAMP and the Bar Association, which was one of the bodies invited, they indicated that they were prepared, if the Committee, given so far what has happened this morning, is so minded, to make oral presentations this afternoon. The group that was here this morning, obviously in response to the Ad that went out on GIS, before they left, so that we could deal with the procedural matters that we were dealing with right now they indicated they would be willing to make a presentation this morning. Those are the groups we had written, and those are the responses to the advertisement.

Hon Lt. Col. J. D. BOSTIC: Mr. Chairman, I note that the Barbados Pharmaceutical Society has been invited, but I would strongly suggest the Barbados Pharmacy Council, which is the regulatory body, be invited as well.

His Hon. Senator R. R. N. GREENIDGE: Mr. Chairman, what about individuals themselves? These are the groups you have invited. Would any interested

individual be allowed to come before the Committee to express his or her opinion?

Mr. CHAIRMAN: The matter before the Committee is if any individual would be allowed to participate. Those in favour say Aye, those against say no.... I think the Ayes have it.

Senator Dr. C.K.M. HAYNES: Following on from the Minister of Health, I would like to suggest that the Barbados Medical Council be invited to make a submission as well, and I also thought about the Barbados Bankers Association because the banks are bound by International Regulations and we have to think about how some of these registered companies are going to be able to bank their money at the end of the day.

Bishop the Hon. J.J.S. ATHERLEY: ... Mr. Chairman, I notice you mentioned the Barbados Christian Council which means you understand the importance of a view from the faith community. The faith community is far wider than the Barbados Christian Council. There is an equivalent association, the Barbados Evangelical Association, and then of course there are other multi-faith umbilical groupings out there which I suggest you consider so that the Committee shows no disrespect. I think the University should have a significant position on this matter. The Bill treats to the matter of cultivation, and I heard no reference to the agricultural community, the farming community.

MR. CHAIRMAN: So what are you recommending?

Bishop the Hon. J.J.S. ATHERLEY: All of the above.

The question as to whether all of the above (communities of faith, farming, et cetera) should be considered was put to the Joint Select Committee and resolved in the affirmative without division.

Mr. CLERK: Mr. Chairman, if I may. Bishop Atherley made reference to the faith-based organisations. The challenge obviously sometimes is who the contact person for some of these organisations. Sometimes you look into the telephone directory and you call persons and get no response, or you see an address and send correspondence and get no response. It is fine to say "faith-based organisations" but if he could be more specific.

Bishop the Hon. J.J.S. ATHERLEY: Mr. Chairman, the head of the Barbados Evangelical Association (BEA) is Dr. Nigel Taylor, known to the political class in Barbados. He has been active in the HIV-AIDS programme as well as the faith community's relationship with the Government over time. That is Dr. Taylor who heads the BEA. I still think that Mr. Bulbulia speaks on behalf of the Islamic community. Beyond that, there are no others I would be prepared to identify but certainly those two.

MR CHAIRMAN: What about the Pentecostal Assemblies of the West Indies International (PAWI)?

Bishop the Hon. J.J.S. ATHERLEY: PAWI is

part of the BEA but it is a significant denomination. I think I heard you in your presentation at Parliament suggest that they had sent out a document on this ever since. That is headed by Reverend Dr. Gerry Seale.

Mr. CHAIRMAN: Are there any other faith-based groups that we can invite to present?

Asides.

Mr. CHAIRMAN: The Honourable Edmund Hinkson.

Hon. E.G. HINKSON: Mr. Chairman, on your point which you raised about individuals in terms of advocates or proponents or opponents, certainly I would want to suggest Mr. Douglas Trotman who is pretty active on this issue.

Bishop the Hon. J.J.S. ATHERLEY: Do you think Caswell is bad?

Asides.

Mr. CLERK: Mr. Chairman, last week I saw a member of the Bar Association and I was making the point to her. The Legislation comes before Parliament and, yes, I understand that we can reach out to certain persons. Parliament is there and it is there to pass laws for the country's good governance. The laws are on our website and, this is my personal view, I feel that if persons are interested in the development of Barbados and the Parliament proposes legislation, people can make comments without being invited, but I find that it is almost the norm now that unless you invite the Bar Association... You would have legislation that impacts upon the medical community and unless Parliament writes and asks, "What is your view on this"? they seem not to have any views at all. I hope we get to the stage where people are active and not have to wait on correspondence from Parliament, because there may be times when you have legislation that does not go to a Committee and therefore there is no Committee and nobody seems interested in whether Parliament is passing legislation or what impact it will have. It gets to the point that unless you invite a special group; if perchance we miss a group the view then is that we do not see that view as important so we did not ask that group. I am imploring that once there is legislation before Parliament, the entire Barbados is free to comment and not wait for an actual written invitation.

Hon. A.R. FORDE: Thanks. If I may, Mr. Chairman, really and truly I do not want to be-labour this Committee but I would really love us to invite from the youth arm the Youth Development Council. Clerk, I understand your point that it may be a cumbersome exercise to invite every single one. There are so many youth groups in Barbados that I may recommend one but that may not holistically represent the entire youth organisation in Barbados. To your point, therefore, I think what we need to do is just advertise, invite persons and

groups who are interested and let it go from there. As alluded to by the Opposition Leader, we may be missing certain groups and may invite one faith group that may not represent the entire Barbados in terms of that particular faith, so I think that putting it out there and letting persons come who are interested may be the best way to deal with it. Thank you.

Mr. CHAIRMAN: We did agree that the information would be published so that interest groups would be aware of the proceedings. What I am going to propose is that we take a list at this time of interest groups that are recommended and then the Clerk of Parliament can publish for any others to come forward. If this is a fair suggestion, I would like for us to say "aye" or "nay".

Asides.

Mr. CHAIRMAN: I said that based on the conversation we had earlier and the recommended interest groups, we would take those and then if there are any others we would publish the information so that they can come forward as well and express an interest to present.

Asides.

Mr. CHAIRMAN: We can take a Motion from the Floor.

Senator Dr. C.A. MAYNARD: Mr. Chair, can you clarify whether you mean specifically groups or do you include individuals? There will be professionals who will want to present.

Mr. CHAIRMAN: Let me repeat because I think we are missing the point that we already agreed to earlier. We agreed that individuals can present. We agreed that there were special interest groups which can present. All I am asking for is for us to take what we agreed to and then, when the information is published, we set aside for other interest groups or other interest individuals to come forward and state their interests in presenting. I want to move that we agree that we take what we have already discussed and agree in principle that individuals and special interest groups that we have identified would present, and that when the Clerk of Parliament puts out the Notice an invitation would be sent for other interest groups to present.

Asides.

Mr. CHAIRMAN: I see the Leader of the Opposition smiling so I believe

Bishop the Hon. J.J.S. ATHERLEY: I am saying the same thing the Clerk is saying. Senator Franklyn would tell you that you cannot move the Motion so I will move it for you.

Lt. Col. the Hon. J.D. BOSTIC: I will second it.

The Motion, moved by the Leader of the Opposition, was put to the Joint Select Committee and was resolved in the affirmative without division.

Mr. CLERK: Mr. Chairman, the other obvious issue then would be once you have written these groups, individuals and associations, what deadline do we give them? Will we indicate that they should make a written presentation or an oral presentation or both?

Mr. CHAIRMAN: The matter before the Committee is whether we should set a timeline and if the presentation should be written or oral.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, I think we should entertain all forms of presentation. It should be stipulated that persons are free to submit just a document or to appear and make an oral or visual presentation and I think if we move forward from this date, that should be ready to hear or received by the Committee two weeks from now. If we are giving persons the opportunity to prepare and present submissions we would want to give them some time anticipating therefore a meeting for that purpose would be at least two weeks away.

Mr. CHAIRMAN: The recommendation is that we give two weeks from today's date. Are there any other recommendations?

Senator Dr. C. K. M. HAYNES: Mr. Chairman, two weeks can be a hard final deadline, but if we could encourage people to submit before, I think that would be best.

Mr. CHAIRMAN: Should we agree that the presentation should be submitted within two weeks.

Bishop J. J. S. ATHERLEY: Mr. Chairman, just to clarify. I had anticipated that if we are going to go down this road, this Committee would be ready to hear those submissions two weeks from now so that the submissions, if they are sent in document form, should come before that two week date or sometime within there.

Mr. CHAIRMAN: The submissions, if they are going to be heard two weeks from today's date, can we agree that they should reach by 17th September?

Discussion ensued.

Mr. CHAIRMAN: The recommendation is that they should be received by 17th September. Are there any other recommendations? I am asking for any other recommendations.

Hon. E. G. HINKSON: Mr. Chairman, practically I would say next week Friday and that would be 20th September which would give us the weekend to read.

Mr. CHAIRMAN: It was proposed that we receive by 20th September. We need a seconder.

The motion was moved by Bishop J. J. S. ATHERLEY and seconded by Hon. A. R. FORDE was put that recommendations should be received by 20th September

was put and agreed to without division by the Committee.

Mr. CHAIRMAN: It is agreed that 20th would be the date for the presentations to be submitted to the select Committee. Any other matters of procedure?

Bishop the Hon J. J. S. ATHERLEY: I think the Committee also determines the kind that would be ...

Mr. CLERK: That is what I was just working on. In the previous Committees we had given a timeline of 10 minutes per presentation and then an additional 15 minutes for interventions from the Committee and responses from the presenters. I would just find out from the Committee if 10 minutes is sufficient or if you need to have a longer time.

Bishop the Hon J.J.S. ATHERLEY: This is a very large Bill with many aspects and components with diverse interests and perhaps 10 minutes to use?

Mr. CLERK: What are you proposing then is the time?

Bishop the Hon J.J.S. ATHERLEY: They can have 15 minutes perhaps to present.

Mr. CHAIRMAN: The proposal is that presenter will have a maximum of 15 minutes to present. Are there any other proposals?

The motion that presentations should be no more than 15 minutes was put and agreed to without division.

Mr. CHAIRMAN: Another matter for us to consider given the fact that you may have a sizeable amount of presentations, we may want to consider how we approach the number of presentations that we would receive and then a decision can be taken as to how the others can be ventilated. We may want to bring groups of similar types together or we may even want to consider having the information published so that the public at large can respond rather than we have to take. You can very well run into a situation where you have almost every person or interest groups since we are going to individuals, that is a hard core reality that we must face and so we must put some control mechanism in place in terms of how many individuals you would take and if there are over a certain limit in terms of groups, how we would handle those. The floor is open to recommendations.

Mr. CLERK: Mr. Chairman, given that we actually want presentations, my experience is that you do not get those number of presentations that would force us to proceed in the way that you are suggesting because, as I said, I think this should be open. It is a Committee, we want to hear the view of the public and as many persons who want to come to the Committee.

Mr. Chairman, are you aware that this meeting was advertised on Barbados Government Information Service and we had made provision for about 25 persons to actually be witnessing our meeting once we got started but I am hearing now that there is a greater number than the 25 that is out there and it might even necessitate, once

we meet after today and assuming we were going to propose that we meet on Friday that we might have to a bigger room based on the numbers that I am hearing that are on the outside.

Mr. CHAIRMAN: Are there any other matters of procedure?

Mr. CLERK: Mr. Chairman, I actually forgot to raise this issue and I would just like to know if the Committee is agreeing or comfortable with the proceedings being streamed on the Parliament Site and on YouTube and virtually on the Web, so it reaches the maximum number of persons.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, I certainly have no objection to that it is a public issue from the various perspective the public would have an interest and I think we should disseminate the information and proceeding of the Committee as widely as possible.

Mr. CHAIRMAN: I have a motion that we disseminate the information and we give access to the deliberations of the committee as widely as possible. Seconded by...?

Mr. CHAIRMAN: So, the motion is that the information is circulated and given as wide an audience as possible.

The question was out to the Committee and resolve in the affirmative without division.

Mr. CHAIRMAN: Given the amount of interest expressed today we are now going to move to the presentations but before we do that, we should find out how many persons are on the outside waiting to present and then come back and decide on the presentations and the order. If someone could move a motion.

Senator C. A. FRANKLYN: Mr. Chairman, before we move any motion, I have a little difficulty. I have read the presentation from the Barbados Association of Medical Practitioners, I have read no others, so if they are others out there willing to present, I do not like to be surprised. I want to be able to read those submissions and if I have a difficulty with them, I would be able to question them on those submissions when I get there. I am going to have difficulty if they are presenting and I am not one of the brightest fellas in the room. I want some time to go over any submission before I think. Yes, I read back, did not like what you did, but I read it, nonetheless. I can hear them, but I do not want to hear anybody else.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, I have some concerns too. I understood quite clearly from the Clerk that (BAMP) had been invited and therefore presentations are expected today, even though in advance, I would settle procedure here. I could live with that but am I understanding that other people outside who may have interpreted the situation as being that they were invited to come here or allow to come here today to present? You could have a little bit of chaos.

Mr. CLERK: Mr. Chairman, Bishop Atherley, is aware that persons can make either written or oral presentations. From my understanding, there were three persons who wanted to make oral presentations, so there is no way well obviously you are going to know what you are going to say. So, I could understand the issue in relation to the written presentation but certainly, within the oral, the floor is open once we start a presentation that persons come to make oral presentations.

Bishop the Hon J.J.S. ATHERLEY: I understand that how this thing is, I understood that (BAMP) was invited. I understand that they were three other people who indicated that they wanted to present. The impression I am getting now is that there is an unknown number of persons out there and we now have to find out how many they are. I think that is a bad road to go down, I think you should stick with (BAMP) and the three that had indicated they were going to present today that is my view.

Dr. S. E. BROWNE: Sorry but the problem is, and I saw on the (GIS) website, is that the public was invited to air their views so what are you going to do with people out there that would have waited all morning? It cannot be about presentations that we would have had a chance to read; there are people out there from what I am seeing from all classes and creeds that would not necessarily be able to write a presentation and send it in, so you still must be inclusive.

Bishop the Hon J.J.S. ATHERLEY: Clearly Mr. Chairman that underscores the relevance of what Senator Caswell was saying at the beginning. You settle the procedure first and then you do that, you avoid these situations.

Mr. CHAIRMAN: Can we take a ten-minute break so we can do an assessment of the number of presentations that are waiting and then we come back and convene? So, can somebody ---- for ten minutes break?

The question that the Committee take a ten-minute break was put to the Committee and resolved in the affirmative without division.

Mr. CHAIRMAN: At Item No. 5 we took a break to do presentations, to invite those who are interested in doing presentations, Item No. 6 on the Agenda. I want, first of all, to welcome all of you to this session. I would also like to acknowledge the presence of the team from the Ministry of Agriculture and Food Security. I would also like to welcome all of those who are indeed associated with the Opposition, all other members of the public and special interest groups.

I am aware that we will have two presentations on resumption, the first one will be from the African Heritage Foundation and the presentation will be given by our **Brother Paul Rock and Felicia Holder**. You are invited to come forward. Each presentation is a maximum of 15 minutes. You will first introduce yourselves, give a small background on the interest group and then get into

your presentation, all within a maximum of 15 minutes. And you do not mind me calling you as I know you as "Ras Simba".

Mr. P. ROCK: First off, I would like to say thank you for the opportunity to make this presentation. Greetings to everyone in front of me, my name is Paul Rock, better known as "Ras Simba". I am the President and Founder of the African Center Charity and African Heritage Foundation. We are a community-based organisation, we aspire to assist with the development, empowerment and sustainable empowerment of communities in Barbados through education, through agriculture – basically through all the tenets that you would need for building strong societies and strong communities. As such, we would like to make a brief presentation on our thoughts on the Medical Cannabis Bill, 2019, as was presented. My first point is that when we speak of medicinal, in terms of medicine, in terms of cannabis we must speak of the indigenous use of the plant, and I understand what the Bill presents is a more pharmaceutical structure where you are standardizing products made from the plant, so to say someone had an ailment and needed a particular dosage, they can get that within a standard manner. What we are saying is that before you get to the pharmaceutical aspect of the plant you have to look at the indigenous aspect, this comes with the idea of preventative medicine. When I look around the room we are all here African descendant people and we would all have an idea of the use of herbs through vegetable roots within our daily healthcare, especially from our grandmothers and that generation coming forward. The plant cannabis as we know is a herb and is part and parcel of that. What we are saying, indigenous use should be added onto the Bill where people in the community would have the opportunity to use the whole plant as they feel fit, in the same way that they would use an orange, turmeric, garlic, anything like that. It also adds then for the possibility of community development and empowerment in that there are a lot of medicinal wellness byproducts that can be made – soaps, skin care - a whole lot of different things that can be made by people in the community that can be sold amongst themselves, economic generators, so to speak. So we see that as very important in terms of when you are stating that it is a Medical Cannabis Bill. To me, you have to start on the first and before there were pharmaceuticals you have to understand the history of cannabis and cannabis was a part of 60 per cent of all medicine that was made, even home remedies and things like that. It is the pharmaceutical industry that has actually helped to outlaw the plant so [that] they can develop their products and get that forward. What I am saying is that we need to take that into consideration.

Another thing that I want to speak about that presented itself on the Bill would be the penalties. Although the Bill does not state fees for possible licences, [although] you have all the categories and things you did not say what these fees would be but they did mention

what the penalties would be for people who found themselves [running] afoul of the law. It was something like \$100 000 or 10 years in jail. I am saying that CARICOM Commission's Task Force on cannabis and our present law stated that they were draconian in their findings and we all know what draconian means. It seems to me that what is going on within the cannabis considerations, so to put it, that the findings of the Task Force are not being implemented or acknowledged, so to speak, so that it seems like a top-down approach where the Taskforce is saying [that] to make this thing really work in the community for the benefit of all, [that] it should be a bottom-up approach and that bottom-up approach starts with, as I was just saying, the indigenous usage of the plant, so we see a problem in that.

The Minister has made it clear within the Bill that the average Bajan will be able to have a stake in the industry that investors coming in will have to make 30 per cent of the company available to locals; local investors, 100 per cent. Our contention is that that would only satisfy a small amount of the population and again you still have to have money to invest to buy shares or whatever to be a part of that industry. And if we look at our tourism model, even though a lot of Barbadians are involved in tourism we have to ask ourselves at what levels are they involved? That has been my problem with the tourist industry so we have - I do not know how many hotels in Barbados – if you ask how many are owned by persons like you and me, I would gather [only] a few. When I visited hotels around the place I do not really see many white maids or many white people working at what we call the domestic level and I would hate to see that happening within the cannabis industry as well.

I worked a little bit in the sugar industry, the one thing I liked about it was that when it was crop time the small farmer was able to bring in a little bit of cane from his backyard if he had a little plot, because I used to weigh the canes as I was a cane 'weigher', so that the big plantations like Redlands you would see them coming with their big trucks, but you would also see a little man coming with his little thing and he is there in the system and he is able to get a piece of that industry. I think that is why that more people can get involved. I do not know how many people actually know about the cultivation of cannabis, [but] a small backyard could cultivate a lot of cannabis, believe you me, it does not need a lot of space, you could probably grow 40 or 50 trees in this little space right here and [can] produce a good amount of cannabis. That can be then taken up by the Government or somebody could take their little 'thing' to somebody that is processing and being paid for that, something like that. So I think that is something that should be considered.

The Bill also states about one thing that we are not sure about and that is people with criminal convictions. It is saying that they cannot be really be part of the industry. A lot of us have cannabis convictions that would like to be a part of the industry. I will like to know

what will happen to these people that have cannabis convictions now that we are looking to have a cannabis industry, no matter how you want to feel. I think that that should be made clear, if these people would be exempted, if their records would be expunged? Et cetera. That needs to be made very clear.

Five more minutes and this is my last point and it has to deal with trust. A lot of people do not trust the pharmaceutical industry. A lot of us when we get sick our first mood of action will be something natural. For example, someone like me, when my daughter was sick and she got the fever, my grandmother would say get some banana leaves and put on her to suck out the fever. If that did not work, the doctor was the second phase. I am saying that when we consider pharmaceuticals, turning the cannabis into your capsules and different things, there is going to be that trust factor that people are not going to openly trust first-hand the drugs that are being made within the cannabis industry. I think that that is all for me and I just want to rest that there.

In closing, I must say as Rastafari, because I am not representing the Rastafari community per say, but as you see I am a Rasta man in the community, therein I represent the community wherever I go. Minister Weir has made it known that recreational use and sacramental use will be determined by a public Referendum. I would like to say that my spirituality, my sacrament should not be determined by a Referendum. I know that is something separate, but I will just like that to be considered. I think that is disrespectful and that is a slap in the face of Rastafari and myself to have that done. I thank you once again for the opportunity to be able to speak.

Mr. CHAIRMAN: Ras Simba I want to thank you for your presentation. Both of you are from the same organisation?

Ms. F. HOLDER: Correct.

Mr. CHAIRMAN: You have a presentation as well?

Ms. F. HOLDER: I just wanted to reiterate a few things. Like Simba I am a part of the foundation but I am Rasta woman, and I was observing the persons who were in the audience who would have been coming to the meeting and I thought it prudent to say something on behalf of Rastafari women. With your permission I will like to do that. Go ahead?

Mr. CHAIRMAN: Yes please.

Ms. F. HOLDER: Yes? Thank you. I just want to reiterate a few things. Ras Simba was speaking about indigenous use and I have been to quite a few conferences, and the most recent one was put on at the University of the West Indies, (UWI). They were talking a lot about anecdotal evidence. Lots of people from Canada would have been saying on videos and things that they would have been showing about how herb has helped them through different diseases and things that they have. Now, as a Rasta woman and being a part of the culture that is marijuana, I know that we too have anecdotal

evidence in Barbados. I think that that is something that needs to be explored when we are saying that we are embarking on a Medicinal Cannabis Industry. We look to other places for information, expertise and knowledge, but we have a lot of that here. We have a lot of anecdotal evidence from Rastafari communities, from older generations who would know about indigenous uses of not only herb as marijuana but herb as in lemongrass and these other things like what Ras Simba was saying.

Another thing also, he mentioned about the fact that traditionally, people tend to distrust pharmaceuticals. Early up in the year, you guys had mentioned about five things that people could access on the drug formulary and I am more sure that all five of those things were synthetic. When I googled synthetic, which is what you do nowadays when you do not know something, you google. Synthetic is that it is not natural, so if we are looking to be going along this medicinal cannabis line, I think that synthetic would be defeating the purpose, if it is that we are looking to provide something healthier.

Additionally, I think that along the lines of where people distrust, traditionally, for my one part, I am not a go to the doctor person. I am a person who would go in my yard and pick some "cure for all" or a piece of "wonder world". I think that definitely you guys need to explore person having permission are being able to plant five or eight trees for their personal use. Everybody is not going to want to be exploring going to the doctor, so people should have the option. I think it is really counterproductive for a lack of a better word to say that you are having a Medicinal Cannabis Industry where the Government is selling herb and then persons are getting arrested for five bags and ten pieces. That is my two cents. Thank you for hearing me. I do not remember if I said my name. My name is Felicia Holder.

Mr. CHAIRMAN: Thank you Ms. Holder. The matter is up for discussion or comment. First of all, are there any comments from the Committee? Minister Hinkson.

Hon. E. G. HINKSON: Mr. Chairman, through you I will like for Ras Simba to expand on the point that he made under Section 32(3) of the Bill says:

"A person who has been convicted of an indictable offence under the Drug Abuse (Prevention and Control) Act, Cap. 131; the Proceeds and Instrumentalities of Crimes Act, 2019 (Act 2019 -17); or any other similar enactment creating offences for illegal drugs and for the proceeds gained from such illegal drugs in Barbados or in any other country shall not be eligible for a licence."

You indicated you had concerns, in fact you imposed that provision. I would want to give you the opportunity to expand on why you do not think there should be that prohibition.

Mr. P. ROCK: The mere fact that we are here discussing a Cannabis Bill speaks to something that many of us have been saying for decades, that cannabis has medicinal properties, it belongs in the community and it belongs to us. Many of us have been rebellious. At the

same conference Felicia spoke about, the last one we attended, the rebellious cannabis cultivators are now called legacy farmers. The University of the West Indies has approached me through the company, Barbados Medical Cannabis Incorporated. They want to get knowledge and some information on indigenous strains and things like that, and you have to go to the legacy farmers. At some point in time, these legacy farmers most of whom have some sort of conviction whether indictable or not, are being put into the conversation or are being considered for the conversation on one level but yet on another level they seem to be excluded from consideration. I am saying that these people who, in the face of risking their freedom, have continued their lives in the cannabis culture from which even the University now wants to draw some of this information. I think that those farmers should have the opportunity to be a part of the industry, and leaving them out is a terrible thing.

Asides.

Mr. P. ROCK: I do not know if that answers the question.

MR. CHAIRMAN: Senator Haynes has the Floor.

Senator Dr. C.K.M. HAYNES: Thank you, Ras Simba and Miss Holder for your contributions. I am sure that I can speak for the rest of the Committee when we say we really value your input this morning. I am a Member of the Senate but I am also a medical doctor, and in my professional life I have an obligation ethically to, first, do no harm. One of the challenges which we as physicians and we who practice Western medicine have with the more traditional use of cannabis is that, in large part, there is a lack of standardisation, research and predictability as far as we can see. What I will say is that with the knowledge that members of your community would have, I believe that your input would be very useful when everything comes on stream because there are opportunities to perform research and to fine-tune different formulations. The thing is there are three different species but over 700 different strains, each with different characteristics and different impacts. Your knowledge can be combined with ours. I do not see a reason why we cannot work together to find a way to operate in the best interest of the citizens with regard to healthcare. Just a little bit on our perspective: The concerns on our end speak to standardisation, predictability, what can be proven, and ultimately making decisions in the best interest of patients. As we can speak to benefits, there are also certain risks that have to be considered.

Mr. P. ROCK: While I agree and I give thanks for that, what I was saying was that your profession looks at what I call after-the-fact cure. I have to get sick and then I go to the doctor. What we are looking at within indigenous uses is what I call preventative methods. It is like you get up on mornings and your mother would tell

you to eat something such as fruit so you do not catch a cold. It is not that you have the cold. When I was growing up, I grew up in Trinidad and I had to drink shark oil and a whole lot of nasty-tasting things but they were used so that I would not get sick. My grandmother had this thing called 'Zebapique' – I do not know if anybody here ever heard of it but it is something Trinidadians do – and they use most of the time illegal rum which we call 'Babash' which, as we know, is illegal in Trinidad. You can buy regular rum but rum made in the hills, Trinidad moonshine, Babash, is still illegal.

My grandmother would take a little bit of Babash and put a centipede in it and other herbs and so on and let that cure, and every so often we would get a teaspoon of that. Preventative. This is what I am speaking about in terms of the usage of the herbs and so on, so I am not disputing what you are saying. When I go to the doctor, I am just like Felicia. I am not really a doctor person but if it has to come to that, I will go to the doctor, see what the doctor has to say and then if I have nobody to ask I am going to Google and see what the home remedy is. I have these things which are called 'liver spots'. I only have them now because I am a little hard-ears but when I had them before an old lady who used to live next door to me said, "Simba, you could drink a little pear leaf and soursop leaf and those will clear right up." So said, so done, but they are back now because I am lackadaisical and sometimes we eat what we are not supposed to eat even as Rasta.

Asides.

Mr. P. ROCK: What I am saying is that the Minister would know that our food is our medicine. Our first and primary source of medicine is our food. That is why we are looking into organic production and healthier production because we understand that. When I have a cannabis plant, I can use the roots; the roots have properties. There is even the smell, the terpenes. Stress is a killer in Barbados. It has been proven that cannabis in many forms is a No. 1 reliever of stress, so I am saying again that consideration should be put for indigenous uses. Just like my 'sistren' here said, we can grow five plants, eight plants, if you want to legislate that and say we have to get a \$200 licence similar to a car licence or road tax. You can make money, so be it. We would rather it just be free, but we have considerations. We are here so we are trying to make the compromise. I am saying that should be a way. I have heard that licences will cost like upwards of \$100 000 and you have to do this and that and the fifth and the sixth. What I am saying is that, I with my little backyard, do not have \$100 000. I do not want to grow an acre. I just want to grow five trees in my yard so I can go out on mornings, pick what I need, use my leaves, my stems, my roots, my flowers. I could smell my flowers and have that holistic health. To me, it is either the Bill is called 'Pharmaceutical Cannabis' or you include indigenous use of the plant.

I heard Dr. Damian Cohall say one time that we

have to look at how herbs impact on medicine, on drugs and so on, so that if I am on a particular medication from the doctor, for example, how would the use of any herb – cannabis or not – impact on that? I know if I have to go to the dentist I am not going to use herb because I am not going to feel that stick of the injection. You would have to stick me too much. Before the dentist, no herb for me so we understand these things traditionally. We have that education already. We do need to be re-educated. We have been here for decades using herbs. When I hear the medical professionals say that cannabis affects birth rates and so on, I always make the joke that somebody did not tell the Rastas because the Rastas got nuff (a lot of) children. There are things like that so when we hear these things coming from this side of the Floor, it does not make sense to us because it is not practical within our day-to-day living for decades and decades. That is not our reality.

Mr. CHAIRMAN: Thank you.

Senator C.A. FRANKLYN: Sir, I am confused. Ras Simba, my name is Caswell Franklyn. I am probably one of the people who know the least about marijuana. I have never tried it and have no intention of trying it, but my job here is to make sure that if Barbadians get to try it that it is not going to harm them. There are several strains of the cannabis plant and depending on which strain you use, you can get different substances coming out of them or more of one substance than the next. For instance, I am aware there is a plant called the Neem. People use it and they say it lowers your blood sugar and all kinds of stuff but organic farmers use it as a pesticide to kill insects. How are we to know that the particular cannabis that you may want to put in your backyard is going to be the one that would not cause the kind of harm?

Asides.

Senator C.A. FRANKLYN : What kind of harm? I tell you I am the least knowledgeable person about marijuana. I do not know anything about it.

Mr. P. ROCK: Do you mean harm in general? I would like to say, first, that herb/cannabis is already legal to most and it is widely used. Because of the law, a lot of people that use herb do not come out and things like that. What I am saying is that their indigenous use, if you want a standardisation, say you have an organisation like mine as a community organisation and I would like to get involved in the research part of it so I would like to develop a strain that would be high in this particular cannabidiol (CBD), high in lanolins, high in tetrahydrocannabinol (TCH), I can work or I should be able to work with (UWI) and with knowledgeable people to do that then to give that education to my community. On the whole, how we know herb is – and again this comes from a day-to-day experience and living – there are particular herbs that when a man tries this herb and it does not agree with him, he does not like it because it makes him feel too sleepy, like Columbian herb for me. I do

not like Columbian herb because it makes me feel sleepy and I am not productive so I do not deal with that. There are many reasons for that. People have to know based on their experience and what they have done because it is not like if you make herb tea from this particular strain it is going to be that detrimental to you in terms of causing any sort of ailments and thing. They say the result of an overdose of cannabis is a good night's sleep and that is a real situation. If you need something for an ailment or if I have a particular ailment like if I suffer from a sleep disorder and I would like to know about something, I would like to be able to still to get the information to grow the particular strain so I still have access to it, but I am more comfortable with it because it is me that is planting it, producing it and I know what I am doing with it. Nobody can tell me this is organic but yet they put in some 12/12 and miracle grow and these things to boost the plant.

I am saying there is an education that can go with it, but overall the concern is to say well, to me, this is like say oranges were illegal and then you all come and say: "Do you know what? We are going to make some vitamins that have Vitamin C in it but you can buy the vitamins but the oranges are still illegal. You cannot use the oranges because we do not know how the oranges would be and we have to test the oranges and this and that. To me it is nonsensical. When we are speaking about herbal indigenous use the plants there ... Do you know the Jamaican ackee? When you take that, there is a red part of that if you do not take it out that is poisonous. If you eat it, it is actually poisonous. When I went to Jamaica I would eat the ackees raw because I would take out the red thing and the people there were amazed. We know about herbs. I do not know how to explain it further, just like how we know about cooking, just like how we have rhythm, there are certain things we just know about. Plants are some of these things. As the Senator said - sorry I cannot remember her name - that you are dealing with Western medicine and a Western idea versus a traditional African, concept and knowledge, our heritage.

Senator C. A. FRANKLYN: Tell me something. Did you say just now that an overdose of marijuana gives a good night's sleep?

Mr. P. ROCK: Yes.

Senator C. A. FRANKLYN: I am aware of people who had an over use or an overdose of it and they are down "Black Rock". I am concerned about people getting their hands on marijuana and they think that all marijuana is the same and end up in problems. Like for instance, do you know the Castor Oil plant? It is supposed to be good for doing something - It was never good for me. They used to give it to me when I was a little boy and I could not go anywhere. I had to stay home - but you know the shell that the seed comes in, they make ricin with it. That is a nerve gas that you can kill thousands of people with as much as this pencil point so I do not want it out there that all of these things are so good

for you. We have to be able to extract the things that we need from it and I do not see you extracting the particular substances that might be beneficial from the ones that are harmful in a saucepan.

In my opinion, if you put it in a saucepan, you boil it or steep it and you drink it, you get the harmful stuff and you get the good stuff. This is what you have to convince me of against my belief if you want me to agree with you. If you put the marijuana plant in a saucepan, there are harmful and beneficial stuff in the leaves. When I drink that portion I am getting both. The pharmaceutical people that you might not like they may be able to synthesise the harmful one from the beneficial one, separate them and get it, but when you are using the full thing, explain to me how is that going to be beneficial when you know that there are substances inside the normal marijuana, not the ones that the people genetically modify because the medical marijuana is something that is genetically modified to produce what you want to produce but the one out there growing – I do not know if you can say while because it is farmed. I see the police passing by my office everyday now with trucks full. Explain to me why we should allow people to potentially harm themselves rather than allowing the people who have the pharmaceutical know how to separate the different substances.

Dr. S. E. BROWNE: Before you answer, Mr. Rock, my name is Doctor Browne, I want to interject here, Mr. Franklyn. I got what Mr. Rock was saying with respect to him being able to be a part of the research. The thing with marijuana is not that he has a bad one and we have a good one. It has something to do with the breeding of the marijuana in terms of regulating the ratios of what you call the good and the bad. Whereas, he should be able to contribute to that – I agree with him. With the proper training and everything, maybe to associate with a lab. It is not necessarily genetic. It might have something to do with the actually breeding of the plant. I do not know if you agree with, Mr. Rock. So to say that he would have a strain that is dangerous, I do not know that is entirely fair.

Senator C. A. FRANKLYN: I never said that.

Dr. S. E. BROWNE: You more or less suggested it. This is what I understood, I do not know about the rest of the room. What I am interested in though, Mr. Rock, is, I am hearing you saying the herbal use of it. Do you all consider a part of it that you consider to be recreational marijuana? Which is what I think the Government and a few of us medical practitioners are afraid of. Senator Franklyn was saying there are people that are prone to psychosis, for instance, genetically. Do you consider 1) recreational use and 2) how is its use in children considered in your community? That is also my concern. Thank you.

Mr. P. ROCK: First, I would like to respond to Senator Franklyn. Within your body there is what they call an endocannabinoid system which means that your body itself is naturally geared to receive cannabinoids

coming out of the cannabis just like within any food. All foods have in poison. You eat your food, your body processes the food and then you pass out what the body does not need or what is harmful or you should when your body is working properly. From as far back as I can think with Victor Roach and those persons, there was this concern about people that have a predisposition to cannabis. There are people that have that to milk. Within anything there are people that cannot use. My girlfriend, my queen, she is gluten intolerant. There is no form of wheat that she can use; I do not know if that means that wheat should be illegal. I know that sugar which is not regulated is one of the biggest concerns that Barbados should have with its health industry, from diabetes to obesity to you know. That does not seem to be a big concern, I am not saying that what you are saying is not, you know. I am saying that my community because of a law, even though we have daily use, we have not been able to explore the plant in its fullness to do the research. When I have to plant weed at 3 o'clock in the morning in the bush, I cannot explore the fullness and do what... So what I am saying is what I would like to do now within a control thing and then offer that. I do not know if you know, well you do not know because you say you do not know much about the herb. There was a time in Barbados that the herb here was called "Bajan Green" and it was mostly leaf and you know that we used more than the flower what we call the bud, so it was not very good at all. If you see what the legacy farmers are producing today under the prohibition while what they have done, you can well imagine what they would do, if they were supported by law and had access to UWI and how they could help the industry. So I am saying that part of home cultivation, remember I said before that it could be regulated because we are willing to meet you halfway to say well okay, I am one to develop a strain that is in CBDs because they are people in my community their children have seizures and this and that and I would like to be able to help. But what has been put forward we can do this, well I can be a part of the industry from my home. To answer the question in terms of use within children in our community that mostly goes base on the individual and how they perceive the herb and their information. We have a lot of Rastafarians that do not advocate use for children, we have Rastafarians honestly that do. I personally think that with a changing of the law remember we all agree that smoking is not the best method to utilise herb but it is the most convenient to avoid the law. With a change in the law then I can change and recreate my usage like in Jamaica now a lot of the youngsters do something call semen, which is not actually burning the herb. It is the vapour, you know like a long time you use to get sick and you know get some hot water your mother would put some eucalyptus oil or vicks and you put your towel and you get the vape and that would clear you, it is the same thing. So within my steamers, I can steam cannabis, garlic, lemongrass, basil a combination and that works differently. Now that

application is not something that you can take freely onto the street because when the police running me down it is not like a "spliff" I can ball and thing. So to avoid capture, so again the law makes the use of the cannabis unhealthy and I am saying that a lot of these practices would change with the availability of the herb. We cannot afford to buy five and ten dollars in herb to go and put in a cup of tea that would happen if the law changes, the culture of cannabis would change. We have a much skewed cannabis culture that can change with a change in the law and proper education. We have been miseducated about the plant for a very long time.

Ms. F. HOLDER: To answer your question about recreational, I think recreational is like a misnomer. I would say the same thing for medical cannabis as well because all cannabis is medicinal, it is just that you put names on to things now to be politically correct. So for us as Rastafarian, we are looking at marijuana from a sacramental perspective where we could use it in a holistic way. That answers your question? Okay, goodie.

Mr. P. ROCK: May I just say one thing towards the recreation because I did not remember that part of the question. A couple of years ago I went to Mona to help them produce a radio programme called ganja talk. This is when they were now getting on stream with their legalisation and they were encouraging everyone to plant five plants and things like that, so I had to do a lot of research. One of the things I found out that there is no such thing as recreational. We talking about recreation it is really a form of stress relief when we come home from a long day of work some people will go to the rum shop, some people like me will go on the corner and play a little dominoes to unwind. The British West Indian Tobacco Company imported cannabis to Trinidad when they brought the indentured servants because they realize that the Indians after work made a drink call "bang" from the plant. They would enjoy this "bang bang" when they played their games but what it did was to make them even more productive the next day. So the company realised that allowing the cannabis, which was the tradition and the culture of these people to be brought with them they actually got more work out of them. As I said before, stress is a killer, recreational use is really a therapeutic use which people use to relieve their stress. The problem is you hardly find people that would use cannabis plain by itself again because of the law and the black market prices. So you have somebody that would smoke a little "spliff" but they are drinking 'x' amount of rum something goes wrong with them they say it is the cannabis. That is what has been happening not to mention mixing it with other drugs, so when you come in now anything happens it is the cannabis.

Dr. S. E. BROWNE: So your opinion on the written research from the Western side as you might put it. I would use recreationally this is what I know but I understand what you are saying. The use of marijuana recreationally is associated in younger people with higher school dropouts, more delinquency, more car accidents

what do you say about that research that I would have seen written down on Google or everywhere else?

Mr. P. ROCK: What I have found in my research, we have a website and we have a series called cannabis fiction in which we take a lot of research from all over the world. A lot of the research that we have seen is that there has been no real increase in road accidents compared to alcohol, so I think that alcohol remains the number one cause of family abuse, road accidents, all kind of things but that is no problem. Remember that was the concern before prohibition. All the things that are concerning us now about cannabis concerned authorities before when alcohol was illegal. So what we are saying, that what I have seen is that you can abuse anything, you drink too much water you will drown, you take in too much water you will drown, take in too much air you will choke, you eat too much food, know what I mean. There is nothing that you cannot think of if you can even abuse religion and become a fanatic and then you see what happens there. So, we do not advocate abuse and I think that prohibition and the law have helped with the abuse of the herb. Youngsters by nature are rebellious, any of us who have children here will know you tell your child not to do something that is what they are going to do because they want to find out why, especially if you do not have a really good explanation. Then when these youngsters seeing it, there are many people, Rastafarians, other people that they know that use herb daily and these people are functioning people. They are lawyers, doctors and teachers, but then you are telling me that this is going to happen if I, you know. So they are hearing what you are saying but they are seeing something different. That creates confusion. That confusion is problematic.

Ms. F. HOLDER: To add to that really quickly, I cannot remember what your name is right, Dr. Browne. I think the last thing you asked, I think a part of it is the subculture that comes along with herb, because of the prohibition of it. I think that because it is illegal youth will gravitate to that. You mentioned about three things – delinquency, school dropouts, crime and something else – but I think that when we look at these things [that] we have to look at them holistically, so it is not necessarily that it is herb, but it might be something else that [is] leading the children down that line, so that is why I am saying [that] perhaps it is a subculture, the herb becomes a subculture where it is something that you gravitated towards it. What Ras Simba is saying is that you tell the children no, do not do this, but they are going to look to do it anyway because they are seeing other things around them, you have crime, you have the school dropouts but it is not necessarily that herb is making them do that, herb is something that they gravitated to, because of the illegality and the prohibition of it.

Dr. S. E. BROWNE: I am saying that when it became legal in other countries that that is what the research showed.

Ms. F. HOLDER: Oh, that is what you were saying?

Dr. S. E. BROWNE: Okay.

Mr. P. ROCK: As you would know, when you are doing research some researches are skewed, so that much research shows that a lot of places that have made cannabis legal or decriminalised for recreational use, [that] there has been a drop in crime.

Dr. S. E. BROWNE: And the last question that you would get from me, you are all positive with respect to cannabis – more or less. This is what I am getting from you.

Mr. P. ROCK: Right, understanding that everything can be abused.

Dr. S. E. BROWNE: What is your cautionary tale with this? Give me the negative side.

Mr. P. ROCK: The negative side in terms of cannabis use would be cannabis abuse. What I see happening now, when I was a little younger, cannabis used to take between six to nine months to grow. That was the biggest deterrent for anybody, the length of time. Now, you can get cannabis growing between three to four months, sometimes even six weeks. So what I have seen is that a whole influx of cannabis that is being produced and the levels are not being created by nature, they are being manmade, they are being manipulated, so as an example, in London I was looking at a documentary and this Rastafarian youth grew up in a Rastafarian family, with his mother and father using herb and everybody was okay, but he is saying now [that] there is a strain of herb in the United Kingdom called 'Kush' that is making the youth angry, it is having a negative impact, so I am saying this is our concern. On the streets we have something called exotics, a lot of things and I think that that is very dangerous. I think that we have not had any proper public education and that leaves the herb to be abused by anyone, especially young people in the party 'thing', so I think that a negative is a lack of education on what the herb can do. We all agree that the herb is not agreeable to everyone so you have to have people who understand that, to be able to put out that information as well, so you have to look at both sides and create the balance.

What I am saying is that the balance was not created because of the law, it was always one-sided so [that] people are still going to do it; real herb is smoked in Barbados, I am telling you, people are still going to do it, but it would be less harmful to them were they educated about [its effects]. There are people bringing in things because of the amount wanted they are spraying it with embalming fluid and other things that are harmful to people. Mr. Chairman, smuggling is a serious game, it makes the use of the 'thing'.... so that if you could eliminate that and let people become comfortable with... You do not have to give them a 'thing' they just want a little bit for themselves.

Hon. A. R. FORDE: I want to thank both Ras Simba and Felicia. First of all, I want to give you Ras Simba the reassurance that this Committee has certainly heard your contribution this morning and will take it into deep consideration. I want to tell you also that what you

are saying about the indigenous use of marijuana and what we are purporting for the medical use of medical cannabis are not far apart and dissimilar. You have been using it, or your community has been using it traditionally for the treatment of colds, right down to arthritic, to the stimulation of appetite, you can name it. You have also used the flowers for other things and the leaves for insect bites. I know you have used it for rash of the skin, you have used the stalk to help make basketry, that you are involved in using the stalk for other things. I know you use the seeds as well to seep [them] for all types of illnesses, from diarrhea, back down to vomiting. I know that you also have a formulation for eye drops and glaucoma in some of your communities.

I am saying that all these things we are going to use for its medical purposes as well, so that we are not speaking two different languages though. What I get, though, is that you are also speaking about the prophylactic use of marijuana in your community and I know there is research going on in the Rastafarian community as it relates to prophylactic use for obesity, for hyperactive disorder, for stress and for other ailments and for persons prone to that. I know you have used it for its prophylactic usage for that purpose. What I am saying is that I would implore you to combine your efforts and knowledge because you are talking about indigenous marijuana but you have indigenous knowledge and I would like you to share that indigenous knowledge with the University and the researchers at the UWI. They would not have that prophylactic know how that you have and it is important for us going forward in a holistic manner for you to share that knowledge as well because although we are talking two different conversations, because what I get from you is that you are talking recreational marijuana, obviously you are not talking medical marijuana and I want to say categorically that there are two different conversations here. We are speaking medical marijuana, a plant produced by a particular seed that is producing one type of product, the cannabinoids, to which the Minister alluded and you are speaking from another product, the natural or recreational plant, Tetrahydrocannabinol which acts on two different types of receptors and research at the CDB has shown that that acts on the receptors that do not have the psycho active effects, so [that] we are speaking two different languages in terms of the marijuana and its usage.

What we can assure you, though, is that the conversation about recreational marijuana will be taken to Referendum, as most legislative issues. I know you said earlier that you would not like that to happen but we live in a broader society, understandably, and other persons' views will be taken into consideration but with your knowledge, because as I said you have a reservoir of knowledge about marijuana and its prophylactic usage, I would like you to take that knowledge and combine it with what we are having at the UWI, so that we can have a holistic understanding of the usage of marijuana going forward. I want you to continue doing your research and

come to us with your information. I thank you.

Dr. S. E. BROWNE: Mr. Chairman, sorry, just a correction. This is the second time I am hearing it, that we would only be dealing with the CDB but one of the medications on the Drug Formulary actually has the THC in it, so I just want to make that clear that the Drug Service will be utilising both. We are using both components, even though it may be synthetic, just for correction.

Mr. CHAIRMAN: Ms. Jackson from the Attorney-General's Office.

Ms. A. JACKSON: Ras Simba and Felicia, just in relation to what was said about the offence section of the Bill and your concern in relation to that. I just wanted to bring to your attention that in Jamaica there does exist a similar section whereby minor or dated offences are not taken into consideration, but serious offences which would be indictable offences just similar to what is reflected in our Bill, that is what obtains in Jamaica right now.

Ms. FELICIA HOLDER: Can you repeat the last statement you made about what you all are taking into consideration please.

Ms. A. JACKSON: All I am simply saying is that in relation to the offence provision in the Bill, I believe your concern was that there is an offence provision in relation to indictable offences, existing indictable offences under the Drug Abuse Prevention and Control Act Cap.131 as well as any indictable offences under the Proceeds and Instrumentalities of Crime Act 2019. Is that correct from your comment? I am just bringing it to your attention that in Jamaica, there exist a similar provision in relation to indictable offences. Dated as well as minor offences are not taken into consideration in relation to the licencing of medicinal or the licencing criteria. However, indictable offences are taken into consideration. What is meant by indictable? It is a serious offence, a serious criminal offence under those two Acts that were cited as well as the equivalent Acts in any other jurisdiction that is being considered or contemplated by this Bill.

Ms. F. HOLDER: If that is the case Ms. Jackson, then where the Bill says in Clause 32(3), what we were saying is that that essentially would be excluding a vast number of people in Barbados who would have been charged under prohibition, for minor offences, big offences, small offences, it says convicted or something like that in the Medicinal Cannabis Industry Bill. I am also saying as well that if what the Bill is saying is the case, if that holds true, and Minister Weir was talking about every Barbadian having 30 percent of the industry, then that does not hold, because then, every Barbadian will not be able to have a part of the industry. Because, let us say 20 percent of our male population gets arrested for herb.

Ms. A. JACKSON: Again, minor offences are not being contemplated under this Bill, only serious offences are being contemplated. Hence the word

indictable.

Mr. P. ROCK: This is what I am saying and I would like to address what you have said. Again, indictable is serious offences, I understand, so someone that has an indictable offence for example like drug trafficking, importation of a large quantity of cannabis, which will be indictable under the law, but it is the same cannabis, that person is then excluded because that is an indictable offence. I know it is a serious offence, but it is cannabis offence nevertheless. Those are the persons that I am concerned about.

Mr. CHAIRMAN: Ras Simba before you go on, just pause for a minute. I have heard this on more than one occasion. I think we will spend a lot of time on this when we continue to speak to this as though the majority of Barbadians have an indictable offence, and the majority of Barbadian males have an indictable offence. We really and truly need to recognise that this is a holistic thing. It is not reduced to any one particular interest group, it is for every single Barbadian, so in reality, whilst I do understand the objective here, we still have to be careful that we do not seek to present a situation where we are suggesting that they are so many people with indictable offences that Barbadians will not be able to participate. That is what we need to clarify, because the 30 percent ownership to Barbadians, speaks to every single Barbadian that is interested. With the leave of the Select Committee, I would want to take a few comments from the audience. I know there was a gentleman in the audience that wanted to speak earlier. If you so desire you may do so now.

Mr. J. DIAZ: I just took offence to the Honourable gentleman's description of "down Black Rock".

Mr. CLERK: Sir please state your name.

Mr. J. DIAZ: My name is Justin Diaz. In every generation Sir, there are people that are going to get lost and get lost along the way. Marijuana does not have anything, or very little to do with that. This old time saying, "It is going to send you mad". When we were children and whilst growing up we believed in it, we listened to that. Now that we have lived life, we see that it is life itself that some people just cannot handle and they end up "down Black Rock". That is all I wanted to clarify. You need better arguments than those draconian arguments in this time where as you are saying a lot of things are being proven of the good of marijuana. The bad of marijuana was never really proven, it is just a state of mind that people put out there to make it seem so, but there is no scientific proof that marijuana sends anybody to the mental, and that it makes people get into more accidents than a normal person that does not. The number of people that smoke marijuana are a far less than the number of people that do not, so if you are trying to find some coalition in accidents with who smokes and who do not, it cannot be found, because they are much more people that do not smoke it than who smoke it. If you are saying amongst weed smokers is a higher thing well it

cannot really be higher because they are a lot less people doing it.

Dr. S. E. BROWNE: Mr. Diaz, if I may. I do not want you to at the same time mislead the public who may be listening, but there is a platter of information out there with respect to marijuana use and the possible side effects including genetically. It is not that anybody wrote it down out of the top of their head, but genetically it has been proven that some groups especially those that may have a family history of psychosis or schizophrenia are more prone to that happening with marijuana use. You are not exactly correct that people pulled it out of the sky and wrote it down to go against you. Just to say that.

Mr. J. DIAZ: I understand where you are coming from but if you have an underlying psychosis or anything like that, there are a lot of things that could bring that out. Thank you.

Mr. P. ROCK: Mr. Chairman, may I respond? I just want to note one thing. When you were saying, what you were saying, I have to differentiate indigenous use from recreational use. There are not the same for us. When I spoke about the Referendum, I said that I had no problem with determining recreational use as it is put forward. What I did say was that my problem was determining my sacramental use as Rastafari, my spiritual use of the herb by Referendum. I have a problem with that. I just want to make that clarification.

Mr. CHAIRMAN: Ras Simba, I think you have been forceful with that point and it is acknowledged.

Hon. D.D. MARSHALL: I am sorry, if I can intrude on the debate at this point. I would be grateful, Ras Simba, if you could expand on it. The point about sacramental as opposed to recreational, and the reason for my asking this is because under the treaty obligation the use of cannabis is permitted for medicinal and scientific purposes, not sacramental purposes. It is not my position but regrettably anything other than medical or scientific falls into a third category, whatever you want to call it. It falls into a third category, it does not matter what name it is but that is the prohibited use. It would help the Committee, even though we are only considering medicinal and scientific, if you would be so kind as to explain to us why you have this revulsion towards treating sacramental and recreational in the same way.

Mr. P. ROCK: Thank you. I think that is a fair question. I think within any spiritual or religious body, for example a Christian, one would take offence to saying going to church on Sundays is recreational. There is a difference between what I hold fast as part of the essence of my being and my spirituality than what I do for just enjoyment. My prayer and my supplication to whoever or whomever, my deity, is not a part of my recreation. You speak about the treaties and I have been looking at the United Nations. There is a United Nations Declaration or Treaty or whatever you want to call it on religious tolerance and rights, and it says that there should not be limitation placed on a person's religious or spiritual aspirations or their functioning if it does not interfere with

another person or the public's health. What it is basically saying is if my spirituality does not affect the other person, then there should be no limitations. It also speaks about things found in the Drug Abuse Act that there should be no limitations placed on that. I think that is part of it.

Sacramental really speaks to the meditational use of the plant. There are hundreds of plants within spiritual and religious orders and movements that I used for what we call bridging the gap between this particular space and another space. Again, this juxtaposes Western Christianity and Western religion to African religious practices. For us, it is not only cannabis. They are Rastas who use mushrooms, we fast, and there are many different modalities and mediums by which we use to attain. I myself within the Order of the Nyabinghi play a drum which is called the kettle drum. Herb is very important for me, as I access my deity and I play it through the drum in harmony with the chants and the dances. That is not recreational. That is not like if I am going to a party. I do not even know.

My father was a Methodist Minister, Reverend Leonard Rock. I grew up in the church. Religion, hard or soft, was bred into me. My father and my mother would be very offended if someone had to determine her faith by a public that may not even agree. You do not have to agree with me. I may not agree with gay people, but I have to respect them. You do not have to agree with me and my way but it is not affecting you, so why are you affecting me? I would like to be able to pray in peace the way I love to pray, and I know how to pray in peace. If a man wants to pray three times and keep a Sabbath or whatever, that is his right as long as it is not affecting everyone. I think, under a United Nations Declaration, I am guaranteed that right so that is my answer to you, Mr. Attorney General.

Asides.

Mr. CHAIRMAN: We had another comment from the audience.

Mr. N. LATOUCHE: Good afternoon to the panel. I am Nikita LaTouche. Forgive me for coming in late so I did not hear what transpired before. As you can see, I am on dialysis so I am sick. Therefore, I have concerns about medicinal use, yes, but it is not a matter of me being a Rasta or that I smoke ganja or that I like smoking or want to smoke and all of that sort of stuff. This is about truth. This is about business. This is about reality. With respect to Senator Franklyn, I do not deal in belief. I deal in facts, I deal in statistics and I deal in research. I deal in the fact that marijuana and cannabis have been integral to the civilisation for thousands of years, and I find it almost offensive when I hear people say, "There is not enough research because we do not know what marijuana can do," or the fears which people have that "Oh, it will kill you" and all that sort of stuff. Then I would have to say, "Okay, half of Jamaica is dead,

half of Jamaica has gone crazy and all the Rastas, not just in Jamaica but around the world, including Barbados, are they dead? Have they stopped having children? Are they crazy?" These are facts, and when we begin to question and put these sorts of things into the air that this is dangerous and whatever, you have to say, "Okay, let us deal with the facts."

I deal with statistics. I find it interesting that the gentleman could speak about the people who "go down to Black Rock" and say, "It drives you crazy." How come you cannot say the same thing that you have heard of people who have died from a cannabis overdose? The only reason you cannot say that is because statistically it does not happen. Okay? Cannabis, I do not want to say it cannot kill you. Anything can kill you but the fact of the matter is that statistically it does not, it cannot. Okay? Those are the facts, and anybody who does any iota of research into it will see that this is the case. Okay? The way in which cannabis works is, as the gentleman said, there is the endocannabinoid system within the human body and there are two main receptors within the human body: There is CB (Cannabinoid) 1 and CB 2. The CBD1 receptors are located in the brain. The CBD2 receptors are located throughout the rest of the body. Tetrahydrocannabinol (THC) affects the CBD1 receptors in the brain. The cannabidiol (CBD) affects, more or less the CBD2 receptors throughout the rest of the body. Both of them have medicinal and therapeutic aspects because you would understand that if you have schizophrenia that is a brain disease therefore the things that affect the receptors in the brain are what you have to deal with for that. If you have something else, let us say like cancer or a stomach ailment, you are dealing primarily with the CBD2 receptors within the rest of the body. When you speak in terms of this medicinal thing in trying to separate the two, it is also about the balance of the two, of THC in relation to Caribbean Development Bank (CDB). The medicines that are applied can be extracted from CDB by itself, from THC by itself as well and the combination thereof so when you are having the conversation about medicinal marijuana you cannot separate the two. This is my thing when we are talking about we are going to pursue a medicinal marijuana industry and as I have spoken already about this here, you are talking about ideas that have been around let us say 10 or 20 years ago when, let us say, California said, okay, we are going to try to approach it with this medicinal thing and that ended up being abused because people, in a lot of cases, just went to the doctor got a prescription and then were claiming, oh, well, we are using it for medicinal purposes. The idea of separating recreational use from medicinal use to make it all so nice in this package that is not going to work. It makes no sense. When you are talking about the industry, you would have to be talking about a cannabis industry and that means you are dealing with the medicines, you are dealing with the fibre, you are dealing with the whole industry itself. A lot of people do not know, but as I said, - again I am dealing strictly in the truth and based on

research - the world, more or less, before the 1920s or 1930s thereabouts, before the introduction of the pharmaceutical industry was based around cannabis. Poor people's clothes were made from cannabis. The word canvas comes from cannabis. These are facts. Again, I am not dealing with speculation these are facts and the only reason why the whole industry was destroyed was because of the petrochemical industry and their desire to change the world from their dependence on hemp and what they then did was demonised, its association with marijuana, they linked it to marijuana, demonised, marijuana and said oh, black people could make white women go crazy. Therefore, they then passed the legislation in the United States of America (USA) to demonised marijuana and because you cannot distinguish between the two physically by just looking at it, they said, oh well, you know you have to get the rid of cannabis too, you have to get the rid of hemp, therefore, destroy the industry. These are the realities and I find it that we are here with this little nice, oh well, we have to be careful about certain things. I deal in truth. I have said already that the way in which we are pursuing this thing right now is wrong. I agree with certain aspects of it. Of course, in terms of certain rules that you are have when you are producing medicinal grade marijuana or medicinal grade cannabis because, if you are producing a medicine you should have to know exactly what its origin was and you have to be able to trace it from beginning to end and know exactly what can be the effect. I agree, you need to have those Rules and Regulations in place for the medicinal component of it but as I said, you cannot separate medicinal and recreational. Let us look at it like Aspirin. You can get Aspirin over the counter. I do not have to go to a doctor every time I have a headache for him to tell me, well go along and take two Aspirins. I do not need a prescription for that. Marijuana and cannabis can be dispensed in that way. You do not necessarily have to go to a medical doctor for every aspect of using cannabis. Look at what is happening in the USA, again, I am dealing with facts. Let us look at the trends. We are talking about bringing in restrictive legislation right now that is going to let us say, get enacted next year, as I said it is obsolete already, but you are dealing now with a situation where big pharmaceutical companies are getting involved. Why are they getting involved? Because it kills people? Various States have already passed legislation that says it is fine. The only thing they are waiting on is the Federal Rules. The biggest impediment for that Rule and truly is for banking and the sort of funds you are going to get put into it. We are talking about billions of dollars and one of the biggest problems in Barbados is that we do not take advantage of opportunity. That is what we have done all the time. We have failed to recognise the opportunities that are there and how best to take advantage of those opportunities. I heard the Minister speak a day and he said, "Barbadians are conservative." Well I beg to differ. It is not that Barbadians are conservative, we have conservative

politicians. We have people who do not want to deal with changes whether because people maintain the *status quo* or what have you but there are things that we have to do. We have to do them now, we have to do them quickly, we have to do the research and the research is there. It is just that I have given Parliament a report already and any basic reading of the report would show you, as I said, when it came to the report, in order to die from a marijuana overdose they had to feed rats an amount that is bigger than this building. That is the amount of smoke they had to ingest in their lungs in order to die because the first that happens when you take in a lot of marijuana, you go to sleep because that is how it works on the body. It does not work on the respiratory organs, let us say like cocaine and those sort of things do that causes that rapid heartache. In a lot of cases, quickly as well, in terms of the people who "go down Black Rock". What a lot of drug pushers do is they mix something called "*a blackie*". They add things like cocaine to marijuana. Do you know why? Because the marijuana is not addictive like that, therefore you have to make it addictive in order for some person to be able to come back to you and get hooked on something. This is the whole thing, the insidious aspect of the criminalisation of it. As I said, we know what the withdrawal symptoms are for cocaine, for example, when you see somebody trembling and going crazy and that sort of stuff. Tell me what the withdrawal symptoms are for marijuana? Point them out to me? Again, I do not deal in belief, I deal with research.

Mr. CHAIRMAN: Mr. LaTouche, please bring it home because we have other presentations.

Mr. N. LATOUCHE: Okay. You know my views on it already, as I said, and with great respect, I believe that when you speak in terms of the cannabis you are talking about the industry and this is where we have to take it. We have to have that discussion about the entire industry and the challenges also in terms of this question of people whose records can be involved and all that sort of stuff. Again these are issues and conversation that have to be had. That is all for now.

Mr. CHAIRMAN: Thank you brother Latouche and I can hear the level of research that went into it. Unfortunately, we have another presentation to take, so I am going to take two more and then we will take another presentation, we would come back to the audience after, so hold your thoughts, stick a pin for the moment. Mam, you had a short intervention.

Asides.

Mr. CHAIRMAN: After you, we would take Doctor Cohall and then we would take the next presentation.

Dr. ARIANA MARSHALL: It is a question/comment for consideration. How was the term "medical" defined in the Bill? From what I recall it was briefly defined as whatever a pharmacist prescribes. I know in viewing other policies usually medical is defined in terms

of the percentage of tetrahydrocannabinol (THC) or cannabidiol (CBD). So it may not be a question to be answered now but it is something that I hope is considered because the concept of quality not only of cannabis but also what is grown in our soils, I am an environmental scientist so that is one thing I want us to stay focused on how we are going to quantify it and for the public to understand what has happened already. I am also very concerned about how local knowledge is being valued. It is very concerning to hear that people who have taken the risk to develop an understanding locally basically their information is being taken. Even right now all of this is free information shared and people are hearing what is happening. We know that this is going to be publicised, so I am very concerned about how local knowledge is being valued particularly people who have used in farmers. As a scientist, I want to make it clear that social science is science and when you interview people that is real science and there is extensive research on what cannabis has done for people. That brings me to the second question and that is how was this \$100 000 fine decided on?

I heard the Minister say in Parliament that it was 15 times the value, which is even more concerning, because Barbados has very high cost compared to the rest of the Caribbean and the value of it, so I think is it either?, or which one is higher?, which one is lower? Those are the decisions which I would like us to better understand in this public forum if there are answered here or it is made clear when the Bill goes forward.

Mr. CHAIRMAN: Dr. Cohall.

Dr. COHALL: Pleasant good afternoon everyone, good afternoon audience, good afternoon to distinguished members of the panel. My name is Damien Cohall, I am here in the capacity of the Deputy to the Pre-clinical University of the West Indies in the Faculty of Medicine and I am also here as a Senior Pharmacologist who has spent quite a number of years from my Doctor of Philosophy (PHD) thesis days in investigating the medicinal value of Caribbean plants. In fact, I wrote a book about the medicinal plants of Barbados. I listened to the contributions of the panel and I also listened to the contributions of the audience and all points were noted. I must say that I appreciate the level of education that has been transmitted through the general population of Barbados. I was quite fascinated at Ras Simba's presentation and his answers to the questions that he was asked. I also note that there is definitely a significant amount of knowledge by the distinguished panel. My contribution to the discussion is to highlight that the University of the West Indies we stand committed to working with the Government of Barbados in the rolling out of this Bill. We support the careful thought that has been placed in the development of the Bill and we want to encourage not only the Government but also members of the audience and the wider population that the approach that has been outlined in the Bill is very palatable and if we work together, I am quite sure that we would be able

to achieve that common goal. Like the Bill and like the Ministers' contribution in the reading of the Bill a couple Fridays ago. The vision outlined very clearly and it is a vision which speaks a lot about the patient-centric nature at which this Bill is being rolled out. We have to, of course, take heed about the concerns of patients who can benefit from medical cannabis or drugs derived from cannabis. I believe also that the Bill speaks a lot about the emphasis which has been placed in insuring public safety. We believe that working with University and other stakeholders, the University of the West Indies in particular and all the stakeholders may be local and international that we can develop not only a vibrant medical cannabis industry but possibly the best medical cannabis industry in the Caribbean region. How do we plan to achieve this?

We plan to achieve this by looking at the unique elements of what makes Barbados Bajan. Talking about our soil, talking about our educated and highly-skilled population, I believe that we can create a highly skilled, certified workforce to benefit from this industry. We can also create through the advancement of research very new modulators for the treatment for current disorders being considered as qualifying conditions but other conditions that have not benefited from significant research towards promoting the use of medical cannabis for treatment. So, with that said again I would just like to reiterate my appreciation of the fact that I was invited to be a part of this very important session, I respect all the contributions made by the audience and also by the panelist and I believe that if we work together with that vision in mind we should be able to put forth a medical cannabis industry that is considered the centre of excellence within the Caribbean and globally, thank you.

Mr. CHAIRMAN: At this point Ras Simba and Felicia I want to thank you all for your participation in today's presentation. I want to thank you for your participation this afternoon and we do look to further interaction with you as you go forward.

Mr. CHAIRMAN: Mr. Hinkson, for a quick response.

Hon. E. G. HINKSON: Ras Simba and Miss Holder just a quick question what is the approximate population of members of the Rastafarian community in Barbados?

Mr. P. ROCK: I have heard it put at around 4 000. We have never done any real statistical work to give factual numbers so that is just an estimation and that came from I think that was a United States website or something like that. In terms of the community, we have never done anything, I know we have thousands of Rastas in Barbados, so I would say roughly around 6 000 would be a good estimation. What I would just like to plug we have been approached by the University ...doctors Hunte and Cohall could tell you this. My thing is that as Rastafarians we use the herb so, there is a situation where I may be working with the University on one hand but running from the police on the other hand. This is a very

serious something for me so what I am saying is that in the interim and I have said it before. Minister Weir is aware he knows what I am going to say, I have been asking for amnesty on arrest for possession of small amounts and cultivation of small amounts whilst all this determination is going on because I am not prepared to put down my levity and my use of cannabis because of a law. I have not put it down for over 30 years, I am not going to do it now. But I would hate for myself to be able to miss the opportunity to work with the University and others in the development of this industry because I remained a criminal in your society. I thank you.

Mr. CHAIRMAN: I am going to take all the presentations that we have for this afternoon but given the time constraints I want to move to the presentation from the Barbados Association of Medical Practitioners (BAMP) because they have another assignment. If we can agree, we will go to the presentation of Barbados Association of Medical Practitioners. We will then open the floor for discussion and come back to the other presentations. Is that agreed, Committee?

The question was agreed to in the affirmative.

Mr. CHAIRMAN: We will take the presentation from BAMP. Who is the representative of BAMP? Dr. DaSilva, [please] come to the table.

Dr. A DaSILVA: Thank you, Mr. Chairman, good afternoon to all. First, let me thank the Committee for affording BAMP this opportunity to have some input and I might add that it has been long overdue. Let me assure all here that BAMP has been acting solely out of concern to this issue of medical cannabis and unfortunately, to the contrary, it is my opinion that the profession is being increasingly perceived as being part of an evil cobalt rather than being helpful.

I have submitted comments on the proposed Bill. I will admit that we have limited time in which to do it. I do not know if members of the Committee have a copy but as far as my comments go it relates to medicinal cannabis and the question I asked, is this to be interpreted as separate and distinct from the synthetic preparations that we have for clinical use. It is my understanding that the Drug Service is in the process of procuring certain drugs and to the best of my knowledge most of them will be synthetic preparations. I see nothing in the Bill to address this issue and I just wanted to know how that fits into the scheme of things. "Minister" in the Bill speaks to the Minister of Agriculture and Food Security and with all due respect I am wondering if this is to be assumed that the Minister of Agriculture and Food Security now has the responsibility for health related matters. Am I to interpret this as an attempt to divorce the profession from the Ministry of Health and Wellness and marry it to the Ministry of Agriculture and Food Security?

We are aware of the various treaties and our concerns are based primarily on a lot of these regulatory functions that will have to be put in place, in terms of

collecting data to be passed on to international organisation. In the Bill it speaks to protection from personal liability and from what I see, it sort of protects the people who are designing this industry, it does not speak to those who prescribe and those who administer the product and it is our recommendation that users should have some responsibility here and that users should at least be required to sign the document that states that they understand that consumption may lead to harm. That is not currently known.

The document also speaks to the Authority, in particular it speaks to where required, assist with the provision of analytical services. I may be naïve or ignorant, but I do not believe at this point in time that there is analytical adequacy in the country to monitor conventional drugs, far less a new product on the horizon, or a series of products on the horizon.

Our concerns are really again not only with regulatory changes to allow the access to cannabis and cannabinoil for medical use but I would certainly urge the Committee to think of all the other risks and benefits for the patient and to take into account the potential broader social, and public health impact, and some have been discussed here. There is the question of impaired driving, [there is] the question as to whether or not people will now see the legalisation of cannabis as a medicinal product, that it is safe and whether or not it will be construed by some people as a useful thing to do, and there is some evidence that there may be increases in the use of the drug consequential such a decision.

Mr. Chairman, that is about our input. I know it is a controversial issue, I think it is an important issue, whether we accept it or not marijuana is here to stay, unless revolution somewhere to the contrary, and I will promise everyone here that the Barbados Association of Medical Practitioners will act in the interest of the public of Barbados, bearing in mind that we are presently constrained by the fact that we cannot prescribed medications, that there are medical and ethical borders to prescription of drugs. At present, we are only confined to prescribing the drugs that have been approved by a regulatory authority and until such time as what is being proposed has been showed to be efficacious and safe and otherwise and the conditions under which they have been prescribed, as physicians our hands will be tied. I thank you.

Asides.

Dr. A. DaSILVA: I would not leave just yet, Sir,

Mr. CHAIRMAN: I want to thank you for your presentation. On the matters up for discussion we will first take comment from the Leader of the Opposition, then we will take any other comments from the Joint Select Committee before we go to the audience.

Bishop the Hon J.J.S. ATHERLEY: Thank you, Mr. Chairman. Again, Dr. DaSilva, I begin by lamenting the fact that BAMP was afforded only short notice to make a presentation, it would appear to me that

that is an institution with which this Committee should really and more critically interface on this matter. I am wondering if the Association would be disposed to be given more time, such that the Committee is now properly established, making a fuller presentation, either in document form or by another appearance. I think that it is important that we hear as fully from that institution as possible. There are matters in this Bill which the brief presentation as spoken to just now clearly did not address. I have not even seen the document such as has been presented as yet. There are matters relative to the issue of non-institutional care or treatment of persons which are addressed in this Bill which I think throw up some challenges, if one especially considers the culture in which we operate. There are issues with definitions in this Bill. I have been led to a point of confusion over the use of terms like pharmacies as opposed to dispensaries, prescription as opposed to recommendation and I really would want to be better briefed by those who are on the frontlines of these matters and I do not think [that] the short presentation just now treated to that.

Dr. A. DaSILVA: My presentation has been short because I am limited for time as well. I have to leave because I have another meeting at 2:00 p.m. I apologise for any brevity.

Senator C. A. FRANKLYN: The very last sentence in your presentation to us, you speak about accidental poisonings. I am hearing that the worse that can happen to you if you use marijuana is that you will sleep. I prefer a medical opinion, I might sound offensive again, but I prefer a medical opinion. Could you enlighten us about these poisonings that you were speaking to?

Dr. A. DaSILVA: That poisoning I referred to in my presentation is very well documented, particularly in the United States that in States where it has been legalised. They have been tremendous increase in emergency room attendances of children who have accidentally used marijuana and marijuana products. As a word of caution there to the Ministry of Agriculture and Food Security, I think the Ministry of Agriculture and Food Security should pay particular attention to the development of the industry where it relates to edibles. That is going to be a huge problem. The food scientist is already working to provide things. We can now go to the movies and get marijuana based popcorn. The Canadians are now talking about marijuana based beer. I think Coco-Cola has jumped in on the industry. We have marijuana based gummy bears that are targeted for children. We have marijuana based ice cream, which is called Klondike Bar which is a sandwich of ice cream and chocolate. Marketing has slight of hand now in the food industry, and we have to be particularly concerned about that as well.

Mr. CHAIRMAN: Dr. DaSilva I do recognise your time constraints, but I do believe that there will be an order for you to come back and do a full presentation if

you so desire and if you so desire please express your desire now so that we can get the Select Committee to move a motion for that to take place.

Dr. A. DaSILVA: The desire of BAMP has been there expressly since last year when we started this whole thing in motion. We started off with a public forum on the issue, so we will maintain that interest and we will provide for your Ministry as well as the Ministry of Health. I will like to see a closer collaboration between you and the man on your right.

Asides.

Mr. CHAIRMAN: We will invite Dr. DaSilva or a representative of BAMP to come back and do a more detailed presentation.

Hon. A. R. FORDE: Just one question before you go. I do not want to play devil's advocate today, but you were talking about increase in emergency situations when medical marijuana became illegal in America and different places. I am asking you one question today. Do you see patients currently in the hospital from alcohol toxicity or alcohol intoxicated, or persons who are inebriated by the use of alcohol, or who have adverse reactions from the use of alcohol?

Dr. A. DaSILVA: I do not work in the hospital, but

Hon. A. R. FORDE: You just said that in emergencies and in the emergency rooms you see persons that had adverse reactions from marijuana.

Dr. A. DaSILVA: Not me Sir. I said that in States that have legalised marijuana, there have been increases in admissions and emergency rooms for children in those States. I do not know that the emergency room has been astute to collect those kinds of statistics for you but I do not know if they will be willing to share it with me, but if they do I will certainly share it with you Sir.

Hon. A. R. FORDE: Is it also not a fact that there is less inhibitions with persons who are intoxicated, inebriated or drugged by using alcohol than with persons who uses marijuana.

Dr. A. DaSILVA: I cannot speak to that Minister, I do not have those facts. There is somebody who can help previously and said that they spoke to facts.

Hon. A. R. FORDE: There is also evidence to suggest that there are more maladaptive patterns than behaviours and antisocial behaviour where persons who lose/use than marijuana. When the medical evidence is there to suggest that the usage of marijuana that you are not going to see persons that ends up at the Accident and Emergency and you get persons who fall asleep at the wheel and stuff like that. I am saying the evidence is already there to suggest that alcohol which is being consumed on a regular basis is already causing all of these things. The evidence is there to suggest that there are more maladaptive patterns and behaviours associated with persons who use alcohol with their antisocial behavior

than persons who use marijuana.

Dr. A. DaSILVA: I am not here to defend the use of alcohol Minister. I am just going to suggest that alcohol and marijuana is a more dangerous mix than you can ever dream about.

Hon. A. R. FORDE: I just wanted to bring that to the table.

Dr. A. DaSILVA: Further, I would think that if you are concerned about alcohol and its issue, the breathalyzer test is long overdue as well.

Lt. Col. the Hon. J. D. BOSTIC: Dr. DaSilva thank you for your presentation, but just to clarify one thing. You mentioned in your presentation about the fact that the Bill speaks to medicinal cannabis as an entity requiring a product licence or authorisation versus a synthetic drug requiring drug approval by a regulatory authority. That was a source of confusion I must say for the Ministry of Health and Wellness and this was indicated in one of the earlier iterations of the Bill, but what it is really referring to here is the raw material and that is why the establishment of the medicinal cannabis industry is anchored in the Ministry of Agriculture. It is the raw material rather than what we would refer to as the medicinal cannabis as regulated by the Barbados Drug Formulary.

Mr. CHAIRMAN: Dr. DaSilva I really want to sincerely thank you for the time you came and presented. I look forward to hearing a more detailed presentation from you as we go forward.

Dr. A. DaSILVA: Thank you Mr. Chairman. I will do so, I do not know how long it will take me to do it but I will try.

Mr. CHAIRMAN: We have another presentation. Efurú Gooding, please come to the table.

Ms. EFURU GOODING: Good afternoon, my name is Efurú Gooding, I am a normal by-standing citizen who came to participate in the activities today. My concerns and my little take on it is that we as Bajans as a normal population in this Third World Caribbean country, we have to look at what we have to do for ourselves and not what is put forward by the open countries. Now going forward in the future for me, the industry that you all would like to go forward in, it is going to need a supply and a quantity of the marijuana of its sort to help with the processing. Marijuana makes a lot of oils and it helps in a lot of ways in which we have already established, but the same way we have coconut vendors and do not have coconut farms, the same way we have breadfruit and pudding and souse selling every Saturday and we do not have breadfruit farms, we are going to need people. We are going to need people to supply the quantity. We have children. I am going to start at the ages of 19 and up. We have youth that are coming out of school and are doing nothing. Do you understand? I am just trying to say we as a people can say, "Okay, we are making the Bill go on." The forwardness would be to let each and every individual help in a way to bring in the quantity that you need. This means that in the future instead of having

children running around doing nothing, you would have a good 20 000 of them inside the yards dealing with the quantity that the person says he or she would like; a quantity that would be coming into the Government. The Government would be dealing with it. Right now in Barbados, a pound of Bajan herb is about \$5 000. Let us get real. This is a realistic thing. A pound of Bajan herb is \$5 000. Now if you get the normal Bajan children who are doing nothing at home and are looking to rob you rich people who do not smoke weed when they get older, do you understand? We need to stop with that. Put it in the children's hands and let them grow a little tree, a little four or a little five. Let them bring it into the institution. Right now they have no weed wrappers. Right now, wait, let me hit you all with it.

Asides.

Ms. E. GOODING: A lady came in from overseas and she had these selling for BDS\$50. Now if you see the size, it is the weed oil that it is frozen or kept in a certain state. When you open it, it is one little strip. Of course, it is empty now. On it is written: "Medical purposes only". Yes, this is a product that she brought in. My mother had this thing in her feet. I do not know if it was arthritis or what but she spent a lot of money at the doctor getting x-rays and all kinds of things. I went, I got it and I sliced it in small portions and gave it to her because she was smoking weed from about 16 years old and she is 55 now and she continues every day; daily. She cannot stop and I gave it to her on mornings so she does not abuse me when she gets stressed out. Real thing. It helps, but my main point is to let it grow for all of the youths. You all are not going to deal with it. Let the youths deal with it and keep the youths off the streets. Keep the youths off the streets. It is not as though it is not on the streets now. It is there. All now out there, it is there. Make it possible that everybody could grow it in their backyard, and you all who are dealing with quantity give them not a \$5 000, I say, but give them a little \$2 000. Right now one window in Barbados is \$500-plus and the pay cheque is \$250, so you all can work out how you all will get robbed or how you all will be treated when there are ways you all can help these children.

I am serious. It may seem like a laughing matter but you all have not dealt with it today and you all were not dealing with it yesterday. This is just a forum that you all are on to decide whatever, which other people have finished deciding already. I do not want to be last, I want to be first. I want a weed wrapper, I want a weed wrapper that is selling. This is BDS\$50 for a slice. I was hurt. At first it was \$100. I did not want to tell you but I had to go and tell the man, "We cannot afford \$100, give me for \$50, please." Do you understand? If this little thing is \$50, we got weed wrappers which nobody is making yet. We have the weed oil. Do you all want an industry? There are machines which I can research on the Internet and see some are making weed oil and others are making

wrappers. These are jobs for these children who are doing nothing. Jah Rastafari! Anyway, thank you.

Asides.

Ms. E. GOODING: Thank you very much. Keep it in consideration because you all people do not deal with it, you do not know how it works, but there are children out there. They are not always going to be children. There will be big men and big people who will be already on the street dealing with the weed, selling it in pounds, in acres, in yards. The applications are simple. The newspapers can say, "Today, we are putting out applications for people who need to grow weed in quantities. You need to get the licences, your picture and so on and come in." If you get caught without the card and you are growing weed, well so be it. You will be arrested since you do not have the proper paperwork or whatever for it but if you can provide a small something quickly, get it on the go. There is oil, which is most important these days. My sister died with cancer and she used to use a lot of it. She came from Canada and she brought in a lot of the products which are used. There are even capsules such as the seven-day capsules which can also be made and are being brought in with the weed oil too. Even if you all have not looked at it to help you Bajans, look at it to help make money for the children and yourselves, because when you all realise that two and two make four and you can make \$1 billion in half-a-year from it, eat a food. We want things. We want proper housing. The money that will come in can help to do different things for us as a people. Thank you very much and have a nice day.

Asides.

Mr. CHAIRMAN: Sister Gooding, I want to thank you for your contribution. I do believe that after hearing your contribution we can all agree that we have to move at pace if we are going to take full advantage of the potential from this industry, and that while we do the consultations we must bear in mind that time is not necessarily on our side if we are going to meet the expectations of all of you who came forward this afternoon and presented. The one thing I would want to take away from the presentations which I have heard so far is that most people who presented are interested in the industry being developed. It is a question of how people will be facilitated. To that extent, I do concur with the point you made about making sure that we move to be part of an industry that is growing and growing rapidly. I want to thank you for your contribution.

Asides.

SUSPENSION

Mr. CHAIRMAN: I want to suspend the Sitting

for 15 minutes. Refreshments are one the outside. We will come back in 15 minutes' time. Fifteen minutes gives us 2:15 p.m.

The question that the Sitting of the Joint Select Committee be suspended was put and resolved in the affirmative without division, and the CHAIRMAN suspended until 2:15 p.m.

EDITOR'S NOTE: Please be advised that because of technical issue, the start of this sequence (sequence 23) was not recorded for Hansard. Hence, it does not follow-on fluently. Approximately 45 seconds were missing.

Ms. T. PILGRIM: ... apparently being collated and we will produce it as soon as possible and certainly in time for your next review session. That being said, our presentation today does not by any means, exhaustively reflect the comments from the BAR Association but we will be presenting on a few main areas. Our core view is that given that this Bill is intended as a specific carve out from an area that is currently criminalised, it is in the public interest that this Bill gives clearly defined parameters for conduct. The areas that we will be addressing are first of all, who qualifies as a patient for use under the legislation. Secondly, issues related to access to medicinal cannabis by young persons as defined in the Bill. Thirdly, eligibility to apply for a licence under the Bill, and certain exceptions thereto as well as general comments. I will address you on the first two issues and the final one, my colleague, Mr. Leslie Roberts will address you on the issues related to the eligibility to apply for a license under the Act and I will turn to him when the time comes for him to present.

First, it is important that this Bill identifies who qualifies as a "patient" for using medicinal cannabis. The Bill specifies or contemplates use by patients who are either resident or non-resident in Barbados, specifies use by patients who are minors, being those who are under the age of 18 years, use by young persons in the 18 to 21 years age-group or adults, those over 21 years old, however, careful drafting is required as all other categories of patients are based on this core definition of who a patient is. In the Bill a "patient" is simply a person who suffers from a medical condition which may be treated with medicinal cannabis prescribed or recommended pursuant to the Act.

As I said before, all categories of "patient, minors, persons and visitors" are based on that definition. The issue that we will raise today given this definition is the issue attributed to visitors under the Act. The definition of "patient" in our view is limited. The Bill contemplates a separate regime for how non-residents defined as visitors under the Bill will access medicinal cannabis in Barbados however, that regime is not yet identified.

Section 42 of the Bill contemplates that this regime will be dealt with in subsequent regulations but as currently defined a visitor may not include a minor or young person that is not resident in Barbados because of this limited definition of the term "patient". The Bill therefore, does not presently afford to non-resident, minor and young persons, the same access as it does to Barbadians minors and young persons. It is not clear to us whether this distinction is deliberate. If it is deliberate then the possible rationale for this distinction is not clear. In our view, the current drafting may be retained once the definition of "patient" is expanded to include minors and young persons and further comments on this will be contained in our report.

Our second area of concern is the access given to young persons under the Act. Generally, patients may access medicinal cannabis *via* prescription from a medical practitioner or that the use of medicinal cannabis is required based on a recommendation made by a medical practitioner, so it is either by prescription or recommendation. In the cases of young persons and minors, and as I mentioned before, minors are those under 18 and young persons are those in the 18 to 21-year-old age group. There is an additional layer of protection in the Bill itself. It is an intended safeguard we have observed. In the case of these categories of patients, they may access medicinal cannabis only with the involvement of a parent or guardian. That parent or guardian must obtain an additional certificate from a medical practitioner stating that the use of medicinal cannabis is absolutely necessary and that parent or guardian must also give written consent to the use of the medicinal cannabis by the minor or young person. The Bar is compelled to highlight that a number of legal issues arise specifically in the case of those persons in the 18 to 21-year-old age-group. For example, the age of majority in Barbados is legislated as 18 years. At age 18, these young persons, as defined in the Bill, are adults. They are capable of independent decision-making. The additional layer contemplated in the Bill for young persons is inconsistent in this legislation. The Bill does not provide an alternative mechanism for access by a young person. If parental consent or involvement is not available or forthcoming and there are very easy examples of this. A parent may be deceased, a parent may not be present, or simply not involved. In fact, parents may also just disagree on the method of healthcare to be provided to their child. To be clear, the Bar is not opposed to safeguards for this age group whether or not this requires involvement by a parent or a guardian is less clear. We therefore suggest that the drafters give further consideration to alternatives to parental involvement. Examples of this would be additional medical certifications. Our view is, we must remember the legal impact that this will have on patients as well as a social one.

We now turn to our third issue which is the eligibility to apply for a license and I will ask my

colleague, Mr. Roberts, to address the panel.

Mr. L. ROBERTS: Hello, good afternoon. Thanks for having us as representatives of the Law Reform Committee of the Bar.

With respect to the eligibility to apply, I want to refer specifically to Clause 32 of the Bill, sub-clause 3. This is page 28 of the Bill. It speaks to the eligibility or rather the lack of eligibility of a person who has been convicted under previous drug enactments or rather existing drug enactments because they are not being repealed. This is the Drug Abuse Prevention and Control Act, CAP 131 and the Proceeds and Instrumentalities of Crimes Act, 2019. There was a further provision at Section 28 which speaks to caregivers and that also prohibits a person who has been convicted under the Drug Abuse Prevention and Control Act Cap.131 from being designated as a caregiver but the most significant point that I want to raise here in brief is the fact that the Bill seems to be creating a sort of double jeopardy or a secondary punishment for persons who would already have been convicted under existing drug enactments and I think consideration should be given to, perhaps the more than once approach where we take consideration of, for example, the length of time that a conviction may have been on someone's record, whether or not that conviction may have been obtained at a time during their youth in circumstances where there may have been mitigating circumstances particularly as there is evidence to show that in many cases convictions may be attached to persons who are in under-privileged circumstances and underserved communities and we may, in effect be excluding persons who have a lot to gain from the medicinal cannabis industry.

Hon. D. D. MARSHALL: Counsel, do you not think there is a reason why we have included the word indictable in that particular Clause?

Mr. L. ROBERTS: Certainly, I took note of the word indictable, Sir, and to be fair, I felt like there was not enough clarity on whether or not it meant solely indictable or triable either way which includes the possibility of a summary conviction or indictable if referred to the High Court so perhaps that can be clarified at a later date.

Hon. D. D. MARSHALL: But it says convicted of an indictable offence so there is no issue of what it ... Let us remember and your opening statements, the team's opening statement recognises that this was a carve-out from a law which deals with criminal conduct and it is because we do not want to stop an individual from providing care to one of his relatives or friends or whatever it is in appropriate circumstances. We have tried to make sure that system itself is protected by requiring that that person should only be convicted of a higher order of things. So somebody who has been charged with a joint will not be affected by this at all. On the other hand, a person who is charged and convicted with more serious offences then you know we are leaving that person out of the mix. This is not unique to Barbados, we, in fact,

talked about it earlier today and recognise that Jamaica has a similar arrangement in place for the prohibition of people who have been convicted of a more serious order of things. Anyway, I apologise for interrupting.

Mr. L. ROBERTS: No, I understand the explanation, just one second. Allow my colleague Miss Pilgrim to respond.

Ms. T. PILGRIM: I think the discussion in Committee centred on the further stigmatisation or the prevention of not allowing that person to legitimise their conduct. Yes, we did recognise actually recognise the more serious offences were the ones being contemplated by the Bill. However, the core issue and it is not necessary a legal issue, technically is that this person who may have been penalised in the previous regime would now not have the opportunity to make this a legitimate business, which we thought was more of a social than legal issue but we thought we would raise it for contemplation by the Committee.

Our final point for the presentation today is just a couple of general comments and these relate to the identification or registration of "patients" and "care givers" under the Bill. The basis for a doctor's recommendation under the Bill, and finally the Regulation....

Mr. CHAIRMAN: Can you please cite the Clauses.

Ms. T. PILGRIM: Yes, I will. This is a general comment and actual will appear as general comment. The Bill identifies that certain persons may be "caregivers" of patients and that these caregivers.... It recognises that "patients" themselves may not be able to attend a pharmacy collect prescriptions and so on. I think that is Clause 28(1). However, the Bill in our view does not stipulate a definitive process for either "patients" or "caregivers" to be identified, readily identified as authorised users or couriers of medicinal cannabis. Aside from the broad criminal penalties already attaching to use in the procession of cannabis, there are also other criminal penalties in the Bill. This is Clause 40 the Bill it makes it an offence for a person to possess medicinal cannabis if he or she is not a caregiver and it is also an offence for a person to allow another person who is not authorised to use medicinal cannabis under the Act to use medicinal cannabis. The penalty for this is in Clause 41, a person guilty of either of these offences is liable on conviction on indictment to a fine of 15 times the value of the medicinal cannabis or to imprisonment for a term of 10 years or to both. The concern is how patients are and caregivers are to be identified. A lack of identification as a "patients" or "caregivers" may give rise to scenarios where these persons may be unnecessarily subjected to police stop search and or arrest procedures. The Bill or the regulations to the final Act should clarify how "caregivers" and "patients" may be identified for the purpose of possession and transporting medicinal cannabis for the benefit of the patient. Our second point....

Hon. D. D. MARSHALL: Do not go too fast.

One of our concerns is and as Attorney General, my office would have been responsible for drafting the policy that was determined. What as policymakers we are not inclined to do is to require individuals who are using cannabis for medical purposes to have to walk around with a cannabis identification and say well I am using cannabis. Doctors would prescribe opioids right Dr. Browne? I am sure but those patients do not walk around with any special identification saying well I have a prescription for using something which is otherwise considered to be illegal. What we want more than anything else is to remember that in the medical sphere we are really catering to people who are ill and we want to treat them in the most respectful and humane way. As policymakers we were not comfortable with the notion that a person who is using cannabis for medicinal purposes should have to walk around with a special identification in case the police stop them. If the police stop them there are means and ways of establishing, you are authorised to use cannabis. Now, I really do not think a person who is.... I am not a doctor but maybe one of the doctors her can tell me what kind of.... Do they prescribe cocaine extracts or something?

Asides.

Hon D.D. MARSHALL: Morphine, which would ordinarily be illegal.

Asides.

Hon. D.D. MARSHALL: Right. So, a person who is in the possession of morphine simply does not have that impediment and therefore we did not think that a "patient" who lawfully had medicinal cannabis should have a special identification nor is a person who is a "caregiver". We want to have while there is a restriction to it, a regime that is workable for people and it does not put them through additional hoops, so that is the policy position we were taking. As for identifying a caregiver, I think the first section says a person should designate and once that person is designated then it is not for a pharmacist or a doctor to go behind that. Our only caveat is that that person must not have been convicted of a criminal offence.

Ms. T. PILGRIM: The point is taken Mr Attorney General, I am not sure that that addresses the issue. The policy position is noted, however, how the legislature intends to address the method by which the legislature intends to address this issue, we consider it extremely important to highlight that it exists. We do understand that there are other methods of subsequent methods that might be employed, other ways that might be employed for the police to verify that this person is an authorised user. However, this is probably going to be after an emotional stop, an emotional search and detention possibly not just detention at the sight possibly at a police station for carrying. These are things that we would wish to avoid.

I understand your policy point about not having a

card or identifying a person by a card they may, however, we do think it merits for the consideration of means of identification. There are states for example in the United States that have an authorised person's regime, we will probably highlight this more fully in our report given the interaction that we have just had. We do think that it is important for these persons not to have to endure based on the broad criminality still attaching to this plant not have to endure an unnecessary - unnecessary search, unnecessary procedure or detention.

Asides

Hon. A. R. FORDE: I just want to clarify something. If a person is stopped with a product with respect to whatever dosage or form, because that person would have a prescribed product, it will have a label on it identifying the pharmacy, the doctor who prescribed it, there is a label that once dispensed from a pharmacist it must carry by the Laws of Barbados that information on it, just like how you would walk about with pyridine or any other narcotic, if you do not have a prescription for those things the police can stop you in the same way.

Ms. T. PILGRIM: We understand that, however, the Bill itself does not speak to that and to the extent that this Bill is speaking specifically to those things, and we recognised that it is very general and recognising that there is a plethora of Regulations that are supposed to be coming in support of this Bill, we would have expected the kind of labeling, in addition to what is already prescribed by law.

Mrs. J. ST. JOHN: No, you do not have that and you do not need that.

Asides.

Mrs. J. ST. JOHN: Sorry, through you, Mr. Chairman, I think the group has made some excellent points but we must also very importantly remember that no law stands in isolation and as was previously indicated there are already existing things in place that will adequately ensure that these persons are properly identified, all of our policemen know the law and I do not think that these people would be stigmatised or harassed because the law already adequately makes provision both for their identification, for records to be kept and for the person, as you indicated, to be properly identified by the packaging they carry. If you do not have your driver's licence and a policeman stops you, you have time that you can produce [that licence.] if the police needs to make further investigation the law also provides for that. We must remember that the law - no Act, no Regulation, no Order - stands on its own. We have Laws of Barbados, not a law.

Senator C.A. FRANKLYN: That is one of the difficulties I have with the Bill and the mad rush to get it passed because these members of the Bar Association would not know what is in your minds and what would be

in the Regulations when you get to them. When we are bringing these things to the public we should have a set of Regulations and we should have the Bill in place, because people would not be aware of what the full law would be saying. Trust me when I tell you that, he is saying [that] there are going to be labels, that there are going to be this, I took pyridine. I used to put some in a bottle and some I [left] at home, just in case I rushed out, so tell me that if I had the unlabeled bottle that a police would hold me and carry me up, so we need to know what is the full extent, what is are regulations, what are everything that is going to turn out from this Bill. It is not for a Committee sometimes after the fact to recommend Regulations to the Minister for the approval of the Minister that to my mind is nonsense. They cannot be aware of what you [are] contemplating, when you ask them to make a submission they should be making a submission on what you propose to put in place, not what you gave them and hopefully they would somehow magically assume the rest of knowledge.

Mr. CHAIRMAN: Senator Haynes.

Senator Mr. C. A. MAYNARD: I am not Senator Haynes, I am Senator Maynard. Mr. Chairman, Clause 29(3) of the Bill has a section which states that on the normal prescribing conditions the information written on the document would cover someone who is carrying medical cannabis. I thought that was quite clear.

Ms. T. PILGRIM: Just to be clear, Senator Maynard, the Clause to which you are referring, 29(3), "*Upon dispensing medicinal cannabis to a patient, the pharmacist shall ensure that the label...*" Our view on that is the labeling of the product is not sufficient to identify the "caregiver" or the "patient", it is not sufficient to do that, especially if you are criminalising - using language like using a person who is authorised to use it, without specifying how you are shown to be authorised to use it. The issue is identifying this person outside of the label. Things happen, people switch labels on their own initiatives, people switch medications to different bottles on their own initiative. It would be remiss of us not to highlight that we consider this an issue. We have taken your comments, we will more than likely highlight this in further review and possibly address it in our comments, which as I mentioned earlier, will be provided in full very shortly and certainly before your next Committee review.

Mr. CHAIRMAN: Minister Forde.

Hon. A. R. FORDE: I just want to reiterate that under the Drug Abuse Act and our Forensic Laws [regarding] the way we dispense medicine, once a drug is in the category of drug abuse there are certain Regulations. Well, as a matter of fact, any drugs dispensed in Barbados there are certain regulations regarding dispensing practices, one of them is that the drug must be labeled. I am saying that the practice right now as I speak is that we the pharmacists dispense medication that is 1000 times as strong as PH4 or any marijuana derivative that we are talking about and as it stands if the police were to stop a person carrying

pythadine or morphine for instance or whatever it is and the person does not have a label on it then the police has all right to questions that person. The police have the same right to questions as they would for marijuana, they would have to provide the evidence but the label has to be on the packaging so that if the label is not there, just like any other drug, then I suspect there is nothing else that you need about marijuana because it is already in practice, this has been happening from time immemorial.

Mr. CHAIRMAN: Senator Haynes, you wanted to make a point?

Senator Dr. C. K. M. HAYNES: I just quickly wanted to specify, a number of things are explicitly stated on the label, so it is not just that the label would say, "this is medicinal cannabis", it would say "*this belongs to Crystal Kathie Melissa Haynes, I.D# 85-whatever-whatever, X doctor prescribed it on X date, it is a 30-day supply*". It is going to be very, very specific so that if an officer had stopped me and I was in possession of X and X was labeled as currently is the procedure I would simply pull my national identification card and driver's licence where the police could very easily identify that this package belonged to so-and-so of X date of birth, we know who their prescriber is and we have been able to match it with the national photographed identification that proves that she is authorised to carry. I think that as it stands, considering what is normal procedure for medication, at least from the patient perspective, not so much the "caregiver" but for the patient themselves who is bearing, I do not really see that it should be too much of a challenge. Thank you.

Asides

Mr. CHAIRMAN: The BAR has the floor.

Ms. T. PILGRIM: Many thanks. Senator Haynes, in relation to "caregivers", your scenario does not completely address their issue, and to the extent that there is no provision in the Bill for this kind of identification we thought it necessary to highlight this issue. As I said before we will take it back to our committee for review and provide a fuller comment in our written submission.

Mr. CHAIRMAN: Your point is noted. I believe that we can let you proceed with the presentation. The point is noted. The purpose of this session is basically for us to hear what the concerns are in the legislation so that we can have a discussion on them, so I do recognise the point that you are making. You said you will put it in your full presentation which we will receive.

Senator C. A. FRANKLYN: Mr. Chairman, to support what I have being saying and what they are saying. This is remedying... I have some home and I have some with me, it supposed to stop my sinuses from dripping. I do not have the labels with me, the bill with labels are at home. I put some in my bag...

Mr. CHAIRMAN: Senator Franklyn we took the point. We are moving forward.

Ms. T. PILGRIM: Thank you Mr. Chairman.

Our penultimate issue is the basis for the recommendation made under the Bill. As previously eluded to, the Bill allows for two ways by which a person can access medicinal cannabis through a medical practitioner *via* prescription or a recommendation that use is required. The question in our minds is, what is the basis for providing that recommendation for medicinal cannabis to be used? Is it a high threshold? Is it a low threshold? Are there certain diseases for which use may be permitted immediately? The Bill on Regulations to the final Act should clarify under what conditions the medical practitioner may make such a recommendation on the basis on which it is made. That actually leads us to our final point, which is the Regulation. We have already discussed that the Bill is very broad. It is technically the skeleton by which the Regulations will provide fuller details on dosages, amounts, quantities, potency *et cetera*. This is demonstrated by the detailed list of potential regulations outlined in Clause 42. We understand as lawyers that this will allow for flexibility and allow our standards for the industry to adjust according to technological advances and to adjustments in the market. We would, however, again caution that because the Bill is very broad, the subsequent Regulations will contain more precise particulars on conduct. Given the criminal penalty attaching generally to the use of cannabis and possession, I am saying the general public should be aware of at least the basic Regulations that will be coming with this Legislation. Some of us are and some of us are not. I believe that in another forum with another presenter there will be more discussion on the educational programs that will be implemented to ensure that the public is kept up to speed on the uses of cannabis *et cetera*. However, we do think it is within our remit to outline that these are issues that were highlighted in review. We also would like with the Chair's permission to reserve our availability to reappear if necessary, once the panel has had the opportunity to consider our report in full and we will be so available.

Mr. CHAIRMAN: The Chair will accept your recommendation to reappear and we will also be prepared to engage you further on the Legislation. What I want to do is to open the matter for discussion now, first of all at the level of the Select Committee and then to the general audience. Any matters from the Select Committee?

Dr. S. E. BROWNE: I am speaking more for myself but this has been a complaint from others in the medical fraternity. As Ms. Pilgrim had said in one of her last comments. There is a little cloud over prescription as compared to "recommendation". I have been reading about recommendation in the US and the Canadian market, and their reasoning behind it, at least in the US, is that in some States it is still illegal, so as the doctor not be held liable, he or she writes a "recommendation" rather than a prescription, but at the same time it is still foggy in my mind what does that mean, how am I liable with respect to writing a "recommendation" and the patient does what he feels like with the medications. Basically,

how does my butt stand when something like that happens? This is one of the areas I have been hearing a lot of talk among many of the doctors. We are really unsure of that and legally what does it mean.

Ms. A. JACKSON: In relation to written "recommendations", this is an area that has been introduced in relation to this industry as a result of the fact that prescriptions usually carry a specific dosage and as result of the developing industry and the science that is developing, some doctors are not comfortable prescribing. As a result, a written "recommendation" is given instead of a prescription. That is where the written "recommendation" came in or how it comes in.

Senator C. A. FRANKLYN: That now left it as clear as mud to me. I am confused now, because are you going to tell me that you are going to "recommend" or prescribe something and do not know how much you are giving the person. Is that what you are telling me? I do not know much about this thing as I said. I have never used it, tried it or I do not know how much you use, but when I take the tablet that they tell me to take, one every eight hours or something like that and it is so many milligrams, are you telling me that you can tell someone that you can give them cannabis and they do not know how much they are ingesting.

Ms. A. JACKSON: The written "recommendation" as I said, it would be similar to a prescription. It is just that because it is a developing area, some doctors are more comfortable giving a written "recommendation" rather than a prescription. It does not mean that the recommendation is just going to say use cannabis, it would obviously have to state how it is to be used and the amount that is supposed to be used, so it would be let us say a lower grade than of a prescription.

Dr. S. E. BROWNE: I am sorry, but usually a prescription has that information, as in what you are prescribing, what dose you are prescribing. This is what I am trying to find out. Give me the dividing line that if I decide I want to write a "recommendation" I can write one. Pardon?

Asides.

Dr. S. E. BROWNE: That is a little too foggy for me, but I am not a lawyer, I do not know.

Asides.

Mr. CHAIRMAN: Let us hear Reverend Atherley, Leader of the Opposition.

Bishop the Hon J.J.S. ATHERLEY: Thank you Mr. Chairman. Just to thank the BAR Association for the presentation they made. They have addressed some issues which are of concern to me personally and other interest which I represent, the whole matter as to how we deal with "caregivers" at the attempt of the Bill to what we call official "caregivers" in Barbados, you are running counter to cultural practice in Barbados, which is really

engrained. The whole issue of "recommendation", I was confused, now I am afraid. Because that explanation given by the legal people to my left takes me beyond the point of being confused over this matter of "recommendation", brings me into the realm of trepidation, because what I seem to be hearing is that we are borrowing from a jurisdiction within the context of which doctors are afraid to prescribe and therefore would "recommend", and because of their uncertainty in this context. Developing science, we are prepared to expose the Barbadian public to a developing science which allows medical practitioners to "recommend". That is really disconcerting. It really does underscore the importance of the exercise that is now ongoing, and the fact that long ago these matters should have been put to the public and to institutions which are pertinent to the development of this industry so that we could have been properly advised by them. I am quite concerned when I hear this explanation of "recommendation", and I also have some concerns as have been outlined by the Bar Association with respect to a number of things, but I guess I will get the opportunity to speak to them.

Mr. CHAIRMAN: Let us take Dr. Connell.

Dr. K. CONNELL: Thank you, Mr. Chairman, and good afternoon to the Select Committee. My name is Kenneth Connell. I am a full-time lecturer in clinical pharmacology with the University of the West Indies and I am speaking to you in my capacity as Chairman of the Drug and Therapeutics Committee of the Ministry of Health and Wellness. Of course, I am a practising physician and internist and therefore you could say that I carry some bias of Western medicine. I want to address specifically the "recommendation" terminology. From the experience that we have had in the training of healthcare professionals – the University has trained just about 125-plus doctors and pharmacists – this is going to be an issue, simply because there is a discomfort in writing the prescription in itself. There are probably reasons for that. One is that doctors are not usually comfortable in prescribing a new drug, whether it is cannabinoid or a new aspirin. As long as it is new, there is trepidation. Coming out of the workshops and what I have gathered around the room is that many people asked me, "*When we are writing our first prescription, can we call you?*" There is that level of discomfort but I can almost see the "recommendation" being more uncomfortable for a practising physician. It is not to say doctors do not write "recommendations". We do but it is not characteristically written for medicinal products. Doctors write recommendations for exercise. I write "recommendations" for salt reduction all the time because they are not written on a traditional prescription, but "recommendation" for a drug in our jurisdiction is usually a prescription. I think that doctors feel that this gives them some kind of legal support by writing a prescription. By writing a "recommendation", as my colleague Member of Parliament Browne stated, they have no grounds to stand on.

Hon. A. R. FORDE: May I respond.

Mr. CHAIRMAN: Minister Forde.

Asides.

Hon. A. R. FORDE: I just want to state that over the years – Dr. Browne, Dr. Connell and obviously Dr. Warner here can help me – doctors have written not only prescriptions but have written orders, which are not prescriptions, which have no legal basis, and patients collect these medicines. This is similar to what is written on a slip. It does not have a prescription, it just has the name of the patient but it does not have prescribed dosages or anything, and that is taken to the retailer so that they can get their medicines.

Asides.

Hon. A. R. FORDE: It is taken to the wholesaler. What I am asking is this: Is this not uncomfortable? What legal recourse do you have when that is done on a written order?

Dr. K. CONNELL: You are referring to what is commonly called a purchase order. It is a procedure which I am often very uncomfortable doing because what is meant to happen is that you write the identity of the drug, you cannot write a dose on the purchase, and the patient is meant to take it to the retailer and bring the drug back to you, which never happens in practice. That is why I do not like that process. Now, it usually means it is a patient who has been prescribed this drug previously, he or she knows how to take it, has done it before, has had previous prescriptions and is getting a purchase order for other reasons. Therefore, the patient already knows. It is almost an understanding that the patient knows how to take the drug already. For instance, if that person were to be pulled over, what would the person have as proof that he or she was prescribed that drug? I just wanted to respond to my colleagues on the left – my legal colleagues, not medical colleagues – by stating that the degree at which law enforcement checks this is at a higher degree than you would think. I have been called by the police station and asked, "Did you really prescribe this drug and can you cross-check the dates for this patient?" because it was a narcotic. That check does occur. I also advise patients, especially those who are travelling, to travel with their medication in the dispense container because it is a legal requirement. You are not meant to be transferring drugs to other containers, as convenient as it might be, without the dispense container. Thank you.

Mr. CHAIRMAN: Any other comments from the Select Committee?

Hon. D. D. MARSHALL: If I can, let me defer to my learned colleague.

Ms. A. JACKSON: Thank you, Attorney General. Thank you, Mr. Chairman. Just in the interest of clarity, "recommendations" would obviously be used in a situation where, for instance, balms, things such as

tinctures and oils, not necessarily pharmaceuticals that have a specific dosage. As the Attorney General would have said before, it has to do with specifics as opposed to just doing something that is willy-nilly. It is not that we are trying to implement something that cannot be controlled. We are but you do have medicinal products which you cannot necessarily prescribe according to how a prescription would read. I do not know if that makes your "mud" any clearer.

Asides.

Hon. D. D. MARSHALL: Mr. Chairman, if I can, and I appreciate the challenge that we face. If Senator Franklyn would give me the Floor and stop encouraging the smoking of "spliffs", I would be glad. There are police officers in the room.

Asides.

Hon. D. D. MARSHALL: There is a cultural context, though, to what we are talking about and we relegate these things into tales of our past. I do not know that my grandmother could ever make the same batch of bush tea the same way twice, nor remember exactly which bush she used on occasion one or two. Somehow or the other, she was confident that it worked. I suspect that I am evidence that it has not.

Asides.

Hon. D. D. MARSHALL: The point, though, is that from what I hear – I have no personal experience with it – there are individuals who have cancer, who have HIV and who have a number of ailments and they swear by the use of cannabis for one purpose or another. I feel it is my responsibility as a legislator and as a policymaker to put a system in place which allows all Barbadians to benefit from whatever opportunities that may exist for healthcare. I accept that there may be a level of precision that may not be available to us, but if I were afflicted with cancer tomorrow – I understand cancer is one of the things – I would not want to know that my ability to find palliative care in cannabis is thwarted because you, Dr. Connell, you Dr. Browne or you "Dr. Boobie"....

Asides.

Hon. D. D. MARSHALL: ...Have a problem in determining whether it is to be oils or to be smoked or to be capsules. As a sick person, I have one focus and that is how I can either reduce my discomfort or ultimately find healing. Therefore, while I understand the scientific challenge that you as a person trained in Western medicine is faced with, if I have back pain and I go and find relief from acupuncture, is it not better that I find relief than that I should worry about the route through which that relief is found? I think we all know of enough

instances in the Barbadian context where individuals have been ill, have been suffering from one ailment or another, and some instances have been very well publicised and I believe that the general public sentiment is that those persons should be given assistance where they can and as I supposed the Chief Law Officer of Barbados I would have great difficulty feeling that it would be right to charge an individual with possession of cannabis in circumstances where that person makes a sound conscious decision that that is where the medical treatment lies. Being policymakers is never easy. We have to walk that tightrope. Is it better to say because "Recommendations" lack the specificity that you are accustomed to. Therefore you should throw it out or is it better to say that there are circumstances where you are satisfied that your patient would be better served by having it but you acknowledge that you simply cannot tell him how many micrograms of it to use because there is no scientific indicator of how many micrograms to use. We were told earlier that as a doctor your mantra is "*first do no harm*". I would like to think that the second part of that is secondly, "try to help where you can". To reduce it to a pure scientific distillation of, "*I will not get my patient to use it because I cannot tell you exactly how big the pill is supposed to be*" I am afraid I would switch my doctor.

Dr. K. CONNELL: Thank you, Mr. Attorney General. I am in complete agreement with your statement except to say that this is the current *status quo* in medicine. We quite often cannot precisely prescribe a milligram dose and we say apply Voltaren cream to the affected area liberally. As to how much Voltaren cream that is, do you know? But it depends on the route of administration and the type of drug. For drugs that have a very narrow therapeutic index where you are worried about harm versus good then you want to be a bit more precise with those drugs.

To respond to your example of a patient coming to a doctor and the doctor is trying to decide what route to take. I do not really know which route to take because I do not really know how much to smoke, I think that should be sheer decision-making between the practitioner and the patient and who should then decide on well, I think the oils are available and here is the evidence and this is why I am going to prescribe the oils or recommend the oils. This is available and how you feel about it because ultimately it is the patient's decision but you are correct in stating that it is quite often not possible for us to state precisely what dose to give but, for instance, a counter argument is we would never write a prescription saying take some morphine because of the potential for abuse and harm.

Hon. D. D. MARSHALL: Dr. Connell, I think that this legislation therefore and Dr. Browne's concern is, where does my "but" stand in the middle of all of this. It is protected by this Bill which gives you the opportunity if you determine that your patient should have the benefit of a cannabinoid or whichever it is. If you should decide that your patient should have the benefit of medicinal

cannabis then this Bill empowers you to make a "recommendation" which does not carry you to the precision of a prescription because you do not feel comfortable doing it but at least, it allows you the opportunity. It does not direct you to do it but if you should decide that your patient with cancer or one of those other illnesses would benefit from a cannabis compound then it gives you the opportunity, Doctor Connell, to be able to lawfully give an instruction to a pharmacist, "please dispense this compound to my patient ..."

Dr. K. CONNELL: But having a prescription also allows that, Sir.

Hon. D. D. MARSHALL: It does, except that you may feel that you are not able to prescribe. Now if you say to me that you could prescribe marijuana to a patient tomorrow then I do not have a difficulty?

Dr. K. CONNELL: The issue is, I think, that the "recommendation" raises doubt in the mind of the prescriber and that is the problem and you do not want to raise any doubt in a cohort of prescribers that are already concerned about prescribing a new drug. If you just state, you need to write a prescription you have to come down on a diagnosis and you have to decide on a treatment, those are two things in medicine, and that treatment has to be clearly defined. That does not have to mean a precise dose but you should be able, for instance, to say, "I want to prescribe X drug as X number of whatever, leaves or whatever, for this condition for X period of time" and that should go on a prescription.

Hon. D. D. MARSHALL: I do not mean to monopolise the forum and I do not want to put you on the spot but do you think there is a reasonable case, not necessarily a good case, for the medical field to prescribe cannabis to a patient.

Dr. K. CONNELL: I think there is a reasonable case if the evidence is available for a particular product so you cannot generalise and say ...

Asides

Hon. D. D. MARSHALL: Agreed.

Dr. K. CONNELL: So for particular products, as would be done for any drug, for instance, you are not going to say, "Is there a reasonable case for insulin to be prescribed?" You are going to take what type of insulin, how it is going to be administered, those kinds of things so to generalise cannabis it is impossible to respond.

Hon. D. D. MARSHALL: I accept that but assuming those parameters are met that you have diagnosed and whatever other things go through your mind, do you think there is a reasonable case for the prescribing of cannabis compounds?

Dr. K. CONNELL: I think those that are scientifically approved, yes.

Hon. D. D. MARSHALL: Can you help us with which ones are scientifically approved?

Dr. K. CONNELL: There are five products that

have been approved based on the evidence available, the Drug Formulary Committee has approved five products and those are the recommended ones.

Hon. D. D. MARSHALL: Tell us what they are, please. If you tell me something with 12 zeros and some Hs and so on I will be lost.

Dr. K. CONNELL: There are long names. There were some products described this morning. In fact, my recollection was that all the products were described as synthetic. All of them are not synthetic, some of them are purified natural forms. There are the nabiximols or cannabidiol as dronabinol or sativex is the brand name used. Then there is purified cannabidiol oil which is an epidiolex which is a drug used in a very rare paediatric disorder and that is a purified form of cannabis of CBD-THC. Another correction that the drugs that are approved at all CBD compounds that is incorrect. Some of the drugs used have THC. The THC component is necessary in the endocannabinoid system. Then there is a synthetic non-psychoactive cannabinoid and abomasum. This was approved for use in dermatomyositis, a rare skin disease. Synthetic cannabinoid capsules nabilone and synthetic cannabinoid capsules marinol. The difference between nabilone and marinol really deals with their strength. One is a lower micrograms, the other is in milligrams and these are used for nausea and appetite stimulation in terminal illnesses such as cancer and HIV. This is not to say that if the Committee tomorrow – because we will meet tomorrow – were to receive an application for cannabidiol oil X we would not look at the evidence for that drug and make a decision. There is always the perception that drug formulary committees hold drugs up to a very high unrealistic standard and that is not the case. The drugs are taken as a case by case basis and some drugs you cannot hold up to a large randomised clinical trial because there are not as many people affected with the disease or the drug is illegal so you cannot really test it to that level. We follow the principle followed by the Food and Drug Administration and that is that a reasonable level of evidence is available for the indication that the drug is being requested for.

Hon. D. D. MARSHALL: Visitors come to Barbados and they bring with them their extracts and compounds and oils and my understanding of it is they require a particular fiat in order to be able to come into Barbados with those drugs. My understanding of it is that they require a particular fiat to be able to come into Barbados with those drugs. Now, one assumes that that particular medication would have been prescribed wherever they came from. Correct?

Dr. K. CONNELL: Or recommended.

Hon. D. D. MARSHALL: Well, good. Now, when that person arrives at Grantley Adams International Airport with this thing do you apply your standards, or do you accept the standards that were set in the jurisdiction that they came from?

Dr. K. CONNELL: So, a good medical practice would require the physician if he is going to recommend

continuation that he accepts the care as appropriate. Quite often I see patients coming from overseas and I switch their care because I do not think it is the appropriate care that they are on. I do so as a joint decision making with a patient, but I say I am not going to continue drug 'X' because I disagree with your physician. So that happens and if I disagreed with a physician, in this case, yes, I would stop the drug and I agree I would continue it.

Hon. D. D. MARSHALL: In relation to a cannabis compound have you had experience of a patient coming in with a compound and they need to get it in.

Dr. K. CONNELL: I have not, I have spoken to colleagues in Anastasia for instance who have had similar situations. I would not state what the advice where to those patients here but although they have not rewritten a prescription they have, I guess you could say recommended. If the patient wants to on their own free will continue, they should continue.

Hon. D. D. MARSHALL: That is not of their own free will, wherever they came from they had something which says you should use cannabis.

Dr. K. CONNELL: The question is can a doctor in Country 'X' prescribe any drug for instance that might not be on our formulary and that patient comes into the jurisdiction is that patient govern by which law regulation. Are they governed by Barbados' Regulations for this drug which is not approved, or are they governed by where the drug was prescribed? I guess I would have to ask you that question.

Hon. D. D. MARSHALL: Well, you have three able lawyers beside you, but I think that we would air on the side of saying that you do not have any criminal intent. You are using it as a *Bonafide* person who has been prescribed; or "recommended" to you for your medical treatment. So, we would have to decide if we want them to come or do not want them to come.

Ms. T. PILGRIM: The truth is under the current Bill; the definition of visitor makes their access to medicinal cannabis in Barbados accessible only *via* a local doctor. The regime is not completely specified in the Legislation and it is alluded to in that very broad section at the end section. Clause 42, which speaks of subsequent Regulations to be put in force. So, there is a separate regime contemplated by the Bill for visitors' access to medicinal cannabis in Barbados, we just do not know what that is at the moment.

Dr. K. CONNELL: Thank you for clarifying and through the chair, my final point is in response to my colleague. So, this is not unique for medicinal cannabis or its compounds. Visitors come to Barbados on various forms of medications that are not available on the island. Whether the doctor agrees that they should continue or not it is irrelevant cause the drug is just not available here. The safe transition must occur, and doctors must feel comfortable in converting patients to a locally available drug.

There is also the issue of antidotes and prescribing a drug in an environment that is not equipped

to deal with it and its side effects and that may be an issue to consider as well. For instance, if a person comes in on drug "x" I would use an example of a common blood-thinning drug for that, Sir. We did not have the antidote here doctors might say well I do not comfortable continuing Pradaxa because there is no antidote, we are going to use old fashion warfarin because we can give you vitamin k.

Dr. S. E. BROWNE: Leading on to that I read the Legislation for one or two territories. One of the things that concern me is that there is a defined list, Doctor Connell, there is a defined list of diseases and ailments that marijuana on the books is recommending. My concern is, are there going to be listed even with amendments later, are they going to be listed on the Bill or is it going to leave up to the medical practitioner to decide which diseases he or she thinks?

We already know for instance, in my world, I am not sure what they say as I forgot, that medicinal marijuana is to be used for instance when all else fails. Like nausea in cancer, for instance, correct me, Doctor Connell, if I am wrong but they are other drugs that are equally good or better. Are going to list the diseases on the Bill so that we are clear what we are using the medicinal marijuana or that is left up to the doctor to decide oh, her knee is hurting, I will give you medicinal marijuana this is one of my other concerns.

Dr. K. CONNELL: So, the Drug Formula Committee, when we were tasked with this, made a clear recommendation that it be disease-specific or indication-specific. You have highlighted an important point why that was the case and that for instance, pain management there is a stepwise approach and the cannabinoids are not stepped one of those algorithms. You would not want a patient to come to a doctor saying I have a headache, they say well let us try this medicinal cannabis compound you would want them to start paracetamol. Even in that workshop several misconceptions about what should be step one versus step two, step three came about. So, you had prescribers who were uncomfortable as to where this structure end to the algorithm. So, in response to your, question I think that yes, it should be disease-specific, and they should be clear algorithms that prescribers should follow. This would not be in any way perverting how medicinal marijuana is prescribed because this has been done in several new drugs when they are introduced. They are clear algorithms as prescribers get more comfortable then you relax the algorithm and then eventually the algorithm is removed.

Hon. D. D. MARSHALL: That would be your recommendation?

Dr. K. CONNELL: That would be my recommendation, yes.

Mr. CHAIRMAN: Any other comments by the Select Committee?

Senator Dr. C. K. M. HAYNES: Just one quick comment, Miss Pilgrim from the Bar Association had pointed out earlier the challenge with the age group,

young persons. I just wanted to highlight something I noticed where a person aged eighteen (18) or older that is Clause 28 (4). It indicates that a person who is eighteen or older can be a caregiver, so it is just interesting that as a young person your mom or dad or guardian had to sign for you that is between eighteen (18) and twenty-one (21) but you could still be a "caregiver". I agree with you on that one for sure.

You might not be prepared to speak to it today but if in your final written submission, you could include just some of the possible medical-legal issues that medical practitioners might come. That is always a big issue for us with something new. Some of the considerations that should be made for us as doctors in terms of medical-legal challenges just so that we could maybe consider working that into the final Bill. Thank you.

Ms. T. PILGRIM: My final sentence in one of my notes is, we should collaborate with the Barbados Association of Medical Practitioners (BAMP) on some of these issues.

Hon. D. D. MARSHALL: Mr. Chairman, on the matter of Regulations, Senator Franklyn, has spoken quite stridently about the absence of Regulations at this point and the Bar is also concerned about it. Let me say though that there is a built-in agenda to this Bill and Regulations finds expression in Clause 42 of the Bill. 42 (2) and (3), and it does give a fairly clear vision as to the areas that are going to be regulated and I think the Bar, the public, the medical profession, the pharmacist should take comfort in the fact that we have gone to the trouble of stipulating the areas that are going to require specific Regulation. Those Regulations are already under the draft, but I am happy to say that this process will help to inform some of that work, but [that] this is a fairly clear indication of the areas that we are going to provide Regulations for, so you should take comfort in that fact, and that includes labeling of cannabis drugs.

Bishop the Hon J.J.S. ATHERLEY: Mr. Chairman, Ms. Pilgrim may take comfort in what was just offered by the Honourable Attorney-General. I do not. This was a matter I was going to raise when the Committee in-house looked at this thing more specifically but I think this issue, the attempt to establish this industry, its many aspects is so important and is such a cultural shift in the way we do business in Barbados in both the health sector, the agriculture sector, import/export, that we need to see those Regulations before we proceed down the road with this Bill, and I do not know what is the haste. I have already made the point that in the House of Assembly we have conceded that haste was required with reference to many important pieces of Legislation under the influence of external institutions. We have acceded to the wishes of Government in supporting the Government to have those bits of Legislation passed through the Chamber with the required haste. I do not know what is the haste attaching to this one and I believe that the Regulations will be so important as that the passage of this Bill should not so far proceed at the scrutiny of those

Regulations. I want to make the point here today because it was just raised and because the Honourable Attorney-General has just attempt to offer us some comfort, but I was really going to reserve that input for our in-house discussion. Mr. Chairman, I think it is extremely important, usually the devil is in the details and also Regulations do not normally, in the course of our normal Parliamentary procedure, come to our attention in the same way that a Bill will, and they could quite easily [be] passed before us, without notice, but these are extremely important.

Ms. T. PILGRIM: The Bar has acknowledged that the Bill is very broad - skeletal - well, not skeletal - but it provides the inner core to which the Regulations will be added and that, from a drafting standpoint, is absolutely critical because you cannot or should not be expected to list every minute detail of what could be in the Regulations into the primary Legislation. One of our concerns is that again, given the criminal penalty that attaches to use and possession, the general public should be aware, at least of the basic Regulations that will be brought into force with this Legislation. We have also acknowledged that this will give the Legislature the flexibility to augment or modify the Regulations in accordance with market shifts and technological advances. From a purely customer service point of view there are clients, investors and users of the system that do need clear guidance on how the regulatory framework will be established, just for their own investment and their own expenditure, they have a strong interest as well in this Legislation in ensuring that it has a strong supportive framework.

Mr. CHAIRMAN: Thank you, Ms. Pilgrim, we acknowledge your concerns about the Regulations, your recommendation about having the recommendations available is noted. I do also note the concern shared by the Leader of the Opposition with regards to the Regulations and we will endeavour to proceed by paying attention to the recommendations given. Dr. Browne.

Dr. S. E. BROWNE: Mr. Chairman, the Honourable Attorney-General had explained it to me as best as the Honourable Member could but there is still concern among the medical fraternity and pharmacists, not necessarily including Minister Forde, that it is unclear as to where the Ministry of Agriculture and Food Security begins and ends, as opposed to the Ministry of Health and Wellness. I have seen in some jurisdictions that the health part has actually been left to the Ministry of Health. There is worry that, in my opinion too to some extent, the individuals who may work with the drug service or in pharmacies are concerned about the jurisdictions, in other words, basically where they end and you begin. Why could this not be put away from agriculture? For instance, under correction I am seeing Israel for instance has the medical part under their own Bill in that responsibility. I am just unclear as to why it has to be here. I was given an explanation, please remind me of it if you have it? Mr. Chairman, that is it from me for now.

Mr. CHAIRMAN: Well, I do not know what explanation you were given, so I cannot remind you of it. What I would say to you is that because of the fact that we are developing an industry where we are starting from seed and once you are starting from seed then that is agriculture. Once you are engaging local farmers to participate in the building of an industry, that is agriculture. We did and perhaps the Minister of Health and Wellness and I would have to then settle on a final position where this is concerned because I do recall that in previous discussions what we did agree to was that the Minister of Health and Wellness has certain powers to trigger the use of the drugs and that the Minister would have used those powers for the Formulary Committee to determine use and that they would have proceeded ahead of agriculture which did take place. That was a matter brought before the Cabinet and agreed to, but the seed to final user is where the Ministry of Agriculture and Food Security will take the lead because this is all about farming at the end of the day, you do not get the plant, you do not get anything without the involvement of agriculture.

Lt. Col. the Hon. J. D. BOSTIC: Thank you, Mr. Chairman. Dr. Browne, let me assure you that during the initial stages, in terms of the preparation of this Bill, the Minister of Health and Wellness shared the concerns that you are expressing. We met with the drafters, it was a very intense meeting and we are assured and are satisfied with that assurance that certainly all of those issues that are regulated at the moment that are within the law in terms of the Barbados Drug Service Act, the Health Service Act and all those things, that is the law, you cannot just dispense the law like that, so [that] all of the responsibilities that exist under the current laws in relation to the Ministry of Health and Wellness will continue.

Dr. S. E. BROWNE: If I may, Mr. Chairman, for instance, I am looking at the recordkeeping. Why is it that a medical practitioner, for instance, should submit information? I know you are excluding a lot of things now, but why should a medical practitioner submit information to a Ministry of Agriculture and Food Security with respect to the users of medicinal marijuana and "caregivers", as opposed to the Ministry of Health and Wellness?

Mr. CHAIRMAN: It is not specific to the Ministry of Agriculture and Food Security, there is a Barbados Cannabis Licensing Authority which will be the entity responsible for managing it.

Hon. D. D. MARSHALL: If I can, look, I am sure there is a lot of 'turfism' and so on knocking about in the room, generally in the halls of Government....

Asides.

Hon. D. D. MARSHALL: Yes, the keeping of turf, and I do not mean grass or grass by any other name. Let me just say, there are some realities, the Pharmacy

Council, I am sure, requires documentation to be submitted to it and perhaps the Barbados Association of Medical Practitioners requires documentation to be submitted to it, but they are not treated as being mutually exclusive, each agency requires information to be submitted to it purely for the limited purposes of its remit. The Medicinal Cannabis Authority, has the responsibility for monitoring the cannabis from the time it gets put into the ground as a seed until the time it is consumed by an individual as an end users, from start to finish. The reason for that, we already know quite well, it is because the possession of cannabis a noncurrent law makes you liable to a criminal offence. Someone talked about the level of fines and so on, we have to remember that under the law as it stands, we still have to abide by our international obligations and it is for this reason that we have to make sure and not just Barbados, in Jamaica and in every country in the World that has a Medicinal Cannabis Industry or every country that we will want to follow, there are special security arrangements put in place and they even tell you the kind of vehicle you can transport cannabis in, because the imperative of the regulator is to make sure that medicinal cannabis does not find its way into the stream that is considered to be illegal. Plain and simple. With that in mind, it is therefore important for the Medicinal Cannabis Authority as part of its monitoring process to make sure that it knows what is produced, what is prescribed, so that they can be satisfied that that which is medicinal stays within the medicinal stream. Plain and simple, and that is the only reason for it. It is not a case where somebody is trying to take over the supervisory role of BAMP or the supervisory role of the pharmacy council in fact we have tried to limit fairly severely the information that is to be provided to the authority. It is just realty to regulate quantities.

Mr. CHAIRMAN: If there are no further comments from the Committee, I would want at this point for us to take comment from the audience. Mam, you are now free to come to the microphone. Give your name and make your comment or ask your question.

Dr. R. BLENMAN: My name is Dr. Rose-Anne Blenman, former Merck Biomedical Scientist. The reason why I rushed from dropping my daughter off at lessons and came here today, is because I have been following you all morning and afternoon on your live streaming. I wanted to first of all thank you for bringing this Bill to the floor, I think it is a very timely discussion especially as you bring it to the people so that we can give our input and express our concerns.

As a biomedical scientist currently living in Barbados, I moved back recently, I felt that I needed to come here to give a perspective that would be I think very different from what you have heard today. I made a few notes because I tend to be a bit long winded, and I wanted to touch on three main points. The first is that I believe that as a Government if you are looking to develop an industry that touches as you say on agriculture, it touches on health and wellness, it touches on import and export, it

touches on many different realms as it were, there are few things that in my humble opinion need to be considered. I should also say that I think Barbadians are brilliant people. I would almost like to challenge us to elevate our thinking beyond what we see in Europe and what we see in the United States with what they have done with medicinal cannabis and take it to the next level. I think this is our opportunity now that we are here. We are not saying we might or might not legalise, we are here because we are doing it and our next step is to do it as best we can.

The three points that I think are most relevant here, is the value of the data, value of "Big data". That is the first one. The second would be the devil is in the details, and the third would be let us not go back to slavery or agricultural colonisation. I am going to start in the first one.

This Cannabis Bill as I have read and I have read the whole thing. It is available online, download it and read it. Most of the people in this room are all learned and very well informed, it is very obvious, but I think to the average Barbadian, it is important that we all have our say and this is why this form exist, but it is also important that we live in the information age, so let us consume the information and make good decisions, because this is where we are, we want to make a good decision. This cannabis Bill speaks only to one type of data that I can see. It is like tracking and tracing type of data and it tracks and traces the cannabis and the user. I want to ask you as the Government developing this Bill, why are we not collecting data intended to drive this Barbadian industry ahead of our competitors. Let us be real. This is business, we have competitors, we need to establish ourselves at the forefront of this industry and the way we can do this is with "Big data". Why do I say this? We employ "Big data" tools to catapult us to the forefront, given that we are entering an industry that is decades old. This is not new. Medicinal cannabis is new to us but old to the rest of the World, okay. We are entering at a time where we are saying, let us go for medicinal cannabis when everybody else has started to decriminalise marijuana, they have legalised recreational marijuana, and so what is our plan. What is our plan given that we are decades behind the rest of the World, and the rest of the World, there are our competitors. Now, I guess that there will be no real significant earning through the taxes on the cannabis sales and through the licencing fees. If we cannot figure out a value proposition that will make people leave their countries where marijuana is legal, to come and buy ours where they need a prescription or a recommendation, okay. I think the conversation that we should be having, one, is how will we use the tools that we know are available currently to catapult us ahead given that we are entering this industry decades behind. That is the first one. We cannot use a decades old approach and just through track and trace. Our only option is to disrupt this industry. When I say disrupt, we absolutely need to push the boundaries of data and

science to bring innovation to Barbados and make us number one. That is the first thing, big data.

The second, the devil is in the details. Now the United States surgeon does not recognise medical marijuana as medicine, because there is no proof of its therapeutic effect. For those of you on the Committee here, you all know this, this is not new, this is old, but for the average Barbadian, you need to know that within the scientific and medical community, our proof is mostly anecdotal or "say so", that is what anecdote means. It means that because I say so it is. For the last 50 years there have been no major clinical studies designed to garner an understanding around marijuana's mechanism of action, its effects on certain diseases, its proper dosing, its side effects, and its safety profile. But what I want to ask you today, is why we must as Barbadian wait on the United States or Europe for its brand of science. Why are we assuming that Barbadian scientist have nothing to add to the global conversation to the efficacy and safety of marijuana. I do not see that this Bill is currently opening any doors for local and regional scientists to have any impact in this poorly understood field. This Bill also, for me, has not addressed a lot of the details and I have heard repeatedly that the Bar Association wants some details, the medical fraternity wants some details because everything is a little bit too grey right now, and I think I agree 100 per cent agree. So, questions which, for me, would need to be answered and once again this is my opinion as a biomedical scientist in PhRMA (Pharmaceutical Research and Manufacturers of America) in the United States of America. What forms of tetrahydrocannabinol (THC) and CBD (cannabidiol) are allowed? What types of formulations are we allowing? Dried herb, pills, oils and whatever? These types of things to me need to be there so that you have shown that you have done your due diligence and it is not just a willy-nilly Bill. Are we allowing enhanced foods? Can I brew a THC-laden beer and put THC in popcorn? Can I enhance food and drink with this THC, which we all know is the psycho-active component that is attributed to the addict-forming nature or tendencies of this drug? Is it okay? I am asking that the Bill address this and be very specific about it. As far as CBD goes....

Mr. CHAIRMAN: I am hesitant to cross you but I have to draw to your attention that when you allude to things like the brewing of beer and those kinds of things, you have crossed the threshold between medicinal cannabis and recreational use.

Asides.

Mr. CHAIRMAN: Hold on. We have the doctors who have made it very clear that the dosage regime which they want to follow they are unable to prescribe or allow for anything under medicinal cannabis that is brewed in a beer or put in a cookie or popcorn or anything of that sort, so you are really now crossing over to the recreational use of cannabis. I find that this is a

conversation that needs serious managing. I do take your point, and that is the reason why we stated upfront that Barbados would become a centre of excellence for research and development, and that would involve "Big data". The reason why we said that was because we are working towards a unique cultivar which, when the industry goes this way and starts to decline, Barbados would hold a unique position. I would have been happy to hear you repeat that part of my presentation, but you did not and I just would be happy to clarify for you that what we are saying is that we are using our soils, our water because of our coral stone, our trained people, and we are moving to a centre of excellence for research and development where we can give Barbados a unique proposition in terms of the industry.

Dr. R. BLENMAN: Okay, thank you very much for your response on that one, but I think I want to be clear that this is just my response to the Bill, not necessarily any of the presentations that have been given in this room. My thing is that it is one thing for any of you, regardless of where your station in life is, to say that this will come but I want to see it in the Bill because the proof is in the pudding, not necessarily in what we would like to see.

Mr. CHAIRMAN: You would get that in the Regulations and not necessarily in the Bill itself. I take your point in terms of where you want to see Barbados in an industry, that at some point in time when you are jostling for market share you know that you hold a safe position. I accept that and that is fully taken on board, but the hardcore reality of it is that you are not going to see those things in a Bill. You are speaking to how we then manage at the Barbados Medicinal Cannabis Licensing Authority, and you are speaking to what I did put into the presentation when I spoke about Barbados' unique position and developing strains that give us our unique quality brand of medicinal cannabidiol and tetrahydrocannabinol, which will be used in the industry.

Dr. R. BLENMAN: Okay, I am happy to hear that those Regulations will be developed. I am probably not as happy to hear that we would not see some at least basic or minimal definition to see that you have thought about the components and the potential harm and the potential issues around safety and whatever, and that you are dealing with that as a part of the Bill. I am not a lawyer and I do not write Bills so I do not know how much detail you would want to go into, but I do know that there is some detail in most of the Legislation that I have read in the United States for those states which have legalised medicinal cannabis as well as cannabis for recreational use or whatever else, so I go on. I wanted to say something about the THC and CBD. I also wanted to see what diseases can be legally treated in Barbados. Can I go to a doctor and get a cannabis prescription for pain if I have a cold and I am coughing too hard? Can I go to them and say, "I have got a painful chest now and I hear marijuana is good for pain. Can I have some cannabis for that?" I wanted an idea of what diseases you have looked

at.

Everybody knows about the cancer, everybody knows about the very well-documented illnesses, and these are still just anecdotal. These are not based on any clinical studies or any real empirical evidence, but I want to see that you have thought about it and I cannot just come up and say, "My back is hurting or I have arthritis," which I do, "so can I have four "spliffs" a day for that?"

Asides.

Dr. R. BELNMAN: The other thing is this: Based on the idea that THC with its psycho-active components can be quite harmful not just to the individual but to the society, does my cancer-ridden granny get access to a 95 per cent THC-laden phial of vape oil if she is able to access it? What I am saying is that we must define what concentrations are allowed, how regulators will determine and assess purity and concentrations, how the Government will assure and control that quality, and how we will ensure the safety of the public. Finally, my last point was on Part 4 Clause 32, and this particular Clause is supposed to make me excited about being a Bajan and it is supposed to make me excited about the potential of medicinal cannabis in Barbados. It speaks to our ownership rights to this industry and it speaks to the potential for all of us to benefit from it, but first of all let me just put it out there that this is how I read it:

To be eligible for participation in the cannabis industry you must be a Barbadian, a permanent resident, a legal immigrant or a CARICOM national who has no history of being addicted to drugs or being convicted of a drug-related offence. That is how I understand it. I pretty much gave it back just as I got it but I removed the indentation and the bullets and put it all together. When I analyse this, you can be a Barbadian, a CARICOM national or anyone on the face of the earth who can afford to buy a resident status or immigrant status in Barbados, essentially. What you are saying is that – we are not counting Barbadian or CARICOM nationals, we are just counting the immigrants and the residents – if you can afford to be a permanent resident and pay your fees to Immigration...

Hon. D.D. MARSHALL: Sorry, Ma'am. Immigrant status in Barbados does not work like that so you are beginning from a false premise. I apologise but I do not think you are characterising ...

Dr. R. BLENMAN: No. I am saying this is how I understand it. If you can somehow become an immigrant and have permanent residence status then you have access to this industry. As well you can be a company and 30 per cent of the company must be held by the same, a Barbadian, a CARICOM National or anyone who can afford to have an immigrant status or become a legal immigrant or permanent resident in Barbados. I think my issue with this is that it is not tight enough. My issue with this is that ...

Mr. CHAIRMAN: Can you please point out where it is not tight enough? Expand on that for me

please.

Dr. R. BLENMAN: What I am saying is that, to me, I read that as open access. Let me just say it straight and plain. I do not see that as a protected industry just because 30 per cent has to be owned by a Bajan? I do not see that as protected. I see that as wide open as long as you can afford to immigrate here or get through the process. If we move on, to be eligible for research ...

Hon. D. D. MARSHALL: Would you mind if we did not move on just yet?

Dr. R. BLENMAN: Okay. Sure.

Hon. D. D. MARSHALL: Let be begin by saying that about 15 years ago Barbados liberalised its telecommunications industry. When we liberalised our telecommunications industry we recognised that telecoms had such high entry requirements that the average Barbadians or even the average Barbadians company could not get involved in it but we felt that we needed to ensure that there was opportunity for Barbadian investment therefore we determined that in order for you to get a telecoms license the entity had to be owned by at least 25 per cent Barbadian. When we did our analysis of cannabis and the truth is we have been talking, Mr. Paul "Ras Simba" Rock and others, everybody talked about it a lot this morning, but based on all of the research that has been done, while the growing of cannabis can be very much like somebody growing bonavis or mangoes or anything else there is also a whole sphere and you worked in the pharmaceutical industry and you will know that research and development sometimes requires billions of dollars. The laboratories, billions of dollars, okay. Some of the farms that have been looked at by diverse individuals who have actually gone out there and looked are in fact not farms where somebody is growing marijuana in an open field, they are using greenhouse technology and every single plant is monitored and that requires ... They say the energy costs of those farms alone are huge. By insisting in our statute that if you wanted to come from outside and make an investment in our marijuana industry that you had to have 30 per cent either Barbadian or regional ownership, this is not about selling out our industry to anybody else. It is about recognising that many aspects of the marijuana, the medicinal cannabis industry will have such high entry requirements that the average Barbadian will simply not be able to get involved therefore what we are trying to do is to preserve the opportunity for Barbadians to get involved. That is all it is.

Dr. R. BLENMAN: I think that perhaps that is the premise but I do not think that the Bill, the way it is written, will get us that because a 30 per cent ownership stake for a Barbadian, a CARICOM National, a permanent resident or somebody with immigrant status does not equal 30 per cent Barbadian. It equals anything, any nationality on the face of this planet that can afford to live in Barbados or be here. That, to me, is open access. If it said 30 per cent Bajan and 70 per cent could be an investor from anywhere then that is what you would be

saying to Barbados that we are assuring that every company in Barbados has an ownership stake that is regional or local but because and I believe - like I said, I am not a lawyer - but I see that as a legal loophole to say that if we cannot afford to invest those companies still come. If we cannot afford to have a 30 per cent stake they still get to come and be here because guess what? Any of them can come and pursue some sort of immigrant status or permanent residency here and automatically own it all, but anyway that is just my understanding - and I am not a lawyer.

Senator C. A. FRANKLYN: On a point of order. The lady is absolutely correct. Section 8, the Immigration Act Cap.190, you only have to be able to have an investment in Barbados to acquire immigrant status and since then, what Government has done, they have been selling status in Barbados and they are calling it "Special Entry Permits" and you pay \$40 000 and all kinds of stuff to get one so she is absolutely correct, but it has always existed under Section 8, Immigration Act Cap.190 where you can purchase your immigrant status in Barbados. Check the Act. I was an Immigration Officer.

Dr. R. BLENMAN: I was not an Immigration Officer nor a lawyer. There is actually more and this is the part that is actually quite disappointing, I think, because as a biomedical scientist who moved back to Barbados, I am one of those people that gets disenfranchised by this Bill. To be eligible for a Research and Development License or a Laboratory License there is absolutely no restriction. None. Read it. There is no restriction. You could be anybody. That is right, part IV, Clause 32. Read it. No restriction, none, no 30 per cent, no nothing. You can come in, start your research lab or your whatever research you are doing and you can then ...

Mr. CHAIRMAN: Ma'am, to be very fair. Let us look at the hard core reality of what is going on here. Does it say that if you have the wherewithal as a Barbadian to do all the research and development that you cannot do it?

Dr. R. BLENMAN: What I am saying is that the Bill sets us up to be ...

Mr. CHAIRMAN: I want you to answer my question. Does it say that you cannot participate as a Barbadian doing research and development?

Dr. R. BLENMAN: It does not say that because it does not report on double negatives. It just says what is possible.

Mr. CHAIRMAN: Therefore Barbadians, if they have the wherewithal can do research and development and the Bill provides for Barbadians to do research and development. Equally, it provides for Barbadians to have 100 per cent ownership without any foreign interference, therefore, it comes down to the ability of the Barbadian to participate.

Dr. R. BLENMAN: Right.

Mr. CHAIRMAN: We have said and I have said and I want to clarify this because I am hearing this more than often enough, we have said that through the Agricultural Development Fund we are making funds

available to Barbadians to participate in agriculture and this segment of agriculture will be no exception. We have also said that through the Agricultural Development Fund we are making funds available to Barbadians to participate in agriculture and this segment of agriculture would be no exception. We have also said through the enterprise growth fund Barbadians are able to access loans to be able to participate. We have also said that we are going to engage the credit unions of Barbados that are quite liquid to be able to make provisions for Barbadians to have access to finances so that they can participate. Why would we even want to contemplate having a medicinal cannabis industry that is so cornered or compromised that you do not allow for foreign investment to take place when the one thing drives our economy is our ability to do what?

I mean this is a real situation in terms of gross domestic product and growing an economy. So, therefore the reality of it is that we have to have a mix of investment. Now, I do take your point that we need to be cognisant of the fact that Barbadians must be given a chance to participate. I think that point has been made over and repeatedly.

My concern is that at times the conversation is going such a direction that it is leading people to believe that they are going to be left out and that is not the case nor the intention. So, why is it that if you are a foreign investor coming to Barbados to invest in a medicinal cannabis industry that you should not make provision for Barbadians to own 30 percent of your business?

This is revolutionary, we do not normally do this, we had a sugar cane industry where we planted sugar cane in Barbados only certain people participated. We exported everything in bulk and then it was ship back to us as a refined product for us to purchase at a higher price. What we are seeking to do here with this industry to correct all of those things. So, we are at the point where we have said look if you are Barbadian you can invest you do have the financial resources, you are free to apply for a license you would go through the same due diligence check as anybody else and once you qualify, you have a 100 percent participation.

We have said to the foreign investor if you come to Barbados to invest in this industry, you apply, you go through the same due diligence process, but you can only own 70 percent and Barbadians will have 30.

Dr. R. BLENMAN: I thank you for that.

Senator C. A. FRANKLYN: Sorry, just now I said section 6(a) it is section 6 and I said she is absolutely correct subject to this Act and the Regulations. A permitted entrant who is likely to establish themselves successfully in Barbados in a profession trade, business or agriculture enterprise and has enough means to support and maintain themselves and his dependence in Barbados until he has so established himself. It goes on and says, "*may on application to the Minister in the prescribe form be granted by the minister permission to become an immigrant*". You do not need 40 percent, 20 percent or 90

percent because that person can own 100 percent. If you have are likely to establish yourself in business it says here also one of the qualifications is if you can establish yourself successfully in Barbados in a profession trade, business or agricultural enterprise this is a means of telling me. This is doublespeak, you can give me immigrant status and I can have 100 percent, or I can come with a whole set of money and I can buy my immigrant status. I have 100 per cent because that is what the Act says, I am not making this up. This is section....

Dr. R. BLENMAN: It is there and like I said I am not a lawyer I am just a biomedical scientist who read that Bill. All I want you on the panel to consider is that we do have to protect the Barbadian scientist and local scientist and Barbadian entrepreneurs. We are not just talking about farmers which is what I get to next, so the mere fact that they are no restrictions for the Research and Development License or the Laboratory License. What I see essentially happening is what the Honourable Attorney General alluded to just now. It takes billions of dollars to do research and development let us just be real about it. So, when you say they are no restrictions, you open our borders to anybody who has money.

Mr. CHAIRMAN: We have a comment from the Bar Association.

Dr. K. CONNELL: Not to delay her point but you said that there would be no exclusion of Barbadians in the involvement. That is not quite true, I did raise the point earlier that persons who have been convicted of an indictable offence would be excluded. I do not think that is something that should be forgotten, especially in the context of this term recreational use of cannabis and other attach offences for the simple fact that we do not have a legal definition of what is recreational use.

Prior to the medicinal cannabis debate that we are having now all use of cannabis was elicited period. It was not recreational, medicinal or anything like that it was simply illegal. What we have now is medicinal cannabis defined as cannabis which is used consumed distributed, processed, and cultivated pursuant to a licence under the Bill. Any other use of cannabis is not described as recreational or anything like that it still simply elicits, illegal. That is all.

Mr. CHAIRMAN: Senator Haynes.

Senator Dr. C. K. M. HAYNES: Mr. Chairman, if possible. Just a quick question for the Biomedical Medical Engineer. I think it is quite easy for any of us to admit that in an Island that is 166 square miles with a population of under 300 000 that it would be next to impossible to find access to all of the Capital that would be required locally and also to find access to the expertise. I can admit that I was so heartened to hear of your time spent aboard and your decision to return home. It would be lovely if we could clone you so that we have all of the local expertise available. I think what the Legislation allows for we can admit this a novel industry. An industry that because of the prohibition we could not have conducted research it was not legal. So, because of

the newness of it, I think that in fairness we must admit that they are cases where we will need the advice and expertise from the outside.

Also, capital from the outside and I think what the Minister has spoken to is an intention to carve out a space for Bajans to have a place. If you have access to the Capital and you have the where with all to go ahead set up your research laboratory and build a Barbadian mark, we would be ecstatic about it. A lot of people might not have access to that and may have to engage a foreign investor to do that. So, I think carving out a niche where you can say well, we want to encourage locals to do their work but at the same time have a provision where Barbadians still have a place even if their foreign investment it is still important. Thank you for speaking in.

Mr. CHAIRMAN: Let us let the presenter finish her presentation and then we would continue the discussion is that fair?

Asides

Mr. CHAIRMAN: Alright continue.

Ms. K. WILLIAMS: Mr. Chairman, if just very quickly, if I may. I did not want to move off of Senator Franklyn, point the provisions of the Immigration Act Cap.190 there is still a process, I do not believe that it would be correct to say that any form of status is for purchase in Barbados. Senator Franklyn, it is not for purchase.

Senator C. A. FRANKLYN: I saw it being purchased, I reported, and I get....

Ms. K. WILLIAMS: Senator C. A. Franklyn, in the more than two decades that I have been making an application to the immigration department it is a process upon which you pay the requisite fee of 40 000 dollars after you have been approved. It is not for purchase or for sale.

Mr. CHAIRMAN: I want to thank you for the clarification because the information that is being distilled to the public is very important. I thank you very, very much for bringing that clarity to the discussion.

Senator C. A. FRANKLYN: As an immigration officer I was offered money to 'thing' and I refused. I got into trouble. The guy who tried to bribe me walked away and I got transferred. Do not tell me [that] it is not there for purchase, I have been there, [I have] been there, done that.

Asides.

Hon. E. G. HINKSON: Mr. Chairman, what Senator Franklyn may be talking about and what is the Law of Barbados are two completely different things, there is no purchase of immigrant status by law, if Senator Franklyn is talking about someone attempting to bribe [another] that is a completely different matter, but there is no position for purchase for immigrant status. There is provision, yes, that people involved in agriculture,

business, *et cetera*, can get immigrant status but to describe it as for purchase, and I believe it is by ministerial discretion, but to describe it as for purchase would be absolutely misleading.

Asides.

Hon. E. G. HINKSON: No, but you are talking about a bribery and you admitted that, that somebody attempted to bribe you. Senator Franklyn, that is a completely different thing.

Mr. CHAIRMAN: We have heard the Minister of Home Affairs and we have heard the Bar Association on the matter and given the explanations by the Minister of Home Affairs and the Bar Association we will go forward knowing that it is not available for purchase. Please continue, Ma'am.

Dr. S. E. BROWNE: Mr. Chairman, before you go on, I just wanted to know. Dr. Blenman, I could understand your point of view, I am grateful for it because as I always say, if I can think about it, the general population can too, and so I understand your reservations. How did we come to a 30 per cent ownership of the company? Why not 40 per cent? Why not 50 per cent? I am curious.

Hon. D. D. MARSHALL: Let me say, we started out from the position of our telecommunications experience which required 25 per cent ownership. We felt that the telecommunications experience, though, required a far, far higher level of capital input, but that medicinal marijuana could probably bear a higher percentage of Barbadian ownership. But equally, though, we had to realise that there were some elements, I mean, people invest in businesses for profit and we did not believe that it would be feasible to expect individuals to come to Barbados, [to] make a substantial investment, but [to] be told at the outset that their position had to be a minority position. Whose money are you risking? Therefore, we had to come to a medium position and we felt that a 30 per cent would be as much as the market could bear, more or less, it would not be so high as to cause a person to feel that their investment was not safe in Barbados, but equally it would not be so low as to force an investor to attract a level of investment that was not serious. There is no science to it, perhaps we could have said 35, 40 or 50 per cent, but we knew that it.... I mean, there are certain commercial realities and people will invest but they do not want and will not likely invest if they feel that their company is by law being taken away from that and that was the issue. But as I said we started from the position of our telecommunications industry, Permanent Secretary Bascombe will well-remember, where the threshold on that occasion was 25 per cent.

Mr. CHAIRMAN: Please continue your presentation, Dr. Blenman.

Dr. R. BLENMAN: Mr. Chairman, when I left off we were talking about the eligibility requirements for Research and Development Licences and Laboratory

Licences and that there are absolutely no restrictions in that category. I was making the point that anybody could come to Barbados to do research and development or laboratory research on cannabis and I thought that that particular element would serve to disenfranchise people like myself and other Barbadians. I believe I heard one of the Rastafarian gentlemen this afternoon talking about his interest in doing research and the mere fact that we will now be competing against those billion dollar companies, [is that] we have been set up to failure, essentially what I am saying. I am saying that this Bill written by Barbadians for Barbadians should not be serving to disenfranchise us but to empower us. What I see then happening is that Barbadians would gravitate to what we can afford, we will be the farmers, we will be the slaves, we will contribute the inputs while others who can afford the billion dollars produce the outputs, that is my fear. And the way this Bill reads, the research and development companies and the research companies will come into Barbados with their billions, they will own the intellectual property, they will sell it back to us, they will sell the products back to us because they will be the ones who can afford to build those greenhouses, while the rest of us are in the fields because that is what we can afford, they will build the greenhouses. While the rest of us are hand-rolling they will have machinery to do it. When they are extracting oils and the components of these plants, I guess we will be on our kitchen stoves trying to make the best of it, and making teas and tinctures rather than the more sophisticated end-products, so the idea is that this Bill should really be empowering to us, not forcing us to go to the fields and be the farmers.

I am not saying [that] there is anything wrong with being a farmer because I understand building a cottage industry and I understand the value in having 2000 farmers but could we also have 2000 scientists and 2000 entrepreneurs who have not been forced into some kind of minority position or no position at all, that is my understanding of the way the Bill is currently written and so if that is not the intent, please change the way it is written so that you empower us, so that you do not relegate us to being the farmers; empower us so that we can be the scientists. [You can] put some restrictions or subsidies and if you are saying....

I missed a part of your presentation where you said that there will be loans available. Are they billion dollar loans?

Asides.

Dr. R. BLENMAN: Mr. Attorney-General said it, it is billions of dollars that are needed to develop research and development in the rest of the world, so [that] if you are not giving us billion dollar loans then you are going to need to restrict it so that the rest of us Bajans can actually have a chance to do something within this industry.

Hon. D. D. MARSHALL: We are so happy to

have you that we do not intend for you to leave here any time soon. *(laughter)*. From your experience as a scientist, what would you imagine the ball park figure to set up modern laboratory would be?

Dr. R. BLENMAN: In the millions of dollars.

Hon. D. D. MARSHALL: And in terms of the number of skilled scientists that a modern laboratory would have, what would you anticipate, using ball park figures, 10, 20?

Dr. R. BLENMAN: To staff a laboratory of that sort?

Hon. D. D. MARSHALL: I was really talking about a research and development facility, not a laboratory, because the laboratories under our regime are more for testing. Let start with what would you anticipate a research and development facility would cost to set up?

Dr. R. BLENMAN: In the millions like I said and you would probably need a minimum of 10 scientists as you said.

Hon. D. D. MARSHALL: To start?

Dr. R. BLENMAN: Yes to start.

Hon. D. D. MARSHALL: Now, you have asked about restricting, and let me say that when we as drafters draft laws, there is a context in which we draft those laws. We have tried, I am not offering this as a defence but just to explain how we have come to where we are. We have received expressions of interest from universities overseas that are anxious to do and be in Barbados. Now you cannot be a scientist unless you have been an academic, and I think you would appreciate that in the University media, in order for us to say that a World class established university must seed 30 percent of its University ownership to Barbadians, is not on. The University of the West Indies for example would be interested in doing significant research but we could not say to the University of the West Indies that they should structure or restructure their entire statute so as to accommodate a 30 percent Barbadian interest. There are some practical realities that we have had to grapple with. We have long passed the stage where we can bury our heads in the sand and assume that we are going to be able to jump into tomorrow and to do everything that has to be done. It is important for us therefore to receive those interests and to allow those interest to come in, but I go back to where the Minister interrupted you in the first place. At no place is this Bill drafted so as to eliminate Barbadian ownership, and I would like to encourage you to look at how we have structured it. All of the licences that can be granted to individuals are open to Barbadians. In a case where corporate entity is going to apply for a licence, you must have regional ownership. We have something call the Single Market and Economy and it does not allow us to say that something is for Barbadians alone, it has to be a regional interest. Then those instance R and D and laboratories, we had to consider what the specifics of those industries would be. Now, it is true that we could have said, we would only give R and D licences to Barbadians, or we would only give laboratory licences

to Barbadians, but I think immediately you begin to recognise that that is not necessarily the best environment to proceed in an industry such as ours.

Dr. R. BLENMAN: That is not what I am suggesting though.

Hon. D. D. MARSHALL: Good. Therefore, what we have tried to do in every instance allow Barbadian ownership and participation, but in those two specific cases, if Novartis was coming in to set up and R and B lab, we could not tell Novartis that they had to open themselves up to 30 percent Barbadian ownership. Novartis is an internationally and a publicly traded company.

Ms. T. PILGRIM: Mr. Chairman if I may give a brief response to the Attorney General on that point. From a foreign investment law prospective, it is not the trend in current foreign investment law for countries to restrict access in the way that has been described. In fact, one of the most restrictive countries, China, recently updated its foreign investment law to prevent protective regimes such as forced partnerships with locals and forced transfers of intellectual property. Now, I cannot comment on the policy perspective too much, but it is consistent with the trend in international law, and I would also just mention on this point that, if it is the policymakers' intention to continue with trends on that basis, it could base on what Dr. Blenman is referring to, investigate avenues where there is not forced transfer of intellectual property rights but possibly some kind of sharing or requirement for workers, same as in the international business sector. I just wanted to make it clear from that standpoint.

Dr. R. BLENMAN: I am not at all suggesting that we would require a Merck or Novartis or that we would even insist a 30 percent Barbadian stake in one of their companies that would be a ludicrous suggestion on my part. What I am trying to put forward here, is that with that you have said I know that there is understanding in this forum on this Committee, even within the Government what the stakes are here. I am not saying that there is no understanding. I am saying that because you have this understanding, I believe that you represent us best if you ensure that Barbadians, whether they are scientist or farmers, regional people, where they are scientist or farmers, from one end to the next, whether they are entrepreneurs. What I am saying is do not disenfranchise us. You know that it takes billions of dollars, so essentially by even creating this industry you are opening the doors for these research and development companies, these laboratory research companies, these large medicinal cannabis companies, to come into Barbados and dominate. What I am saying to you, is that, or at least please consider, crafting a Bill where you empower us, and in so doing, you allow us to innovate the industry. Now if that means going back to the drawing board to see how you can very creatively figure out how we protect IP that is developed here, then please do so. If that means going back to the drawing table to figure out

how companies that come here to do research and perhaps use local or indigenous strains and develop from our original seeds and our original pith, our essence, you figure out a way to protect that, that you will be representing us and doing something good for Barbados. But if it is just that, you know it takes billions, you say there are loans and programmes for us, but really and truly we can only get \$5,000.00 from your programme, but you have just admitted that it takes billions of dollars to develop a company like this, then what you are essentially saying is that for a biomedical scientist like me, I should just go and try to start farming. Unless I can figure out myself, and I am not saying that you are closing the doors to people with wherewithal. Let us be real. Scientists in Barbados do not have billions of dollars to invest in medicinal cannabis. The reality of this situation is that we are opening our borders to conglomerates and serious big business. We are not talking about little small fries like myself, we are talking about serious money. The potential is that you can protect Barbados, and all I am asking is that this Bill thinks a little bit more about how you can empower, because we are not talking about a loan programme that is going to lend me \$5 000.00 if I need a billion, or millions to pay ten scientist. If we are real about it, what I would like to see is some consideration for innovation and empowerment, and this would detail how we would protect our IP so that these foreign entities would not come here, develop our IP and then sell it back to us because they have the rights to it. It would also detail how Barbadians would be empowered throughout the entire value chain, so tell me about my friends and I being able to get together and start a cooperative and we have our seeds and we plant on our acres because maybe we can afford a little bit more than, say, a smaller farmer. Tell me how you are going to empower us to get from seed to product. Tell me where there are the subsidies for the manufacturing because I do not want to just be providing the input. I do not want to farm it and dry it and give somebody else the leaves and the seeds. I want to be able to develop an oil that is second to none. As a matter of fact, I want my CBD oil not to be second to none but to be like nothing the world has seen. Okay, but tell me how this Bill would achieve that, and then tell me how local and regional scientists will be involved to take us to that next level.

Mr. CHAIRMAN: Dr. Blenman, you have repeated that over and over. I do not mean to cross you but you have repeated those same points over and over, and we accept your presentation. We truly appreciate you coming to this session and being able to present your perspective on what the industry should look like. I think you are saying a lot of what we have already said so I take it to mean that you are basically interested in protecting the rights of Barbadians to be owners in the industry, and that is the general consensus that we take. How we get there we will determine. The reality of it is that the whole intention of this industry is for the empowerment of Barbadians, and that was the first thing we said upfront.

Now you are concerned about scientists' involvement. I think we have already made it clear that Barbados' medicinal cannabis industry will be one where the focus is going to be on research and development, so that we have a unique position on a global platform jostling for market space. All of that I take on board. I take the point that you are making where you are saying do not disenfranchise Barbadians, and we are seeking not to disenfranchise Barbadians but in fact to empower and enfranchise Barbadians. I want to thank you for your presentation, and your points have been noted and we will proceed to other comments. We will take comments in response to what you are saying, and if there are any other comments after comments in response to what you have said, we will take those.

Dr. R. BLENMAN: Thank you very much for hearing me out.

Mr. CHAIRMAN: You are most welcome.

Asides.

Senator C. A. FRANKLYN: Mr. Chair, before I have to take cannabis to relieve a blood clot....

Asides.

Senator C. A. FRANKLYN: I was sitting here for so long, from ten o' clock this morning. It is five now. I do not think we should go beyond five o' clock. We are there already. I really do not want to take the cannabis to remove this blood clot that I was telling you about.

Asides.

Senator C.A. FRANKLYN: It is two minutes after five, Sir, and I think we can save some of this nice thing for another day. I recommend that we adjourn.

Asides.

Mr. CHAIRMAN: Bishop Atherley has the Floor.

Bishop the Hon. J.J.S. ATHERLEY: Simply, Mr. Chair, to perhaps suggest, maybe even to move. I think the presentation last given was lengthy but presented some perspectives which I think need to be taken on board certainly at the level of reflection. I would want to suggest we invite as many formal documented presentations as possible, and I think I heard in fairly strong terms from....

Asides.

Bishop the Hon. J.J.S. ATHERLEY: I just spoke with reference to Dr. Blenman. The doctor to her right. I would like to propose similarly with respect to that, if I may.

Asides.

Hon. D.D. MARSHALL: But we have a Hansard Reporter.

Bishop the Hon. J.J.S. ATHERLEY: A Hansard Reporter is fine and we applaud them for the wonderful work that they will do. They did not present, and if the presenters are minded so to do I am simply proposing that we invite them. The choice is theirs.

Asides.

Mr. CHAIRMAN: The recommendation is for us to consider written proposals if they so desire. Do we have a seconder?

Senator Dr. C.K.M. HAYNES: I second that.

Mr. CHAIRMAN: So the proposal is for us to have written proposals if the presenters so desire. Those in favour say "aye". Those who are not, say "nay".

The question that presenters' proposals may be submitted in written form was put and resolved in the affirmative without division.

Hon. D.D. MARSHALL: Mr. Chairman, I only wish to say that our presenters must not feel that they are compelled in any way by this Committee to submit anything in writing. I am sure that the invitation would always be either in writing, orally or both.

Asides.

Bishop the Hon. J.J.S. ATHERLEY: We are not compelling anybody but the Motion was clearly made that we invite so to present if they are minded so to do. There is no compulsion in that.

Hon. D.D. MARSHALL: And I just want to make it clear that there is no compulsion in that, and you and I are absolutely in agreement. There is no compulsion in that. The gravity of a Select Committee of Parliament inviting people to make a written submission would certainly lead them to believe that they were somehow or otherwise obligated to do so. You and I agree.

Bishop the Hon. J.J.S. ATHERLEY: We agreed, therefore your remarks were totally unnecessary. These are intelligent people who understand that if they want to do, they may.

Hon. D.D. MARSHALL: You are an intelligent person who understands that you cannot compel them so to do.

Asides.

Hon. D.D. MARSHALL: The next thing you should do is move the Adjournment.

Mr. CHAIRMAN: We would all agree that we

have had a long and productive day, very informative and thought-provoking discussion. I would now ask for a proposal for us to adjourn and a seconder.

ADJOURNMENT

On the Motion of Senator C.A. FRANKLYN, seconded by Bishop the Hon. J.J.S. ATHERLEY, the Sitting of the Joint Select Committee was adjourned at 5 p.m.

The Question that the Sitting do now adjourn until Tuesday, September 24, 2019, was put and resolved in the affirmative without division, and the CHAIRMAN adjourned the Sitting accordingly.

**SECOND MEETING OF THE JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL (2019)
MARIGOLD ROOM,
LLOYD ERSKINE SANDIFORD CENTRE (LESC)**

TUESDAY, SEPTEMBER 24, 2019

First SESSION 2018-2023

PRESENT:

Hon. Indar A. WEIR, M.P., M.B.A (Chairman)
Hon. Dale D. MARSHALL, Q.C., M.P., LL.B. (Hons.)
Hon. Edmund G. HINKSON, M.P., LL.B (Hons.)
L.E.C. LL.M.
Dr. Sonia E. BROWNE, M.P.; M.B.B.S.
Hon. Adrian R. FORDE, M.P.
Bishop Joseph J. S. ATHERLEY, M.P., J.P., B.A.,
B.Sc., PgD., *(Leader of the Opposition)*
His Honour Senator Rudolph N. GREENIDGE, L.L.B
Senator Dr. Cryatal K. M. HAYNES, M.B.B.S
Senator Caswell A. FRANKLYN, J.P.

ALSO IN ATTENDANCE:

Mr. Pedro E. EASTMOND, Clerk of Parliament
Ms. Beverley S. GIBBONS, Deputy Clerk of Parliament
Miss Suzanne HAMBLIN, Library Assistant, Procedural
Officer to the Committee (Ag.)
Ms. Anika JACKSON, Principal Crown Counsel, Office
of Attorney General
Mrs. Joelle St. JOHN, Senior Parliamentary Counsel,
Ms. NICOLE THOMPSON, Special Advisor to the
Attorney-General
Mr. TERRY BASCOMBE, Permanent Secretary in the
Ministry of Agriculture and Food Security

ABSENT WERE:

Lt. Col. the Hon. J. D. BOSTIC, MVO, B.A. (Hons.),
M.P. *(Deputy Chairman)*
Senator Mr. C. A MAYNARD, M.B.B.S., F.R.C.S.
(ENT)
Hon. T. PRESCOD, B.A., M.P.

PRESENTERS WERE:

Mr. Paul GIBSON, member of the People's
Party for Democracy & Development (PDP)
Mr. Peter "Adonijah" ALLEYNE,
Ichirouganaim Council for the Advancement of Rastafari
(ICAR)
Dr. Damian H. COHALL, Ph.D., Senior Lecturer
in Pharmacology, Deputy Dean (Pre-clinical), Director,
M.Phil/Ph.D. Pharmacology in the faculty of Medicinal

Sciences at the University of the West Indies, Cave Hill
Campus

Ms. Marina GOODING, President, Barbados
Pharmaceutical Society
Mr. Douglas TROTMAN, Attorney-at-law
Mr. Wallace CYRUS, Forensic Psychiatric
Specialist, Forensic Community Nurse
Mr. Cyprian Nikita LATOUCHE

CALL TO ORDER/WELCOME

The Chairman called the meeting to order at 10:17 a.m.

Mr. CHAIRMAN: Last time we met, we did
have a fairly robust conversation and some very good
presentations coming from the public. Today, as we
reconvene, I first of all, want to tender apologies for the
Honourable Minister of Health and Wellness, Lt. Col. the
Hon. Bostic who is away on business travel and also for
Senator Dr. Maynard who cannot be here because of other
business engagements.

Secondly, I wish for someone to move a motion
for the Minutes and Matters Arising, Item 2 and 3 on the
Agenda to be deferred due to matters beyond our control,
we do not have the Minutes before us at this point and
time so a motion to move the deferral of the Minutes.

Hon. A. R. FORDE: I beg to move that the
Minutes be deferred.

Mr. CHAIRMAN: Seconded by?

Senator Dr. C. K. M. HAYNES: I beg to
second that, Mr. Chairman.

Senator C. A. FRANKLYN: Before we defer
them, I want my voice on the record. There are some
very pertinent things that I need to address arising out
of those Minutes and if we cannot have the Minutes I might
have to raise them without the benefit of matters arising
but they will be raised today.

I will give an example. Last time we were here a
gentleman called Mr. Paul "Ras Simba" Rock presented.
After the session, I approached him and I had what I
considered to be a very disturbing revelation. It disturbed
me and I will tell you why. I approached him and I
complimented him on the presentation that he made last
time he was here and he said to me that he did not have a

lot of time to prepare because you, Mr. Chairman, only called him the night before. That is contrary to what you said in here. Lying to this Committee is tantamount to lying to Parliament.

Mr. CHAIRMAN: Senator Franklyn ...

Senator C. A. FRANKLYN: Do not Senator Franklyn me, Sir. You misled this body. You lied to this body and a person who lies to Parliament should not serve in Parliament when they are found out. When you are trying to explain away my objection to the fact that people were here without the Committee inviting them, you threw the blame on the Clerk of Parliament saying that he was enthusiastic and all kinds of stuff. You never said, Sir ...

Mr. CHAIRMAN: Senator Franklyn with all due respect. This is the second time you came to this Committee to accuse me falsely and I am not going to tolerate it.

Senator C. A. FRANKLYN: No, I am not accusing you falsely. You lied to this Committee. You should step down as Chairman and the Prime Minister should remove you from a Member of the Cabinet. You lied to us. You said in here that you did not invite anybody, then Mr. Paul "Ras Simba" Rock told me - that is why I said it was disturbing - his presentation would have been more comprehensive, I do not know how it could be because he was very good, but the fact that you had only called him the night before and asked him to present here. Either Mr. Paul "Ras Simba" Rock is lying on you or you are lying to this Committee and I tend to believe Mr. Paul "Ras Simba" Rock. Mr. Chairman, you cannot do these kinds of things. You want to rush this thing through, I do not know why, but in the process you are lying to us. Lying to Parliament is an offence.

Mr. CHAIRMAN: I take objection to Senator Franklyn accusing me falsely.

Senator C. A. FRANKLYN: I am not accusing you falsely I am telling the truth.

Mr. CHAIRMAN: I am telling you that you are accusing me falsely and this is the second time you have done it.

Senator C. A. FRANKLYN: I am not misleading anybody. You misled this Committee.

Mr. CHAIRMAN: Senator Franklyn I assure you that you are going to have to prove to me that you are right.

Senator C. A. FRANKLYN: Call Mr. Paul "Ras Simba" Rock.

Mr. CHAIRMAN: No, I do not have to call Mr. Paul "Ras Simba" Rock when we get the Minutes we will go through the Minutes and find out what I said and you better be right.

Senator C. A. FRANKLYN: The Minutes could be cooked at this point and time that is why I said I wanted them here today.

Mr. CHAIRMAN: I cautioned you that you were wrong.

Senator C. A. FRANKLYN: Ask anybody here.

You threw the blame on the Clerk of Parliament for using his initiative to invite people here. You took no responsibility and then you came in here and lied. We are supposed to be Honourable Members and that is dishonourable. If you had said look, I over stepped the crease

Mr. CHAIRMAN: Please invite the Press and the public to come in.

Mr. CLERK: We will go to the transcript when we have that transcript ready, probably later on in the day so we can resolve those issues.

Senator C. A. FRANKLYN: And if we have the transcript and it proves that he misled us what will happen?

HON D.D. MARSHALL: If the Senator wishes to raise such a matter it is not for this committee to rule on any breaches of parliamentary order. I would suggest that if he has an objection..... he went so far as to suggest that you should not be serving in parliament, there is a place for him to raise that. I would like to suggest that we get on with the business of the committee.

Senator C. A. FRANKLYN: You would have to give me time to raise it.

HON D.D. MARSHALL: This is not the place to raise it.

Senator C. A. FRANKLYN:.....but parliament is on recess.

HON D.D. MARSHALL: Well it can wait until parliament resumes in a week and a half. Your leader of the Opposition is more than capable of advancing your cause in that matter, as he must. We would deal with it there.

The Press and the public entered the room at 10:22 a.m.

Mr. CHAIRMAN: Let me welcome the Press and the public. As we reconvene, we are at the point of taking presentations from the public. I want to start by taking the presentation by the People's Party for Democracy and Development (PDP).

Mr. PAUL GIBSON: I need a few seconds, Mr. Chairman. I just walked through the door and I am just turning on my computer.

Mr. CHAIRMAN: Those who are presenting I would wish for you to have your presentations ready so that when you are called upon to present that you are able to present. Last week when we met we agreed to adjourn until today so that people can prepare. We gave absolute time for people to be able to get their submissions in and prepare their presentations. We cannot come to the Committee this morning and be delayed by people who have not started to get their presentations together, so I am urging everybody that is presenting to make sure that they are ready to present when called.

Mr. PAUL GIBSON: Good morning, Mr. Chairman and good morning members of the Joint Select Committee. I am happy that we started early today. I know we had started an hour and 30 minutes late before

so I am thinking that we would have the same experience today, but I am so happy that we are on time. Thank you, Sir.

Mr. CLERK: Can you state your name for the record please?

Mr. P. GIBSON: My name is Paul Gibson, a member of People's Party for Democracy and Development and you would be aware that we made a written submission on 19th September to you with other issues being covered regarding this Bill.

The People's Party for Democracy and Development, which we call the PDP, is pleased to submit the following for considerations of the Joint Parliamentary Select Committee on the Medicinal Cannabis Industry Bill, 2019.

The People's Party for Democracy and Development (PDP) applauds the Government for making the Bill the subject of wider public discussion and consultation. It is our view that the Bill can be better drafted after discussions occur both in the public and Parliament based on information, knowledgeable expertise and the opinions of various community groups, professional bodies, experts, practitioners, religious communities and interest groups. We are here to address the questions set out by this Committee regarding the Medical Cannabis Industry Bill, 2019.

First of all, the intent of the Medical Cannabis Bill; the Bill is a Medical Cannabis Bill. Medical Cannabis is Medical Cannabis. The first challenge we have as the PDP is that we are attempting to deceive and misdirect our well over 6 000 men and women of the Rastafarian community into believing that this Bill that was to be passed a couple of weeks ago ...

Mr. CHAIRMAN: The "we" you are referencing is the People's Party for Democracy? Can you give me clarity as to ...

Mr. P. GIBSON: Yes, the "we", we believe the Bill is a bit misleading in its attempt to communicate with the members of the Rastafarian community. As we heard, Mr. Paul "Ras Simba" Rock did such an excellent presentation when he came, but we became aware of the fact that was a very sudden call to this Committee as they were really not considered in the crafting of the Bill from the beginning. We say this because we realised that their contribution, their thoughts, their feelings are expressed nowhere in the Bill. We believe that the religious interests of the Rastafarian community really were never considered in the crafting of the Medicinal Cannabis Bill as there is nowhere that was represented, absolutely nowhere in the Bill. This Bill, which was about to be voted on in Parliament, nowhere are my "brethren" and "sistren" considered in the creation of the document. They were not treated with the dignity and respect that they deserved. I have the Bill right here and we can go through from line to line and you would realise that there is nowhere that they are mentioned or considered.

Hon. D. D. MARSHALL: Can you please give us an example, Mr. Gibson?

Mr. P. GIBSON: As I said, there is nowhere they are mentioned

Hon. D. D. MARSHALL: Please give us an example, Mr. Gibson.

Mr. P. GIBSON: I shall.

Hon. D. D. MARSHALL: Thank you.

Mr. P. GIBSON: There is no example.

Hon. D. D. MARSHALL: Is there any example of where the Christian community is reflected or the Muslim community? It is a Medicinal Cannabis Bill and does not ever make any effort to deal with faith-based issues.

Mr. P. GIBSON: I beg to differ, Mr. Attorney General. If we had taken the approach and taken the time that, for example, St. Vincent had taken where they sat and met with communities and looked at various bills where one was for medical cannabis, one was for religious use *et cetera*; then you would see that there are a number of Bills if you consider the Vincentian experience, you would see that consideration was given for the religious use of cannabis...

Hon. D. D. MARSHALL: Mr. Gibson, if I can ask a question, I think that you have just made the comment that the experience of St. Vincent showed that they have bifurcated their approach to cannabis – medicinal on the one hand with a piece of legislation, recreational on another and a third on sacramental.

Hon. D. D. MARSHALL: I accept what you say and do not know if it is true or not. However, if you are correct, then are you suggesting in this Medicinal Cannabis Bill that we are discussing today we should have done what St. Vincent did? Do you not see that medicinal cannabis is a specific area that we are approaching? I am asking what is the criticism of the Medicinal Cannabis Bill. If you are saying that we should go further but you began by saying that we have misled the Rastafarian community. From my recollection, and the Minister can correct me, I believe that there were some discussions with the Rastafarian community on this matter.

Mr. CHAIRMAN: Indeed, we had discussions with the Rastafarian community and when they present today, they will clarify that also. However, if you have a Medicinal Cannabis Bill then any issues to deal with recreational or decriminalisation like St. Vincent did, will be addressed in separate Bills and that is what St. Vincent did.

Mr. P. GIBSON: I am not talking about recreational marijuana, Mr. Chairman.

Mr. CHAIRMAN: Even for use as sacrament, St. Vincent used a separate Bill. We are focusing on medicinal cannabis and we have not yet brought a Bill to deal with sacrament, decriminalisation or recreational use. I have said that repeatedly. Therefore, to seek to mislead the public by trying to suggest that it could be incorporated into the Bill should in good parliamentary practice not be done.

Mr. P. GIBSON: Mr. Chairman, I hear what

you are saying and that is not my intention to mislead the public. However, I am stating that the current Medicinal Cannabis Bill is a Medical Cannabis Bill and I want to reiterate the fact that the Rastafarian community who should be given land for growing the cannabis were not considered in the Bill, even from a financial standpoint of having a greenhouse. Nevertheless, I shall move on because I think the point is made that you did not treat them with the dignity and respect that should have been considered from the crafting of the Bill from the outset, and that you got their input after the fact.

From an economic standpoint, the People's Party for Democracy and Development (PDP) believes that to date despite the calls from economists, financial luminaries and accountants, Barbadians have not been given the hardcore numbers in respect of the true value of the medical cannabis industry. Everywhere we go, Barbadians are saying that the Bill does not speak to how the products will allow proceeds to stay in Barbados. I beg to question from the PDP, how do we benefit from the medical cannabis industry? I am sad to say that in your presentation, Minister, that it was very unclear to say the least.

Are we primary producers or end users of the product? Again, very nebulous. How much land in Barbados will be utilised for medical cannabis? We know about 300 acres are used for Sea Island Cotton and 1008 acres approximately are used for sugar. We have 28 000 acres of arable land across this country. We are unaware as to the quantum of land that will be used for the consumption of this product. How many jobs do we anticipate will be created, and what category of jobs? Would there be a movement away from the traditional farming labour supplies where people grow yams, potatoes, *et cetera*, because these are all things to be considered in crafting a Bill. We have to take it to its longest, furthest, logical end.

How much will the medical cannabis industry contribute to the Gross Domestic Product (GDP) of Barbados? No one has told us what contribution this will make to the GDP of Barbados. As a country, how do we retain foreign exchange earnings for this industry? These are questions that a lot of Barbadians are asking. No one has been given the answers. We know there has been meetings across this country but the Barbadian public needs to know this, and somebody needs to come to us with those figures. PDP believes that the country will lose more than we gain from the industry. We may retard the country's progress regarding the social decline if the necessary controls are not enshrined in the Bill and Regulations.

We must guard against going back to the treatment and negative experiences associated with the "Plantocracy" in the marijuana industry. Will sugar be now abandoned since we make no money from it? However, plantations are paid to plant canes, they are given duty free concessions and subventions. Are we going to do a do-over of our colonial past under the new

Medical Cannabis Bill? These are questions that are real to the PDP and to the people of Barbados. The world is fickle. How long before the new deal is cut with another country, possibly cutting Barbados out of the equation? Have these matters been considered if you are going to make such a large investment?

Approximately 70 cents of every tourism dollar leaves the country for foreign shores. We must have in this Bill elements to ensure that the earnings from the medical cannabis industry stay in Barbados for an identifiable sustained and specific timeframe, such that it would infuse our economy with foreign exchange whereby the economic multiplier effect can be felt at the least from this industry.

Mr. CHAIRMAN: I have a query. It is documented that the Rastafarian community did say that this Bill is designed to cut them out. Is your presentation doing exactly that by stating that huge foreign investment is required? You are going against what they are asking for. I would like some clarity.

Mr. P. GIBSON: I can address that at the end of the presentation, if you do not mind, Mr. Chairman.

Mr. CHAIRMAN: Okay.

Mr. P. GIBSON: Thank you, Sir. Our economists should have a significant role in unpacking the aspects of the Bill to ensure that people once and for all earn from this industry. These industries were based traditionally in the old colonial system which parasitically extracted from our Barbadian people, but never supported the practice of sharing the wealth widely and across generation of lower and middle class Barbadians. It is our stance that the small farmers, though being strung along, will experience palpable disappointment if this Bill is not structured correctly.

No one is telling the small farmers on tier one or level four that greenhouse conditions are required. They are not having that discussion with them. No one is speaking to the issue of cross-pollination that could occur possibly from flowering marijuana plants if grown in the open skies. The type of cannabis and marijuana consumed by the Rastafarian community does not meet the Canadian Medical Cannabis standards; we know that since what they grow is different. As these will be only seeds issued by the Authority, there are no regulations at this stage to speak to this matter. PDP is seeing a demonstration already of a concern we had for a long time and the Bill has not even passed, but we are seeing that there are challenges with control.

We are having challenges with control in Barbados and the Bill has not yet been passed. Members of the Rastafarian community are still being arrested for possession of a "spliff", yet vitamin shops in Barbados are importing and selling medical marijuana in the form of Cannabidiol (CBD) oils, and are not going before the courts currently. This is a concern for us as a people's party. How can we be arresting people for the smoking of marijuana on the one hand, a "spliff", but have shelves

with labels where Barbadians can go in and buy cannabis off the shelf in a vitamin store.

So, if we cannot get it right at the front end in terms of control, I think we already can see that the scales are unbalanced and we [would] want them to be regulated and corrected.

Mr. Chairman, prescriptions and recommendations, that language used in the Bill. The use of the term prescription is something that we wanted to point consciousness and attention to. The use of the term prescription and the understanding surrounding its use in both the medical profession and the pharmaceutical profession is accepted. We in these professions accept what a prescription is. In many conversations with both experienced pharmacists and doctors of many, many years, the use of the term "recommended" as it appears in the Bill has no place, and we could elucidate on that a little further if you so desire.

We also as a PdP in examining the Bill we also looked at the term "visitors" and the abuse of "visitors" on medication. Mr. Chairman, you may or may not know that the prescriptions originating from doctors, doctors not registered in Barbados, to practice in Barbados, currently cannot be filled in Barbados by pharmacists. You may or may not be aware of this. As these specific physicians would be practising outside the Barbadian jurisdiction, some may even be 'quacks' and because we have not credentialed those persons writing those prescriptions by our local gatekeepers of medicine, it may result in injury. Once past, people visiting Barbados should be seen by local doctors and a prescription written.

Mr. CHAIRMAN: The member has five minutes more in which to conclude.

Mr. P. GIBSON: The Bill attempts to change precedent and good medical practice and the word "visitor" should be eliminated from the Bill.

The term "therapeutic facility". Under this Medicinal Cannabis Bill, is it the intent of this Government to have persons smoking cannabis? The reason for our position on this is that we are cognisant of the specificity of dosage forms listed or recommended for medical cannabis to be administered. These are tablets, liquids, solutions, tinctures, sublingual drops, topical ointments, oils and eye drops. Under the Pharmacy Act, Cap. 372 D, section 31 says:

"No person shall, unless he is registered as a pharmacist or any other authorised seller of poisons..."

Mr. CHAIRMAN: Sorry to interrupt you, just one point of clarity. You are saying [that] the PdP is opposed to smoking?

Mr. P. GIBSON: I never said that.

Mr. CHAIRMAN: I just want to clarify that. So what is the issue with smoking?

Mr. P. GIBSON: That word smoking never came to my mouth since I have been at this desk, Sir.

Mr. CHAIRMAN: Okay.

Mr. P. GIBSON: I will get to that, though. Tablets, liquids, solutions, tinctures, sublingual drops,

topical ointments, oils and eye drops are believed to be the areas of focus for the Medical Cannabis Bill. That is our understanding. I was about to say that under the Pharmacy Act, pharmacists, druggists, pharmaceutical chemists, pharmacist, dispensers – remember that word – or authorised sellers of poisons, *no person shall unless he is registered as a pharmacist display on any premises any sign, title, emblem, or representation that includes the description "drug store", "drug dispensary" or "pharmacy" or any other sign, title, emblem or representation that implies or from which the public may reasonably infer that those premises are registered as a pharmacy.*

Mr. Chairman, we are saying this because we realised that there is a bit of ambiguity in the Bill regarding the definition "dispensing" and [that] it is in conflict with other areas/aspects of our Laws of Barbados. Had there will been consultation with our body we would have been able to dissipate that concern and been able to help you with crafting the Bill.

Under this Bill the term "therapeutic facility" appears. It is an ambiguous term and we are suggesting that serious consideration be given to the elimination of the term from the Medicinal Cannabis Bill, 2019. The challenge with the term "therapeutic facility" is [that it is] in direct conflict with the Pharmacy Act, Cap 372 D, section 31 (1) and (2), whereby dispensing can only be executed by a pharmacist, according to Barbados' laws.

Now, I mentioned tablets, liquids, solutions, tinctures, sublingual drops, topical ointments, oils and eye drops. These do not require a special room or "therapeutic facility" to be administered, you take your Co-Diovan or diabetic medication and you take your medical cannabis for the pathology for which the doctor has prescribed it. We say then, for medical use that we as party strongly advised against vaping as the Centre for Disease Control and Prevention (CDC), the United States of America (USA) and our local Ministry of Health and Wellness are finding a direct correlation between vaping of oils, lung disease and ultimate deaths. We must slow down – slow right down – in the crafting of this Bill.

I will now speak about smoking. We believe that the smoking of marijuana, that is, the burning of the plant – and we are not talking about religious use now, we are talking about health benefits, and I do have my charts and so on that I can make available to the Committee to show that the onset of action is very immediate and it goes out just as quickly. The burning of the plant should not be considered for medical cannabis, as the little suggested benefits do not outweigh the associated risk when we look at the science. When we look at the science we are seeing that there is really no place for the use of inhaled cannabis and so on.

Mr. CHAIRMAN: Hold a second. You are presenting on the behalf of the PdP?

Mr. P. GIBSON: Yes.

Mr. CHAIRMAN: Can you give me your stated position on behalf of the PdP with regard to smoking?

Mr. P. GIBSON: I can give you the PdP position with regard to the use of medical cannabis.

Mr. CHAIRMAN: With regard to smoking, do you agree with the inhalation of smoke or not?

Mr. P. GIBSON: What the PdP is looking at is the science.

Mr. CHAIRMAN: Sir, I want a simple answer to what you [have] just presented. Is the PdP in support of smoking or is the PdP against smoking?

Senator C. A. FRANKLYN: Mr. Chair, please stop harassing this witness. If you want to smoke go and smoke but leave him alone and let him present. You are being disruptive and you are the Chair.

Mr. P. GIBSON: Thank you, Senator Franklyn. To answer your question, we believe that the science must be considered. I brought all the clinical studies and so on, the science must be considered in regards to this particular area. The issue for us is not smoking, the issue is the science. The question is, what does the science say. We have gone out of the gates with alcohol and we have lost control of that. We have on our cigarette boxes across Barbados, "smoking causes lung cancer". We had a warning from the Ministry of Health and Wellness and the Minister of Health and Wellness, your colleague who was sitting next to you the other day, where they sent out an instruction saying: "Hey, look, no vaping because it is causing lung damage and causing death." This is from the CDC for medical cannabis. We are not speaking about recreational, we have to make a distinction because this is a Medicinal Cannabis Bill and we must allow the science to speak to us.

Mr. Chairman, I hope you are hearing what I am saying about the PdP's position which is that we believe that we must be guided.... Sir, you said you wanted a simple answer. When you are speaking about medicinal and pharmaceutical there is no simple answers, it is scientifically based and there are contexts that we use for certain delivery systems, I would call them and so on.

Mr. CHAIRMAN: Your time is up. Please wrap up.

Mr. P. GIBSON: Mr. Chairman, I thought the presentation was actually 15 minutes and then there were questions and answers.

Bishop J. J. S. ATHERLEY: Mr. Chairman, with your leave I had resolve not to add my voice at any time while this presentation was being made, but you cannot have waited until the presenter had gotten into his stride, then to indicate to him that there is a time limitation. Last time this Committee met, there were those who presented for half an hour, 45 minutes without hindrance. You cannot wait until the presenter is in the middle of his presentation and say to him, you have five minutes more, without indicating to him at the outset that he had 15 minutes while during the course of his presentation, having him subjected to several interruptions. It is not fair. Now, if you want me ... just let me say it is not fair Mr. Chairman.

Mr. CHAIRMAN: You may wrap up and then

we will have the question and answer segment.

Ms. S. E. BROWNE: Mr. Chairman, I must agree with Bishop Atherley. The last time we held a Session, the presenters were allowed to present fully without interruption and I dare say a lot of his time was taken up with questioning that should have come at the end. In my opinion he should be allowed to finish his presentation, which could only be a page or two as I see it.

Mrs. J. ST. JOHN: Through you Mr. Chairman. Mr. Gibson, I would just like to point out one minor correction. You indicated the medical prescriptions from overseas could be used, that is incorrect. If you look at the definition of "medical practitioner", it is only doctors registered in Barbados who can prescribe. Therefore, the Bill does not provide for anyone to bring prescriptions from overseas for them.

Asides.

Mrs. J ST. JOHN: That is exactly what it says. Everywhere.....

Asides

Senator C. A. FRANKLYN: That is not what he said. He said the definition of "visitor" should be removed, because.....do not bother, they are going to tell me that I am disrupting.

Mr. CHAIRMAN: Okay, proceed to wrap up your presentation and then we will get into the questions and answers.

Mr. P. GIBSON: I think everybody here heard what I said right?

Asides.

Mr. P. GIBSON: That is okay, that is alright, we mishear sometimes, and that is allowed. This is a gracious environment. I did say that we do not honour, and I was very specific, we do not honour prescriptions coming from outside of Barbados and explained that this is because the persons are not credentialed and they could even be 'quacks' writing prescriptions. When I mentioned that, that was the language I used.

Ms. J. ST. JOHN: Is that exactly what you see reflected in the Bill presently?

Mr. P. GIBSON: I will get to that at the end.

Asides

Mr. P. GIBSON: Let me conclude. My last point is one of access to patient medical information by the Minister of Agriculture. Why should the Minister of Agriculture have access to patient notes for those on medical cannabis? There is no precedent for this. It is against the new Data Protection Act (2019) if permission is not given by the patient. Patient confidentiality is

sacrosanct and a rethink of that is necessary. We the members of the People Party for Democracy and Development and you the current Government have an opportunity to tighten the legislative framework of this Bill, by considering suggestions offered both in our written submission of September 19, 2019 and the submissions made today. I was going to address the matter of drug interactions and so on, but if that could come in the question and answer session I would be very happy to answer any questions relating to drug interactions and medical cannabis. I am available for questions from the panel.

Mr. CHAIRMAN: I want to sincerely thank you for your presentation. The matter is available for discussion at Committee level before we take leave to go to the audience.

Hon. E. G. HINKSON: Mr. Gibson, I thank you for coming, presenting on behalf of your Party. I am still unclear, even though you said that you were seeking to clarify these few things. You said the PdP feels that Barbados will lose more than we will gain from the industry.

Mr. P. GIBSON: If ... continue.

Hon. E. G. HINKSON: No you continue, that is what I heard you say.

Mr. P. GIBSON: No, I said, if the necessary controls, the Bill's Regulations are not properly put in place. It is a complete statement. It was not that first piece. The critical piece, the more critical piece is that we believe that this Bill should come not just as the Bill but the Regulations should be attached to the Bill, so that it can be better elucidated and we can better see what is coming and what is being unpacked as this Bill evolves and as the Regulations are ... Right now we are very blind as to a lot of what is going to be happening once we get across the water regarding this Bill.

Hon. E. G. HINKSON: But, as the Parliamentary system under which Barbados operates Sir, you pass a Bill, a Bill is laid in Parliament, debated and subsequent to that regulations are made. Sir, it would not be that Regulation would be before us now as well for debate. The Regulations will come. I am still asking Sir, what is your Party's position? Do you in principle agree that Barbados should have a regime of medical cannabis or not? That is a simple yes or no. If your Party disagrees, well say so. There is nothing wrong with that. You stand on your principle. Does the PDP agree in principle that there should be a regime of medical cannabis for people with disabilities for instance, who have been calling on it for years, or do you disagree? Simply question Sir.

Mr. P. GIBSON: That is your question?

Hon. E. G. HINKSON: Yes Sir.

Senator C. A. FRANKLYN: Before he answers, Sir.

Hon. E. G. HINKSON: How do you mean before he answers. Mr. Chairman I have asked a question.

Mr. CHAIRMAN: Let us have order please. A question was posed to the presenter. Senator Franklyn can respond after the presenter has answered the question.

Senator C. A. FRANKLYN: No I do not want to present Sir. The Minister of Home Affairs just spoke and misinformed the ...

Mr. CHAIRMAN: I believe that we should have a response from the presenter

Senator C. A. FRANKLYN: Mr. Chairman I have a right to speak in here and I will speak.

Mr. CHAIRMAN: Senator Franklyn there is an order.

Senator C. A. FRANKLYN: Yes and I am on a point of order. The Minister who just spoke misled the witness and the Members here by saying the Regulations must come after. That is nonsense. That is only one form. If he comes in here and gives people misinformation, I cannot allow it go out. The Regulations in the many matters, Safety and Health at Work Act, they took for years to get on the Books and they never ever passed the Bill. They waited. It had the Regulations, yes. In the Public Service Act the regulations were made the same day when the Bill was passed. There are two different points. In this Bill, we are going to have Regulations that the Minister will make subject to negative resolution, meaning that the Minister will lay them in Parliament and if nobody does not say anything, they are law. That is what he is speaking about and what you are misleading him about. When I say I want to speak, I want speak because you are not going to bamboozle the public and give them the information that you want them to have. I want them to have the truth, and I will ask him a question when I am finished.

Mr. CHAIRMAN: Let us move along to the presenter because the same thing that you are saying now you could have said after the presenter had answered.

Senator C. A. FRANKLYN: No Sir.

Mr. CHAIRMAN: Let us get the presenter respond to the question.

Mr. P. GIBSON: Thank you for the question Minister and Senator Franklyn thank you for that clarification in your usual resonant voice and projection. You made it very clear that you do not have to have a Bill being presented without Regulations. There are many Bills across this Globe, and my colleague, the Clerk, would be able to tell you, he goes to all of these international things. He would tell you, there are situations where Bills and Regulations come together. We are not here to hoodwink Barbados, we are here to say look, this is such a sensitive area. They are a lot Christians and mothers that are listening to this presentation today, that want to know where we are going with this, and because of the haste and the rapidity of the construing of this Bill, the parents and the Christians are concerned that we need to understand where we are going. Therefore, the regulations and the Bill should come together. We believe that there is no challenge with having a concomitant presentation of these to the people

of Barbados in the House today.

Mr. CHAIRMAN: Okay.

Mr. P. GIBSON: Do you know what it speaks to, Mr. Chairman, through you? There should be more time taken to unpack this very critical Bill. To me, it is so rushed and it is so hasty. In a couple of days we want to put this back before the people of Barbados for passage. I am asking the question, Mr. Chairman.

Mr. CHAIRMAN: The question before you is to be addressed, and I would respectfully ask that you address the question.

Mr. P. GIBSON: Can you restate the question, Sir?

Hon. E.G. HINKSON: Mr. Gibson, for the third time I asked you if your political party in principle, Sir – we are not getting into details now as to scientific and all of those airy-fairy things – whether your party agrees that Barbados should have a regime of medicinal cannabis. For example, I am fully aware that people with disabilities who have been calling for this for years. I have asked whether in principle your party disagrees that we should have this regime.

Senator C. A. FRANKLYN: On a Point of Order, Sir. This is nonsense. He is not here to be interrogated on what the People's Party wants, likes or dislikes. He is here in his capacity as a member of the Party putting the Party's position. If you want to put the Barbados Labour Party's position, you put that.

Mr. CHAIRMAN: In all fairness if he is putting the Party's position, he should be asked on the Party's behalf. I see no Point of Order. There is no Point of Order. Please.

Mr. P. GIBSON: I would answer your question by saying this, and please permit me to answer: The People's Party for Democracy and Development, the People's Party, believes that for years there have been medical benefits to be derived from medicinal cannabis. The science has shown it, and I have all the papers here. It also believes that there are persons who have benefited from different delivery systems of the medicinal cannabis. We believe that, and I am aware of this, that babies with epilepsy who have had over 300 seizures sometimes get a reduction down to two seizures with the proper administration of sublingual drops and liquids and tinctures and so on. We also believe that there is a natural endocannabinoid system that exists within the body that was made by our Creator, and I am going to finish answer. Please permit me to answer the question. Sir.

Mr. CHAIRMAN: I have given you ample time to answer the question, which you had ample time address and did not. There are other questions. There is a question from the Leader of the Opposition which I would like to entertain. I would want to ask that the microphones be turned off when another speaker is coming on so that we can hear them clearly.

Bishop J.J.S. ATHERLEY: Thank you, Mr. Chairman. I think I hear the presenter clearly saying that his Party believes, yes, in principle the legitimising of a

position in Barbados where medicinal cannabis is available for such purposes under strictly controlled situations and regulations. I think I heard him saying further that this Bill does not quite take us there, and that though the Bill in principle may seek to address that problem, it is not properly presented and the deficiencies and loopholes constitute a basis for serious concern. I think I heard him saying that. I did not hear a reply from the Minister of Home Affairs on the issue of the need for this Bill to be accompanied by Regulations because of the vastness of its reach. It speaks to cultivation, transportation, retail, medical use, importation, exportation, therapeutic facilities whatever that means, and a whole suite of things. Therefore, I think what the presenter was saying was that in this instance we should ensure that the Regulations to accompany this Bill be available at the time for public scrutiny as the Bill is being publicly examined as well.

Senator Franklyn took a position on that, contrary to the position presented by the Minister of Home Affairs. My position is the same as Senator Franklyn's. From my experience and knowledge, Bills can be accompanied at the same time or soon afterwards by Regulations. We believe that in this instance it should be accompanied with the regulations. My question specifically to Mr. Gibson and his Party just for clarity is this: Did I hear you say that the Bill as it now stands does not present any clear indication as to what the economic benefits will be to Barbados? That is a 'yes' or 'no', Sir.

Hon. D.D. MARSHALL: Save the man now, Bishop Atherley. Save my man. Do not tell the man how to answer the question. Let him answer himself. It is a clear question.

Bishop J.J.S. ATHERLEY: Are you saying that the Bill as it currently stands does not make a clear statement or give any proper indication as to what the economic benefits will be to Barbados?

Mr. P. GIBSON: Honourable Leader of Her Majesty's Loyal Opposition, you are exactly correct. That is exactly what I am saying.

Bishop the Hon. J.J.S. ATHERLEY: Are you saying that the Minister in introducing the Bill in the Parliament of Barbados himself did not as well give any clear indication or proper indication as to what the economic benefits would be to Barbados?

Mr. P. GIBSON: Leader of Her Majesty's Loyal Opposition, that is correct.

Bishop J.J.S. ATHERLEY: Did I hear you say that in your view and in the view of your party as the Bill now stands, small farmers in Barbados at the end of the day will be disappointed in the out-turn of events because of the way this Bill is structured?

Mr. P. GIBSON: That is pellucid, Leader of the Opposition.

Bishop J.J.S. ATHERLEY: Did I hear you express a concern that there will be severe foreign leakage around this industry because of the need for foreign investment and the inability of indigenous properly to

enter into this field?

Mr. P. GIBSON: I have nothing else to say but "Yes", Opposition Leader.

Bishop J.J.S. ATHERLEY: Did I hear you say that the regulations are extremely important and that we would like to have a look at them before this Bill goes back to Parliament?

Mr. P. GIBSON: Very clear. That is exactly what I am saying.

Bishop the Hon. J.J.S. ATHERLEY: Did I hear you say that the use of the term "recommendation" in the context of this Bill causes concerns for pharmacists and doctors and people in the medical profession?

Mr. P. GIBSON: You heard correctly, Sir.

Bishop J.J.S. ATHERLEY: And that it raises concerns about the potential danger to patients acting on the basis of recommendations?

Mr. P. GIBSON: Yes, you are absolutely correct, Leader of the Opposition.

Bishop J.J.S. ATHERLEY: Did I hear you express a caution on behalf of your Party around the business of retailing with respect to this industry?

Mr. P. GIBSON: I did, Sir.

Bishop J.J.S. ATHERLEY: Was it because of potential conflicts with how the pharmaceutical or pharmacy industry in Barbados now operates?

Mr. P. GIBSON: How it is regulated. Yes, Sir.

Bishop J.J.S. ATHERLEY: Did I hear you raise concerns about the ambiguity around the matter of therapeutic facility? Is your party concerned that we may be talking about smoking shops or vape shops?

Mr. P. GIBSON: You are correct.

Bishop J.J.S. ATHERLEY: Did I hear you speak with reference specifically to the dangers of vaping, underscoring the fact that the Centre for Disease Control in the United States and, not without significance, our own Ministry of Health and Wellness, has issued recent warnings with respect to this?

Mr. P. GIBSON: You heard me correctly.

Hon. D.D. MARSHALL: Mr. Chairman, if I can, I believe the Leader of the Opposition needs to see the transcript because either he was not listening or he was. Why are we repeating everything that he said?

Bishop J.J.S. ATHERLEY: Because I need clarity, Mr. Chairman.

Hon. D.D. MARSHALL: From your own member?

Bishop J.J.S. ATHERLEY: From my own member.

Hon. D.D. MARSHALL: Wait until the transcript comes.

Bishop J.J.S. ATHERLEY: I need clarity from the presenter, Mr. Chairman. If you want to rule me out of order, go right ahead.

Hon. D.D. MARSHALL: We know what you are doing. We know exactly what you are doing.

Bishop J.J.S. ATHERLEY: If you want to rule me out of order, go right ahead, Mr. Chairman. I am

asking for clarity from the presenter.

Hon. D.D. MARSHALL: In court you would have been.

Asides.

Bishop J.J.S. ATHERLEY: I am not finished.

Mr. CHAIRMAN: You were addressing the Chair, presenter. Please address the Chair.

Mr. P. GIBSON: I am very thankful for the consciousness of the Leader of the Opposition with respect to the issues that were raised, and I am very happy that we are getting a second coat of paint in terms of reiterating the importance.

Mr. CHAIRMAN: Yours did not cover the surface?

Mr. P. GIBSON: It is always good to have a couple coats of paint sometimes, Sir.

Mr. CHAIRMAN: Do you have further questions?

Bishop J.J.S. ATHERLEY: Yes, I was not finished and the interruption from the Attorney General on the other Side has caused...

Mr. CHAIRMAN: You may proceed.

Bishop J.J.S. ATHERLEY: I want to go back over what I have been asking you.

Mr. CHAIRMAN: I am not going to allow you to back over what you were asking.

Bishop J. J. S. ATHERLEY: Mr. Chairman, I am seeking clarity and it is my right so to do.

Hon. D. D. MARSHALL: No you are not, you are seeking repetition. Mr. Chairman, ...

Mr. CHAIRMAN: No.

Bishop J. J. S. ATHERLEY: I am seeking repetition in an effort to obtain clarity for myself with respect to this presentation. The interruptions are causing a certain degree of confusion, Mr. Chairman.

Hon. D. D. MARSHALL: You could not even hear what your own member said so I am not surprised that you are confused.

Bishop J. J. S. ATHERLEY: Precisely so, Mr. Chairman, that is why I am asking for clarification as is my right to do.

Mr. CHAIRMAN: Your questions were asked and answered. Please proceed with your further questions.

Bishop J. J. S. ATHERLEY: I have one last question for you and you can tell me if I am right or wrong. A simple yes or no. Having stated that the Bill does not in any way present any clear or proper indication of the economic benefits to be derived from this industry to this country, having expressed the concern that there will be significant leakage of foreign exchange because of the foreign investment component potentially in this industry and the lack of indigenous investment to really participate here to the extent that might be desirable, having expressed the concern that small farmers in Barbados may find themselves to have been deluded and

end up disappointed because benefits will not redound to them as they might to those who among us have money and those who from Canada are willing to invest in this industry, having expressed the view that we need to look at these Regulations or the Regulations coming with this Bill because the devil may very well be in the details, as a medical professional having expressed the view that the use of the term "recommendation" in the Bill is inappropriate and having given us a serious caution around the matter of potential retailing under the licenses to be issued in this, expressing as well concern about the use of "therapeutic facilities" for undesirable activities like smoking and vaping, bearing in mind that our own Ministry of Health has just issued a warning on this, being a medical professional and aware of the whole notion of patient-doctor confidentiality and the recent passage through the Parliament of Barbados of the Data Protection Bill is it your position that what you have said here in those terms I just represented reflects the view of the PdP?

Mr. P. GIBSON: You are absolutely correct, Sir.

Bishop J. J. S. ATHERLEY: Thank you.

Mr. CHAIRMAN: The order that I have is the Honourable Attorney General followed by the Honourable Adrian Forde, then Senator Rudolph Greenidge.

His Honour Senator R. N. GREENDIGE: No but the Attorney General has given way to me.

Mr. CHAIRMAN: Okay.

His Honour Senator R. N. GREENDIGE: Mr. Gibson you heard very clearly, Mr. Atherley repeated almost everything which you have said that there will be very little economic benefit accruing to Barbadians. He also mentioned the whole question that there would be some foreign exchange leakage and that there would be no benefit to small farmers but the question I want to ask you, Mr. Gibson, is this: What is the basis for your coming to this conclusion? Is this just your share opinion or is it backed by some kind of research, some proof? Tell us how you arrived at that? Direct me where I could find whatever you referred to, to come to those conclusions.

Mr. P. GIBSON: Senator, the People's Party for Democracy & Development has facts and data from other jurisdictions and if you look at my presentation you would see that we have data for St. Vincent, we know the pricing of ...

Mr. CHAIRMAN: You may use this opportunity to cite them so as to refresh everybody.

Mr. P. GIBSON: The St. Vincent Medical Cannabis Bill in terms of the pricing for the cannabis, the poundage of cannabis, we looked at what is happening in the Canadian context and so on but the point I was making, Sir, is that to date, we are unclear and no one has presented any facts or data for Barbados.

Mr. CHAIRMAN: But is that in the St. Vincent and the Grenadines' legislation?

Mr. P. GIBSON: No, but what is critical is this ...

Mr. CHAIRMAN: The question is: is it in the legislation?

Mr. P. GIBSON: If what is in the legislation?

Mr. CHAIRMAN: The poundage and economic value?

Mr. P. GIBSON: The poundage and economic value are not in the legislation, however what is of import is that they are, and this is the context ...

Mr. CHAIRMAN: Thank you.

Mr. P. GIBSON: Should I continue, Sir.

Mr. CHAIRMAN: You may continue but what I want is absolute clarity with the public because if we seek to mislead the public, neither your party nor the people of Barbados will benefit from what is being presented. The whole objective here is to present to the public your views on the Bill so that they can be improvement. The fact that you are alluding to economic value and poundage and citing another jurisdiction where you have now confirmed that it is not in the legislation would mean that you have deliberately misled this hearing.

Mr. P. GIBSON: Absolutely not, Sir. What I did do, as part of the laser-pointing to the Bill is to bring a broader consideration to the fact that ... Could I finish, Sir, or are you trying to stop me?

Mr. CHAIRMAN: I believe you have answered, you can continue but let us be clear that we are addressing the Bill and you cannot impute things that are not there because as Chairman, I have a responsibility for bringing clarity to the public. I am saying to you that you wilfully know that the language you used was designed to mislead the public and you should not do that.

Mr. P. GIBSON: Why are we here, Sir?

Mr. CHAIRMAN: We are here to discuss the Bill.

Mr. P. GIBSON: Correct. We are here to let Barbadians understand what goes into creating a Bill. Am I correct, Sir? And we also want to make sure that when we are talking to the Barbadians public about this Bill that the matters of finance, economics and accounting are all considered as a part of ... We should even scrap this Bill if it makes no economic sense. If it makes no economic sense, Mr. Chairman, the Bill should be scrapped.

Mr. CHAIRMAN: I am sorry that I have to interrupt you again.

Mr. P. GIBSON: Yes, Sir. Go ahead.

Mr. CHAIRMAN: You cannot ask for the Bill to be scrapped when you just confirmed that other jurisdictions did not do that. You are asking that we include poundage and economic value in the Bill when you have already confirmed that other jurisdictions that you referenced did not do so. Let us move along please.

Mr. P. GIBSON: Can I make my point?

Mr. CHAIRMAN: And there are other questions that are coming. We have to move along. You have confirmed that other jurisdictions did not do that.

Mr. P. GIBSON: I want to also confirm, Sir that we, as Barbadians, need to know if any effect has been made to make sure that this is indeed a viable industry for this country at this time and that we want to know that people are conscious of the numbers associated with the medical cannabis industry. You have not brought that to the people of Barbados. As a matter of fact, I am asking you, Sir: what is the economic benefit to this in the Medical Cannabis Bill? Sir, if you would permit me to ask you. It did not come out in your parliamentary presentation, Sir. I just thought that maybe we may not need to go this road at all if it will add no economic benefit to the people of Barbados or only to a few Barbadians. Barbadians want to know.

Mr. CHAIRMAN: Let us take the Honourable Adrian Forde.

Hon. A. R. FORDE: Thank you, Mr. Chairman. Mr. Gibson, our training would allow certainly a meeting of the minds as it relates to medical marijuana but the separation comes when you suggested that persons who are selling marijuana products as you know it or are allegedly selling marijuana products in their shops, and malls and what not. You have suggested that those persons were allowed to do it without being charged and you also alluded to the fact that persons from the Rastafarian Community and other areas who smoke you referred to as a "spliff" may end up before the law Courts. I know you know just as well as me that under our Drug Abuse Act...

Mr. CHAIRMAN: Can you please mute all phones.

Hon. A. R. FORDE: Under our Drug Abuse Act, cap 131, there are certain positions where inspectors are supposed to be regulating those institutions to ensure that something as simple as. We had this situation over the years "Colinctus" found itself in shops, in restaurants, in gas stations. We had situations with "sildenafil", which is also a generic form of Viagra found itself in other environments. We had a situation where "Betasone cream" had to be taken off shelves. So, I am saying this is not abnormal as it relates to the way how it is police. I am saying that there are laws there, they are mechanisms under our Drug Abuse Act to ensure that that area is policed.

I would encourage now that it certainly has the attention of the inspectorate that to go out there and do their due diligence because I do not want it to suggest that there is one set of rules certainly for the Jews and one for the Gentiles. That is not certainly the situation because they are laws in place and we are encouraging that those institutions or those places that are alleged to have medical marijuana until it becomes law that the inspectors go and do their work. I am just making sure that goes out there.

Mr. P. GIBSON: Minister Forde, I appreciate your learned contribution my colleague, and I thank you for the contribution you made to this Joint Committee. You are correct that they are persons called drug

inspectors that fall under the Ministry of Health which their remit is to go into any environment where there is API (Active Pharmaceutical Ingredient) and to do an inspection whether at a doctor's office, a pharmacy or wherever. They have the powers to confiscate and so I know that and in fairness to our Minister of Health, the gentleman, he has stated categorically that he will not allow the public to be affected by people selling CBD oils.

They may just be olive or cannabinoil oil or something that you do not have a clue what it is being sold on shelves unregulated. He just did say that he does not want to have those oils in and around Barbados under his watch because he believes it is a public health issue and to his credit and because they regulate the space and the CMO (Chief Medical Officer) regulates that space. I know even though we have a Marijuana Cannabis Bill that the Minister of Health still has ultimate authority over the halting or cancellation of certain activates even above and beyond the Minister of Agriculture according to the Laws of Barbados. So, I do agree with you that the drug inspectorate needs to go and be given authority, as the Minister suggested and sweep all those products off the shelves until, you know before Christ and after Christ, well after.

We want to make sure that when the Bill does pass, that the Regulations would have that but for right now they are illegal and people should not be arrested for "spliffs" and not be arrested for illegal import of medical CBD Cannabidiol oils *et cetera*, so thank you, Minister, for your valuable....

Mr. CHAIRMAN: We have Dr. Browne then Senator Franklyn.

Dr. S. E. BROWNE: Thank you, Mr. Chairman. I, like Mr. Gibson, am a bit concerned about the mention of the "therapeutic facility" in the Bill, I would like to seek clarification. Right now this is causing some unease among the Medical Community as well as the Drug Service and the Pharmacy Council I know. I would just like some clarification as to what it is and what would it be used for... that is among two more questions.

Hon. D. D. MARSHALL: If I might, I think that on this occasion the questions are to be directed to, Mr. Gibson. When the committee is in closed session members are free to engage each other on such matters.

Dr. S. E. BROWNE: Mr. Gibson do you know the answer?

Mr. P. GIBSON: I am just as clueless regarding the term "therapeutic facility" as the rest of all the doctors in Barbados and all the pharmacists in Barbados as to the use of that term. It has no place in medicine, it has no place in pharmacy, it has no place.

As a matter of fact, based on our laws and I walked with them they are all here there is no place for the word "therapeutic facility" and it is in contravention of other standard pillars established in the Laws of Barbados regarding dispensing and consumption pharmaceutical. As I said Co-Diovan, your diabetic medication, you take

your liquid, you take your drops under your tongue you take your tablets.

Why would you need a "therapeutic facility?" It makes no sense. Are you going to be smoking in such an environment? We know that smoking is bad for your health and causes lung cancer. Are we going to vape? We know that our Ministry of Health (MOH) has instructed that vaping not be practised in Barbados, so vaping cannot come on the table for Barbadians health because it is a public health issue as stated by the Chief Medical Officer of Barbados. So, which other Authority has the authority to grant authority for vaping and for "therapeutic facilities". There is none.

Mr. CHAIRMAN: Which brings me back to the question I asked earlier. What is your position on smoking because if we are going to improve the legislation you must give me a position? What is your position on smoking and the position of the People's Party for Democracy and Development?

Mr. P. GIBSON: It is in our written submission and it is that at this time the science, as it relates to medical cannabis, we are not speaking about religious practice or religious use. We want to make sure that there is a very clear distinction and that we are laser pointing on medical cannabis....

Bishop J. J. S. ATHERLEY: Point of privilege.

Mr. CHAIRMAN: I would want for the presenter to finish answering the question.

BISHOP J. J. S. ATHERLEY: Mr. Chairman, with all due respect I need to understand what the question is. I remember the Committee...

Mr. CHAIRMAN: The question is whether or not the People's Party for Democracy and Development is opposed to smoking?

Bishop J. J. S. ATHERLEY: This is smoking generally?

Mr. P. GIBSON: Yes, we are against the smoking of cigarettes.

Mr. CHAIRMAN: Smoking of cannabis in the form of the medicinal regime.

Mr. P. GIBSON: We believe that the health of Barbadians is very important. The People's Party for Democracy and Development believes that Barbadian health is very important. Surgeons General across the globe are warning against the inhalation because of the carcinogens associated with different things which cause injury to the lungs. Our tertiary healthcare cost, as a result, is being escalated at a level that we have no control over. It damages your vascular system, your arteries. Smoking actually has very deleterious effects on the body.

Mr. CHAIRMAN: Thank you for the clarity. Senator Franklyn.

Mr. P. GIBSON: Smoking period not just marijuana. Smoking period is a problem.

Mr. CHAIRMAN: I thank you for your clarity. Senator Franklyn.

Dr. S. E. BROWNE: Sorry, I had not finished

my final comment or question. The truth is this beginning to look like a take sided meeting now and my interest is really with the public. Mr. Gibson, you wanted to know basically, the value of this proposed medicinal marijuana industry. I think it would misleading to not discuss it, in other words, I know several members of the Rastafarian community are here with the expectation. Speaking to some of them I know they are excited about it and they are here really to know how they are investing in it. I tend to agree with you that at some point we need to know the value of the medicinal marijuana to the country and to individuals and for small farmers, if the buying in is worth it; I think these are discussions at the end of the day we need to have, so I must agree with the question then on your end.

Mr. P. GIBSON: Thank you, Dr. Browne. I agree totally that if you are in business and your COG, your cost of goods are higher than what you are bringing in that business will fail. If we as a Government a responsible Government, sorry. If you as a Government have not done the numbers and run the numbers to see if your cost of goods exceeds the inputs that would come from the revenue associated with cannabis. I think that you are failing in your duty to serve this country in a proper manner and I really believe that somebody should resign if that is the case. If we are going into this without knowing that we will lose money, then someone should be sent home.

The people of Barbados want to earn money. We are not here to joke around. We are in serious economic times and if we are saying that this is going to bring money for Barbados, then tell the people of Barbados what money is going to be made. This is all we are asking for. The PDP is asking this question. Someone needs to answer that question. Are we going to waste money? We already have an Authority registered with Corporate Affairs and Intellectual Property Office (CAIPO). Do we have staff working for them? We do not know. Are we are investing in something that we have not count the cost. We have to count the cost.

Tourism is losing money. Sugar is losing money. Are we going to engage in another industry that would cause us to lose more money, so that a few could benefit? The wealth needs to be spread among Barbadians. Barbadians are concerned that they are unsure as to where we are going. Where are we going? Could someone give us the numbers please? Are we listening to those who work at the Ministry of Agriculture? Are we listening to their voices and what they are recommending to us?

I am sure if you are listening, they are telling you to slow down. I am sure that somebody....

Mr. CHAIRMAN: Mr. Gibson, you answered the question. I have other people who have questions. Let me suggest to you that when a question is asked, you answer the question and let us get on with the others. We have other presentations to take. I am giving you the liberty of responding. I believe out of courtesy to everyone else that you should acknowledge there are

other presentations and let questions be asked instead of prolonging.

Senator C. A. FRANKLYN: Thank you, Mr. Chairman. Mr. Gibson, you are a pharmacist by profession. Is that correct?

Mr. P. GIBSON: Yes.

Senator C. A. FRANKLYN: You wanted to speak to the drug interaction. I want you to expand on that because you did not get the opportunity in the presentation. Please, do not start as yet because I wish to speak on two other things, then you can respond to all when I have concluded. Dr. Browne and others wondered what he "therapeutic facility" is and to my mind it could be a container, the back of a truck or anything. The legislation suggests as follows:

"Therapeutic facility means a premises granted to a Retail Distributor licensed to sell, dispense or provide medicinal cannabis prescribed or recommended by a medical practitioner;

- a) *and provide facilities and other medicinal or therapeutic requirements to allow a patient who has purchased prescribed or recommended medicinal cannabis to use or consume that medicinal cannabis there for therapeutic purposes."*

It is a facility that you can use your drugs on the spot. It states premises also. Premises in the definition of the legislation states as follows:

"Any land or building as well as any vehicle or receptacle located on such land or in any such building."

You could have the back of a ZR as far as this legislation is concerned; it could be your motorcar or anything. Are you suggesting that this definition should be tightened or eliminated completely?

Also, you spoke about "visitor". "Visitor" has a particular meaning. It is defined as follows:

"Visitor means a person

- a) *who is a patient;*
- b) *is not a resident of Barbados;*
- c) *is in possession of a prescription or written recommendation from a medical practitioner in respect of medicinal cannabis.*

Are you suggesting that is misleading because you can only have a prescription from a medical practitioner registered in Barbados. When "visitors" get sick in Barbados they go to the doctor and get a prescription. Why is it to your mind necessary to specify a "visitor" with a prescription in this legislation? My three points are as follows:

- Drug interaction
- Container for smoking marijuana at the back of someone's paling
- The definition of 'visitor'

Could you address them for us please?

Mr. P. GIBSON: Certainly. As my colleague reiterated, visitors are supposed to come to Barbados and

get a doctor's prescription. The way how it is drafted in the Bill, it states that if someone comes to the island with a prescription. Interpretation of law is something that lawyers do, I do not. Interpretation of prescriptions is something that we do as pharmacists and if someone comes with a prescription with a recipe for medical cannabis, the way it is written in the Bill is very ambiguous. You are shaking your head saying no but do not say no. I am looking at it from through the eyes of the pharmaceutical profession.

If someone comes into Barbados with a prescription, the law is almost suggesting that if you have a prescription, whether the prescription has been filled or not that you can honour that prescription in this country. This is what is being purported through this Bill. I am just telling you what is being seen as the interpretation to it. When a person walks into a pharmacy, as opposed to a therapeutic facility and that person is on Valproic Acid which is for epilepsy or Dilantin which is for epilepsy also, one stimulates liver and the other slows it down. If you do not have patient profile in front of you and any person is just giving out medical cannabis in "therapeutic facility" as opposed to a pharmacy, that person is not trained. We do four-and- half years of pharmacognosy which is the study of plants and pharmacology which is a study of its own.

When a prescription comes before you for Dilantin or Valproic Acid and you see a prescription come from a medical doctor regarding your medication, a pharmacist knows what to do with that. He notes that you are on Valproic Acid with a dose of 25 milligrams and it means we have to reduce this dosage so that you do not have break through epileptic episodes. If you are Dilantin and you come in with a CBD prescription, it means that dosage might be reduced because the liver enzymes will metabolize that drug a lot faster. Therefore, you will also have break through episodes of epilepsy. Due to the seriousness of the science and not the simplicity, Mr. Chairman, we are saying that...

Mr. CHAIRMAN: Please answer the question. The question was very precise and I believe that you can answer the question without going into all of what you have presented before.

Mr. P. GIBSON: Do you not want examples, Mr. Chairman?

Mr. CHAIRMAN: No. I want you to answer the question. We have other presentations to take. I am sure you can answer the questions....

Mr. P. GIBSON: Mr. Chairman, what I am saying is so important. If you understood the....

Mr. CHAIRMAN: I am only saying this because your colleagues do not want me to rob you out of time. I am only saying that we can take better advantage of the time allocated by you answering the question in a very succinct way so that we can get other questions posed to you. This is all I am saying.

Mr. P. GIBSON: Mr. Chairman, you are treating me like how you are treating this Bill, you are

rushing it. In closing, Sir,....

Mr. CHAIRMAN: I am cognisant that I have other presenters and a public. I think in all fairness to them we still need to do the right thing. I cannot afford you the liberty of taking advantage of time when you know very well given your training that you could get straight to the answer. We want other presenters.

Mr. P.GIBSON: I will say it in one line. Medical Cannabis can kill people if there are other medications and you do not know how to manage that patient properly. A "therapeutic facility" does not afford that, Sir.

Senator Dr. C. K. M. HAYNES: Thank you, Mr. Chairman, for the opportunity to ask Mr. Gibson a question. You said earlier, I believe, that you had a concern about the Minister having access to patients' information. I am a medical practitioner and confidentiality is one of the fundamental ethical tenets of my profession. Clause 27 (2) directly speaks to what you were making reference to. Further, in the Explanatory Memorandum at the end of the Bill, basically it goes into detail about the Authority, not the Minister, having the ability to request information for the purpose of statistical purposes. Earlier on in your presentation you had made reference to the fact that basically there was a dearth of research and science to back up some of this.

When this Bill is passed, hopefully, what the Authority is also seeking to do, alongside the industry side of it, is to do the research and the necessary testing and so on that would be able to fortify what we are doing. But one thing I wanted to draw to your attention specifically in Clause 27(2) was the fact that it spoke to an anonymisation of patient information where a record would have to be prepared by a managing doctor but I do not want the public to think that Minister Weir or any other future Minister of Agriculture would be able to see, well, Crystal Haynes is using cannabis for her seizures.

Asides.

Senator Dr. C K. M. HAYNES: Okay, I will read: "...Any identifying identification, name, address, national identification number." Any possible identifiers are excluded from that, so all of that is excluded. I just wanted to make sure that it was pellucidly clear that there will be anonymisation of any information that will be submitted to the Authority and [that] it was not a case where patients had to be concerned that their business would end up 'out in the road'. That was just one comment I wanted to make with regards to your presentation.

Once again, in your response to Senator Franklyn's questioning, because you raised question about "visitors", about the definition of "visitors", and "visitors" bearing a prescription. Clause 25 (1) speaks specifically to the fact that the prescription must be issued by a medical practitioner and "medical practitioner" has a specific definition in this draft Bill, which is that the

specific doctor who puts the prescription in that visitor's hands must be registered under the Medical Professions Act, 2011. So that there is no confusion out there hat a visitor entering Barbados [and] bearing a prescription from somebody from God knows where, [who] could be a 'quack' or whatever as you had said, that would not be the case. These have to be fully registered medical practitioners in Barbados who are appearing... Every year we have to pay fees and we are listed in the Official Gazette. so it is not a case where any 'quack' is giving a prescription or bringing something in from outside would be able to do that. I think that just to offer a little clarity on those two things, the anonymisation of patient information as it deals with reporting, as well as the issue that you keep raising with concern about visitors filling prescriptions.

Senator C. A. FRANKLYN: I would like you to clarify something for me, Senator Haynes, because Clause 25 says: "A person or visitor". Is a "visitor" not a "person"? Why put both? It suggests confusion on the part... If you are a "person" coming to Barbados you are a "visitor" but you are still a "person", so why put "visitor" and "person" in the same sentence? "A person or visitor shall..." That is the confusion Mr. Gibson is speaking to. All you have to say is "a person". Whether you are a visitor or you live here, you are still a person so that is the confusion Mr. Gibson is worried about and that is what I saw when I looked at the Bill myself. Why "visitor"?

Mr. CHAIRMAN: The Honourable Attorney-General and then the Leader of the Opposition, Senator Haynes, I assume that you are finished?

Hon. D. D. MARSHALL: Mr. Chairman, I am going to be very brief. Mr. Gibson, I get the feeling from your last substantive contribution that you were concerned about what happens in a "therapeutic facility". I think you basically were drawing reference to the role of a pharmacist in that context.

Mr. P. GIBSON: I was saying [that] I do not know what a "therapeutic facility" is.

Asides.

Hon. D. D. MARSHALL: "Therapeutic facility" is defined, Mr. Gibson. If you would look at Clause 29, it makes it quite clear that whatever is dispensed, any medicinal cannabis being dispensed in a "therapeutic facility" has to be done under the supervision or by a pharmacist. Now, I am wondering if that is a level of control that satisfies your concern.

Asides.

Hon. D. D. MARSHALL: Will you please allow Mr. Gibson to answer? I am not directing any questions to Mr. Franklyn.

Senator C. A. FRANKLYN: I am sorry that I interrupted you.

Hon. D. D. MARSHALL: You did not interrupt

me, Sir, you just tried to answer the question for the individual who is really the pharmacist, but we understand here, it is you, Mr. Atherley and Mr. Gibson, and you could put all three of you to sit down there side by side.

Senator C. A. FRANKLYN: Cheese on bread, you do not accept an apology anymore?

Asides.

Mr. P. GIBSON: In response to your question, Honourable Attorney-General, the reality is that if the word "therapeutic facility" is eliminated from this Bill, even though defined, if it is eliminated from this Bill it would not compromise the Bill in any way. As a matter of fact, it will make it a stronger document, in our opinion, from the standpoint that there is no place for that language "therapeutic facility" in respect to dispensing of drugs. There is no place for it. I have spoken to physicians high and low. I walked out of a meeting [consisting] of 65 doctors and they asked the question what is this "therapeutic facility". Mr. Chairman, by the way, while we are talking about "recommending" cannabis, we do not recommend, we prescribe, it has dosage, strength...

Hon. D. D. MARSHALL: You are straying a little bit, Mr. Gibson.

Mr. P. GIBSON: Let me come back to it, the fact of the matter is that there is no place for the word "therapeutic facility" in the practice. You needed to hear this, one of the first lines I had in my question is, is this Joint Select Committee willing to consider the contributions made by the professionals sitting before you, because if you are you would seriously consider what I am saying.

Hon. D. D. MARSHALL: Mr. Gibson, I am not the Chairman but I think we are operating on the basis of mutual respect. There is a statutory basis for what we are doing and there is a reason you have been invited to present. If you harbour any notion at all that your comments will not be considered, then *a priori* you have arrived at a place which said that you have come here to waste your time and I do not think that you would have come here to waste your time.

Mr. P. GIBSON: Well, I am so happy to hear you say that, Honourable Attorney-General, because the reality is that we are saying...

Hon. D. D. MARSHALL: Do we have any other questions for Mr. Gibson?

Mr. CHAIRMAN: Mr. Gibson, you were given the chance to answer the question.

Mr. P. GIBSON: And I am about to answer, Sir.

Mr. CHAIRMAN: Mr. Gibson. Are there any other questions from the Committee? The Leader of the Opposition.

Bishop J.J.S. ATHERLEY: Mr. Chairman, I was looking at Clause 29, I see no mention of "therapeutic facility". I see no mention of such in Clause 29 of "therapeutic facility" and that was my question.

Earlier Dr. Browne asked a question about that, what do we mean by "therapeutic facility" and the advice given to us which I supposed you heard, Mr. Chairman, by the Honourable Attorney-General is let us not deal with that now, we will deal with that in Committee. My very strong view, Mr. Chairman, is that the public is here because it has a public interest and that the Committee and the Parliament of Barbados would have made this exercise available to the public scrutiny/viewing because they recognised the importance of that public interest.

Now, dare I say that those who turned up here today, all of them did not come to appear before you to make a submission. They came out of an interest of what is happening, to have a better understanding of what the Parliament of Barbados.....

Hon. D. D. MARSHALL: I am sorry. Bishop Atherley, did you say that you do not see a reference of therapeutic facility in Clause 29. I am just asking. Is that what you said?

Bishop J.J.S. ATHERLEY: I am long passed that. The substantive point I am trying to make is this, that I do not.....

Mr. CHAIRMAN: Bishop Atherley, are you going to answer the question?

Bishop J. J. S. ATHERLEY: I did not see it.

Asides.

Mr. P. GIBSON: Mr. Chairman, I do not know what to do here, but.....

Bishop J. J. S. ATHERLEY: Do you see it? You see, there have been so many iterations of this Bill, because the Government itself is confused as to what it wants. I am looking at a Bill given to me on August 29, 2019, which I thought to be the last Bill given. It was the last Bill given.

Mr. CLERK: Mr. Chairman, if I may help. There were various iterations of the Bill as suggested by the Leader of the Opposition, but the Bill that before Parliament, which is the Bill dated August 29, 2019 and that was also given to Bishop Atherley.

Bishop J. J. S. ATHERLEY: This is August 29.

Hon. D. D. MARSHALL: Was Bishop Atherley given the one for this week?

Bishop J. J. S. ATHERLEY: This is the Bill that I was given, it still carries the note. Ignore me if you want, but I will speak. It does not say anything about "therapeutic facility", that however is not my substantive for a more substantial point. Dr. Browne asked a question, what is a "therapeutic facility", what is intended by that? The Attorney General advised the Chairman let us not deal with that, we will deal with that in Committee in private. The public is not here as a prop to any Government exercise. The public is here invited by the Parliament of Barbados because they have an interest in these matters, and if that question is raised as a matter of importance, especially by a Member of the Committee, it ought to be answered. What do you mean and intend by a

“therapeutic facility”? Is it a facility for smoking and vaping, that which recommended as opposed to something which is prescribed and delivered through the pharmacy system.

Hon. D. D. MARSHALL: I think that Clause 29 clearly answers that question. I wish my learned friend would look at Clause 29 because Clause 29 says what happens in a facility and in insist and stipulates that it must be by way of prescription.

Bishop J. J. S. ATHERLEY: Mr. Chairman, I am sure you do not want me to take the time to read Clause 29 as I have it here in the Bill.....

Hon. D. D. MARSHALL: The Clerk has already said the correct and current version had been circulated to you, so we could spend the next hour on that.

Bishop J. J. S. ATHERLEY: Mr. Chairman the Clerk had said that, but I am saying to you, the Bill that was circulated to me is here in my hand, I spoke with reference to this on the floor of Parliament and asked that the Government defer passage of this Bill so that it could go out to public scrutiny. I suppose primarily that is why we are here today. Had I not raised that, this would have been passed in Parliament, certainly in the Lower House ever since. The public has an opportunity to input this because on the floor of Parliament, based on this Bill that I have in my hand, I asked that we should defer debate on this to public to make its input. This is a Bill that I was given to the one I have.

Mr. CHAIRMAN: Are there any further questions of comments.

Senator C. A. FRANKLYN: One minute Sir. Sir I.....

Mr. CHAIRMAN: Hold on. Honourable Adrian Forde wanted to speak first.

Hon. A. R. FORDE: I just wanted to certainly concur with my colleague Senator Haynes when she said that a prescription for the purposes... I do not want us to separate what happens normally with what is happening with medical marijuana. A prescription that is written, even if it is for Panadol form overseas is not recognised here in Barbados unless it is written by a medical practitioner who is registered in Barbados, as my learned friend Senator Dr. Haynes suggested. I do not want us to treat cannabis different from any other drug. Unless it is written and prescribed by a doctor in Barbados the prescription is not valid. I just wanted to reiterate that.

Mr. CHAIRMAN: Are there any other questions for the presenter?

Senator C. A. FRANKLYN: You said “or comments” just now, and I said “yes”. Sir I understand Reverend Atherley’s confusion because we had three Bills sent to us in less than two weeks. I discarded all of the others that I had and right now I am Parliament’s website looking at the final Bill, if this it, because we had three Bills and we sat down and went through them. Then you will hear to ignore that Bill, we have another one coming, and when you did that you hear again ignore that Bill we have another coming, which suggests to me that

this is a rushed process and nobody knew what the end product was other than to get marijuana out there among the people. Sir, my question is, and I will continue to ask because nobody seem to answer. This “therapeutic facility” is for all intents and purposes, a place where you can use your marijuana medication. According to the definition in the Act, it can be a container, it could be a car, it could be anything, and I think that we need to have clarity on that, because it says, “a vehicle”, “premises” means a vehicle. Look at the definition of premises, look at “premises”, do not show me this one, I know one, I know it by heart now. Look at the definition of “premises” and you will see that it says that it can be a vehicle, so you can have a ZR going down the road with smoke coming through the top and the fellow is going to show his licence issued by the Ministry of Agriculture and look, this is a “therapeutic facility” and go along smoking. That is what we are talking about. This Bill should go back to the drawing board, get the consultation that Mr. Gibson and others are talking about before we rush this thing to our detriment. That is my final say with Mr. Gibson here.

Hon. A. R. FORDE: Just to correct you. “Therapeutic facility” means a facility or premise granted by a Retail Distributor licence. A ZR may not be granted a distributed licence. The place has to be granted a licence, which means that it will have to fall under certain requirements, it will meet certain standards, and there will be certain expectations from that facility.

Bishop J. J. S. ATHERLEY: That would be in the Regulations?

Hon. A. R. FORDE: That would be in the Regulations.

Bishop J. J. S. ATHERLEY:.....and we do not see the Regulations. Hence it could be in the back of someone’s van.

Senator C. A. FRANKLYN: Mr. Chairman, I do not want to be corrected wrongly. Sir, I wanted to stop speaking, but Hon. Forde miss-corrected me then, because what I am saying, it says “therapeutic facility” means a premises granted a Retail Distributor Licence, one, yes, but the Bill also defines premises and it says, “*premises means any land or building as well as any vehicle or receptacle located on such land or in any such building*”. I can park my vehicle, or it can be a container.

Hon. A. R. FORDE: You have to be granted a licence first.

Senator C. A. FRANKLYN: It could be a container at the back of a house, it could be an outhouse or a shed.....

Mr. CHAIRMAN: Can we have order please.

Senator C. A. FRANKLYN: That is what I am saying.

Mr. CHAIRMAN: Senator Franklyn.

Senator C. A. FRANKLYN: Yes Sir

Mr. CHAIRMAN: Can we have order please?

Senator C. A. FRANKLYN: Yes Sir. I am saying that this is too convoluted. It does not make sense.

I can go and park my vehicle.....

Asides.

Senator C. A. FRANKLYN: It says here ...

Asides.

Mr. CHAIRMAN: Okay the comment by Senator Franklyn is noted. Let us ask leave of the presenter at this point in time. I want to thank you for your presentation. We have had a very lengthy and much clear discussion on it and I will thank you and ask that you leave the chair so we can take another presentation.

Mr. P. GIBSON: Thank you Mr. Chairman and Committee.

Mr. CHAIRMAN: Given the length of the presentation, we will take a ten-minute break and reconvene 12:10 p.m. You are invited to refreshments.

The Honourable CHAIRMAN suspended the Meeting until 12:10 p.m.

Mr. CHAIRMAN: Our first presentation was from the PdP. We will now move to a presentation from the Ichironganaim Council for the Advancement of Rastafari (ICAR). Those who are presenting on the behalf of ICAR please come to the table. You may state your name and you are allowed to speak for 20 minutes in your presentation and then we will go to questions and answers and that will be the protocol for the rest of the day.

Mr. Peter "Adonijah" ALLEYNE: Thank you, Mr. Chairman. My name is Peter "Adonijah" Alleyne. I represent the Ichirouganaim Council for the Advancement of Rastafari (ICAR). I would say greetings in the holy name of His Imperial Majesty, Haile Selassie I and Empress Menen. It is indeed good and pleasant to have the opportunity to speak on the Medicinal Cannabis Industry Bill, 2019. Rastafari is not often included at this level so I and I give thanks.

The first thing I would like to note is that the title of the Bill is a gross misnomer. There is no such thing as medicinal cannabis and nonmedicinal cannabis. There is cannabis which in and of itself is medicinal as has been noted since 500 years before Christ. ICAR has welcomed engagement with Government on matters concerning cannabis because cannabis is of supreme importance to ICAR and Rastafari since it is I and I holy sacrament which has been denied us for many years, a flagrant violation of our constitutional rights, or rights to freedom and religious observance. Rastafari is the only faith in Barbados which is not allowed to follow its practices. ICAR has had three meetings with Government. In these meetings we have received one concession that of including smoking as a medical application which Government had previously ruled out. While ICAR welcomes engagement on this Bill, we find that it

contains the echo of the plantation. If we go by the experiences of our neighbours, licences will be prohibitively expensive placing those with access to large sums of money at a distinct advantage and we are very aware of the tier system proposed.

ICAR sees clearly that this Government's interest is in monetising cannabis. If the plan, as it seems it is, is to produce pills in capsules among other things that is fine for those that want that. ICAR is not interested in involving itself in the taking out and putting in of elements of cannabis especially since most recent research shows that the fullness of medicinal benefits is to be best found in the whole plant without any subtractions or additions as the most high created it. However, our position is that if the benefits of the plant is being recognise, why should our people then not be able to grow it for themselves and receive the same medicinal benefits. You cannot sensibly pass a law allowing non-Barbadians to cultivate cannabis and continue to incarcerate and fine Barbadians for cultivating the same plant. Where is the justice and the logic in this? The truth of the matter is that what is being termed recreational for which there is to be a very ill-advised referendum is in fact, self-medication so the Bill is framed entirely incorrectly. This and other steps could have been avoided if Government had engaged the real experts on cannabis; Rastafari, in a meaningful way from the very beginning. This, we find, is a much more productive approach than designing plans and processes then coming to consult afterwards.

One of the most brilliant men to come out of Barbados, the late trade unionist, Mr. John Cumberbatch once told me that consultation occurred when two people spoke and one person told the other what was going to happen. ICAR does not acknowledge and accept that. I and I prefer reasoning before we come to a conclusion. ICAR's view is that this Bill and any others dealing with cannabis must be fixed firmly within the context of reparatory justice as far as the Rastafari community is concerned. By this, I mean that Government needs to acknowledge the injustices and atrocities including death that Rastafari has endured for this same cannabis plant that is now being seen as a huge financial opportunity.

The leaders of Antigua and Barbuda, Dr. Gaston Browne and St. Vincent and the Grenadines, Mr. Ralph Gonsalves, have been commendable in issuing an apology to the Rastafari communities in their countries for the human rights violations which they have endured. We have had nothing of the kind in Barbados although, Minister of Culture and the Creative Economy, Honourable John King, has made a call for society to embrace those of I and I faith. These two leaders, Mr. Browne and Gonsalves have demonstrated reparatory justice through ensuring that Rastafari farmers do not have to pay for a licence to cultivate cannabis, they simply have to register and that is the policy that ICAR is calling upon this Government to adopt. We have suffered enough and that must be addressed.

Not only is this Bill framed incorrectly as stated earlier but the whole move towards liberalisation has been misconceived. The first issue to be addressed should have been the constitutional one since the Constitution is above everything so the issue of sacramental use should have been addressed first. ICAR is hearing now that sacramental use is to be addressed by a referendum like recreational use. For ICAR that is totally unacceptable because no one has the right to vote on whether other people should be able to enjoy their constitutional rights. That is not something that you vote on. There is a reason why there are called rights.

When ICAR met with the Attorney General, while he gave no assurances, he agreed with our view that it was untenable to have people vote on whether constitutional rights should be allowed. We note that in the first sitting of this Committee, he stressed that his personal views were different from Government's and we have also noted very recently, Minister Trevor Prescod, has taken a similar stance. That sounds all well and good but it is time now that all of these personal views become national policy.

The whole referendum question is another massive misstep that has been made by this Government. The CARICOM Commission on Marijuana which recommended legalisation made the expressed point that there should be no referendum on the recreational use of cannabis knowing full well how difficult it is to turn back decades of propaganda and misinformation in a short time. Government, however has promised a referendum. Why? Leadership is about leading, not about hiding behind an uninformed public, leaders have to lead. There is one basic issue concerning cannabis which sits like the huge elephant in the room and it is this. Why the need at all for punishment for this plant that has been around before the time of Jesus the Christ and has not been held responsible for the death of one person since the beginning of time. Young people and others are querying why the difference in treatment of alcohol users and cannabis users. With the world of information and research at their fingertips, there are increasingly seeing the massive hypocrisy at play. Alcohol has been established as the most dangerous drug known to man because it is a major contributor to social dislocation. Still, we continue to lock up users of cannabis and give Knighthoods to people that produce alcohol. When young people see this hypocrisy right before their eyes every day what this leads to is an increasing disrespect then for all laws because they see that one makes no sense, so they question all, which is if you are interested in having social order it is not to be recommended.

We all know the history of how cannabis was first deemed illegal. A story of financial greed and racial profiling. Our former colonisers and their families have now seen the opportunity to make billions and now rushing to exploit the same plant. However, we, the former officially colonised people seem to glory in continue to confine and fine our people for use of this

same plant. For over a year, the former Administration would not even respond to a request for a meeting to discuss cannabis issues. Is it that we are still suffering from the psychic scars of the mill passaging afterwards? We now have this compulsion to punish our people. This seems particularly so in Barbados as countries all around us and making some accommodation for liberalization. The sacramental use being observed some measure of decriminalization as well as cultivation nothing from this Government and this Government with such a massive mandate.

Instead, we are being told that the Government can do nothing because we are a signatory to conventions but our neighbours that are liberalizing are signatories to the same conventions. So why is that a reason not to act in Barbados but it is not a reason not to act in Countries like St. Vincent and Antigua and St. Lucia?

The social engineers have told us that Barbados is an ageing society have we considered what kind of future we have if with so many old people around we continue to lock up most of our young men. What kind of society are we making through doing that? What sort of future we have when young people would be incarcerated and scarred for life for the use of a plant that has so many benefits? As we sit to reason here right now somebody is getting locked up, somebody is losing their freedom because of the use of a plant, it happens every day. Why are we so keen on locking up and criminalizing our people for something that the world is seeing the benefit of?

There is a part in the Bible that speaks to framing mischief by law and that is exactly what we are doing here in Barbados. We are creating mischief and social dislocation and suffering for our people for using a plant that has been around from before Christ. What is the reason for it? Can anybody tell me what the logic behind it is? There is no logic behind it. This is not a topic that can be addressed with detachment at somebody's tea party. People's lives are being destroyed right as we speak over a plant, which the head lawmaker himself, the highest has created and advice that the leaves of this tree are for the healing of the Nations.

Ichirouganaim Council for the Advancement of Barbados (ICAR) is calling on Government to institute meaningful engagement with the Rastafarian community, stop the round-headed thinking and stop making our people suffer for a natural plant. Enough is enough. Let the words of I and I's mouth and the meditations of I and I's heart be acceptable in thy sight oh Jah Rastafari, thank you.

Mr. CHAIRMAN: I want to thank you for a very detail and quite a provocative presentation. We will now take questions from the Committee before we take leave today audience. Senator Greenidge.

His Honour Senator R. R. N. GREENIDGE: Adonijah, I could hear the passion in your voice as you spoke...good St. Philip man. One of the points made is that your religion should not be determined by referenda.

You also spoke of the importance of using this plant as a sacrament as well as for religious observance and you also spoke about growing it for yourself. The question which I would want to pose to you: Are you comfortable with the restriction or any attempted restriction by Government that this plant is for medicinal purposes only. If you are not comfortable, why not?

Mr. P. ALLEYNE: No, ICAR is definitely not comfortable with that not at all. As far as Ichirouganaim Council for the Advancement of Barbados (ICAR) is concerned you should not have to have a license to use cannabis just as much as you have to use sweet marjoram or parsley.

Mr. CHAIRMAN: You have any follow-up questions Senator Greenidge?

His Honour Senator R. R. N. GREENIDGE: In other words, what you are saying is that you would prefer to have seen provisions, which would allow you to use the marijuana plant even for the recreational purposes.

Mr. P. ALLEYNE: Yes, but again that is another misnomer because there is no such thing as recreational cannabis.

His Honour Senator R. R. N. GREENIDGE: Could I say sacramental?

Mr. P. ALLEYNE: You can just say cannabis. There is no such thing.

Asides.

Mr. P. ALLEYNE: Senator, I would prefer and I know I can speak for ICAR on this. I would prefer to see a situation where cannabis was as it always was, in the beginning, a natural plant which could be used for its benefits as with everything if they are anything possibly adverse you calculate for that and you deal with that.

The question I keep on asking myself is why is Government so insistent of punishing people for this plant? It cannot be a question of morality because when it comes to morality a lot of Barbados should keep very quiet. It cannot be a question of morality, it cannot be a question of the dangers of it because there has never been a death from it from the whole history. So, what is the problem? Why is it that this one plant you must go to jail for? Nobody has been able to give me a sensible reason. My answer to it myself is that we have become so brainwashed by the propaganda. Listen we even had a laid preacher who was in the paper and said that cannabis was a satanic plant. This is a man of God describing a plant made by God as satanic. This is how far down the wrong road we have gone.

My thinking is that the Government did not receive this massive mandate by accident it received this mandate so that they could do the things that are right and not hide behind the people. Why do we have to have a referendum knowing particularly that the CARICOM Commission on Marijuana says there should be no referendum and you go and you institute a referendum,

why?

Mr. CHAIRMAN: Can you cite the section of the document you are referring to?

Mr. P. ALLEYNE: CARICOM?

Mr. CHAIRMAN: Yes.

Mr. P. ALLEYNE: Not off the top of my head like that.

Mr. CHAIRMAN: Ok, then if you cannot cite it we then cannot take it unless it can be cited.

Asides.

Mr. P. ALLEYNE: The report of the CARICOM Commission on Marijuana is known. I am sure that the Government is quite familiar with it but you really cannot simply expect me to come and....

Mr. CHAIRMAN: I understand you brother and I have no objections to that. What I am saying is that if you are stating it says there shall be no referendum, then I would have preferred that you were able to cite it.

Mr. P. ALLEYNE: I would have preferred that too but you do not have to take my word, you can research that for yourself.

His Honour Senator R. N. GREENIDGE: You keep emphasising the fact that it has never caused a death. Outside of death, do you know of any negatives that can be caused by the use or overuse of marijuana?

Mr. P. ALLEYNE: As with everything there are always negatives. Correct? You can drink too much water and kill yourself. Some people suffer from lactose intolerance. Correct? Let me put it that everything is not for everybody but that certainly does not merit the kind of draconian laws that we have to face. If we find that there are issues to be addressed such as health issues, then you will address that.

Mr. CHAIRMAN: I have a question from the Leader of the Opposition, then Dr. Sonia Browne will follow.

Bishop J.J.S. ATHERLEY: Thank you, Mr. Chairman. My question at this point has to do with the use of marijuana for sacramental purposes and the objection expressed by yourself and your community, including Ras Simba when he was present last time, regarding the notion of a referendum to be held in Barbados on the use by a religious community of a plant or substance therefrom, as a sacrament. I need to understand if you can illustrate to me practices or methods around sacramental use. I am a religious person and in the church we observe communion as a sacrament, but churches do it differently. The way we do it at our church is done differently. I do not understand necessarily how in your community the sacrament is observed. I am just asking for information because I respect the view that this is my religious practice and therefore, it should not be open to the national opinions as to whether or not I can take communion in church. I just need to understand the methods of practices associated with the use as a sacrament.

Mr. P. ALLEYNE: Similar to the Christian

Church having communion and there is the passing of the chalice, within the churchical aspect of Rastafari which is called Nyabingi the same thing happens except that the chalice is a different kind. We do not call it a religion; it is a matter of a faith. It is not a religion because too many people have been killed in the name of religion. When you meet at a Nyabingi there is reasoning, we go into the prophesies that were foretold in the Bible and looking at the application of them today.

While we do this as part of our religious observance we smoke the chalice, a sacred cup of herbs. In the Bible is meal with a cup of herbs. We make our religious observance in that way without any apologies. It is our constitutional right. We were given the right to religious observance by the Constitution and it is a matter of great concern to Rastafari that after so many decades, nobody has seen it as important. No one has noted we have a group of people here that cannot practice their faith because we have violated their constitutional right. It seems not to be a matter of importance for anyone, but it is of great importance to Rastafari. I do not know if this helps you?

Dr. S. E. BROWNE: Thank you for your presentation, Sir. I have a question for you. First, correct me if I am wrong but one of the points you were making is that marijuana is a natural plant and should be allowed to be used by Rastafarians or anyone? What is your view on the use of cocaine that comes from coca plant or the use of opium that comes from the poppy plant? These are natural plants also that God gave us. What is your view on that?

Mr. P. ALLEYNE: Coca is a plant; cocaine is not.

Dr. S. E. BROWNE: What about when the natives chew it?

Mr. P. ALLEYNE: I was about to mention the same thing. In their countries, such as the Andes where the coca comes from, the people of the region had a valid reason for using it. They worked in very cold conditions and they found that it helped them to withstand these cold conditions and be productive while working. This is the coca plant and there is nothing wrong with this plant. When you go through a process that mixes kerosene oil along with different chemicals to make cocaine; that is a drug. The coca plant is not a drug; it is a plant. It is cocaine that is a drug, and the same thing goes for the poppy plant. Personally I do not know, but I am sure that there are applications for the poppy plant that do not cause people to go weary.

Dr. S. E. BROWNE: What would you say about the effects of marijuana? You say that there are always side effects to everything. For instance, there are side effects to the coca plant. How would you put the marijuana plant in perspective regarding the admissions of persons into the Psychiatric Hospital?

Mr. P. ALLEYNE: First, there are a lot of things that send people to the Psychiatric Hospital. I

would like to say that what they call marijuana psychosis. In my opinion, the major cause of marijuana psychosis is the fact that you can be a perfectly law abiding citizen but have to live with the fact that at any time somebody could come and kick down one's door and arrest you for using the plant. This is a major aspect to any kind of marijuana psychosis to me.

Dr. S. E. BROWNE: I would ask you a final question which I raised with Ras Simba. If this was to become legal, where would the control fall with respect to the use by children, whether one knows or do not know they are using it, and the use by pregnant women. In other words, if it becomes legal it softens the risk of marijuana.

Mr. P. ALLEYNE: It is open currently.

Dr. S. E. BROWNE: It is open to pregnant women and children?

Mr. P. ALLEYNE: I am saying it is open right now. In other words, that is being practised. Personally, I would not recommend it. I have four children and all grew up as Rastafarians. I have never administered ganga to them as children because there are certain things, at certain times. Personally, I have never done it. I would not want to expose any of my children or someone else's children to something for which they may not be prepared at the time.

Dr. S. E. BROWNE: In my view, if it were to become legal and you raised your children how you felt was appropriate, but there are those children who would sneak ganga as they would sneak and smoke a cigarette. This is one of my fears if it had to come to that. When anything is prohibited it becomes very attractive, especially for young people.

Mr. CHAIRMAN: Are there any other questions for Brother Adonijah?

Senator C. A. FRANKLYN: Adonijah, I grew up in a society where I was told that marijuana is bad for you. They said it sends you to the Psychiatric Hospital along with other negative consequences. Since I have become an adult, I have heard that it has good qualities. However, you must understand that this is 60 years of my life and only for the last three and half years that I am now hearing the good things about marijuana, so [with] that said.... Mind you, I actually just went to a website in Israel and this researcher was telling us that there were about 500 strains of cannabis and that there are certain different strains that can do all sorts of things. He is actually advocating the use of it, but not all strains. So I am now confused, after reaching this age I am getting confused as to if this thing is good or bad, because I have been told all my life how dare you do that. I do not want to get locked up and thank God for the last 60 years I have not been anywhere up there so I am trying to stay away from that. But at the same time if there are benefits I would like to see those benefits accrued to people who need it.

Mr. Chairman, I have done a lot of reading, I have done a lot of research on this thing because I do not want to deprive anybody of it, if it is good. I am seeing

instances... Paul mentioned this morning [about] the child who was having seizures all the time, who was then given marijuana drops and the child [became] seizure free. I saw the video and all kinds of stuff. I take this very seriously, but there was something very interesting that you said and I want you to address this now. You said that there were no deaths attributed to cannabis, which is illegal, but there are thousands of deaths every year attributed to tobacco [smoking] and I am not seeing or hearing any moves against tobacco other than putting a notice on the package saying that smoking can kill. Why?

Mr. P. ALLEYNE: I am glad that you brought up that point, it applies to alcohol as well, and as with alcohol anybody could drive into an automart, buy a Hennessy, drink it, get into a car and on their way home kill two or three people. But as you said, for some reason, for alcohol and for tobacco as well there is not this anxiety. The reason for it is this, especially in North America, the whole issue of criminality and the whole wrongness of cannabis was very much a racial issue. Cannabis became outlawed as a result of two men, one who was a pharmacist and one who was a papermaker, William Hearst who found that all the millions of acres of timber that he had to produce paper, he [found that he] was no competition for those persons growing hemp, because much more hemp could be produced in a much smaller area or land. So [that] it was a question of economics and also a question of cultural bias because when what they call the 'reefer' madness took place in the States, the main selling point was that this thing called marijuana, when Mexicans and black men smoked it they used to become filled with a lust for white women, and you know that the white woman is the sacred flower, so you could not have anything that threatened that.

I am saying this in answer to your question, why all the weight was put on marijuana and not tobacco, because there was not that racial element in it and the racial element was very strong. That was in 1937, coincidentally when we had the riots here, that cannabis became illegal in the States. There are some students who come down every year from Bucknell University and I talk to them about local culture and stuff. A lot of them have told me that in their homes where they come from [that] there still have cannabis growing wild, from the time when the Federal Government used to pay farmers to produce cannabis so that they can make ropes and sails during the war. So it was always a racial element and knowing America, anything that demonises black people gains a lot of traction. That is why when it is so particularly annoying that the people to whom this thing was aimed, black people, are the ones who have embraced it the most, who are the most cruel when it comes to enforcing it, the same people that this wicked legislation was aimed at. We have to do better than that.

Mr. CHAIRMAN: Minister Forde.

Hon. A. R. FORDE: Thank you, Adonijah. I really want thank you and Ras Simba for coming to these presentations. I mean, we would not have had the

conversation about marijuana for sacramental purposes, for religious purposes unless your presence was in this same (very) room. The Bill as you would have alluded to made reference to two things, [one being] medical marijuana, and we said that the conversation about recreational marijuana would be one that would go to referendum. You have now opened our discussion to a new situation as it relates to marijuana for sacramental and religious purposes and I want to give you the rested assurance that this Committee will certainly have to have a wider conversation as to how we will treat to marijuana for sacramental purposes. As Ras Simba said last week, he felt slighted by the fact that we were lumping recreational marijuana with sacramental marijuana, so obviously this is something that we will have to have deeper conversations about and I want to give you that assurance that marijuana for sacramental purposes, obviously based on what we have so far gathered from the Rastafarian community, is something that has to be separated and dealt with separately. We want to give you that assurance.

I want also to thank you for reiterating what I said last week, as it relates to marijuana and the proof that although there is research out there in America and other places that suggests that marijuana has increased the incidents of traffic accidents and that there was an increase in terms of what happens at the Accident and Emergency Department, if persons were to take a wider inspection of that report they would see that the forensic reconstructive experts [have] also suggested that irrespective of the drug use those accidents would have [still] occurred because of the road network, the faulty bricks, *et cetera*. It was a whole set of things. So I want to tell you that there is no evidence, there is absolutely no evidence to suggest that marijuana plays any adverse or harmful role as it relates to maladaptive behavioural patterns.

I said last week as well, and agreeing with you, that there are less inhibitions with marijuana use as compared to alcohol and so, I want to agree with you 100 per cent as it relates to that. As it relates to that, there is a need to have wider conversations and certainly Ras Simba's and your input is something that has brought new light to this discussion. I think there has to be wider discussion as it relates to sacramental use, a wider understanding, a limpid understanding as to how marijuana is used in your community. As I said last week, you would have the practical research, in terms of its use to prevent certain medical situations and problems and that information could only come from your community. I suggest that you have wider discussions with persons, even in the medical fraternity, so that we can have a collaborative effort going forward in terms of medical use, prophylactic use and the use of the entire marijuana plant, from the stalk, the leaves, the seeds, because that is a wider discussion.

We cannot only look at the purchase of marijuana from the leaves, which is the discussion we are

now having, but there is a lot of usage from the marijuana, its seeds, its stalk when dried, the making of bags, how it is used to make rope. Those are the sorts of discussions that we have to have because if we are looking at the industry we have to look at the full purpose of the industry, from the plant. I want to say that certainly we thank you because you have opened our eyes to the use of marijuana for sacramental purposes and we respectfully would try to have wider conversations with your community because we certainly understand the need to incorporate what you all do and how you all see it, in the same way that we would incorporate the Anglican faith, other faith or other religious practices. I really appreciate the fact that you have taken the time to come here. Thank you.

Mr. P. ALLEYNE: Give thanks Minister.

Mr. CHAIRMAN: Minister Hinkson. Adonijah, did you have a response?

Mr. Peter "Adonijah" ALLEYNE: No I was just telling the brother give thanks.

Mr. CHAIRMAN: Minister Hinkson.

Hon. E. G. HINKSON: Thank you Mr. Chairman, if I may ask on two different areas first to follow up on Dr. Browne. The issue of children Adonijah, because I think you have implicitly recognise that we have a duty to protect our young people. You yourself said that, even though of course, obviously your personal beliefs, *et cetera*, but you never imposed them on your children. If we were to have this unregulated use of cannabis as you are saying, you know, it is the constitutional right of Rastas. How do you now stop it being used by children, or how do you protect children from this? What regulations or measures would you suggest could be imposed, because let us face it, we know that there will be abuse if we were to do as ICAR and others feel we should go and have unregulated use of it. Secondly, the issue in which Ras Simba said the same thing last week, that no one has lost their lives over the use of cannabis and you repeated it. How does that now collide with statistics and we are talking about Barbados; Barbadian authorities that have said you have people in Psychiatric Hospital as a direct result of abuse of illegal drug use, cannabis, *et cetera*. Are you saying therefore that the authorities in Barbados and not only Barbados, let us say the wider world, we speak about the psychiatric, adverse implications of use, overuse of cannabis and other related drugs, causing these problems, a direct result of that. Are you denying their authoritative evidence?

Mr. P. ALLEYNE: If I can start with the question of the Barbadian statistics about adverse psychiatric effects. What had become clear to me is that very much of the time, when you investigate these case studies with people who are having mental issues because of the use of cannabis, as they say, we discover that the majority of the time, it is a question of the effects of cannabis and alcohol. Because, many of the people who use cannabis also use or do use alcohol.

Asides.

Mr. P. ALLEYNE: Yes and as the Minister said blackies also, which is a combination of cannabis and cocaine, which they call cannabis and crack. We have to be careful and look very carefully at the statistics, because they are not always what they seem. Because very often, and we have discovered that here in Barbados as well, when people have told us that when they give the people that end up going into the psychiatric Hospital, and they ask to give their profile, the people who are questioning them always downplay the alcohol. The person will tell, "*man I does smoke a spliff every now and again but I does drink hard man*". They are not interested in drinking hard, and this is a fact. They always emphasise the fact that yes well this person had a history of cannabis use, nothing to do with the cocaine at all. We have to take that into account when we look at these statistics.

As far as the regulations for children are concerned. How would you regulate the children? Good parenting. As simple as that, be a good parent and understand what is good and what is not good for a child. That is nothing revolutionary that has always been. People just have to practice good parenting.

Hon. E. G. HINKSON: Just to follow up Mr. Chairman. I noticed that you said, in most of the cases it is a combination of alcohol and drug use, but you accept that it is not in every case. There will still be case where it is solely, because of abuse drugs.

Mr. P. ALLEYNE: Which is true for everything. As I told you before it is even the price of water, the price of Panadol, it is no different. You see, we have to resist the temptation to be so eager to find and include evidence or what we call evidence that this plant is so demonic and so wrong. There is a book I would like to recommend to the Committee, called "**Ganja in Jamaica**", it was written at least 30 years ago. The authors are Vera Rubin and Lambros Comitas. If you get that book and read it, it is a study of communities in Jamaica. A lot of rural communities like sugar cane workers and so on, where the two author lived for years in the area and did comprehensive reports. What they discovered was that it is just a natural part of life in the community. The fellows go out and work, come home on evenings, play dominoes and smoke a "spliff." No increase in violence or crime compare with other people in comparable areas. The whole point is that we have got to stop this American inspired way of thinking, that cannabis will turn people stupid and create monsters. They have many monsters in Barbados today that have nothing to do with cannabis. We have got to stop. Why I specifically mentioned that book, is that it is a book written in the Caribbean experience, but we never tend to look at the Caribbean for our own experiences, we looked to North America. I really wish you would read that book, **Ganja in Jamaica**. It gives a clear story of how it is easily accepted in the community. A brother in law of mine used to live in Morocco, a very rural part of

Morocco, where there were a lot of shepherds and stuff. They call ganja *kief* over there. On evenings, the fellows come back down from the mountain with the sheep, they sit down outside their house, everybody lights up their kief, talk and relax, and the next morning get up carry out the sheep and go on the mountain again. It is not an exotic way thing, it is a natural plant and those that use it are following a natural order of life. I want to see that we have gotten to the stage where what is natural is viewed without suspicion. What was created by the Most High is viewed with suspicion, but what was created in a laboratory is accepted and welcomed. Absolute madness.

Hon. E. G. HINKSON: Just a follow up on the issue of children, because in answer to my concern on children and regulation you said good parenting, but let us accept and I do not think you disagree with me that that is not a universal issue in Barbados, good parenting. Therefore, do you not think the State still has a role to play in intervening to protect children under the circumstances that exist?

Mr. P. ALLEYNE: I think the State has a role to play in education, in educating the people about the truth and not about propaganda. That is the role the State has to do.

Asides.

Mr. CHAIRMAN: Do we have any further questions from the Committee? Honourable Leader of the Opposition.

Bishop J. J. S. ATHERLEY: thank you Mr. Chairman. My question to Adonijah. These are your words, "Government is about monetizing cannabis". You and your faith community see this Bill as it now appears as being motivated by that consideration to make money.

Mr. P. ALLEYNE: Definitely so.

Bishop the Hon. J.J.S. ATHERLEY: If I do not understand you correctly you can clarify it for me. You do not see it necessarily as an attempt to address health challenges in Barbados, whether it is disability or cancer or arthritis. You see this as an attempt to monetise cannabis. You do not see it as an attempt to address the decline in our agricultural sector over the years and in a way that brings benefits to small-scale farmers across the land. You do not see these things in this Bill.

M. P. ALLEYNE: I am not so sure that I see the benefits of small-scale farmers, to start with.

Bishop J.J.S. ATHERLEY: I just asked for clarity because I am entirely in agreement with you.

Asides.

Bishop J.J.S. ATHERLEY: I just wanted to clarify that this is what I was hearing. It is not about money-making at the macro level, foreign investment, foreign exchange dollars coming into Barbados, not necessarily to revive agriculture as such to small people's benefit, and it is only incidentally going to treat to the

health challenges which some people have.

Mr. P. ALLEYNE: As a matter of fact, when you speak of economics one issue that apparently has not been focused on in Barbados is that if and when – because it is inevitable – cannabis becomes legal, one of the things that will happen is that the country will save millions of dollars in foreign exchange. All of the so-called drug deals that go on internationally take place in United States currency, and there are millions of dollars leaving Barbados every year. In is not unaccounted for but untraceable. It does not pass through the system that comes because the trade is illegal. When it becomes, you will cut that out as well as cutting out all of the transfer of guns and all of that kind of business. It is the only sensible thing to do, which is why the CARICOM Marijuana Commission did not equivocate. It out-and-out recommended legalisation, not decriminalisation; that is the finding of the Report that cannabis should be legal so that all of its possibilities can be explored and people can get back to living with some respect for their personal, faith-based beliefs. We just simply need to stop the foolishness and stop trying to convince people that something which was around for centuries....

Listen, in 1980 or before, I was driving through St. George and smelled cannabis burning but the only person I saw was a man of about 82 or 83, so I stopped my car and asked him: "Boss, are you burning something?" He told me, "Listen, young man, I was growing this here for about 20 years now. The wife does not smoke it because she does not like smoking but she drinks it for tea." That was going on naturally in Barbados, and for those who do not know, cannabis was heavily cultivated between Hindsbury Road and where St. Giles Primary School is. In that area, cannabis used to be under heavy cultivation there many years ago, as well as in St. Andrew. It is nothing new.

Mr. CHAIRMAN: Do we have any other questions for the presenter from the Committee?

Asides.

Mr. CHAIRMAN: The Committee takes leave from the Floor to ask questions. If there are any members in the audience wanting to pose a question, you may come to the microphone and state your name. If you are representing an organisation, state the name of the organisation and proceed with your question.

Asides.

Mr. Wallace CYRUS: My name is Wallace Cyrus and I should be making a presentation later on, but just for clarification I think you did say that there were no deaths reported or attributed to marijuana.

Mr. P. ALLEYNE: Yes I did.

Mr. W. CYRUS: That is not true. I practised in Bermuda, Canada, the United Kingdom and the United States. In the last ten years we have added a new

terminology to the psychiatric and psychology lexicon. It is D.I.P: Drug-induced Psychosis. I have worked with, I have counselled with and I have attended some of the funerals. I have dealt with some of the parents whose sons and daughters were victims of people who consumed marijuana. Now, a statement you made which was quite true was that people who consumed marijuana tended to be rather sedate after the consumption and so you seldom ever saw them being charged with driving under the influence and you seldom ever saw them being involved in random acts of violence. However, we in the forensic community see them a lot for the simple reason that one of the most dangerous things about marijuana is that as a fat-soluble substance it immediately is attracted to the brain tissue, which is a fatty tissue, and it induces very severe psychotic episodes of paranoia. When such episodes occur, these persons then – that is why we in the forensic services see them – become acutely violent, resulting in charges such as murder in the first degree and attempted murder. Some of the violent, horrendous crimes are committed so when we make such statements to the community, we are not telling the truth. In my presentation, I will present the evidence to support what I am talking about. Marijuana is a very, very dangerous substance.

Asides.

Mr. W. CYRUS: It is a very dangerous substance. I had on my caseload.... In England, the black population is a very small percentage yet more than 50 per cent of the people in psychiatric institutions are black people. More than 50 per cent of the people involved in violent crimes are black people, and more than 50 per cent of the people whom we see on our slabs in the mortuary in pathology are black people. If there is one thing that I can say about marijuana, it is simply this: It is a form of genocide perpetrated by both Black and White.

Asides.

Mr. W. CYRUS: I remember when I returned to England to practise in 2002, they were about to make some changes with regards to the legislation concerning marijuana and I fired off a letter to Tony Blair, who was the Prime Minister, and he responded immediately. When I made my submission, he asked, "Where were you?" I said I was away and had just returned. He said, "Thank God". because the changes they were making were temporary for a five-year period and at the end of five years it would have been reviewed. It was reviewed, and we reverted marijuana back to the original status where it was a controlled substance, and we treated it as it should be treated. During those five years I personally walked the streets of London at all hours of the day and night, in the wee hours of the morning, and I saw children – young people including those under the age of ten – smoking marijuana. One of the things that we noted was that there

were very severe increases in the drop-out rates, the academic performances. We even lost people in academics who were adults, who had great potential and suddenly, because they were consuming marijuana, bingo. They became lost, so this idea and concept that marijuana is somehow some panacea and a saviour is neither, and like I said, in my presentation I will present incontrovertible evidence to support that we need to be very careful what we do with marijuana. Thank you.

Mr. P. ALLEYNE: May I respond?

Mr. CHAIRMAN: Yes, you may, Brother Adonijah.

Mr. P. ALLEYNE: I would be interested in knowing what part alcohol had to play in these studies that you are referring to? As far as the thing about these great number of black people in England having these psychiatric problems, I lived in England for a year and that was enough to teach me that, yes, a lot of black people in England have psychiatric problems, but it is not because of marijuana. It is the psychosis of living in a society which does not welcome them, which does not embrace them and in which there are always marginalised. That is a large part of that psychosis you talked about.

As far as the academics is concerned and the question of cannabis being an inhibitor, let us say, as far as academic performance is concerned, well I can offer myself as proof to the opposite as well as many others. I do not think you will call William Shakespeare a drop out or some person that was adversely affected. And yes, Mr. William Shakespeare did write a sonnet praising the use of cannabis. You would not call Mr. Ian Botham, Mr. Morgan Freeman, Mr. Robert Nesta "Bob" Marley and so many other names, some of which I do not really want to call, who have contributed. I will not even mention Obama. We have to avoid the scare stories and let us all sit down and examine what are the, well for Rastafari we do not have to examine anything because we have the history already and we know what the truth is as far as the use of the plant is concerned but I am always very suspicious of these studies that are coloured by other things.

Mr. W. CYRUS: I will just close with a statement. There are a number of persons who have fallen out of aeroplanes at 5 000 feet or more, their parachutes failed and they landed on earth and they survived the fall. I would like to know which one of us here today would want to get out of an aeroplane at 5 000 feet or more and expect to live at the end of that episode.

Mr. P. ALLEYNE: Are you comparing cannabis with death?

Mr. W. CYRUS: I am simply saying that there are exceptions to just about everything you can think about. All I would simply say is where we are concerned, I would prefer to err on the side of caution. That is all I am saying.

Mr. P. ALLEYNE: When erring on the side of caution becomes discrimination against people it is not as

simple as that.

Mr. W. CYRUS: Well, it depends on what you define as discrimination and that is not my concern here today as to what is discriminatory or non-discriminatory. All I am simply saying is that we err on the side of caution in protecting this society. I will leave you with a final piece on this situation here.

During the 1980s **Time Magazine** conducted a survey with regards to alcohol because when the communities, including the Barbados community who support alcohol, they considered alcohol to be a net contributor to the economy and the American economy was analysed over a 10-year period. At the end of the period, it was discovered that while alcohol contributed billions of dollars to the economy the losses, incurred to the community by the use of alcohol was in the trillions so the myth that these things have positive meanings to the society is camouflaged by a lot of things. For instance, you talk about things such as alcohol and other drugs were consumed with the marijuana. I do not think and I am sure that if you had someone consuming alcohol with milk that you would see the same results as you would see with somebody consuming alcohol and marijuana for the simple reason that they are both in the same both where they are very dangerous substances and that is what we are talking about so to try and cover it up by saying, well he was involved with alcohol so the alcohol did this. All the alcohol is doing is simply being a multiplier effect.

Mr. P. ALLEYNE: Sorry brother, but you lost me there.

Mr. CHAIRMAN: I want to thank you for your question and comment. Do we have any others in the audience?

Ras I RALPH: Good afternoon. Greetings to everyone. I am Ras I Ralph from ICAR as well. I do not think I could have come here and listened for the whole set of presentations on this subject of cannabis without giving my little two cents worth, as you would say. I give thanks to Ras Ado for presenting on our behalf I would just like to say that this subject is not something that you can cover in one afternoon. My first public presentation was in 1986 in the **DAILY NATION**, just dating myself a bit, but I quoted from Ezekiel 34: 29. In fact there are many parts of the scriptures that refer to cannabis but they do not use the word cannabis. We are Christians as well but we are not Roman Catholic or Anglican but we are of Christ, Rastafari. Christ in his kingly character, but for the Christians in the room and one of the problems Barbados has with discussing a subject like this is that they are either Christians or Rasta.

My first experience with cannabis was actually in Trinidad when I was studying there and we were exposed Muslim, Hindu, Shango, you name it in Trinidad while we were the Bajans down there now seeing the peaceful meditation of the guys who were using the cannabis around Carnival time, whereas the other guys were going down Town and getting drunk. We decided to listen to panorama and steel band and whatnot, but what I

am saying is that we have a lot more work to do in a place like Barbados pertaining to the education and miseducation of this subject matter.

There are many specific books that we can use to research the use of cannabis in the Caribbean as opposed to in the northern ... Where did the gentleman go? It is some of what he said that really brought me up here as well. There are certain books that are pro and certain that are against, "The Emperor Wears No Clothes" by Jack Herer, the text that Mr. Peter "Adonijah" Alleyne referred to by Vera Rubin and Lambros Comitas and they are like anthropologists. All of the queries, all of the concerns that we have as Barbadians we need to do a bit more research outside of Barbados because the use of cannabis is not simply you go and take a smoke. That is what we are trying to talk about. For example, there is a history book that is not too well known in Barbados. I cannot remember the name of it but a friend of mine always refers to this book talking about the cholera epidemic in Barbados in 1854, in which thousands of people died, but there was a little paragraph in the book showing that there was this lady from St. John in Barbados who used to bring the root of the cannabis plant, so we are not just talking about the buds, the leaves or any flowers. We are talking also about the root of the plant, which is a mixture and we have to be careful with the words the English words that have different meanings and connotations. Now, the combination is boiling the root of it with cayenne pepper and a bit of coconut oil was one of the cures for the cholera. I hope we do not have to return to that with Barbados being a very water-scarce Country and what happens in the near not too distant future if we continue to have a drought that we know these folk remedies, right. This is not something that was created in Canada now with vaping and this all of that and different grades. This is a continuum of herb use, plant use not drug use. We got to be very careful about how we slip in these words when we are talking about it. I just said I would mention this to add to what Adonijah is saying.

Now, the other thing I want to say too because there is so much that can be said. In many of the books about the herb, you hear about polydrug use. The polydrug users are mainly the people in North America, Canada, England and Europe. They do not respect the sacramental use of the herb, they do not pray when they light a "spliff". In fact, the sacramental use of the herb is more with a challis that is what you see in Trinidad. You seeing it in Antigua again now because the herb is becoming more plentiful. Not seeing it here in Barbados because you get a little dot for five dollars, you cannot even see what it is, that is drugs. When you have to weigh something on a digital scale that is when you going into drugs. We never had that forty years ago, and I have been using this herb from 1972, still standing strong. I do not have any what you call medicinal problems right now, I can still see everybody in here, talk straight, Cappy, I know Cappy from school running the 400. We are still here and we are here to share with the... Cappy was

strictly alcohol. The thing is right we give thanks for this gathering here, we give thanks that we have been invited to share. We can be seen as resource persons. We have been writing about this now for years and we give thanks that the whole world is now going through a shift, a paradigm shift with respect to the use of the herb. We have doctors amongst us, lawyers amongst us, engineers, we have everybody, sociologists everybody in the Rasta community that can act as resource persons and give thanks and praises. Give thanks, Rastafari.

Ms. FELICIA HOLDER: Good afternoon, Felicia Holder is my name. I was here two weeks ago sitting at this table. I am representing no one today, I am here on my behalf as a Rastafarian woman. I have a few questions from being here today, I would like to know who makes up the panel for the Joint Select Committee. I think I had read in the paper that it was 12 people but today I am not seeing some of those people here today, so I am a little curious as to who exactly makes up the Committee.

Another question that I have was earlier I think it was Doctor Browne who had asked when the PdP gentleman was speaking she had asked what were the economic benefits to the Country. The Attorney- General had said that those were questions for I think in private. I do not think that is the word he used but that is what he sounded like he was alluding to. In any case, that is a question I have as well and I would like to know what are the economic benefits for Barbados from the current existing framework of the Bill. You guys had asked Adonijah where Adonijah could cite the part he was talking about in the CARICOM Commission. So, the Commission is of the view and I am quoting *"is of the view that a law reform process that focuses only on Medical Marijuana would seriously short change Caribbean people given the many deeply significant considerations that need to inform legal policy"* that is page 8.

Additionally, they said that *"international drug conventions have been labelled redundant, dysfunctional, even by United Nations (UN) bodies and they are now deep rationales for law reform"* that is page 7. *"The so-called war and drugs have not only failed it has also undermined efforts to tackle poverty, improve access to health protect the environment, reduce violence and protect the human rights of some of the most marginalise communities in the Caribbean."* That is page 15. They are a plethora of other quotes that you can get from....

Mr. CHAIRMAN: Where did it say there should be no referendum?

Miss F. HOLDER: The specific part about the referendum is on page 15 you can look at that.

Mr. CHAIRMAN: Can you please quote for us?

Miss F. HOLDER: No, I cannot quote that one because I did not take that one out. These are....

Asides.

Miss F. HOLDER: Yes, extracts. In any case, I think that

everyone on this should have been privy to the CARICOM Commission's Report since 2018. Barbados would have been one of the PR, one of the people who are a part of CARICOM. So, in any case, that is something. I have seen other people and they would have said things they were not actually asked to cite the particular information or to have the particular information here to be cited. So that is something that I am sure Adonijah could send afterwards to the Clerk of Parliament if that is necessary.

Mr. CHAIRMAN: I just want to clarify though that all I ask for, for the records is where it says there should be no referendum. Okay, thank you.

Miss F. HOLDER: I had two other questions, Sir I would please like those to be answered. You want me to repeat? Okay, wonderful.

Mr. CHAIRMAN: Brother Adonijah, do you have any comments or responses?

Mr. P. ALLEYNE: There is just one thing I would like to remind people of, which is that Queen Victoria's personal physician wrote a book recommending the use of Cannabis. So, I would have thought that as good British citizens, that it should have been less of a problem for us to accept that. Our Heads of State lineage was well aware of it and welcomed it and wrote a book about it. I cannot tell you the name of the book right now though but I can also send then to you

Asides.

Mr. P. ALLEYNE: ... or the page but I can send that to you. So, if I may Mr. Chairman, I just want. Oh, sorry.

Mr. STEVE REID: My name is Steve Reid, a member of ICAR, a Barbadian citizen. I would agree that it is a good thing that the Medicinal Cannabis Bill was not passed on the same day that it was introduced into Parliament. I agree that more time is needed to give consideration to the social aspects of introducing what is called medicinal or medical cannabis into Barbados.

The culture of Barbados, as far as I know, includes the presence of cannabis and the use of cannabis by Barbadians. The behaviour of Government is suggesting that this thing called medicinal cannabis is being introduced into a vacuum and there will be no social disruptions when this Bill is passed. This is to the contrary. We believe that tensions in the country will increase tremendously if this Bill defining medicinal cannabis is passed without consideration as well to other Bills that will address legalisation to prevent this social increase in tension. We know that on one hand Barbados is bound by this Schedule One classification of cannabis by the United Nations (UN) and the United States of America (USA) regulations.

The Schedule One classification means that the drug has no medical value, yet on the other hand a legal way has been found internationally for participation with the same plant that is considered of no medicinal for a

medicinal industry. On the one hand you are maneuvering to find a way to participate in a medicinal industry because there is a legal allowance, but on the other hand you are going to insist that you are so bound by the Schedule One classification that you cannot make any headway within your existing laws to allow people to use a plant that is present. Why is the Government insisting on locking up people?

We see a flaw in the strategy. You are coming with a Medicinal Cannabis Bill and at some subsequent date there will be a referendum, and hopefully a Bill saying one thing or another. This is confusion. Bring all LS-3 possible legislation to the table at the same time. We will look at how the social balance and a fairness can be improved. Brother Adonijah, would you agree with some flaw seen in the strategy?

Mr. P. ALLEYNE: Is there a flaw right now?

Mr. S. REID: Yes.

Mr. P. ALLEYNE: Plenty of flaws.

Mr. CHAIRMAN: Brother Adonijah, I want to thank you for your presentation. I would like to respond to the composition of the Select Committee.

Mr. CLERK: Thank you, Mr. Chairman. The Members of this Committee are as follows:

- Hon. D. D. MARSHALL (Attorney General and Minister of Legal Affairs)
- Hon. A. R. FORDE (Minister of Youth and Community Empowerment)
- Hon. I. A. WEIR, (Minister of Agriculture and Food Security) (Chairman of the Committee)
- Hon. E. G. HINKSON (Minister of Home Affairs)
- Hon. T. A. PRESCOD, (Minister of Environment and National Beautification)
- Lt. Col. the Hon. J. D. BOSTIC, (Minister of Health and Wellness)
- Dr. S. E. BROWNE (Chairman of Committees)
- Bishop J. J. S. ATHERLEY, (Leader of the Opposition)
- His Honour Senator R. N. GREENIDGE, (Deputy President)
- Senator Dr. C. K. M. HAYNES
- Senator Mr. C. A. MAYNARD
- Senator C. A. FRANKLYN

Hon. D. D. MARSHALL: Mr. Chairman, I have a few comments. I am not sure why the last speaker raised the issue regarding the membership of the Committee, but I am happy that the Clerk of Parliament has been able to remind us of who the Members are and I would like to point out to the last speaker that the absence of any Members from today's proceedings is not to be taken as any failing on any part of the Committee or any lack of interest by the Members. This date was set when we last met. We have two Members who are unavoidably absent and I am not sure why the third Member is not present, but I would urge that you not see those absences as a

reflection or an absence of interest or commitment.

Secondly, if I can just offer by way of reminder what is the purpose of a Select Committee. From time to time, the Government will lay pieces of legislation in the House and for various reasons they go to a Select Committee after they are introduced to the Chamber. The overriding objective in each case of going to Select Committee would be to initiate public dialogue for the specific purpose of making the legislation better. This is exactly what this process is. As flawed a process as it might be, it does give the members of the public generally, but members of interest groups also, the opportunity to make representations to the Committee.

When that process is finished, the Committee meets in closed session to try to distill the product of all those contributions. This is not new to our parliamentary process. It has been done many times over many administrations and it is a valued tool in helping us as legislators to come up with legislation that works. Let me say though, this is not a case that there was no prior consultation. The work of the Ministry in trying to formulate a medicinal cannabis structure benefitted from consultation with the pharmacists, the Medical Council and all manner of stakeholders. It benefitted from interactions with Adonijah and others, so that even before we came to the drafting table we would have some ideas as to what we could reasonably put in the mix.

It also included, I think a substantial visit to Jamaica, so that we could get a first-hand experience for what Jamaica has been going through as they rolled out their legislation. I understand the attitude of some speakers that we should do the entire gamut at once, but I still have to caution several things. First, in our Manifesto we committed to having a referendum on recreational cannabis. We are committed to that process. I understand that some of you will feel some let down or some discomfort on that matter.

Bishop J.J.S. ATHERLEY: Mr. Chairman, on a point of order, privilege or whatever, is the Honourable Attorney-General correct in saying that in your Party's Manifesto, which I understand I am supposed to have some past familiarity with, saying that the Party [has] committed to referendum on recreational marijuana? Is that correct?

Hon. D. D. MARSHALL: Well, if it is not in the Manifesto, we certainly made a commitment to go to referendum on certain fundamental issues and that included recreational marijuana. Is there an issue?

Asides.

Hon. D. D. MARSHALL: Well, if I can be allowed to finish my point.

Asides.

Bishop J.J.S. ATHERLEY: No, I want the

record to be clear. I am surprised to hear the comment. I was not aware of that and I want the record to stand clear, the Honourable Attorney-General is saying that a commitment was made in the Manifesto of the governing Party that there will be a referendum on the use of marijuana for recreational purposes in Barbados.

Hon. D. D. MARSHALL: Mr. Chairman, can I complete my statement? I am trying to respond as best as I can to the last speaker. In relation therefore to the last speaker's concern - and I understand that everybody wants to know whether there is going to be investment and so on - as a Government formulates its policy, it is sometimes going to be a challenge to say, this is going to be the financial outturn. In the 1970s, I think it was, when we introduced the International Business Company legislation the Parliament of that day could not say what our International and Financial Services Sector would look like but the Parliament of that day was prescient enough to recognise that there were certain opportunities on the horizon and that therefore it was prudent to put a regulatory and legislative framework in place so that they could be taken advantage of. This is really no different, there are certain clear financial opportunities and benefits for Barbados and in a way they have been touched on by many of the speakers: opportunities in agriculture, opportunities in manufacturing, opportunities in security, a whole raft of areas.

As an Administration we believe that the science is taking us towards use of cannabis for medicinal purposes and we are committed to exploring that. There are other issues which will, of course, be on the table. I have spoken with "Ado" about sacramental use, medicinal cannabis is of a significantly narrower scope but I believe that we appreciate the interventions on that particular subject and there may well be a good case for treating with sacramental use in a way that is different, and as a lawyer I understand the strong constitutional arguments, that is not just the Barbados Constitution there are also international treaties which recognise the right to religious freedom and most things that that carries with it. I just wanted to make those comments to try, in some way, to set the context for what our exercise is about here. The structure, we invite people to make their presentation, some are made orally, others are submitted in writing. They will all be posted online so that the public will see what all the views are. This process is being streamed live so that there is absolute transparency. We may not agree with everything that is put on the table, you certainly do not have to, but it is streamed live, unlike many other committee hearings in the past, so that every single Barbadian will have an opportunity to benefit from the full and frank ventilation of these views, and that is the hallmark of any modern democracy. Thank you very much for your indulgence, Sir.

Senator C. A. FRANKLYN: Sir, I would like to thank Adonijah for coming here. Sir, if he has done one thing, [that is] to confuse me even more. Sir, three years ago had someone mentioned cannabis to me I would have

had one particular reaction, that is locking you up or something [else.] Now [that] I am going through this process I am not as hard and fast as I was back then, because I am learning and I am still open to learning. Sir, I will give an example, years ago there was some research that said coconut oil was bad for you and my mother and everybody stopped using coconut oil to cook with. [but] now it is saying that coconut oil is one of the best oils. Further research has told us that the research that said coconut oil was bad for you was commissioned by the people who produced soya beans, so we have to be careful about the views we are taking. My mind is not [as] made up now as it was before, so I am grateful for your interventions, Ras Simba's and some others because I am now learning, I am opened up. I do not know if I am at that point yet but I will study it some more and you will hear my particular views one way or the other, I can assure you, but they are not as hard and fast. I want to thank you for your presentations that would have helped transformed my views somewhat.

Mr. CHAIRMAN: Adonijah, I want to thank you on behalf of the Committee. I also want to use this opportunity to thank ICAR for their continued interaction with us. We thank you. We will now take one more presentation before we break. I want to take the presentation of Dr. Damian Cohall. Dr. Cohall, when you are presenting please state your name and who you are representing. Dr. Cohall, you have the Floor.

Dr. DAMIAN COHALL: Thank you, Chair. Thanks to the Joint Select Committee for this opportunity to present this afternoon. My name is Damian Cohall. I am the Deputy Dean in the Faculty of Medical Sciences, University of the West Indies, Cave Hill Campus. My presentation this afternoon should fit within the allotted time and it will capture six items. First, I will say a little bit more about who I am, then I will speak about the university's intentions that I have been privy to. That will then be followed by some key milestone in support of the industry that the university has demonstrated through my faculty, primarily, then I will speak about the Medical Cannabis Industry Bill. There are some specific comments that were noted and these comments, of course, would have come through research that I may have participated in and other research cited. Then section (e) speaks about the intended work with public-private-partnerships with the University of the West Indies in terms of how the university could assist the Government with the rolling out of this Bill. Then the last section addresses suggestions/recommendations for the Bill and associated regulations.

Sir, in keeping with that format I would like to start off by saying a few words about myself to this distinguished Committee and also for the audience listening and also for the viewers who are tuning in online. I started off by saying I am the Deputy Dean of the Pre-clinical Sciences, I am also a Senior Lecturer in Pharmacology in the Faculty of Medical Sciences, University of the West Indies, Cave Hill Campus. I have

specific research expertise in the areas of ethnopharmacology, pharmacognosy. I heard those terms mentioned earlier. I have published extensively on the use of medicinal plants and their bioconstituents, inclusive of medicinal cannabis. Some of the facts that may not be out there in public, but I am also the Director of the Doctorate Philosophy programme in Pharmacology at the University of the West Indies. I currently have five students who I supervise. Three of these students are indeed participating in research on medical cannabis, and of course as the University has mentioned that more than once when the legislative framework is in place the students will be able to actively conduct their studies. I am also a member of the International Cannabinoid Research Society, so everything that I bring to this Committee is of course evidence based. I am also Advisory Editorial board member of the West Indian Medical Journal.

I may have become public in the past with a publication I made on the medicinal plants of Barbados, and I have also contributed to scientific literature, which not addresses the medical discipline but also social sciences in collaboration with other colleagues such as Dr. Alana Griffith who was one of the Commissioners on the CARICOM Commission on marijuana, which was highlighted earlier. Such work that was featured and was entitled conceptualising a policy framework for the implementation of medical marijuana in the Caribbean territory of Barbados. This was published in the journal Drug Science, Law and Policy. The interesting and unique thing about the work, was that it was awarded the Best Industrial Applied Research at the University of the West Indies, Cave Hill Research Week in 2008. Outside of that award, I have had opportunity to have worked long and extensive in the Department, and in 2011 I awarded a Merit for Leadership in Education. Most recently, last year, I was awarded a Principal's Award for excellence in Teaching University and Public Service.

Through my work on medicinal cannabis, I have advocated unequivocally for patients with qualifying conditions for medical cannabis and the public's welfare through various seminars, medical conferences. I have also let efforts from the Faculty of Medical Sciences, UWI, Cave Hill towards the support of the Government's intended development of the Medicinal Cannabis Industry. With that said, it is very clear why I would have been the center of a lot discussions as it pertains to University's involvement in the support and the development of the Medicinal Cannabis Industry Bill. Just to be very clear, Section b of my presentation highlight the University's key intentions.

The University supports that medicinal cannabis should be use or grown for scientific and medical purposes, where the intended users' needs all regulatory requirements and approvals and where appropriate protections for health and safety are in place. It also believes upon legislation of the medicinal cannabis in Barbados, that we the University will follow national

direction with a focus on the research and development and take a harm reduction and educational approach towards any enabling industry. Some of the key milestones which have occurred in terms of what the University has done in support of this public discussion and where we are now discussing improvements to the Bill would include on May 19, 2016, I believe the Faculty of Medical Sciences would have held to be possibly the large panel discussion on medicinal cannabis, which was well featured in the media. On September 5, 2018, there was an article published in Drug Science, Policy and Law, which I mentioned previously, which of course would have received the University award for Best Industrial Applied Research in 2018, and that was work which was jointly collaborated by myself and Dr. Alana Griffith. In this paper we made some recommendations about how the Medicinal Cannabis Industry in Barbados could be rolled out.

On September 21, 2018, there was mention of an interest to establish mechanisms in the Faculty of Medical Sciences to facilitate the development of the Medicinal Cannabis Industry. This was mentioned and supported at the Faculty's Board Meeting on that date. It is also to be noted that such matter was mentioned at THE Academies Board at the University and this Board is the highest decision body in each of the University Campuses.

On November 8, 2018, I was invited to comment on what was then a draft national policy for the development of a Medicinal Cannabis Industry. Such feedback of course would have been submitted to the requestors, which were representative of Government, and on November 14, 2018, would have been when of course the University recognise the work that Dr. Alana Griffith and myself would have done on making some recommendations about how the Medicinal Cannabis Industry in Barbados could have rolled out.

This year, in January and February, upon invitations from the Ministry of Agriculture and Food Security, The Faculty of Medical Sciences, through myself again, had discussions with Ministry officials on what would have been deemed as a revised policy paper for the local Medicinal Cannabis Industry prior submission to Cabinet.

On February 26, 27, and 28, 2019, The Faculty of Medical Sciences again through me was requested by the Barbados Drug Service under the Ministry of Health and Wellness to provide sensitisation sessions to all public and private pharmacists. I believe over the three days I would have spoken and introduced the concept of medical and medicinal cannabis to over 120 pharmacist during that period. The sessions were highly subscribed.

On May 21 – 22, 2019, we would note that UWI hosted in collaboration with the Ministry of Health and Wellness, a training workshop for doctors and pharmacists on prescribing medical cannabis. Of course those provisions would have been with the five products which were recommended by the National Drug

Formulary Committee and the Minister of Health and Wellness would have made necessary through the current legislation to have those products added to the formulary.

On June 29 – 30, 2019, the UWI collaborated with Cannabis Management Resources to host a two day CME Credited Medical Conference on Medicinal Cannabis. The first day of the conference had featured addresses from the Chairman, the Honourable Indar Weir, Minister of Agriculture and Food Security, Barbados, his statements were actually read by another Minister due to his consistent absence, he was travelling on behalf of Government. We also we had the distinction of having the Minister of Agriculture, Industry, Fisheries and Rural Transformation from the St. Vincent and the Grenadines, who also gave comments at that conference. Again the matter was seen as important and the necessary Heads from St. Vincent and the Grenadines and Barbados would have made various presentations.

Now I want to turn my attention quickly Mr. Chairman if you allow me to address the Medicinal Cannabis Industry Bill. Again, I noted previously, that this is an area of my personal research and other researched on Campus. It is my belief that the current Bill addresses some of the elements of establishing a Medicinal Cannabis Industry. This is not just my opinion, but these findings are also corroborated by research done by others in the field, and I have cited my own research which I mentioned earlier and I have also cited research by Lynne-Landsman et al., 2013, which have been published in the American Journal of Public Health. These are just some basic and important elements.

First there should be establishment of a registry and a means of identifying persons who are legitimately prescribing and prescribed medicinal cannabis. I am just going to give quick reference. As the Bill where these are highlighted, I am sure the learned Committee might be aware of these, but Part 2, The Barbados Medicinal Cannabis Authority, Function of the Authority, Clause 4, (1)(g), *with the approval of the Board establish and maintain an electronic register of medical practitioners, patients and caregivers, in accordance with this Act and such other registers as may be prescribed*”.

There should also be guidelines for medical professionals which detail the conditions for which cannabis can be prescribed and dispensed similar to other controlled substances. This can also be referenced in Part 2, The Barbados Medicinal Cannabis Authority, Function of the Authority, Clause 4. (2)(a), *In performing the functions specified in subsection (1), the Authority shall formulate standards and prescribe codes of practice to be observed by licensees or other persons involved in the medicinal cannabis industry*”.

Third, there should be regulations for cultivation, processing, possession, dispensing and sale of medicinal cannabis. These regulations should ensure the integrity of the product, enable traceability and limit diversion. Again these can found in Part 2, The Barbados Medicinal Cannabis Authority, Function of the Authority, Clause 4.

(1)(b) *“The Authority shall, regulate the handling of medicinal cannabis”*.

Fourth, they should be protection for the patient from prosecution by authorising their access and use. Again, this is captured in many segments. First, let us speak about Part 2 of the Barbados Medicinal Cannabis Authority – Function of the Authority, Clause 4 (1) (g) and (i) and Part 3, Access to the Medicinal Cannabis Use and the Use of Medicinal Cannabis, Clause 25 (1) to (3); Dose Limitation, Clause 26; Keeping Records, Clause 27 (1); Caregivers, Clause 28 (1). Also, Davenport and Pardo in 2016 would have drawn attention to the need for age restrictions for medical cannabis use, regulations on third-party possession and possible restrictions on advertising. These, again, are captured in Part 3 Access to Medicinal Cannabis, Use of Medicinal Cannabis, Dose Limitation, Clause 26 in particular; Keeping Records, Clause 27 (1); Caregivers, Clause 28 and Part 4 under the Miscellaneous section, Regulations, Clause 42 (2) (h).

It is our belief on review of the Bill that these five critical elements are indeed captured. They may not necessarily be captured with the same legal jargon used by other territories but we believe, upon review of the Bill, that these Sections are quite consistent to best practices globally, which are published sources. There are citations for each of these recommendations. Section E speaks about the intended work of public-private partnerships with the University of the West Indies towards the development of the medicinal cannabis industry, and again these are all initiatives which will be facilitated primarily through the Faculty of Medical Sciences. Just to say before going through these, Mr. Chairman and Committee, the University – I cannot call it new strategy plan anymore – through its efforts to be agile to increase access and also to have a certain level of accountability to the public’s understanding of the importance of a university in society, it wants to make itself more aligned with industry as much as possible. In doing this, it may see the need to form private-public partnerships with private sector entities. Some of the work which the UWI is quite keen on embarking on is that it will work towards public education and awareness. There are some critical points that I think have started and need to continue even after passing the Bill, but there needs to be a lot of dialogue which will clearly differentiate policy approaches; that is, legalisation of medicinal cannabis from the decriminalization of recreational cannabis with the former being regulated by best-proven practice to guide patients on public safety. It is seeking to impress upon the public that regulation is key towards safeguarding the public and patients’ welfare but public education is equally impactful on arms risk reduction and safeguarding the youths and the wider society.

It also believes that there needs to be public education as it pertains to highlighting the many entrepreneurship opportunities to the wider society, in order to enable active participation in the industry and to dismiss the misnomer that only specific classes of persons will benefit

from the industry. Part 4 under Public Education and Awareness speaks about informed policymakers and the general public on the United Nations Single Convention on Narcotic Drugs, 1961, and the United Nations Convention of Psychotropic Drugs in 1971, which is an addendum to the 1961 Convention to guide the country towards exploring medicinal and scientific purposes of cannabis until a re-classification of cannabis and related substance is scheduled.

Also, the UWI is committed towards advocating for social accountability of the industry participants in the public interest, and I have a section where I will speak more to that later. Point 3, we are training as a clear mandate of the University of the West Indies outside of the research function of the entity. UWI extends this mandate as an educational institution to train doctors, pharmacists, nurses to become knowledgeable and informed practitioners of medical cannabis, collaborate with other local tertiary educational institutions like the Barbados Community College which primarily trains our pharmacists and nurses, the TVET Council and international consort to train and certify the workforce from seed to sale, integrate material about the endocannabinoid system and cannabinoids in the medical and health science programme for training doctors and other healthcare professionals.

Point 4: The UWI intends to conduct research to leverage the unique selling points of the local industry, development of the geographical indications through uni-cultivars which may be specific to Barbados, and generation of other intellectual property, conducting clinical research to identify new formulations of cannabinoids and treat patients with existing and new qualifying conditions, create opportunities through research-based programmes like my Ph.D programme at the UWI to train and to develop a local critical mass of scientists to work in the industry and to enhance R and D (research and development) and local IP- generating opportunities.

Last but not least, the UWI intends to conduct quality assurance services to leverage the safety and efficacy of products for the sustainable growth of the local industry. Mr. Chairman, this is the last section of my Report and what it has, essentially, are some suggestions and recommendations for the Bill and the associated regulations which have been mentioned in earlier presentations.

A): We believe that in the execution of the actual policies and procedures which are mentioned in the Bill there are opportunities for collaboration between the Ministries of Agriculture, Food Security and Health and Wellness. These collaborations can be at the level of the proposed Barbados Medicinal Cannabis Licensing Board with ex-officio membership of the Permanent Secretaries of both Ministries being the highest ranking officers outside of the Ministers, who would be able to sit on the Board and give some guidance on the actual regulation of the industry.

B): In operationalising policies and procedures of the Barbados Medicinal Cannabis Licensing Authority, one of the things that other jurisdictions have done in establishing these industries, they have been very careful at leveraging current resources. In Barbados, based on some of our legislation which has been mentioned in this Bill, we see opportunities where the proposed Authority could work with other agencies which are established to assist in regulating industry. The Barbados Drug Service may be a good example of that in the regulation of cannabinoid pharmaceuticals and other formulations of medical cannabis and their approval to the list validated for a specific qualifying conditions, again, with the Barbados Drug Service and also some collaborations which may include having dialogue with the Barbados National Drug Formulary. There are opportunities for collaboration in regulation.

Coming out of the last Joint Select Committee Sitting, again because of my background in the Faculty of Medicine, I thought that I could share some clarity on the issue of recommendations versus prescriptions. I cite two jurisdictions, but there may be others that we can compare. I think these two jurisdictions will demystify some of the cloud that has been created through some of the previous submissions. In the United States of America, it has been suggested that physicians there may risk losing their Drug Enforcement Administration (DEA) licence to prescribe medicine if they break federal law, and in states where medical cannabis is legal physicians recommend cannabis and its related medicinal products under the Controlled Substance Act, which is a federal Act in the United States. The DEA issues registration numbers to qualifying doctors, who become authorised to prescribe Schedule 2, 3, 4 and 5 controlled substances. Cannabis is still recognised as a Schedule I drug in the United States of America, hence it creates possible issues or problems for physicians who will choose to prescribe medicinal cannabis, hence it can be recommend. Federal courts have found that recommending the use of cannabis for medical purposes is permitted, even if it is reasonably foreseeable, that a recommendation would be used to obtain medical cannabis. The federal courts have found favour in the use of the term "recommending" and not prescribing just based on the federal law. In the Canadian context, again, there is some obscurity but it slight differs from the situation in the United States of America (USA) because in the Canadian setting, they use prescription which is more lined with Health Canada approved drugs. Substances which have a drug identification number tend to be prescribed or even natural product numbers as recognised on their Health Canada Regulations, however, in Canada, medical practitioners must have patients under their care and provide their patients with an authorisation to use cannabis for medical purposes. They have an established form which I have submitted as an appendix to my written report which is a Medical Cannabis Authorisation Form and it is quite noted that the pharmacological cannabinoids such as sativex, which is

tetrahydrocannabinol (THC) or cannabidiol (CBD) and cesamet which is nabilone have been approved for a specific indications in health Canada and such approved pharmaceuticals can be prescribed. It is the other forms of cannabis which are not considered approved by Health Canada which tend to be recommended by the industry or the participants or the practitioners or the physicians who practice in the industry.

On this whole issue of prescription versus recommendation, I believe that there should be some patient awareness and accountability and I think the president of Barbados Association of Medical Practitioners spoke to this at the last meeting. What he actually cited was that there should also be some sort of accountability by patients who are made aware of benefits and potential risks of recommended products. I believe that there is an opportunity for authorised patients to use recommended products, providing that an informed consent for recommended products are actually pursued by certified medical practitioners. This way you give the patients' buy-in into accepting a recommended product where the science may not have been fully established or as robust as your approved cannabinoid pharmaceutical. There could also be recommendations which could be put forward for extracted formulation of medicinal cannabis products inclusive of balms, oils, tinctures and also any formulation that is recognised or approved by a drug regulatory body. This creates an opportunity where recommendations again may be used for various oils and tinctures of the cannabinoids may they be THC-based, may they be CBD-products, may they be a combination. We are now moving into the realm of speaking more about the Entores Effect, so instead of focusing on one cannabinoid we are looking at multiple combinations of cannabinoids to be effective in care, but I again the recommendation being put forward again to address this whole issue of prescribed versus recommendation - that once these products are not recognised by an established drug organisation through a body like the U.S. Food and Drug Administration (US FDA) of Canada or the European regulatory bodies then there should be some sort of considerations that these are products that should be recommended as opposed to being prescribed.

Moving on in terms of trading and certification. As I would have mentioned at the last Joint Select Committee meeting just as a member of the audience, I did elude to the point that there is a great opportunity on the training and certification to propel this industry as not only a regional but a global leader in medicine or cannabis. We believe that this opportunity can be garnered if we consider again utilising some of the resources that we have in place. We have already been running continual professional education training for healthcare professionals. I understand that soon there will be legislation for pharmacists to have a certain amount of CPE credits for registration and again this is supportive to where thinking we could go where CPE could be used as an opportunity to certify medical professionals and

healthcare professionals going forward. Those regulations for doctors and nurses are already in place and there are already practiced by other jurisdictions in the Caribbean like Jamaica where CPE has been used to enable licensing or registration, especially CPE focusing on specific areas like ethics. There is an opportunity, again to improve inclusivity in the industry by allowing prior learning experience certification of Legacy Traditional Growers and other practitioners to certify their knowledge and practices. We do highlight that the Rastafarian community and other small farmers may have immense knowledge and we want to ensure that this knowledge can be accredited and it could be accredited by evoking the TVET Council's prior learning and Assessment Recognition Programme which could essentially help with accrediting that experience which is already established by these workforce members.

Additional training and certification for stakeholders could involve, as I mentioned previously, undergraduate and postgraduate training programmes which are offered by University of the West Indies (UWI), Barbados Community College and potentially other international institutions that may want to form a part of the actual training body for the industry. We note, specifically, that within my faculty that we would have to consider potentially some programme revisions to allow for more details on the Endocannabinoid System and the cannabinoids which have been very useful in managing specific conditions or qualifying conditions for medical cannabis. We also assume that the same could be done at the Barbados Community College where our nursing and pharmacy training is primarily done.

Under research and development, research being one of the university's main trust in developing societies and under research and development which has been identified as one of the key pillars of the proposed medicinal cannabis industry we identify that there could be potential niche markets in the global medicinal cannabis value chain and this could be through the propagation of Barbadian medicinal cannabis cultivars, standardisation and amelioration of registered Barbadian cultivars, synthesis of value-added medicinal products through novel techniques such as biosynthesis, using innovation to improve extraction of cannabinoids and development of products with new treatment modalities.

This is, again, in response to some of the comments coming out of the previous Joint Select Committee meeting, but if we were able to focus on this research and development - trust we can create an opportunity for the transformation of a local scientific industry. The potential development of scientific entrepreneurs, no longer will our students do degrees in biology and chemistry and leave you and thinking that they have to go and teacher, but there will be a budding industry where they can go out and develop their entrepreneurship skills. They could seek, using research, to develop intellectual property which could be through patterns and I spoke about geographical indications. The proposed Barbados

Medicinal Cannabis Licensing Authority, through its goodwill, could establish grants to facilitate research and development in the industry, so that we can have that continuous thread of research and opportunity for scientific entrepreneurs to access some sort of funding to be able to build on their research ideas which, of course, will fall within the actually mandate of the research and development as proposed for the industry in Barbados.

Last and not least, in terms of recommendations and suggestions going forward, Mr. Chairman, is to speak about social accountability in the industry. There must be established opportunities enabled by the Barbados Medicinal Cannabis Licensing Authority and participants to promote and facilitate social accountability in the industry and I have some examples of how this could be achieved. Public education on benefits and safety issues of medicinal cannabis, so the idea should not be to deceive by letting the public think that cannabis in all means and forms are safe like how we do, we think about other natural products as only being safe and do not have adverse effects. We know that even approved drugs do have side effects so, there needs to be very clear public education and benefits on safety issues of formulations of the drug. Some of these I have highlighted so that, again for the public's knowledge and also for the knowledge of the distinguish committee and audience.

When we speak about the negative or the harmful effects of cannabis we sometimes focus on the effects of one of the primary psychoactive cannabinoid which is tetrahydrocannabinol(THC).Delta-9-tetrahydrocannabinol.

I just want a list for the public interest, the short term adverse effects for persons who abuse formulations are any form of cannabis which has high tetrahydrocannabinol (THC) levels. Short term adverse effects perceptual alterations, hallucinations. References made to this earlier about working-class Central Americans who were fantasizing about the colonizers in the past and that was a public part of the discussion about prohibition in the 1920's- 30's in the United States. Yes, there can be hallucinations they could also prolong psychosis, neo-cognitive and psychomotor impairment, tacky cardia which increase heart rate, drowsiness, sleepiness and increase appetite.

Long term effects may increase the risk of developing psychotic disorders, impaired brain development and functioning, increase risk of cardiovascular disease. Of course, we may also want to speak to some of what other members may have brought to the table this morning in terms of drug interactions with other drugs in managing comorbidity. I believe that this is information which even upon passing for Bill needs to continue to be put out into the public sphere, so that even authorized users of medical cannabis are fully aware of benefits and adverse effects associated with the use of care.

I am not going to go into any of the technicalities on drug, drug interactions but understand that this is

nothing new. They are a lot of approving medications, pharmaceuticals out there that have drug, drug interactions and drug- food interactions, some of the drugs we cannot get rid of like warfarin, a very popular one. If you are into health and you eat leafy spinach vegetables, and you take warfarin chances are you will have an adverse event associated with the use of warfarin, digoxin among others.

The evidence though Mr. Chairman, and Committee is out there about these drugs, drug interactions and quite frankly there is a lot of information about how cannabis and the cannabinoids are metabolized, which can be provided in training conferences and Continuous Professional Education (CPE), Continuing Medical Education (CME) events to doctors, pharmacists, and nurses, so that they can better guide patients who are recommended or prescribe medical cannabis.

There is also evidence supporting age restrictions and I know they have been some debate about 18 years or older but I support 18 years. In fact, I would just give a brief story if time allows that in writing one of my scientific papers, I was trying to make an argument for 21 years and you know the editor of the journal he wrote back to me and said why not 18? Then when I did the research the research showed that chronic cannabis use before the age of 15 may have more adverse on the neo-cognitive function than later uses of cannabis in adults and stage of development. So, the aim here really is trying to limit cannabis use from how much the younger demography because that is the period of life for development where cannabis can have some of these long term effects. So, 18 years is tolerable from my own scientific understanding and also the evidence that I have been exposed.

There is also an opportunity again with a budding or thriving industry that again in trying to ensure some social accountability to our policymakers and persons who will be enacting the industry they could be some form of levy or payments, which the authority may put forward to industry practitioners. We talking about business owners, *et cetera*, which could then go into a fund, which then could help to support services which may include support of rehabilitation services. Some of this funding could go towards assisting the National Commission of Substance Abuse in their function. Of course, they could be other national held proprietors which could be explored. So, what we could do we could take this industry and try to make it more socially accountable by ensuring that the practitioners you know give back to society what they making out of society. Last but not least, ensuring that the Barbados Medicinal Cannabis Licensing Authority and all the regulating arms agencies board ministry that they establish policies, which are considered to be fair and inclusive. So all members of society will feel as if they can become active and productive participants of the industry. So Mr. Chairman, and the committee that is my report. I also have this in

writing, which has been submitted.

Mr. CHAIRMAN: I really must commend you for a well structured, highly professional, detailed presentation. This is the sort of thing that places the decisive difference between how the public is to be given information and in terms of how the professionals do it. The University of the West Indies does have a major role to play not only with regards to Medicinal Cannabis Industry but with research and development in general. So, the Ministry of Agriculture and Food Security has made a commitment to continue to work with the University of the West Indies and what I have heard today, I am indeed pleased. I will open the matter for discussion at the Committee level, Senator Caswell Franklyn has his light on, so we would go to Senator Franklyn, then Senator Rudolph Greenidge.

Senator C. A. FRANKLYN: Sir, I have listened to you and I realise that your views have changed radically in the short term.

At this point Senator Franklyn quotes from a newspaper clipping.

Senator C.A. FRANKLYN: "...Cohall, however, said he was not aware of any robust evidence to justify such marijuana use as complementary or in terms of care with what was regarded as conventional chemotherapy for cancer in Barbados."

Senator C.A. FRANKLYN: That was one of the things that were quoted from you. You also said it was a "pipe dream".

"The use of marijuana as of legal treatment for cancer will not become a reality anytime soon in Barbados," said ... it is a big word, "neuropharmacologist and lecturer in pharmacology at the Cave Hill Campus, University of the West Indies, Doctor Damian Cohall who was asked to comment on the Barbados context given a Facebook post where... He said: "...it may be nothing more than a pipe dream..."

Now as far as I am concerned, you see my thoughts and my education are evolving but you seem to be an expert in this area so yours would have evolved. This is a short-term thing, you evolve very fast.

Also, I am familiar with some documents that would show a company registered in Barbados and it has a Cohall. Is that the same person? You did not tell us that you know. You came in here and you cited a whole string of qualifications and papers but you never once mentioned to us that you were one of the people who jumped the gun and got on board with this medical marijuana thing. I cannot believe anything from you now you know because you are tricking me. You know I have difficulty when people come and....

Mr. CHAIRMAN: I believe that I had established early this morning that we will conduct ourselves at a certain level given that this is a Select Committee of Parliament and to be reducing ourselves to calling people names and making accusations is really not

acceptable. I do accept that you may question the presenter, you are entitled to your view but I do not know that a Select Committee of Cabinet in the presence of the public need to go to such lengths at all.

Senator C. A. FRANKLYN: Sir, I do not accept your view. This is your view and only your view. It is not mine and I am a Member of this Committee selected by the Senate to be here. If I have information that suggests to me that a witness before this Committee is speaking from both sides of his mouth, I am obliged to bring it to this Committee's attention. Your problem is that you gathered a lot of people to come here to justify your position but did not expect anyone else to....

Mr. CHAIRMAN: I do recall the Leader of the Opposition asking for Dr. Cohall to make a presentation today.

Dr. COHALL: Mr. Chairman, I have no issues answering the questions that were raised. The first question was related to comments made in an article published in 2014. The specific question that I was asked, because I remembered the day I was in office and received a telephone call, and you know journalists like to ask you quick questions over the telephone. I spoke about the process of approving compounds to become approved pharmaceuticals. Within my discipline we speak about drug development as a pipeline.

Senator C. A. FRANKLYN: When you said it was a pipe dream then that was using the...I see.

Dr. COHALL: Again, I was quizzed on the actual use of natural products as an alternative to conventional medicine, especially for conditions like cancer. While I have spent 20 years studying medicine of plants and looking at compounds arising from them, if the compounds arising out of medical plants have not gone through the drug development pipeline, then I will not recommend to anyone that they can use herbal remedies as an alternative to conventional medications, especially if the conditions are like cancer. This takes care of your first comment.

As it pertains to my apparent role as a Director of Research of the medical cannabis, that is essential what I do. I am an academic. I do research. My function as Director of Research is not in a different capacity than my function in the Faculty of Medical Sciences as a researcher. I did mention the fact that I have a PhD Pharmacology Programme and five students who are doing well within their respective areas. I have two PhD candidates and three MPhil students. I have a cadre of undergraduate students who I advise about research and that I was seen as the authority in research in Barbados and would have been sought for my input into advising the companies' trust into research.

What I can share with you is that because my actual position that I hold onto is my role in the UWI, that research agenda will not by any means defer from what I am doing currently in my PhD programme.

His Honour Senator R. N. GREENIDGE: Thank you, Mr. Chairman. I want to thank you, Sir and by

extension the UWI for its decision to train those intended practitioners at the UWI. I think it is a very good suggestion. Also, I want to thank you for your advice that there should be some collaboration with the Barbados Drug Service. I want to thank you for suggesting that we use the term "recommending" even more so than the term, "prescribing". As I listened to you, I did not detect any poignant criticism of the Bill. The question which I would want to ask is, whether the Bill as it stands now is it supported by yourself and the UWI?

Dr. COHALL: Let me start by addressing the end of your question. My goodly Principal would tell me that when I speak without her input or approval I cannot declare or make public declarations about the University's wholesale support of anything, but she has entrusted in me the responsibility to have reviewed various drafts of the policy document, to have shared my medical expertise and assisted in the development of the actual document which is being reviewed in the setting. I have made other announcements to even my colleagues in the inner circle.

Senator C. A. FRANKLYN: Let me try to understand you. Essentially, you are saying that you are not representing the University?

Dr. COHALL: I am representing the University but the question that I was asked as it pertains to the University making a statement to say that the University supports the Medical Cannabis Bill, I was just putting a preface to say that the Principal of my institution would normally caution members of the University campus going out and speaking without having her consultation on the matter. I went further to state that she has entrusted me in the past to comment on various iterations of the draft policy and the Bill.

Senator C. A. FRANKLYN: I am not talking about the past; I am talking about today.

Dr. COHALL: Today, I am speaking on behalf of the Faculty of Medical Sciences which had various consultations with the Principal, which have to date outlined quite a clear detailed plan of how it intends to support the Government of Barbados on this Medicinal Cannabis Bill.

Senator C. A. FRANKLYN: I will hold you to that, Sir.

His Honour Senator R. N. GREENIDGE: As a follow-up on the same point, do you anticipate that this Medicinal Cannabis Bill will be an economic disaster? Do you foresee any leakage of foreign exchange?

Dr. COHALL: Again, you are using my academic way of attempting to answer these questions. First, I would like to say that I am a pharmacologist not an economist. However, I may have participated in studies using my knowledge of cannabis and the business of medical cannabis to assist in the generation of works that are out there. I listened earlier quite attentively when the discussion about what the economic assessment of this industry may not have been done. One

of the things at the University that we have knocked down quite well is that we do not put our work to society so that it becomes fully consumed.

At the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) conference in 2019, Jeremy Stephens, who is an economist, Dr. Lana Griffith and I presented a paper looking at the economic value of a medical cannabis industry. Again, I do not want to be held to this and again I am going to go behind my pharmacology door to say that we estimate potentially over a period of time - I am not going on record to say 10 years-the cannabis industry could potentially contribute to 20 percent of GDP with direct and indirect activity.

His Honour Senator R. N. GREENIDGE: Do you not see any leakage of foreign exchange?

Dr. COHALL: Again, going based on what has been put out by the Government of Barbados, it is understood that this industry will be a locally based industry and if it is locally derived, then we have to ensure that all the policies and regulations which will be established to roll out the industry will ensure that it remains a locally based industry. We expect foreign currency investment to come but it will be kept in Barbados with that proposed plan going forward.

Mr. CHAIRMAN: Do we have any other questions for the presenter?

Hon. A. R. FORDE: Dr. Cohall, I want to thank you for your erudite presentation and to recognise that the University, of course, is really the epicentre for research and the compilation of data as it relates to marijuana and cannabis. It was eluded from a member of the audience named Mr. Cyrus, that in his research and studies he brought evidence to suggest that one of the adverse effects is that marijuana causes psychosis.

Hon. A. R. FORDE: I want to know if in your studies, your clinical evidence, if you have found persons, after the use of marijuana, to be suffering from these psychoses; if you have found debilitating effects from marijuana, whether physical or mental. I want to know from you if there are any deaths associated with marijuana use. I also want to know from you if there are any other maladaptive patterns or behaviours associated, recognised obviously about individual's idiosyncrasies, if there are any other maladaptive patterns or behaviours associated with marijuana use in your research, recognising, of course that Mr. Cyrus alluded to the toxicity levels.

I would say on record that marijuana as it relates to all other narcotic drugs have a better therapeutic index, which means the dosage to cause the level of toxicity is over sometimes 10 000, maybe up to 50 000 times better than any narcotic drug you will see on the market. I want to know from you, Dr. Cohall, in your research and studies which is your practical clinical studies if you are seeing this toxicity level mentioned previously or alluded to?

Dr. D. COHALL: Honourable Member, I will start with just a general background on cannabis as I did

in the presentation. The phyto-element of cannabis that is associated with a lot of the adversities when we speak to cannabis again is captured in THCs. With that said, [let us] also note that the USFBA has four formulations which it recognises of cannabinoids and three of them are THC-based and only one CDB, so THC does have medicinal value even though it is also associated with adverse events.

You asked about psychosis and there is sufficient evidence which is established to show that there can be drug induced psychosis, again due to the abuse of cannabis or specialist strains which are INTHC or using THC based synthetic products. However, when we looked further within the research we realised that there was a sort of demographic which was associated that we saw the psychosis level in, more so than other demographics. You could even break it down to more ethnic groups so [that] the demographics, of course, would be younger males who appear to utilise cannabis more so for recreational purposes.

Hon. A. R. FORDE: I do not want to cut you off, but how about combination? Do you find that the psychosis was due to drug combinations more so than anything else?

Dr. D. COHALL: In some of the cases there will be polypharmacy which is use of cannabis and use of other substances. Generally-speaking, when you are talking about psychoactive drugs at all it is the general suggestion not to do combination treatments unless prescribed by a physician, so you should not be using cannabis and alcohol; you should not be taking benzodiazepines and alcohol, you could be precipitate events that could be lethal.

Now, in the case of cannabis and psychosis, just to go back there, there is clear-cut evidence to show that there is genetic predispositions by some positions by some groups and this is where when taking an armed reduction approach why public education then becomes important as we roll out the Bill, because not only physicians, doctors and nurses need to know about this, but patients and the general public should know about this and to again encourage that social accountability I mentioned earlier.

Mr. CHAIRMAN: We have not gone to the Floor as yet.

Dr. D. COHALL: You also asked about deaths. My research still indicates, and the research I have observed and privy to, that there are no direct deaths related to cannabis use. However, there could be deaths due to indirect situations; mechanical, operating equipment under impairment and then you have an accident, as with any other drug, including alcohol.

As it pertains to a wide-scale toxicity which again is related to how the body deals with cannabis.... And I do not like to do this in trying to defend a case for cannabinoids but if you are to compare alcohol and cannabinoids, what [do] we know about the metabolism. We are clear on the metabolism of both but I can say to

you that alcohol is metabolized by what we call zero-order kinetics, which means that at the point where someone becomes inebriated, that is also the same point where they cannot metabolize any more alcohol so [that] drinking more alcohol can lead to further impairment. As it pertains to cannabis and cannabinoids, what we know is that it is metabolized by first order kinetics, by phase one type reactions. So while we may not have developed the body of evidence, because alcohol is no longer under prohibition for such a long time and we have been able to establish limits, et cetera, we now have a new emerging data on cannabinoids where we are now establishing recommended limits for the amount of cannabinoids that should be exposed to someone before impairment. So generally-speaking, if you use more than 10 milligrammes of THC synthetic or even extracted, even though the synthetic is more potent, there is a potential chance of impairment. And some of these details have been established in some organisations that have workplace policies, which then will consider the whole issue of the job very important, especially if it is a job which has specific safety requirements like law enforcement, aviation or operating mechanical equipment that could potentially lead to accidents.

Hon. A. R. FORDE: So you are basically saying [that] it is related to the functioning of the liver basically as in any other drug? My point is that it is like any other drug.

Dr. D. COHALL: Like any other substance pharmacology does not only look at drugs but also senses and there is a very clear-cut process when you take a substance orally what happens; if you administer via another route, what happens; if you take it by inhalation what happens.

Mr. CHAIRMAN: The Honourable Leader of the Opposition.

Hon Bishop J.J.S. ATHERLEY: Dr. Browne is asking for the Floor. I will always give way to her, Mr. Chair.

Dr. S. E. BROWNE: Thank you, Dr. Cohall, for your presentation. [There are] a few things I need to ask. I heard you say "we" and "our". I just want to make it clear, are you representing the university because I am hearing otherwise? Are you, sitting down here now?

Dr. D. COHALL: Let me answer your question in a very clear-cut way. I am from the Faculty of Medical Sciences.

Dr. S. E. BROWNE: I know.

Dr. D. COHALL: The Faculty of Medical Sciences would have been consulted on the Bill, so [that] I can only speak on behalf of the Faculty of Medical Sciences. Were you asking if I am speaking on behalf of the university? I am not speaking for the Law Faculty, I am not speaking for the Faculty of Science and Technology, and I am speaking for the Faculty of Medical Sciences who have been asked, because of their background, for their medical and expertise to comment on medical aspects of this Bill going forward.

Dr. S. E. BROWNE: The other question that I have, you said you are doing research with students. I am not sure I am permitted because it is research, but how far have you reached?

Dr. D. COHALL: Theoretical.

Dr. S. E. BROWNE: Please clear up something for me. You discussed earlier the use of prescription versus recommendation. Is it that you are saying that the formulations that do not have as much backing/research like what you call lotions, tinctures, oils and so on, is it you are saying the ones without as much research are better to be written as recommendations, as opposed to the ones that have clinical proof?

Dr. D. COHALL: Supportive clinical data that would have gone all the way up to phase 3 of their trials...or any other drug...

Dr. S. E. BROWNE: That we write prescriptions for them.

Dr. D. COHALL: Which also would then have the term pharmaceutical linked to them of course.

Dr. S. E. BROWNE: Does this apply to any other medication on the formulary or anywhere else that we use right now, that where we use recommendation for an understudied or least studied formulation?

Dr. D. COHALL: There are substances on the formulary which are controlled substances. Yes, and there are clear cut guidelines in terms of how these products should be dispensed and I think the Barbados Drug Service have done a fantastic job at regulating these. I mean, I spoke about collaborating in terms of enforcing policy and regulating industry and I think one of the things that this Bill should facilitate is a sort of collaboration with the Drug Service in looking at the current categories under which drugs are listed in the formulary to see where recommended or list of recommended products could be considered. I think it is an initiative that the data proposed license authority should of course explore with the drug service. There are some opportunities, in most territories are jurisdictions that have medical cannabis laws, there is a restricted list of products for specific indications and I would like to see this for Barbados as well.

Dr. S. E. BROWNE: You are saying that you would like to see the list of ailments to be treated and the Bill?

Dr. D. COHALL: Correct.

Dr. S. E. BROWNE: Okay.

Dr. D. COHALL: Sorry, you said on the Bill. No, that would not be on the Bill because that would be a dynamic process.

Dr. S. E. BROWNE: In other words we would start with a list of medications, whether it is on the Bill or not, they will be listed somewhere.

Dr. D. COHALL: That is right.

Dr. S. E. BROWNE: Okay. You mentioned overused side effects and so on. How does this mesh with recommendations versus prescriptions?

Dr. D. COHALL: Repeat that question again.

Dr. S. E. BROWNE: We were talking about the side effects if it is the overuse of drugs and everything. How does his mesh with recommendations versus prescriptions of course?

Dr. D. COHALL: There will be opportunities and quite a number of my colleagues here and outside who are pharmacists, we have had this discussion many times. When you look at Canada and the regulations in other territories which have established cannabis based products, even though they are not recognised as pharmaceuticals or Drug Regulatory Board approve, they have very clear cut requirements that have to be met in terms of identifying the quantities of cannabinoids, so dosage still becomes important, any registered physician or pharmacist should be able to look at the dose and in understanding pharmacogenetics of the various components made it be THC or CBD, should be able to provide some recommendations to the patient about dose in frequency and amounts.

Dr. S. E. BROWNE: Does not frequency and amounts not equate to prescription? I am a little lost. I just want to be clear.

Dr. D. COHALL: Yes. In my written submission and you will see I actually included as an appendix the medical authorisation form that is used by Canada, which again ask some specific questions. Unlike most drugs like a brought example of warfarin earlier, in other jurisdictions, some amount of getting the dose right was upon recommendation and had to do with a lot of monitoring initially between the physician and the patient, so it required that very close relationship, observing if there are any of the least risk effects that I mentioned which were related to THC or even CBD, and the advising the patient further about changing that dose. I have colleague who prescribed medical cannabis in other jurisdictions like Cayman Island, and they would tell you that that interaction with your patients is not like buying Panadol, where it is one dose fit all. It is something that you have to monitor and observe and you go back and make other recommendations about dose in keeping with the care that you are trying to provide to your patient.

Dr. S. E. BROWNE: Okay. Consent, which I thought was a very valuable point you made with respect to having consent form the patient. You are not a lawyer but you still answer the economic question, so I am putting this to you. How far do you think written consent will take you? I am putting it this way, I have a patient that has terminal cancer for instance, and we have reached the level of desperation now. The patient has tried everything, at least hopefully that will go that way, and now has come to a physician for a prescription or recommendation of cannabis. How far would that consent go? Can you foresee for instance the patient coming back if something goes awry with a summons from a lawyer, taking you to Court? How far do you think the consent will go?

Dr. D. COHALL: The consent process is quite consistent across medical practice and also in research,

and as you can imagine, it could be said that there are a lot more risks associated with research than clinical practice. The purpose of the consent process or the more inform consent process has worked for research. Because I am making the alignment or the association that we research, you are at far more risk to be exposed to persons who participate in research than you would want to observe in a clinical practice setting that that inform consent process should also notify concerns by the physician if there is going to be summon by a lawyer requesting them to come to Court to deal with another issue. That informed consent process that mentioned, could also be beneficial in the face of malpractice insurance. I could imagine, I am not insurance broker, but I could imagine that an insurance would be keen to know that you are a physician who has been certified to prescribe or recommend medical cannabis knowing that there is an inform consent process in place to essentially prevent themselves from assuming any liabilities associated with patients suing you, because you recommended versus prescribed a medical cannabis product.

D. S. E. BROWNE: Now you brought it up. First, do you think that the doctors would be represented adequately by insurance? Secondly, would the use of medicinal marijuana be recognised as a drug that you basically are covered for by insurance? Because I really do not have an idea of the cost. I heard it is high. Do you anticipate that the insurance companies would come on board so I can write medicinal marijuana on an insurance form, send it in and expect the patient to get their monies back? Because I am reading elsewhere and they do not cover.

Dr. D. COHALL: There are two approaches and in Barbados we have universal health care, so there is a notion out there that health is free. In most jurisdictions as you point out, person who are prescribed or recommended medical cannabis, they end up paying for the medicine because it is a desired drug, it is a desired form of medicine. My belief again, because it is a desired form of medication, it could be argued that there are other classed of drugs that could be prescribed as well. Patients or consumers need to bare some of that responsibility and that responsibility may be through paying for it, or agreeing by informed consent that they will nullify the physician of any concern about litigation that may be associated with the use of the product. Again as you rightfully said, I am not an insurance broker nor am I a medic per say, so I will not be prescribing or recommending anything. My belief is that if the products are to seen to be efficacious and safe, and we have clear cut evidence, which would allow for these product to be on a restricted list of products for specific indications, then I could imagine that policy makers may want to establish opportunities for some form of insurance coverage at some point.

Dr. S. E. BROWNE: With your theoretical research, have we done for population the numbers

needed to treat? In other words, do we know how many children have epilepsy, I forgot the name of the specific epilepsy, do we know how many people would need it for cancer treatment, and I know we know multiple sclerosis? Have we done the numbers?

Dr. D. COHALL: The numbers will be difficult. I think we would have to have Caribbean-wide research initiatives to be able to run robust trials because for specific conditions as you have seen the restricted list of conditions which have been put forward by the Ministry of Health and Wellness so far. They speak about persons suffering from nausea, vomiting, with cancer chemotherapy, so again you would need sufficient numbers of persons to further justify any other formulations of cannabis or cannabinoids which could be considered as an alternative to the current Drug Formulary-approved products. It is not only for medical cannabis but there is a dearth of research on how pharmaceuticals impact the lives of Caribbean people. One, because we do not have the structures in place. When I say structures, I mean in terms of resources and funds to be able to run robust trials in the Caribbean. An industry like this which is earmarked to produce revenue could then be used to help provide resources to enable clinical-based research, which is far more expensive than doing bench research which I do in my laboratory to further justify numbers to treat and numbers to observe, as you have asked.

Dr. S.E. BROWNE: Thank you. That is it.

Mr. CHAIRMAN: Is there anyone else?

Bishop J.J.S. ATHERLEY: Thank you, Mr. Chairman. Dr. Browne zeroed in on a couple of the things I really wanted to raise. I will start where she ended perhaps. Doctor, you tell us that you have not run numbers with specific reference to the issues that Dr. Browne raised. You have not run the numbers but you have told us in no uncertain terms that in ten years' time Barbados will be making billions of dollars. You have not run the numbers with specific reference to the one or two things that Dr. Browne raised but you are saying with certainty that in ten years' time, based on studies, Barbados will be making the world of money out of this industry. Is that correct?

Dr. D. COHALL: Let me clarify your statement so that I am not answering a question that was indirectly asked. Dr. Browne and I were having a conversation about numbers to treat, which are primarily based on clinical trial research. I spoke to those. We do not need to run numbers or to run trials in the Caribbean to be able to identify safe and efficacious products. We are quick to accept if the approved products are on our Formulary, which means that those studies would have been done other places but the research is applicable and can be generalised to our region. That is what we do in the scientific world. The question that you asked as it pertains to the economics, I have a very clear-cut methodology that I could speak to in-camera if you wish without boring the audience here about the economic research and how it

was done, but in quick summary essentially we did a specific economic model which would have looked at the value of the so-called cannabis trade as it is now. Currently it is illicit, and within that illicit market a fraction of that is attributed to persons who access cannabis because there are no laws in place and they are ill and need treatment, so they break the law and access cannabis and cannabis-based products.

We were able to make some estimations by fractionating what that illicit market or trade was, and this is not cutting-edge or new research which one could question. Approaches like this have been done by other economists, even economists who we employ at the Central Bank of Barbados. Through this, we are able to make some estimations of what the medical cannabis activity will be if we were to bring over an illicit regime into a formal regime. Along with that, because we know that there will be inter-sectoral linkages, there will be linkages not within agriculture and agencies but there will be linkages via health, education and tourism. We assumed also that there will be indirect contributions and activities which would move what we identified to be coming from direct contribution to Gross Domestic Product (GDP) of up to 11 to 12, and we were very modest in saying 20 per cent contribution to GDP but again, this is research, and this is research from a pharmacologist, one economist and a sociologist. Studies like this need to be published so you can be interrogated by other persons who have the expertise to interrogate. We have started that interrogation process.

Bishop J.J.S. ATHERLEY: So your limited studies by a pharmacologist and economist will say all this. Those studies have led you to the conclusion that in ten years' time there will be 20 per cent contribution to the GDP of Barbados.

Dr. D. COHALL: I also believe that when I presented I said I did not want to be held to ten years. In my presentation, Honourable Opposition Leader, you would see that I have included a map which shows essentially what the global medical cannabis market is. It is not impossible if we do things right and do them the right way by having a very open approach, a very patient-centric approach, and an approach that is not overly regulated but one where we use public education aligned with regulation to roll out the industry. We could be a very good contributor towards that global economy of medical cannabis.

Bishop J.J.S. ATHERLEY: Doctor, do you foresee that this industry, when it is established, would be platformed upon more so foreign investment or indigenous investment?

Dr. D. COHALL: I would like to see both.

Bishop J.J.S. ATHERLEY: No, I would like to see both too but the way this Bill is now set up, is it suggestive that the investment into this industry in terms of its development is more likely to be more so foreign than local?

Dr. D. COHALL: So....

Bishop J.J.S. ATHERLEY: I am asking a question.

Dr. D. COHALL: I think it is a fair question and I am going to give you an answer which I think is a fair answer as well. I will start with what may sound like a lot of fluff but I will get to the salient points. The Caribbean does not have an established pharmaceutical industry. We do not have an established scientific industry. We have had one or two industries that came into the Caribbean but, again because of how the parent companies would have been established outside of the Caribbean, without the necessary inputs or support from governments through incentives, et cetera. Their longevity and viability was not long established. I see within this industry an opportunity to build a local scientific community. The local scientific community has to contribute towards the final products that we expect to come out of the industry, which are safe and efficacious medicinal products. We will need foreign investment, and I go back and I am going to highlight the point I made earlier: Without sufficient Government incentives, we did not create that environment to allow foreign investment to stay, and that is one of the reasons why our pharmaceutical and scientific industries in the Caribbean have not flourished. We need to incentivise that investment, but I do take the point that we do not want to over-incentivise. I believe the way the Bill is currently established will incentivise foreign investment but it will also create opportunities for local scientists like myself to establish opportunities to become scientific entrepreneurs, to create intellectual property (IP), to facilitate the translation of bench research into commercial products. There is nothing in the Bill that I saw which would have outlined that local participants would be excluded at....

Bishop J.J.S. ATHERLEY: Doctor, I am not talking about exclusion of local participants or participation. I am simply trying to draw from you and to suggest myself that it is likely if this industry is to be properly developed and platformed that we will need significant foreign investment. The local capacity is not there. I think the Bill itself anticipates that when it talks about 30 per cent local ownership, *et cetera*.

Dr. D. COHALL: Yes, and I give some points and support for that argument.

Bishop J.J.S. ATHERLEY: Precisely. My next question, therefore, is this: Historically in a situation where we have depended significantly to that extent on foreign investment, having incentivised much of it – we want to forget right now the Sandals experience but there are others – is it not true that a lot of the foreign dollars which come in in terms of investment also go back out? If you look with reference to tourism, is that not a significant imbalance there? Monies come in when they do but go out in large volumes.

When I checked some years ago it was 70 cents in every dollar. We hear now of large entities, Doctor, that have operations in Barbados but the only moneys that we see coming here are moneys to pay staff and utilities.

Dr. D. COHALL: Agreed.

Bishop J. J. S. ATHERLEY: That is what I am talking about. We have to be wary of an investment profile that leaves us barely getting the crumbs that fall from the proverbial master's table. I think that is what Mr. Gibson in his presentation highlighted this morning.

Dr. D. COHALL: Yes.

Bishop J. J. S. ATHERLEY: The other issue Doctor is... ..

Mr. CHAIRMAN: Would you allow for him to respond?

Dr. Damian COHALL: Yes, I wanted to make a comment on that. In the examples that you cited, especially within tourism, again I cannot speak as an expert on tourism but one of the primary reasons for leakage has to do with the inputs. If the inputs are foreign-based inputs and if the only thing that we are bringing to the table is a workforce then understand that the only thing you will get is your workforce being paid and people would be paid salaries but there is nothing wrong with that because people get jobs, *et cetera*, and you still get to have a fairly vibrant economy. People are in jobs and you bring down unemployment, but with the medicinal cannabis value chain we are talking about local cultivation which then moves into local manufacturing/processing which then moves into local retain and dispensing. It is an industry which will be built on local inputs so most of the money has to remain within the value chain. If our value chain was that we wanted to import raw material from Jamaica because Jamaica does cultivation or Guyana because they have lands, then money would have to leave because the input, the value chain started elsewhere but if we can maintain that full value chain here in Barbados as much as possible, then we expect to retain the money in Barbados.

Bishop J. J. S. ATHERLEY: We can move on because there are some who would suggest that there will be large inputs from outside in at the level of cultivation, Doctor, and that that which is cultivated will be exported to places like Canada where there is a big demand for the product but we can move on from there.

Dr. D. COHALL: I can tell you safely that my view, which might necessarily be the view that is supported by policymakers or anyone else, is that Barbados' thrust or Barbados' wealth that maybe derived out of medical cannabis, if there is wealth, is not going to be through cultivation. It will be on other important aspects of the value train which will be driven by science research and development. Where cultivation is concerned Barbados will stand to benefit if it is able to develop local strains which can perform much better than some of the other strains elsewhere but I do not think anything has been said or touted as we are moving back to that sort of plantation approach like sugar cane where we would be planting and just reaping and exporting.

Bishop J. J. S. ATHERLEY: No. In fact, the Minister has said the exact opposite.

Dr. D. COHALL: Exactly.

Bishop J. J. S. ATHERLEY: My perhaps final question. Doctor Connell, when he was here, expressed concern about the approach that entails 'recommendation', the term used in the Bill. The other doctor from Barbados Association of Medical Practitioners, Doctor DaSilva, I think expressed similar concerns. Doctor Browne expressed similar concerns. I am not a medical professional and I have those concerns. Nothing you have said here today about the use of the term recommendation in the Bill allays my fears and concerns. I seem to hear you say, you can correct me if I am wrong, that term is used in a North American (US/Canadian) context.

Dr. D. COHALL: Because of the law.

Bishop J. J. S. ATHERLEY: Because medical professionals want to avoid legal jeopardy. They also want ...

Dr. D. COHALL: Federal. Remember there have Federal and they have State laws.

Bishop J. J. S. ATHERLEY: Precisely, and they want to avoid legal jeopardy. They also want to avoid possible liability that may result from patient harm and hence the approach with patient consent and all of that.

Dr. D. COHALL: Correct.

Bishop J. J. S. ATHERLEY: I do not know that allays my fears. All that tells me is that we are transporting from a North American context into a Barbados jurisdiction, a practice which serves to offset potential difficulty for professionals somewhere else.

Dr. D. COHALL: Thanks for the comment and the question. What I did in presenting the two backgrounds, the Canadian and the US background was to show that the issue of recommendation versus prescription can have different rationale. Yes, we know that the term recommend is used in the US. Yes, we know that the term recommend is used in the Canadian context, but again I was just explaining to the Committee and also viewers and the audience here that once we conceptualise recommendations from prescriptions and set very clear-cut policies on what would be recommended versus what will be prescribed then we should be able to proceed with clear understanding from all parties involved in the process. We could choose to go along with the suggestion or the case in the US where if there are any laws which may prohibit the use of the term prescribe for a product or a formulation of a product which is not drug regulatory board approved, we could go with that caution and suggest recommendation for such products.

If we are convinced that we have sufficient evidence in Barbados and we can have such products be considered on our national drug formulary under categories which may allow for them to prescribe because we have sufficient evidence to say that they are safe and efficacious, again it is within the authority of the Government of Barbados to allow for the procedures to allow for such compounds to be added to the national

formulary under such categories which allow them to be prescribed. Otherwise, we could take the side of caution as well, again, using the Canadian approach, to say that the product is not FDA approved, nor is it regulatory approved by any other regulatory or recognised regulatory body and we may choose to say that for such products we have sufficient evidence to say that they may be efficacious. There might be some risk associated but this patient is suffering from a condition where she or he has failed all other categories of drugs. All other classes of drugs have not responded favourably for this patient. You now have a palliative case in front of you. This person is going to potentially die eventually. You want to treat symptoms to improve the quality of life. The aim here has to be patient centric as opposed to be focussing too much on the politics and the legal jargon which will come.

I cannot speak as a physician, but I know physicians and the colleagues that I have who are physicians, they will make the call that they believe is always in the patient's best interest. I think if we can go forward with a very clear cut suggestion about the use of the terminology recommendation versus prescription which will allow the pharmacists to be comfortable and the doctors to be comfortable then we would have solved that issue. I do not think it is long talking point.

Bishop J. J. S. ATHERLEY: Alright. Very finally, you cannot speak as a physician and you are not speaking as an economist but just for my personal records here, you are speaking as a representative of the Medical Faculty of the University of the West Indies (UWI).

Dr. D. COHALL: That is right and the Deputy Dean as well.

Bishop J. J. S. ATHERLEY: Alright. There you go.

Mr. CHAIRMAN: Are there any further comments from the Committee before we take leave to go to the audience? Okay. Are there any questions from the audience? You may come forward. You have to state your name, if you are representing an organisation, state the name of the organisation and ask your questions directly to the presenter.

Ms. Felicia HOLDER: Good afternoon again, my name is Felicia Holder and I am representing myself. I have a question, Doctor Cohall. Can you explain to me what is psychosis? Can you also explain to me when you explain what psychosis is, I would like to know can something cause psychosis or do things affect psychosis?

Dr. D. COHALL: Thanks for your question, Felicia. Now you are asking me to put on a psychiatrist hat. Dr. Emmanuel if you are listening feel free to correct me by text. So, psychosis, of course, is a psychiatric condition from my research as a pharmacologist, who would speak about how to go about treating such episodes they may carry various profiles you may have some which are more severe than some. In some instances, you could have schizophrenic episodes they are also other forms of it which might be related to schizophrenic

episodes but might be characterized differently again I am going to defer to the psychiatrist who would be able to clarify specific details. However, this has to do with an imbalance of activity in the central nervous system where you have more excitatory responses by neurotransmitters as oppose to the inhibitory neurons and the firing of the inhibitory neurons. So, when persons are diagnosed with such conditions they would go on antipsychotic agents which are essentially serotonin and dopamine inhibitors. Just to give you some insight into that, so dopamine is a very key neurotransmitter centrally it has different functions sometimes it has excitatory functions sometimes it has inhibitory functions within the central nervous system. The aim with managing the excitatory reverses the inhibitory is to ensure that there is a balance between the excitatory which could be glutamate versus the inhibitory which of course would be the dopaminergic neurons. What you are trying to achieve there is a balance of both, I think in persons who suffer from psychosis it is dopamine is actually identified as the agent which could lead to excitatory effects. When you use the dopamine inhibitors, you are basically trying to block those excitatory effects related to dopamine.

The spectrum of disease like most conditions are never normally categorised just based on the biological activity but they could be other factors which could impact someone who will become schizophrenic or develop psychosis. They may be social factors, they may be other important environmental factors which might contribute to the development of such condition but again I stand to be corrected by the psychiatrist.

How does cannabis relate to this? Well, cannabis affects our neurotransmitters and their firing from their specific neurons especially tetrahydrocannabinol (THC) base again compound synthetic or naturally derived. Some researchers have identified that you know with the use of Cannabis you can instigate dopamine or increase dopamine levels in some parts of the brain which then could contribute to that hyperactivity or excitatory effect that I mentioned earlier.

Ms. F. HOLDER: I asked the question because I googled, so I know what psychosis is and I understand that what you just said, you know you went all around the world but basically, you are saying what I understand. Marijuana does not cause psychosis in much the same way as to how you were saying environmental factors, social factor, and all these other factors that can contribute to a person's mental state. Also, they could have some kind of predisposition to what is happening in the brain. I have been to several conventions and many forums and I always hear the term psychosis thrown around. I am asking the question because I think that it is important for persons to understand like what Dr. Cohall was saying in terms of education these things need to be a little bit more put out there. So that every normal Barbadian can have a grasp of what is being said. He called so many words, I would have to go to Google for half of them. Sometimes, we could say things so simply you know without trying to

say you know so confusing, especially when they have little people like myself listening. So, in other words, you are saying that there is not one particular thing that causes psychosis AKA marijuana, but they are a number of factors which contribute to psychosis, yes? Ok, thank you.

Dr. COHALL: To make sure that we are all clear because we have to fair and open to the public that is also viewing in as well. There is such a thing called induced psychosis, which ten to affect persons who have oratory predisposition to what psychosis.

Ms F. HOLDER: Okay, so since he has said that, I have one more thing to say, may I? Okay. You would have said that University of the West Indies (UWI) is embarking now on development and research, yes? The attorney General would have mentioned earlier that and last time that the treaty that Barbados and other people has signed on to this single treaty convention on narcotics 1961, yeah?

He would have said that the provisions in this treaty treat to research and development of medicinal marijuana, right? Correct me if I am wrong, yeah? Ok good. So, why is it that in Barbados for all of this time if we are signed on to that treaty, we have not embarked on research and development but that is not really a question that is rhetorical. So, since we have not embarked on research and development for all of this time when we had the sanctioning of this treaty which we are citing right now to say well we can do it, we were not doing it before. Jamaica, Mona has been researching for a very long, I think in about 2016 or so they brought out this inhaler with treatment, herb treatment inside of this inhaler and I think that they were able to do that because they would have embarked on research and development for a long time. Now, I heard you speak about looking to Canada and America for approved research and these things and you were saying like with this Bill coming on board they will be room for a scientist such as yourself to embark in a more wholesome way in terms of looking at what cannabis could do and not do.

Granted that cannabis has over 100 and something compounds and you all only research about three so far or seven. So, what I am asking is this, do you think that had Barbados used the treaty like what we are doing right now that says that we can use research and development and this medicinal even if not the medicinal part, but use the research and development. Had we gone about research and development ever since do you not think that we would have been in a better position to be able to do all of these things that we are saying now and we would not be like 20 years behind? The first question then I have one more.

Also, I am hearing you say again as I was saying about Canada and America, do you not think as a scientist again that we can benefit from and anecdotal research right here in Barbados, because we speak about what America has done what Canada has done and they are doing it in terms of their populations. In terms of the case studies, they are having in their place of living. When we

try to apply that here who says that that is going to fit our metabolism. To our demographic to our, you know the way how we live to the sunshine that we use or we get. So, why we do not have our own anecdotal research do you not think that we could benefit from our own anecdotal research in Barbados? Even if not Barbados alone but the Caribbean? These are the two questions.

Dr. D. COHALL: Thank you very much, Ms. Holder. I will start with the second question first. Yes, even if we were to pick apart medicinal plants and put cannabis aside, there is a lot of value in anecdotal findings of persons who practice the use of natural products, especially what we consider herbal remedies. This was one of the things that brought me towards publishing my book in 2014 which is called, "Medicinal Plants of Barbados" where I have listed approximately 65 entries of various plants used in Barbados for medicinal purposes. As a pharmacognosist and ecopharmacologist, one of the things I do when I am about to embark upon research which looks at validating plants for medicinal purposes is that I start generally in the community to get ideas from persons who actually use the plants or natural products in their most primitive form if it is just picking a wild medicinal plant and drying it, and using three leaves and infusing it. I collect that information because it is valuable. I made several outreach to the indigenous communities or persons within the communities that still use indigenous practices to capture that information.

I have a project in College Lands, St. John which is embarking upon that. We are looking at the exploration of value-added products from medicinal plants in St. John. Yes, that approach is very useful and I have used it personally. The question you asked about Mona campus, remember that the University of the West Indies (UWI) while have three learning campuses, the first campus started in Jamaica in 1948 primarily as a medical school and it did not only have a medical programme but they started to branch out into research. Due to the Mona campus' earlier start, it would have the ability to acquire the resources to investigate medical phenomena far more than some of the other campuses which came on stream.

Please know that the full Faculty of Medical Sciences in Barbados started only in 2008 and without making this sound cliché. I came in 2008 and 10 years after we have a pre-clinical programme with basic medical scientists. My colleagues and I who came in 2008 had to put systems in place, build our labs, develop our programmes and I am happy to report in 2019 that we have a PhD Pharmacology Programme with five students. We are now fit for business and can do research so that we can develop products like Mona campus and others that had that earlier start.

Hon. D. D. MARSHALL: Thank you very much, Dr. Cohall. I am just wondering if you look at the licensing regime that is proposed in this Bill found in Clause 31, there has been quite a bit of talk about investment and business. I apologise for putting you in an awkward position. I assume you have some familiarity

with laboratories. I think you have been asked the question about whether or not this Bill effectively targets local entrepreneurs?

Dr. D. COHALL: Correct.

Hon. D. D. MARSHALL: Let us get specific with research and development. If you had to guess the amount of money involved in establishing a proper - for lack of a better adjective - research and development facility, not necessarily like Novartis, what kind of dollar value you think would be a start for such an investment; approximately?

Dr. D. COHALL: I would say that if a structure is not in place, we are looking at millions of dollars.

Hon. D. D. MARSHALL: The investment if past research in medicines to go by based on what I have read, you might spend millions on a particular product and it might not pass the trials, and you may have to abandon it. Therefore, would you say that a research and development facility would bring with it a requirement to have a significant amount of money available over a long term to be able to go from beginning to a viable marketable product?

Dr. D. COHALL: Agreed. Just to be clear, in no way are we suggesting even though it is not a far-fetched idea because I would like to see a day when we have a Merck & Co. or a GlaxoSmithKline in the Caribbean, but the average cost of development of a drug from a pharmaceutical company is approximately US\$500, 000, 000, and some parts of the world it is more expensive. They actually have the pound sterling instead of the United States dollar. You are starting talking about starting with approximately 10 000 compounds and narrowing it down to one compound. This is a fully established drug pipeline in reference to what the Senator had asked me and why I may have poured cold water on it initially when it was brought to me due to the amount of investment that is required.

Within the space of a medical cannabis industry and if you look at the value chain, what we could do is various segments of that pipeline leading up to the development of an approved drug. A developing country like Brazil where there is the Amazon forest and all the medicinal plants that are untapped, and they have started to explore them and other countries where people have started to explore marine life form, such as sponges for medicinal compounds, they have essentially tried to capture the drug discovery and the pre-clinical development component of the drug development pipeline where they can actually identify drug candidates. It can be patented and licensed to larger pharmaceutical companies to do clinical development.

Hon. D. D. MARSHALL: In summary, to go the whole hog could involve many millions of dollars, but there are some smaller current niche operations that may be workable in the Caribbean. Do we have any research and development laboratories that are indigenous to the Caribbean at this point in time to the best of your knowledge? If nothing comes to mind that is okay.

Dr. D. COHALL: Nothing comes to mind but I know at the UWI we had the opportunity to have the ten-odd group of companies, Shire. At Mona Campus, they had a synthesis company where they are doing chemical synthesis to design drugs, developing drugs and creating drug analogs. At Cave Hill campus, there was an operation where they were extracting fighter chemicals from plants.

Hon. D. D. MARSHALL: In the interest of time, let me follow the same train through the other areas? What kind of laboratory in terms of investment might you be looking at?

Dr. D. COHALL: Is this for a quality assurance testing lab?

Hon. D. D. MARSHALL: I do not know.

Dr. D. COHALL: If we are talking about safe products we will need a quality assurance lab. The UWI has been committed towards the exploration of developing a commercial analytical laboratory to not only test....

Hon. D. D. MARSHALL: Roughly, the back of the envelope.

Dr. D. COHALL: If this is with a structure in place, it would cost approximately \$3,000,000.

Hon. D. D. MARSHALL: This is probably within the reach of local processors?

Dr. D. COHALL: Processors will not need anything that sophisticated as what you would expect in a commercial testing facility. They could get by within a given structure with approximately \$2,000,000. It is connected to the type of equipment that they use.

Hon. D. D. MARSHALL: And depending on what you may want to do it for, you may come in at the lower end instead of higher.

Dr. D. COHALL: That is right, if you are a large processor and you are doing a number of different formulations and you are going by the specific required test established in the pharmaceutical spheres for specific pharmaceutical ingredients, it might be a larger establishment than that.

Hon. D. D. MARSHALL: And these things, of course, have nothing to do with the availability of scientists and so on? This is just structures and....

Dr. D. COHALL: Structures and laboratory equipment. I mean, one key piece of equipment as in the gold standard right now for testing even quantity of cannabinoids in products can run anywhere in the investment of \$400,000 for the equipment alone and that does not include the calibration services that will have to apply to the equipment on an annual basis and of course the training aspect as you have to train persons how to use the equipment, and that is one. Now, for a good cannabis testing laboratory you need three important pieces of equipment, you need GCMS, maybe a LCMS...

Hon. D. D. MARSHALL: You know, you could make a good lawyer, to pay you by the hour you would get rich. Well, you stop there, do not rob me. I am simply trying to get a feel. We have been talking all morning

about investment, there is the undercurrent that locals are intentionally excluded from this process, so I just wanted to get a feel. I mean, people can draw whatever conclusion they want, but my conclusion from your contribution, your response is that there are some elements that are going to be deemed expensive and [that] it would be unrealistic for us, whether we were investing in sea egg science, medicinal cannabis or bonovince beans, as long as you are doing research and development you tend to come with deep pockets.

Dr. D. COHALL: Correct.

Hon. D. D. MARSHALL: I also take away that there are some opportunities within that are certainly more within the reach of... And we have not even begun to talk about the cultivators. Thank you very much, Sir.

Mr. CHAIRMAN: Dr. Browne, did you have a question?

Dr. S. E. BROWNE: Sir, we [have] just discussed a whole set of moneys. I may have missed a part of it because it got a little foggy for me. What are the chances of us or the University of the West Indies producing unique cultivars, in terms of cost? Will we be able to make that contribution? You said earlier that that is basically where we will benefit the most if we could produce a product that is unique to us that the rest of the world, so to speak, would want. What cost goes into that, do you think?

Dr. D. COHALL: The science so far from cultivation and propagation is well established from seeds. There are some unique things about Barbados which could diminish cost as it pertains to that exploration. Barbados, based on its soil type, is limestone. The more we learn about the biochemistry of the plant, especially about the buds or the trichomes where the cannabinoids are produced and stored, then we may learn that that soil type may impact the yield of the cannabinoids coming out of the plant, so because of that unique attribute of Barbados there is an opportunity for us to potentially identify cultivars that are unique in their ability to produce the varying levels of cannabinoids.

Dr. S. E. BROWNE: If I may say this, this may be an excellent opportunity to bring in the Rastafarian community which has been – I do not want to say it because it is illegal – but they are familiar with this stuff, firsthand. It might be an excellent opportunity to include them here with respect to the cultivars. I mean, they do have anecdotal evidence about certain strains for certain things and so it might be helpful to do that.

Dr. D. COHALL: Agreed.

Mr. CHAIRMAN: Senator Franklyn.

Senator C. A. FRANKLYN: Sir, this is not a question, I am just begging to be excused. I have to go collect the boss lady from work.

Asides.

Mr. CHAIRMAN: Senator Franklyn, travel safely. Dr. Cohall, I want to sincerely thank you for what

I thought to be an extremely informative presentation, with the highest of integrity and professionalism.

Dr. D. COHALL: To you, Chair, and also the Committee, I thank you for the opportunity to present.

Mr. CHAIRMAN: I now invite Ms. Marina Gooding, President of the Barbados Pharmaceutical Society to take the chair.

Ms. MARINA GOODING: Mr. Chairman, members of the Joint Select Committee, general audience, I take it a privilege to be able to present to you today on behalf of the pharmacists in Barbados. Much of what I might present might have already been presented but it would not have been presented from pharmacists. So pharmacy as a profession is rooted in the use of plants as a source for extraction of compounds to be used in the manufacture of medicines. We recognised and welcome research and development of plants as an identifiable source for medicine; many drugs have been and are still being developed from plants and these drugs continue to make many valuable contributions to the practice of medicine as we know it today. The Barbados Pharmaceutical Society believes that there is a place for us here for medicinal cannabis in the treatment of specific medical conditions and we therefore welcome the addition of medicinal cannabis compounds to the national drug formulary. In medicine we are always happy when new drugs become available to treat our patients, as there are always conditions that can benefit from innovation. While we welcome innovation, we also know that time reveals any hidden concerns, interactions, contraindications and generally allow us as practitioners to recognise the limitations associated with a particular medicine.

As pharmacists we therefore have several concerns with the Medicinal Cannabis Bill as it is being presented. Pharmacists dispense drugs on a daily basis and the Barbados Pharmaceutical Society believes that there should have been more consultation with the stakeholders in the process of drafting this Bill in order to maximise its effectiveness and relevance to us in Barbados, especially those involved in the practice of medicine. In medicine we look for scientific evidence to dictate what is prescribed and its relevance in terms of what medical conditions that scientific evidence dictates a drug would be used for. While we are not lawyers of drafters of legislation we believe that there was room for consultation with the practitioners of medicine to get a greater understanding of what would be best for us here in Barbados. Therefore, the Barbados Pharmaceutical Society believes that there should be a separation of the medicinal cannabis use from the medicinal cannabis industry. It is our opinion that they are two separate issues, the use of cannabis as a medicine is already provided for and regulated in the various Acts and regulations pertaining to medicine and especially those of pharmacies. These fall under the governance of the Ministry of Health and Wellness and we see areas of duplication and concern between these Acts and

regulations and this proposed Bill.

I make reference to the Health Services (Control of Drugs) Regulations, the Drug Abuse (Prevention and Control) Act and Regulations, and the Pharmacy Act. If medicinal cannabis use be rightfully positioned under the Ministry of Health and Wellness there will be no issues regarding or misunderstanding surrounding which regulations or Act would take precedence. We say separate medicinal cannabis use, let all matters pertaining to medicine, i.e. prescribing, dispensing, pharmacists, doctors, et cetera, be governed by the Ministry of Health and Wellness, and let all matters pertaining to the cultivation, harvesting and preparation of raw materials and active ingredients, research and development be governed by the Ministry of Agriculture and Food Security. There is already a prescribed manner in which controlled drugs are treated in pharmacies in Barbados. Why do we have to be specifically instructive for medicinal cannabis? What is so special about it? Pharmacists all over Barbados daily dispense medicines containing morphine, pethidine, codeine and in some cases cocaine. Why are we treating medicinal cannabis any different? Why place it somewhere different in our legislation?

This legislation speaks to those under the control of the pharmacists handling medicinal cannabis, in pharmacies only the pharmacist handles these drugs; in terms of recording, dispensing and ensuring that accurate registers and records are kept for all the controlled drugs that pass through a particular pharmacy.

If in your opinion, our current legislation does not adequately cover these areas, there is room for amendments to be made after consultation to what already exists. Why create new legislation which can lead to new interpretations and practices. There already exists a Drug Inspectorate, whose duties are covered under the aforementioned Acts and Regulations with regarding to policing pharmacies to ensure that there are no breached in protocols pertaining to the handling of controlled drugs.

Now, the actual comments on the Bill. There are some terms listed in this Bill that we would want clarified. As pertaining to the medicinal cannabis use, we understand that it is use and industry, and therefore that is why we are asking for the separation of the medicinal cannabis use from the medicinal cannabis industry. Therefore some of the terms would be adequate probably for the medicinal cannabis industry, but we do not see them as adequate for the medicinal cannabis use.

Medicinal cannabis, we think that the terminology use in this definition will have a place in the medicinal cannabis industry. The same terminology should not be used with reference to medicinal cannabis use as it is too broad of a definition which can leave the door open for interpretation, which can lead to possible abuse and recreational use.

Recommendation.

I know we have had much discussion on the recommendation. What is a recommendation? In pharmacy, we dispense on presentation of a prescription, especially for controlled drugs as mandated by our laws. Where does the term recommendation come in? Recommendation has some connotations and I do not want to put anything to them but I believe that it can be to recreational use and abuse. As far as we are concerned, doctors prescribed, therefore a prescription has to be the only option for obtaining medicinal cannabis. How is the recommendation to present itself? Is it to be written or is it to be oral? If a doctor can go as far as to write a recommendation, why not write a prescription. In the Barbadian context, we know that patients and doctor shop and pharmacy shop. They may present more than one doctor with legitimate medical condition and get the same drug or similar drugs and that can lead to abuse. With prescriptions and under the function of the drug inspectors, we can pick up abuse or potential abuse, because the patient's information would be captured in our registers and the drug inspectors as they go about and they do their job, they can, and have done in the past, investigate those potential case.

Medicine is a Science

Therefore, there should be a prescription, which would contain the drug dosage form, dose being prescribed, dose schedule, and duration of treatment.

Therapeutic Facility

What are they and why do we need them? As already established, it is the legal practice of pharmacist in Barbados to dispense controlled drugs as allowed by the many Acts and Regulations that govern pharmacy. Why do we need therapeutic facilities? Whose purpose according to this Bill is to sell, dispense or provide medicinal cannabis, prescribed or recommended by a medical practitioner? In addition, these facilities would provide facilities and other medicinal or therapeutic requirements to allow a patient to use or consume that medicinal cannabis there for therapeutic purposes. Why is that necessary? There is no legal requirement as far as my knowledge that requires a pharmacy to provide for such, so why are we seeking to treat medicinal cannabis use any different to what already obtains. As was mentioned earlier, this is another reason why medicinal cannabis use should be separate from the medicinal cannabis industry. We already know how to treat medicinal cannabis and we already have laws pertaining to the use of controlled drugs. On aside, when I first became a pharmacist, I dispense medicinal cannabis in the form of an eye drop called Canasol, which a couple years later went out of circulation, because as you know medicine is always evolving and when new drugs come on the market, or when drugs come on the market, sometime you realise they are not as effective or you look at the side effect profile and they are taken off

..... or whatever. In our Barbadian landscape that medicine is no longer available and has not been available for years.

Part 3 of the Act, Access to Medicinal Cannabis

We look at the dose in limitation and that only mentions length of time that the drug will be prescribed. No specific dose limit has been mentioned in this Bill. There will be regulations but we were not privilege to those regulations, so we will have to ask. There is not means to a minimum or maximum concentration of THC or CBD to be considered as medicinal cannabis, or even the genius of the compounds which it is derived from. It is a known fact that plant compounds, when used in their raw state will give varying concentrations of active ingredients. What measure have we put in place to ensure that the medicine that reaches to the public has standardized dosage, dosage formats and that the formats introduced are actually effective in treating a medical condition? We need to ensure that the medicinal cannabis drugs are manufactured using good manufacturing partisans.

Dispensing of Medicinal Cannabis

Only pharmacists and by extension graduate pharmacists should be dispensing medicinal cannabis. Who is the authorised personnel mentioned under Section 29? We already attached suitable labels to any medication dispensed as well as counsel patients concerning use. Side effects in addition to imparting any information deemed to be important for the use of that medication. In the process of dispensing controlled drugs we already keep a register as well as retain the prescriptions for our records as well as for inspection by the Drug Inspectorate.

Licensing

What does Retail Distributor Licence means in Section 31 (1)(e)? Pharmacies are already dispensed to carry on the business of dispensing under Pharmacy Counsel and ultimately the Ministry of Health and Wellness. There are procedures already outlined in the Pharmacy Act Cap. 372.(1).

What I would like to see and again this might come out in the regulations, but we do not know what those are so we have to mention it, qualifying medical conditions. There is no mention in this Bill of what medical conditions are being considered. Research and development has already identified those medical conditions for which medicinal cannabis are useful. We know that medicinal cannabis is not a first line drug, but it is definitely not a cure for all. Therefore, limits should be placed on the qualifying medical conditions for which it can be prescribed. Medicinal cannabis has the potential for abuse and that why its use should be limited to conditions where other non-controlled drugs are not effective. There should be

some proof of this as this would be a measure to ensure that the medicinal cannabis is not diverted to non-medical use or abuse.

Medicine is based on scientific evidence. While we recognise that anecdotal evidence does shape the scientific evidence. We have to understand that safety should be of utmost importance when prescribing medicinal cannabis. These drugs, once prescribed, should be monitored and evaluated for medicinal effectiveness.

In conclusion, a medicine is that which is pure of a known concentration, is of known and consistent efficacy, has a known mechanism of action and comes for a manufacturer that is liable for the quality of the medication. Each medicine that is available in Barbados has passed through various controls clinical trials to determine if it meets the above definition. When we introduced medicinal cannabis use to the population of Barbados, we have a duty to ensure that we treat it no different from all of the other drugs, all of the other medicines available for public use. We should only accept those drugs that have been studied, are available in dosage formats that can be titrated according to patient needs with known amounts of THC and CBD in the dosage format, or formulated using scientific methods that ensure quality control and those with known outcomes.

The Ministry of Health is the authority for medicines in Barbados, they have the expertise, manpower and the resources to oversee the use of medicinal cannabis in Barbados. It has at its disposal the Pharmacy Council, the Barbados Drug Service and the Drug Inspectorate which already deal with matters pertaining to regulation and licensing of pharmacies to dispense controlled drugs in Barbados. Should any matter arise pertaining to the questions of efficacy or safety of a medicinal cannabis drug, the Ministry of Health already has procedures in place to deal with that. Drugs are sent to be tested to ensure that they perform as expected. This has resulted in drugs being recalled due to failed testing. We therefore believe that with the introduction of medicinal cannabis use to Barbados, the utmost care and attention should be paid to every aspect of this introduction. It is beneficial for medicinal cannabis use to be put under the control of the Ministry of Health and Wellness, whose mandate is seeing after the health of the nation of Barbados. It already oversees all matters pertaining to our health and has the expertise to ensure that controlled drugs are introduced to the public in a manner that ensures safe and efficacious use.

It is the Ministry's duty to police any inefficiencies pertaining to medicinal cannabis and indeed all controlled drugs as laid out in the Drug Abuse (Prevention and Control) Act and regulations. There are already measures for vigilance over pharmaceutical matters and this is done by the Barbados Drug Service, which is an agency of the Ministry of Health and Wellness. The Drug Service has a wide portfolio, and deals with drug procurement, management of the special

benefits system and procurement of the same licence which we would need for controlled drugs. One cannot just bring these controlled drugs into the island, and the Drug service has to provide a quota in order for us to get those controlled drugs. There are a host of other functions which the Barbados Drug Service performs. The Ministry of Health and Wellness, therefore, is well placed to ensure the safe and efficacious use of medicinal cannabis in Barbados.

We say all of this to reiterate our point that all matters pertaining to medicine, that is, prescribing, dispensing, pharmacists and doctors should fall under the Ministry of Health and Wellness to facilitate the introduction of the medicinal cannabis industry to Barbados. Let all matters pertaining to cultivation, harvesting and preparation of raw materials, research and development, et cetera, come under the Ministry of Agriculture. We believe that this would be the best way to introduce the medicinal cannabis use, by separation. It is nothing to be rushed and all caution should be taken lest we place the health of the nation at unnecessary risk. Thank you.

Asides.

Mr. CHAIRMAN: I want to thank you for your presentation. I am disappointed that you did not follow my presentation when I made it clear that the Ministry of Health and Wellness would be taking full responsibility for the management of the dispensing and control of products that are supposed to be dispensed to patients, and that there is legislation which has already been triggered through the Minister to get it added to the Drug Formulary. All of that was taken care of, so I appreciate the fact that you have brought clarity and I also appreciate the fact that you have made it clear to all those who are listening where the Ministry of Health will be and should be involved. In terms of the Ministry of Agriculture, the point has already been made from the time we discussed this Bill, which is that the Ministry of Agriculture will be fully responsible for getting the products to the stage of processing. At the level of a final dosage or final medication, that is the Ministry of Health and Wellness. Thank you for clarifying for all concerned that this is how the industry basically is regulated.

Ms. M. GOODING: Why then do we have the duplication of terms and why is there so much information in this about the medicinal cannabis use?

Hon. D.D. MARSHALL: If I can begin to answer that, Ms. Gooding, this Bill is more about a licensing regime than anything else but it was important at the same time as establishing that some provisions had to be put in place in relation to access. This Bill has 45 sections and you identified Part 3, Sections 25 through 29, which are the ones dealing with access to cannabis. I appreciate that you are focusing on it from a particular perspective but there is no violence in law to include provisions in a licensing Bill which also deals with access

to cannabis. I am sorry to prod you like this but I wonder if you can identify for me instances where, based on this Bill, you feel that the pharmacy legislation is excluded or the Drug Abuse (Prevention and Control) Act is excluded, or any of those other provisions, including the Mental Health Act. The Minister of Finance may complain because we refer to the Public Finance Management Act. We also refer to the Mental Health Act. The mere fact that a particular Bill will make reference to and incorporate other structures and other pieces of legislation does not mean that it is taking away anybody's power at all.

I would like to suggest that if you examine the Bill carefully you would see that the role of the Minister and the Ministry of Agriculture does not impinge in any way at all on any of the matters that you have raised. I am happy to discuss it with you. I do not expect you to an on-the-spot analysis now, but there are times in legislation where you have to refer to all kinds of things. It does not mean that the ordinary regulatory authority for those things is removed simply because you refer to it here. If you have in mind a particular section, I am happy to discuss it with you.

Ms. M. GOODING: I may not have in mind a particular section....

Hon. D.D. MARSHALL: I do not want you to generalise and say to the country that this Bill has taken away the powers of the Pharmacy Council and the powers of the Ministry of Health and the powers of any of those people unless you are going to be able to point me to it. We were careful as we drafted the Bill to ensure that all of those regulatory powers stay exactly where they are.

Asides.

Ms. M. GOODING: As you said, in law you borrow from other people. What I see here as an introduction of terms that we may not be comfortable with as pharmacists....

Hon. D.D. MARSHALL: Okay, we are here to make the Bill better so let us drill down.

Ms. M. GOODING: I did mention those terms.

Hon. D.D. MARSHALL: If you do not mind.

Ms. M. GOODING: Right. In terms of the recommendation, I said that as pharmacists we deal with prescriptions. Our laws speak to patients or customers presenting with prescriptions but here we have a recommendation being set out that is really contrary or contradicting everything that we do on a daily basis.

Hon. D.D. MARSHALL: It is a new concept that is being introduced for particular purposes. You may disagree with that.

Miss M. GOODING: I do.

Hon. D.D. MARSHALL: You are entitled to, and nothing that is here is written in stone but certainly we received advice as we were looking to roll out this system. It was discussed at length and we had many meetings with.... Mr. Chairman, was it the Pharmacy Council or the Drug Formulary? Who is in charge of the

Formulary?

Mr. CHAIRMAN: Dr. Connolly.

Hon. D.D. MARSHALL: We had many meetings with the Ministry of Health and their officers. In fact, it was as a result of our meetings that they made the changes to the Drug Formulary. There has been all of that consultation, and the use of recommendation was to fit a particular circumstance.

Ms. M. GOODING: I am a member of the Barbados Drug Formulary - and I cannot speak to the formulary because I am not authorised to speak on their behalf - I know that the Chairman would have been meeting with you but I also know that when we recommended, because we can only recommend that medicinal cannabis products be put on formulary we did state certain conditions and I do not remember a recommendation being discussed.

Hon. D. D. MARSHALL: Okay. So if we put recommendation to the left ...

Ms. M. GOODING: Forget it?

Hon. D. D. MARSHALL: No, I am not committing to that. I am saying let us put it aside and let us look at what else you think represents an insolvable and intractable problem for you.

Ms. M. GOODING: Therapeutic facility.

Hon. D. D. MARSHALL: Your issue there in 29 is the person authorised.

Ms. M. GOODING: There are a few more things but the therapeutic facility. If my customers come in and for some reason or the other they want to use their medicine because they forgot to take a pill or whatever, I always have a glass of water on hand that I can give them water to take their medicine or if a child needs medicine immediately that happens, but I do not understand what is the meaning of all the things listed under the therapeutic facility as a definition. I see it as not a place for medicine per se and I know it says under the supervision of a pharmacist, however, what kind of facility is it?

Hon. D. D. MARSHALL: Are you familiar with pain management clinics?

Ms. M. GOODING: Actually, recently I have been speaking to a doctor who does pain management and yes, I know that pain management clinics but then we need to lessen the definition or probably revisit the definition.

Hon. D. D. MARSHALL: I am happy to but we are trying to set up structures and this is not about recklessness, this is about putting structures in place that work. I understand that scientists have a particular view and some doctors support having medicinal cannabis available and some do not, some pharmacists support it and some do not. Which side would you like us to err on?

Ms. M. GOODING: Repeat please?

Hon. D. D. MARSHALL: There is division in medical circles as to the permissible use of medicinal cannabis. I have spoken to a doctor who said that they believe that as part of palliative care, if he feels that a patient needs to smoke medicinal cannabis that he ought

to be able to allow him to do so.

Ms. M. GOODING: Smoking is not a medically accepted form of using medicinal cannabis and there will always be people for and people against everything. What we need to do is to do what is best for the health of our nation. Anecdotal evidence is just that until it is proven. As a pharmacist, I am in to science, therefore, I can only come from a scientific perspective. You asked what other things that we have concerns about the dispensing of medicinal cannabis. Who would be the authorised personnel mentioned under Section 29?

Hon. D. D. MARSHALL: And your recommendation is that it should be a pharmacist? We are here to make the Bill better, not to dance. So is your recommendation would be that it should not be "a person authorised" but it should be "the pharmacist".

His Honour Senator R. N. GREENDIGE: But the authorised person is not under the supervision of a pharmacy?

Hon. D. D. MARSHALL: But Miss. Gooding is saying that does not happen now.

Ms. M. GOODING: In our pharmacies, the pharmacists do it. The law already speaks to graduate pharmacists handling.

Hon. D. D. MARSHALL: And in all pharmacies, only pharmacists deal with dosages?

Ms. M. GOODING: That is the law. The law speaks to it and to include the graduate pharmacists it actually says "graduate pharmacists" and "pharmacist interns".

Hon. D. D. MARSHALL: Noted. Are there anymore?

Ms. M. GOODING: Retail distributor licence. Pharmacies as an entity have to be registered to dispense that means they go through the process of being inspected, there are lots of different specifications, you have to have your coverage for your narcotics and controlled drugs, you have to have your library with certain recommended text, you have to have a certain separation from the actually public where they cannot gain access to you, you are in the narcotic register, et cetera, and you do not pass inspection until you get those things right. These are things that we do every day so I do not understand why somebody would need a retail distributor license.

Hon. D. D. MARSHALL: That is why this is so important, Ms. Gooding. A retail distributor license is not a pharmacist at all. If you 31:1(e), you will see "*retail distributor licence which shall be issued to allow for the operation of a therapeutic facility for dispensing of medicinal cannabis to patients*". A retail distributor licence is a licence issued in respect of a facility not a licence to a pharmacist. Let me make it clear, let me just say it so there is no doubt. Nowhere in this Bill, is a pharmacist or a doctor required to get any form of licence other than that which they currently have. If you are a pharmacist you can dispense from this to snowcones. If you are a doctor you can prescribe from this to snow

cones. None of that is being changed, absolutely none of it so there is no requirement for a pharmacist to get any licence under the Medicinal Cannabis Bill nor for a doctor to get any special licence under the Medicinal Cannabis Bill. In fact, it is the doctors who we understand are insisting that doctors receive special training in order to be able to dispense cannabis and even that had nothing to do with us. That came from the Ministry of Health.

Ms. M. GOODING: Okay. My issue with that is the more people that are exposed or the more people that handle a controlled drug the more potential you have for abuse. If you limit the amount of people that will handle the drug from the time it is received into the facility to the time that the patient or the customer gets it, the less potential you have for abuse and for diversion. Okay?

Hon. D. D. MARSHALL: Does that happen with opioids now?

Miss M. GOODING: I cannot cite any instances but what I am saying to you is that in Barbados we have had issues with abuse.

Hon. D. D. MARSHALL: I understand but I am asking you a simple question. You are a pharmacist, can all pharmacist dispense opioids or only some.

Ms. M. GOODING: Yes, all.

Hon. D. D. MARSHALL: Can all doctors prescribe opioids?

Ms. M. GOODING: As far as I know.

Hon. D. D. MARSHALL: Are there any medications that only certain pharmacists can dispense or certain doctors can prescribe?

Ms. M. GOODING: No, but ...

Hon. D. D. MARSHALL: So, as long as you are a doctor – I do not mean to badger you – you can prescribe and as long as you are a pharmacist, you can dispense. Medicinal cannabis is not, in fact, it was the professions who asked that medicinal cannabis not be treated any differently.

Ms. M. GOODING: Okay, can I add to what you are saying or can I just make a statement.

In Barbados, we have specialist doctors and the conditions for cannabis use is really a speciality category therefore, it would be remiss of me, if I were a doctor, to go prescribing medicinal cannabis for which I do not understand but the little bit of training that you will get and has happened thus far for medicinal cannabis does not in any way, if I were a medical doctor, give me enough information that I would feel comfortable prescribing it because it would be outside of my remit. They are some doctors who tend not to go outside of their remit, I cannot speak to doctors but I am just looking on from what I see.

Hon. D. D. MARSHALL: You are not recommending any specialist, I am leaving you out of doctors all together but as far as pharmacists are concerned you are not recommending a special regime for the pharmacist?

Ms. M. GOODING: No because we are licenced to already dispense the control drugs. We do it,

some of us not on a daily basis, but we do it without even thinking there is a procedure that you got to follow. The first thing you do, well for me is that you look to make that what, especially when you are dispensing that what you are actually picking is what you actually have then you look at the count that what you are supposed to have. So, there are controls. When a drug comes in it has to be entered into your register, who it comes from, invoice number and as well as when it is added your final count and you sign. Every time you sign, you subtract and you just sign. When the drug inspectorate comes around your records are there for you to see. My problem with a therapeutic facility would be that they might not be inspected like how pharmacies would be inspected if you understand what I mean. Therefore, again, diversion or abuse.

Hon. D. D. MARSHALL: alright, I am not going to challenge you further.

Mr. CHAIRMAN: Honourable Opposition Leader.

BISHOP J. J. S. ATHERLEY: Thank you, Mr. Chairman. Miss Gooding that you for your presentation, good evening to. Correct me if I am wrong: Your concern arising from the way this Bill now presents itself is not that pharmacists now registered will be required to get retail licences; that is not your concern. Your concern is that you already have registered pharmacists and the established context allows them to dispense medication *et cetera*. Your worry is about this new creature that we call a retail distributor.

Ms. M. GOODING: Correct.

BISHOP J. J. S. ATHERLEY: Thank you. I just want to be clear because from the question the Attorney-General, I thought it was the other way around. You are concerned about this creature we call in this Bill retail distributor in a context where we have a conventional dispensation of medicine through registered pharmacies and pharmacists.

The other thing I wanted to raise was what? I do not even remember now. The Attorney-General was long and detailed in his questions. It was a rather simple matter but maybe you can come back to me Mr. Chairman, because right now I really do not recall. I, was subjected to that litany of questions.

Mr. CHAIRMAN: Let us go to Doctor Browne.

Hon BISHOP J. J. S. ATHERLEY: Please come back.

Dr. S. E. BROWNE: Thank you for your presentation M'am. Just a little bit to add on to what you were saying with respect to doctors and having the authority to do it. I know for a fact unless it has changed that they are some medications, although any doctor can write them it is not necessarily so that the drug service will reimburse the pharmacy for it. So, that applies to some extent along those lines that you were saying. The question for you at least one of them so far is it generally understood by the body of pharmacists which you represent, that the medical part of the Bill has been included in the present Bill? Is it the general perception

that this Bill went a little bit too far with respect to covering, I am not saying the Attorney- General is not right that it was amended or whatever. Is this the general perception that this is what is happening that this Bill is going into the domain of pharmacist and so on?

Ms. M. GOODING: Correct. It really is that we thought and we do think that the legislation is already there so why do we need it spelt out. I do not know I am not a lawyer so I do not know why we need but what I am saying is you are introducing something which could lead to interpretation as we know lawyers do take interpretation and practices when we already have a prescribed way already set out which we follow on a daily basis, et cetera.

Dr. S. E. BROWNE: Thank you. I have found the same disease among other members of thearmacy Council as well as the drug service. I think it is noteworthy because generally, this is the Bill the public is perusing. So, if there is a misinterpretation on one point it might be helpful to get it amended so that everybody is clear on the same thing. I understand your point, thank you.

Mr. CHAIRMAN: Senator Greenidge.

His Honour Senator R. R. N. GREENIDGE: Yeah. I was just wondering where the restriction on the pharmacist actually exists. Section 29 says that a pharmacist or authorised personnel under the supervision of a pharmacist in a pharmacy that person may dispense medicinal cannabis to a patient. Subsection 2 says a pharmacist shall only dispense or supply medicinal cannabis on the submission by a patient or caregiver of some valid form of identification.

When you come to the actual definition of who or what a pharmacist is that is what makes it so clear and that is why I cannot see any restriction at all on the pharmacist and pharmacy. It has the pharmacist has the meaning assigned to it by section 2 of the Pharmacy Act, so it is the same pharmacist in the Pharmacy Act, who can do all these things under this very, very piece of legislation. I do not see where the restrictions fall.

Mr. CHAIRMAN: Let us go back to the Honourable Leader of the Opposition. Thank you so much for your accommodation Mr. Chairman and the reason I could not remember it was not a question it was really a comment. Miss Gooding raised the matter earlier of the trichotomy in the objectives of the Bill and the way it is structured and suggested that there are certain stipulations in this Bill that should rightly fall under the perjury of the Minister of Health. He responded by indicating that it is your intention and it may well be in the realm of your intention that matters of medical scientific nature come under the prevue of the authority of the Ministry of Health. The Bill does not in any way suggest that Minister is defined clearly and simply as the Minister responsible for Agriculture and Food Security. If it is your intention, the intention of the Government to put aspects of this under the umbrella in the Ministry of Health the Bill should speak to a clear definition of Minister.

When you look sections 9 and 10 it refers to Minister and if we follow the definition and I am reading the final Bill, unless there is another one tomorrow, I am reading from the final Bill. It refers again in 10 and 9 where ministers is defined simply as the minister. I would suggest if it is your intention so to do, which I believe it is because you have attested to that that the definition should speak to that issue and allay any concerns.

Mr. CHAIRMAN: Minister Forde.

Hon. A. R. FORDE: I think the real issue here and the misunderstanding is that as Marina was saying earlier there are established rules and regulations that dictate the way how a pharmacist as she said should operate in terms of prescribing a narcotic or drug under the Drug Service Act of Drug Abuse Act. You see the problem is that a pharmacist or unauthorized person that is where the issue is. The only person that can dispense a drug is a pharmacist. I for instance as a pharmacist working cannot authorise someone to dispense a drug. The pharmacist has to dispense the drug and that is the law. We cannot give authority to a person to dispense, the dispensing must be done by the pharmacist. This is where I think the issue when they state, "an authorized person by a pharmacist." The pharmacist is the dispenser, and this is the long and short of it. I think this is where the real issue stems from. Under the laws of pharmacy, there is a prescribed way of dispensing that is existing already, so we do not need to go into all of these details stating that a pharmacist is expected to do this and keep this information. All of this is covered under the Act. The Act speaks to all of this already. Therefore, this entire section could be deleted to be frank.

Mr. CHAIRMAN: I want to thank you, Miss. Gooding for your erudite presentation on behalf of the Barbados Pharmaceutical Society. If there are any questions from the audience, the Committee now takes leave for the audience to ask questions.

Mr. P. GIBSON: Thank you, Mr. Chairman. Thank you Madam President of the Barbados Pharmaceutical Society for your excellent presentation. I am sure your constituents were well represented today. I wanted to find out from you or the Committee who receives actually in their hand since it was expressed that pharmacists and doctors do not have to be licensed to dispense, then who gets in their hands a retail licence? In terms of the Bill, who receives from the authority a retail licence?

Ms. M. GOODING: I would not be able to speak to that because I had also questioned what is a retail licence.

Mr. P. GIBSON: Can one of the Members of the Committee answer that question?

Hon. D. D. MARSHALL: A retail licence is just another commercial activity. Therefore, there is no reason why a non-pharmacist, for example, the Deputy President of the Senate wanted to do something in his later years, he could apply for a retail licence to do

whatever the Act says he is entitled to do under that retail licence. This is set out here. However, the point is that he is still governed by the existing laws. Clause 29 states that only a pharmacist can dispense. A doctor has to prescribe. I am not sure if I see what is the difficulty. There are people who own pharmacies but are not pharmacists.

Mr. P. GIBSON: The question is, and I will ask Miss Gooding again who may or may not know the answer, if we know that a doctor prescribes the product and that a pharmacist under the law is dispensing a product, in my mind there seems to be no need for a retail licence because only a pharmacist would be retailing the medical cannabis based on the prescription by the physician. Therefore, it would appear that term could be eliminated.

Hon. D. D. MARSHALL: I think we are getting a bit late in the day. Mr. Gibson, if you look at the tiers of licences you would see what specific licence is referred to as a retail distributor licence which shall be issued to allow for the operation of a therapeutic facility for the dispensing of medicinal cannabis to patients. Therapeutic facility is defined. I understand that you do not agree with it but do not ask for what is already here, please. Sir, it is already here. It is to be found at Clause 31(1)(e) and also in the Definition Section.

Mr. P. GIBSON: What has been recommended is that the term "therapeutic facility" be eliminated from the Bill. This is a suggestion....

Hon. D. D. MARSHALL: It is still here and has not been deleted.

Mr. P. GIBSON: Hopefully, it will not be after today.

Hon. D. D. MARSHALL: This is your wish but please do not ask what is already here.

Mr. P. GIBSON: We feel the same way about the retail licence definition also.

Hon. D. D. MARSHALL: On behalf of the Chairman, I am sure that the reiteration of your objection already set out and spelt out this morning is noted. Sir, you do not really need to repeat it. We understood it the first eight times, especially when the Leader of the Opposition asked if he heard you say it.

Ms. M. GOODING: I would like to add something to this discussion. If to operate as a pharmacist you would need to have a pharmacy registered, then you really do not need the therapeutic retail licence. If I am following your logical steps, you are saying under the supervision of a pharmacist which means the pharmacist must be on the compound. A pharmacist can only be on a compound and operating as a pharmacist if the pharmacy is already licensed. Therefore, you do not need that retail licence? Correct?

Hon. D. D. MARSHALL: Madam, the retail distributor licence is a new business model that this Bill is trying to bring on-board. I understand that Mr. Gibson and you do not like it but it is still a new model of operation that we are looking at. As someone quite rightly pointed out, a person is free to own 10 pharmacies and do

not know the first thing about an aspirin.

Mr. DOUGLAS TROTMAN: Good Afternoon, Mr. Chairman. Good Afternoon, everyone. I was invited to present to this meeting today. I travelled from the Nevis on Sunday and unfortunately could not reach here before 1:00 p.m. I communicated with the Deputy Clerk....

Mr. CHAIRMAN: Are you asking a question or making a presentation?

Mr. D. TROTMAN: I will speak to a particular point made. I am going on the record.

Mr. CHAIRMAN: You are scheduled to make a presentation.

Mr. DOUGLAS TROTMAN: I am, but are you closing?

Mr. CHAIRMAN: No, we are not closing.

Mr. DOUGLAS TROTMAN: Thank you.

Bishop J. J. S. ATHERLEY: Mr. Chairman, if I may interject with your leave, it is now 4:45 p.m. May I ask what time we are supposed to conclude today? We are in fact losing Members from the Committee.

Mr. CHAIRMAN: We will try and get through the additional presentations.

Bishop J. J. S. ATHERLEY: May I ask how many additional presentations are they?

Mr. CHAIRMAN: There are three more to be heard. Fifteen minutes will be given to each presentation. This gives us 45 minutes and we can truncate, and leave.

Bishop J. J. S. ATHERLEY: With all due respect, Mr. Chairman, persons came here today to make full presentations to a Committee that is duly alert to what they are presenting. It may in fact present a bit of inconvenience to them to have to return, but I want to suggest based on what has happened here since this morning that at 4:45 p.m. we can properly go through three more presentations and listen attentively and give them the due regard in terms of their substance in respect to those presenting, it is indulging in a flight of fancy. I would want to move Mr. Chairman that we curtail this meeting as anticipated at 5:00 p.m. and let those who have not yet presented return another time, so that they may be properly heard and we may properly analyse that which is presented.

Mr. CHAIRMAN: Do we have a seconder? There being none the motion cannot be carried. Ms. Gooding I want to thank you for your presentation and I note that your comments are taken. We will press on with the other presentations.

Bishop J. J. S. ATHERLEY: Mr. Chairman, may I ask at this point, at what time on the clock do we anticipate concluding this meeting today? I may not have a second to the motion because the Government feels that we must rush through all of this today. I do not know what is your timetable. I think you have to give due respect to what people have to say and give it your fullest possible attention and energy. We have been sitting here since this morning. What time do you propose to close?

Mr. CHAIRMAN: I intend to hear the other

three presentations, Honourable Leader of the Opposition.

Bishop J.J.S. ATHERLEY: Mr. Chairman, that does not, at all, say to me anything about time.

Mr. CHAIRMAN: [Honourable Member], you raised a motion and it was not carried. The next person up to present is Michelle Marshall. Is she here?

There was no answer in the affirmative.

Mr. CHAIRMAN: We will then go to Douglas Trotman.

Mr. D. TROTMAN: Thank you, Chair. If I did not know better I would think that the Leader of the Opposition did not want to hear me. On that note, I will start by saying that I [do] support this Bill. I want to be clear. Before I go into the few points I have to make I want to tell a little story. I am sorry that Doctor Browne has gone.

Mr. CHAIRMAN: Before you continue, just to note that presentations are limited to 15 minutes. We are keeping time and you have been notified.

Mr. D. TROTMAN: Yes, Chair, I observed the 15 minutes that went before me, Sir, I really did and I will stick to the 15 minutes. I will go back to my story. Sitting here, listening to the academic discourse, my story speaks to something of reality, having lost a wife on 5th April, 2018, when the medical fraternity and others in this country would not look at the issue of medicinal cannabis. Indeed, I have heard a lot today but yours truly [had] registered as a student at the University of the West Indies to study biology and chemistry at the level of M1. That was in 2016. There was no one at the University of the West Indies doing research in medical cannabis. I spoke to a Doctor Professor Tinto and he told me that he would have done everything he could to help me in relation to getting some movement. My wife Kathy Ann Trotman - and I dedicate today to her - spoke, we went public, and everybody said cannabis was illegal. We wrote the ministry and the ministry wrote us back. You know, when the shoe is on the other foot, when you feel the pinch you really understand what it is. I support the Bill because I know there are people out there who need access. The Honourable Attorney-General mentioned palliative care. At end stage cannabis works better than any other drug out there. I have the voice notes from my wife to prove it. Doctors and pharmacists in this country can take their positions, that is their right. Right now this Bill is actually setting up two regimes and if I had to make my submission by way of public just now I would have done that. If you look to the Third Schedule you will see where in addition to the minister performing a role similar to the Minister of Health, the Third Schedule creates the dual acts by defining medical cannabis and redefining the term cannabis under the Drug Abuse (Control and Prevention) Act. So that if you are going to make changes and really seed the health aspect to the Minister of Health and Wellness you need to relook at the Third Schedule.

The Honourable Attorney-General is correct, it is an

industry Bill, licensing, and maybe taxation. At this point I must disclose [that] Minister Weir had invited me to participate in a process which resulted in a Cabinet Paper being drafted. As a member of the public I cannot see Cabinet Papers but I gave my input for a period of over four days. I wish I had been invited to give input into the drafting of the legislation because as this stands, you really have two Ministers of Health, one being the Ministry of Agriculture and you have to fix that. There are two regimes but what the Ministry of Agriculture is supposed to be doing, essentially, is rolling out the framework under which cannabis would be grown, processed, *et cetera*, and hopefully the country would make some money from it while being patient centred. So [that] the pharmacist was correct when she said that the Act already exists, since 1993 in response to our international obligations, the last conference being in 1988, we implemented some draconian measures in terms of punishment, *et cetera*, which was the whole purpose of that particular convention and you will find all of those in Cap. 131.

So if I can try to get back on track, remembering that my 15 minutes is a bit different to the other 15 minutes. If you look at Article 1, what I [have] just referred to as the single convention, "cannabis" means the flowering or the fruiting tops of the cannabis plant, excluding the seeds and leaves when not accompanied by the tops from which the resin has not been extracted by whatever name they may be designated. And that is an interesting definition in international law, so that the definition of cannabis here does not include all of the plant. What we did in our domestic legislation was to penalise persons who would be rolling the leaves and the stalks when, really and truly, what the international law was interested in was the most potent part which is the tops. So this legislation was done in the 1990s, I think the late Honourable Sir Branford Taitt signed the regulations so if you look at the period it would have been a useful exercise may be for some students to look at Hansard and see what the intents were at that time. So what we did was to create a more oppressive regime for our citizens than we had to.

Now, I have come to this letter and I will be a little 'over the place' but I want to say this, so you write to the ministry under Cap. 131, the old legislation and you say to the Government: "Look, cannabis is legal. I need your assistance because it is what we believe can work. We have a prescription from Canada, we have one from Jamaica, CARICOM". Sir, I received this letter from the ministry [dated] March 4, 2016.

**"Mr. Douglas Trotman,
"Hoover House", Belmont Road, St. Michael.**

Dear Sir,

Re: Licence to import, produce and supply marijuana for medical purposes.

Your correspondence dated January 27, 2016, has been received. The Ministry of Health wishes Mrs. Trotman

well in the management of her illness in the current circumstances. The matter of medical marijuana use in Barbados is being researched and discussed. However, as you are aware, there would be a need for legislative changes to facilitate the legal use of marijuana in Barbados. Given the importance of this decision the Ministry of Health wishes to ensure that the medical gains would outweigh any possible negative social impacts before a Paper is presented for consideration as is required.

The Minister of Health wishes to assure you that this matter will be expedited and a recommendation will be referred to the relevant agencies in due course."

That is the type of letter you receive when you are sick and dying. Signed: "Permanent Secretary", an old friend doing his job.

Now, where are we today? That was 2016, we are into 2019. Minister Bostic accepted a recommendation that was made and there are a lot of things that people do not get credit for. I am not here to claim credit, I am here to state facts. In the Cayman Islands model, they bought some cannabis, they had it dispense to patients and they had the doctors monitor the patients. A simple way of collecting the anecdotal evidence. What did I do? I said to the now Chairman of the Hospital Board, to have it put on the formulary, which she tried to do only to be told she was going too fast. Cannabis is on the formulary now, but you will hear that the recommendation came from somewhere else. We need to stop this, and I go back to the Attorney General, when he talked about literally turf wars going on when people are sick. We have to stop it. People who know me knows that I will not be silenced, one way or the other I am going to speak.

During the session a few days ago, I indicated to Minister Weir that I am being retained by the Iyah Binge group to bring a legal action as it relates to sacrament. My advice to the group was to wait and allow these proceedings to take place and see if the Government would put to Parliament, that is the way it happens, it is Government who is to put it to Parliament. Now, the Honourable Leader of the Opposition, had the little tug and tut with the Attorney General on the issue of referendum. I found in the throne speech by Her Excellency Dame Sandra Mason that point and I have here as it relates as she would say, "My Government", I believe I can get the quotes for you. June 5, 2018, at page 8, paragraph 3, "After a period of public education, debate and consultation my Government will hold a Referendum on the decriminalisation of recreational marijuana; in the interim however, we follow the science and accept the benefits of medical marijuana in treating a multiplicity of complaints. We will regulate to facilitate its availability to those in need." That is from Her Excellency. I do not know about any Manifesto, that is politics, we are in Parliament. That is the Throne Speech Sir that governs what this Government does, and that is as I understand it.

As a result of that, you have a Bill. Whether or not the Bill is in perfect form and that never happens, but you have a Bill, you have start. There is an attempt to pull away from the existing Bill and that is understandable. The existing Bill is one of penalties, even though the system has gone the way of Drug Courts testing. I understand that counsel abuse may be no more. The move essentially is not to punish by incarceration. As the international statute says but rather to look at abuse for what it is. I am going to fast-track through this. If you look at your penal sections, \$1 million, ten years, \$100 000.00, ten years. You have not changed the mode of thinking. Do not criminalise my people. What I always say to Rastafari, and I am going to go back there. The Throne Speech does not include them. Why? They did not agitate correctly. Is it because they are a minority group? What helps them now and they can do this, go OECS website, look for Justice Ventose, you will find his decision there, go to South Africa, look for the decision, it came out last year. I shared that in December with the Rastafari at a session we had. The law is patently clear. Any action against this Government on the Constitutional point, even taking the preamble under Section 11, which we protect your privacy in your home and your conscience, coupled with Section 19 that protects your right to practise your religion, you will win at the CCJ. Justice Byron has thrown out the Savings Law Clause, I am sure the Attorney General is aware of that. There is nothing basically holding a Court back from bringing a decision in the same vain as I would say the young Justice Eddy Ventose has done in the OECS.

I will move to St. Kitts to catch my breath. I can grow four plants because they are decriminalised through the same judgement. It is strange for a Judge to give Parliament time but that was the approach used in the Canadian decisions. It has borne fruit and obviously, politically the party will leverage on that as I believe any smart party will do.

Now, rushing along. I would suggest that you look at your definitions of young person, in Clause 2. This is something that the pharmacist.....

Mr. CHAIRMAN: You have two minutes.

Mr. D. TROTMAN:.....the pharmacist should pay attention to.

Hon. D. D. MARSHALL: There is no need to go there. I think the consensus is that the distinction between 21 and 18 year old is not one that is practicable or sustainable.

Mr. D. TROTMAN: Right, but what you need to do is to slip over to Cap 131.. because "young person" is also defined there and it is age 14, so for the sake of consistency, still take a look at it. You find several instances where there are penalties for dealing with young persons but the age is different, so you have to still take a look at that. What I will say here, since I am running out of time. I know that the public will ask me a lot of questions.

Hemp, nowhere in the Bill is there any reference

to hemp. This is as good a time to fix that. The FDA has now separate marijuana from hemp, where hemp is defined as less than .03 percent of THC. What that will do is free up a whole new possibility in terms of agricultural production, it would introduce the concept of drug versus food, drug versus industrial applications, and you can actually run the two industries in parallel by simply inserting a definition with the framework of the regulations to come after.

Time, I will not force it. If that is the 15 minutes that is the 15 minutes.

Mr. CHAIRMAN: Mr. Trotman, do you want to quickly wrap up your presentation?

Mr. D. TROTMAN: What I will say is that it would be interesting to see the legal advice that was given in the area of International Law, because I think a lot of that is lacking from what I have seen here, and I had indicated to the Deputy Clerk that I will make a submission in writing. I hope it will be received, but it will cover some of those areas, even in the CARICOM Commission, they also fell down a bit in terms of how to treat the International Law especially as CARICOM. There are ways to push back because changing the hardcore position as you find in the 1961 Act, you are not going to get the WHO or anybody reclassifying anything soon, but there are other ways in International Law to make your presence felt in a harmonise way. I would say, why would I not be able to move, if I am a Rasta, and I have my rights, this we proclaimed in St. Kitts and in Antigua, why can I not come to Barbados and practice my religion. That makes no sense when we are talking about contingent rights and all of these things. I have a lot more to say, but another time.

Mr. CHAIRMAN: The presentation is up for questions and comments. Are there any questions or comments from the Committee? Go ahead Honourable Leader of the Opposition

Bishop J.J.S. ATHERLEY: Mr. Chairman, this is just to say that it is really a pity that we could have a presentation of this quality coming out of multi-faceted experiences, personal as well as legal research, and it has to be hurried and rushed and abbreviated at the end of the day. That is the point I want to make.

Asides.

Mr. CHAIRMAN: Are there any further comments? No?

Asides.

Mr. CHAIRMAN: Are there any other comments or questions from the Committee.

Hon. D.D. MARSHALL: Let me say I am grateful to Mr. Trotman for his presentation and I believe much of his stance comes from something that none of us or few of us will ever be able to claim, and that is the pain and anxiety of having a terminally ill loved one. When in

our Throne Speech we said we would let the science take us where we needed to be, I want to say that I am sorry that this system proved to be so intractable and so hide-bound by rules that it found itself unable to respond to a genuine human need. I think it is tragic that by being so unwilling to change the way in which we do things, you and your family suffered hardship when it could so easily have been avoided.

Mr. CHAIRMAN: Minister Forde, then Minister Hinkson.

Hon. A.R. FORDE: I want to thank you, Mr. Trotman, Sir. You said that obviously due to your experience with a sick wife and using marijuana for palliative care, you have documented the response to treatment. At some point in time you can share it because that is actual clinical evidence that would help inform discussions like these. You would have that information, and based on the lot of paperwork which I see you have here I suspect that you would have documentation on how it was able to help in relation to pain and other signs, symptoms and so on. I appreciate it. Thanks.

Mr. CHAIRMAN: Mr. Hinkson.

Hon. E.G. HINKSON: Thank you, Mr. Chairman. I too would obviously wish to empathise with Mr. Trotman and his family on circumstances which could easily have been avoided by State intervention, especially so since I knew his wife and I know her family very well. I have done a lot of legal research on this issue, and the one point I want to raise, though, is your comment at the end about contingent rights. What are you saying there? If, let us say, St. Vincent were to legalise use of cannabis for sacramental purposes by the Rasta movement, should this be transferrable to someone coming from St. Vincent and living here? Is that what you are trying to say, and if that is so, on what legal premise have you found that?

Mr. D. TROTMAN: Our Constitutions essentially came from the same cow: Great Britain. I call her a cow. You know that there are similarities in the rights provisions, so when one pin falls all the way in South Africa the other will fall. When the Committee meets, as I said, the Organisation of Eastern Caribbean States (OECS), look at Justice Ventose's judgement and look at former Chief Justice Dennis Byron and how he treated the savings law clause. I will make the submission. I will include my view, my legal opinion on those submissions. The Attorney General in due course will receive a letter, where I represent the Rastafari. We can avoid this position where it is clear that the Rastafari were not included in the Throne Speech. That is why I read it, because sacrament is definitely not recreational. Antigua, and I have a copy of the Antigua Bill here, dedicated an entire section with an apology from Prime Minister Gaston Browne, so the legislation is not foreign. I think everybody knows what was done in Antigua. The Attorney General is being technically forewarned. He may say it is not him, it is the Solicitor General, but you cannot change the fact that in February this year the

amended contingent rights, the Supplement to the Treaty of Chaguaramas, was finalised. Am I correct, Attorney General? I think it was February. That allowed you to get more duty-free cars once you have satisfied the requirement for a CARICOM and freedom of movement. There are other rights like those. We always had the right of establishment in terms of forming companies.

So here I am, a Rasta, and my brother may be living in Barbados, I have a child studying in Trinidad, whatever. Legislation has changed but we are stuck at CARICOM with the same type of Constitutions. Why make people fight when we as attorneys know it is a lost cause? Politically, you know. Anyone with a little commonsense would ask, "Why force the Rastas to continuously go through?" I mean, take a look at the penalties for drugs. How many Rastas form the thousand people in jail? Not very many, and the people who are locked up were the guys pushing drugs for money. The Rastafari is a peaceful religion. All the Rastas I know are peaceful. Committee, when you meet, you know. As I said, Government tells Parliament what it wants; not the other way around. In terms of the contingent rights you do not want a judge to tell Government what it should tell Parliament, when Government already knows that it can include and give the Rastas their freedom. As I said again, I was retained in December and I have advised that we should let this run its course because it is cheaper. Not that I was being paid, but you know. Have I answered your question?

Hon. E.G. HINKSON: What is the reference to the Judge Ventose case?

Mr. D. TROTMAN: I would have to supply that but essentially it is a case that started, I think, way back in 2012 where this guy was arrested. He challenged the system so it took from 2012 to 2019 to be decided. A constitutional action was brought in terms of his rights, private rights and personal use, and the way in which Justice Ventose dealt with it is more or less set out in the South African case. In the written submissions, those references which are constitutional and aspects of international law will be available to the Committee. I think that when you read it, you can form your own impression, even if you are not an attorney, to see that the Government is really letting down the Rastas if they make them fight for this one.

Mr. CHAIRMAN: Senator Greendidge.

His Honour Senator R. N. GREENIDGE: Yes, Mr. Trotman the only way I could describe your contribution this evening is touching. You were literally shooting from both hips. First of all, the very personal experience which you had with the passing of your wife, a very gracious lady who I knew personally and you are also shooting on the behalf of the Rastafarian group but where the wife is concerned I could hear the emotion in your voice and as you said, it is only when we have that personal experience and that personal loss that we can really and truly be aware of the devastating effect that something like that could have on you and I know what you have gone through. I know you have spoken to my

sister Eleanor and sometimes when she speaks about the way you explained it to her she herself is in tears. The legislation in the Caribbean, you did mention the fact that you knew what was in the ... Do you have a copy of the Cayman Islands Bill?

Mr. D. TROTMAN: No, not here. Their Bill was fairly loose though which is why they could do what they did. I do not have that here but the method was accepted by the Government.

His Honour Senator R. N. GREENIDGE: If you have a look at what we have put here before you, our drafted Bill, and you would compare it with other Bills in the Caribbean whether it be Antigua and Barbuda, St. Vincent and the Grenadines, Jamaica, wherever, can you see a lot of similarities between ours and theirs?

Mr. D. TROTMAN: I would say yes, but what I was more concerned about is the point in terms of movement. None of the Bills addressed that. In fact, in Antigua and Barbuda, their Bill prevents you, if you are a Rasta from moving cannabis out of the country. They have essentially said look, we know our neighbours are not going to take us on so if you carry cannabis out of here as a Rasta we are going to lock you up. The other provisions are basically the same. The difference with St. Kitts and Nevis is that St. Kitts and Nevis has not passed their legislation in totality but there were forced to go the route of decriminalisation so what I am doing at present is looking at all of the Bills and trying to get a position along the line of a regional position and you can only do that essentially on a self-appointed basis because the Commission was established but the Commission did not come with a CARICOM Medicinal Marijuana Bill. It would have been good to have seen a draft which would have encapsulated these couple things. They did a good job in terms of putting the views, the alternatives, looking at the law and concluding essentially, look, we should legalise or free up and let people benefit but the reality, if you look at what the Attorney General was going through, setting up a lab, I can go further and say that the particular harm, the cancer that my wife had, my children are exposed and have to be tested. It is a mutation, something called triple negative breast cancer so when I went to the University of the West Indies (UWI), it was with all of that knowledge and nobody was doing anything there. The Bills have to look at research in a practical way. Cannabis is one of the only drugs that essentially fights back against triple negative. If you speak to the doctors, the palliative care ...

Editor's note: at this point the audio feed was lost for one-and-a-half minutes:

Mr. D. TROTMAN: ...Here in Barbados, nobody cares and I understand that too, so, you know, as I said, we can do it, but it must start with the support of Government, but it needs to be done. Yes it may seem rough, but it has to be done. We are talking about a 2016 response, and this is 2019. I am not going to talk about the

time lost, I am not going to do that ... I think I am going to stop here.

Mr. CHAIRMAN: Any comments or questions before we go to the next presentation? There being none, Mr. Trotman I want to sincerely for your very honest and direct presentation.

Mr. D. TROTMAN: Thank you Chair, thank you, committee.

Mr. CHAIRMAN: We now go to Mr. Wallace Cyrus. Mr Cyrus please come to the table.

Mr. WALLACE CYRUS: Good afternoon ladies and gentlemen, my name is Mr. C. Wallace Cyrus. I am a most loyal Barbadian, proud to be a Barbadian, but sometimes...I left Barbados (Inaudible) ...worked in United Kingdom, Canada, Bermuda, the United States of America and Sweden. I did sabbaticals in South Africa and Jamaica

(Inaudible for the remaining ten seconds of the recording)

Mr. W. CYRUS: ...the University of London, Queen's College, and the Institute of Psychology and Psychiatry, London, England. The legislation that we are talking about today, I cannot say that I support it nor can I say that I oppose it but I have great concerns.

I am going to begin my presentation with a quotation from the current Attorney General. Three weeks ago, after a Cabinet session, the Attorney General, the Honourable, made the following statement and I quote; he said: "*The state of affairs in Barbados, the degree, the level of corruption is so great that he can no longer rely on the Royal Barbados Police Force to be the only factor in dealing with the condition*".

So, he had to bring in some outside sources and he referred the former Commissioner of Police as someone that he had contracted or the Government of Barbados had contracted to assist them. It is these two major situations that cause my concern. Having dealt with a number....

Hon. D. D. MARSHALL: I apologise, I would not want the record to state that the former Commissioner of Police is now engaged by my Ministry to deal with any corruption matters, so I really, perhaps Mr. Cyrus did not quite grasp or get what I was saying. I certainly would never have said that because that is not within his Terms of Reference.

Mr. W. CYRUS: Have you not engaged Mr. Darwin Dottin to assist in some capacity?

Hon. D. D. MARSHALL: Mr. Dottin is definitely engaged to assist in many capacities but not on the matter relating to corruption.

Mr. W. CYRUS: I am only quoting what you said. Having dealt with a number of entities on this island. In 2006, August 14, my father disappeared and when his body was recovered some three days later face down in a mud puddle behind the Queen Elizabeth Hospital the Coroners Act of Barbados states very clearly that that situation should have been declared an unnatural death,

which was not done. He was declared to have died of natural causes and a number of issues ensued, which caused me great concern because most of the things that occurred were illegal. If that has happened and I have spoken....

Mr. CHAIRMAN: Mr. Cyrus, we have invited you to make a presentation on Medicinal Cannabis.

Mr. W. CYRUS: Yes, I am going to make that presentation.

Mr. CHAIRMAN: So I would urge you to get to your presentation as it relates to the Bill in its present form. Five minutes have gone already.

Mr. W. CYRUS: Cannabis, Marijuana, whatever we choose to call it is a very serious product. It raises a number of issues and it has damaged and it continues to damage the society significantly so. There are a number of issues raised with regard to cannabis and its usage. Now, a primary function or the primary constituent in cannabis is its mind altering substance. Its ability to alter one's consciousness.

The primary function, the primary uses of cannabis since time began has been to alter the consciousness of humans. Why one would want to have their consciousness altered, I find it difficult to comprehend. As a result, from what I have seen, what I have heard, I can see nothing that would encourage me to want to support it for the simple reason, No. 1 the health of the country, in general, will be seriously compromised if this substance falls into the general usage. I am sure none of us sitting here today would want to be on a plane where the pilot was consuming marijuana before he took the plane down the runway to go wherever. None of us would want to get into a train or bus that the driver was consuming cannabis. As I said earlier we have added a new term to the lexicon of psychiatry and psychology - drug induced psychosis and when I hear people asking what psychosis is and does anything else cause its effects, it is as clear as the sun rising in the East and setting in the West.

People who consume cannabis, the way in which it is consumed for its ability to alter one's consciousness. There are those who become ill, unwell with a psychotic episode. For the benefit of the young lady who asked earlier, what is psychosis? In psychiatry, we have two forms of illnesses, mental illness. One is neurosis and the other is psychosis.

Neurosis is the less disabling of the two and it is usually treated with psychotherapy. The psychosis, on the other hand, is far more troubling because there is a significant change in personality and it is usually a result of they being a deficiency in the biochemical functions in the body and it is usually treated by chemotherapy medications and by ETC Electroconvulsive Therapy and these are very significant interventions. So, to think somehow a psychotic episode is something of some minor degree is to be either very naive or uninformed and not aware of the seriousness. People have died of psychotic episodes.

I spent my last ten years in practice in England.

and I was responsible for the rehabilitation of persons from an institution called Broadmoor, it is an institution for the criminally insane. In those ten years, I can proudly say that I never lost a patient and that all the ones who came under my jurisdiction returned to society.

If you have been found not guilty by reason of insanity, you go to Broadmoor and this is not for people guilty of jay-walking or for swearing. These are people who have committed very serious offences up to and including first degree murder and after 25 years would like to return people to the community. But then you have to go through a programme, then you need to be certified as being free of the psychosis or if not free of the psychosis be in a condition where you can be rehabilitated and be returned to the community and that is what I did for the last ten years of my practice.

Mr. CHAIRMAN: You have five more minutes.

Mr. W. CYRUS: I say to this Committee and the Members of Parliament, be very careful what we do because if you open that Pandora box you might not like what comes out of it. Thank you.

Mr. CHAIRMAN: Are there any questions or comments from the Committee?

Hon. A. R. FORDE: Thank you, Mr. Cyrus. You said that marijuana or cannabis leads to a drug induced psychoses and death eventually.

Mr. W. CYRUS: I never said death eventually. I said people have known to die from psychotic episodes.

Hon. A. R. FORDE: Basically, it is the same thing as saying that drug induced psychoses can lead to death.

Mr. W. CYRUS: It can lead to death.

Hon. A. R. FORDE: Is it also true that cocaine, alcohol, benzodiazepines prescribed, sedatives, hypnotics and amphetamine all causes drug induced psychoses? Tramadol which is used for simple pain causes drug induced psychoses. There is a plethora of drugs on the market that causes drug induced psychoses.

Mr. W. CYRUS: No. There is a plethora of drugs that can cause drug induced psychotic episodes.

Hon. A. R. FORDE: You said that marijuana can cause. I do not think you are saying marijuana causes.

Mr. W. CYRUS: Of all of the drugs you mentioned, marijuana stands at the top of the list to be...

Hon. A. R. FORDE: As I speak, Fentanyl that is on the market that is prescribed for pain not in a palliative way of course because it is synthetic, is 10 000 times stronger than marijuana. One of its side effects is drug induced psychoses.

Mr. W. CYRUS: The difference between Fentanyl and marijuana is that Fentanyl is very addictive, far more addictive than any other substance that we know of and as result of its addictiveness it is more inclined to cause people to commit suicide. Again, I make this statement. Seldom, you would see someone driving down the street under the influence of marijuana because it is very sedating and they usually like to retreat to

somewhere nice and quiet.

Hon. A. R. FORDE: You have answered my question. Majority of the drugs I listed are times more addictive. I should not even use the word "addictive". They are drugs that fall under the category of substance dependent. They have the syndrome of tolerance and withdrawal.

Mr. W. CYRUS: That is correct. When the toxicity levels are reached, they present themselves in a much different way from cannabis.

Hon. A. R. FORDE: All these different drugs I just mentioned, including alcohol, have a lower therapeutic index than marijuana. I just asked and you corrected me and indicated that the word "can" should not be used but you are saying it causes drug induced psychoses, I am saying that I listed a whole series of drugs that are available in Barbados as I speak that are given to persons for simple toothaches which has as a possible side effect drug induced psychoses. What makes marijuana so different from the other products I listed, although the clinical studies are there to suggest that these drugs are more toxic, have higher levels of dependency and they have a lower therapeutic index?

Mr. W. CYRUS: That is right but the presentation is different. The big problem we have with marijuana is that it produces this psychotic episodes which is very toxic in its presentation. What happens is that the person becomes acutely paranoid. This a feature that is not seen in any of these other drugs.

Hon. A. R. FORDE: You just said that all of the drugs that I listed, the toxicity levels are much higher than marijuana. Therefore, if their toxicity levels are much higher than marijuana, how could you say....

Mr. W. CYRUS: Their presentations are a lot different.

Hon. A. R. FORDE: I think the thing with marijuana is that it is a new frontier in terms of it being used and accepted now as a medicinal drug to treat illness in a palliative way. I think we have to recognise that on the market as we speak, there are drugs prescribed every day that are more potent, they have a lower therapeutic index and more harmful side effects.

Mr. W. CYRUS: I am not condemning marijuana or writing it off for its medicinal purposes. What I am simply saying is, there are some problems associated with it which we do not see in other medications to that degree, and as a result what we need to do is to be very careful so that when we put it on the market that we actually make sure that the quality or agent which is mind altering, which is why people use it. They use it for its mind altering substance.

Hon. A. R. FORDE: There are 113 active principles found in the marijuana plant. There is tetrahydrocannabinol which is supposed to be responsible for the psychological effects. It is used for the central nervous system in terms of regulating pain, *et cetera*. There is also the CDB and that is supposed to help with the physical effects, whether with appetite or the digestive

system with ulcerative colitis disease. You said that it is mind altering but its shows here that the compounds and the different active principles are used for different things. Therefore, it is not only mind altering because it has physiological effects as well. Right or wrong?

Therefore, when you say it is a mind altering drug you would have to remember there are other active principles in it as well.

Mr. CHAIRMAN: We can continue this discussion but the reality of it is that other people want to ask questions as well.

Senator Dr. C. K. M. HAYNES: Mr. Cyrus, thank you so much for your presentation. Those who sit on the Committee have a lot of respect for you and the professional opinion that you have given. I believe you gave 50 years of history in the field but similarly I do believe that your contribution was void of the relevant context to a certain extent. The conversation that we are having today as far as the medical side of it, speaks to the relationship between a doctor's ability to recommend something to his or her patient where there is a specific indication for the use of the substance.

It is not case where you made a reference to where you had served for a number of years where people are going to access this thing and we are going to end up almost like a zombie apocalypse movie.

Mr. W. CYRUS: I never said that or implied or it.

Senator Dr. C. K. M. HAYNES: You said you worked at a place where there were many criminally insane and the implication was that this was largely due to the use of marijuana.

Mr. W. CYRUS: I never said that.

Senator Dr. C. K. M. HAYNES: I am saying that was the implication. What we are seeking to do here is to establish something where a registered medical practitioner can determine by the signs and symptoms that a patient presents or based on the evidence they are armed with, make a recommendation for treatment. I think that is point I believe was lacking from your contribution this afternoon.

Mr. W. CYRUS: Okay. Let me say this in very clear unequivocal terms. As I was saying earlier when Mr. Marshall interrupted, I have great concerns with regards to the integrity of the persons in Barbados who would have jurisdiction in going after medical marijuana. If they can assure me or the public of Barbados rather that: We would use the maximum benefit for the medicinal purposes and none of the adverse qualities we make sure that we control those so that they would not get back into the society; that we would keep our children away from them; [that we would keep] people from using them to do the things that they do, because in the last 10 years having dealt with the situations that have occurred, I have dealt with four Attorneys General, I have dealt with two Prime Ministers, and nothing leads me to believe that if we do not take special precautions that we would not be turning loose the Pandora's box on the society, for the simple

reason that, there are three prominent physicians on this island, holding prominent positions and those three persons made a statement which is not an error, it is a blatant miscarriage of justice in that it was not true, when they said that you can see a dead person and from there you can see signs and symptoms that that person has suffered from Alzheimer's or senile dementia when he or she was alive. That is not true, and if these people are the ones responsible for dealing with marijuana and its introduction and 'thing' into the marketplace here for medicinal purposes, all I am saying is that we have to be sure that whatever we do that we simply make use of its medicinal purposes and that we make sure that the other things do not occur. All I am simply saying is that if we cannot get people to tell a simple truth, can we trust them with this product?

Mr. CHAIRMAN: Mr. Cyrus, I hear your concerns and I wish to thank you sincerely for taking the time out to come and present to this Committee. We have heard the various questions posed and the responses. I would now like to thank you and would want to move now to the next presentation.

Mr. W. CYRUS: Thank you, Chair.

Mr. CHAIRMAN: We have one final presentation from Mr. Cyprian Latouche. Mr. Latouche, 15 minutes is the allotted time. Please note that we will be monitoring the time.

Mr. CYPRIAN LA TOUCHE: Not a problem. I recognised, well, one and a half hours as fifteen minutes as was given to some other individuals. What I heard today in a lot of cases was a reflection, in my opinion, of people's biases and a lot of things that were said, in my opinion, had little regard for fact. Some of the presenters obviously made excellent points in terms of the facts presented and they were definitely right in those things but really and truly a lot of the conversation which I heard today was a back and forth about politics and all sorts of different issues. This is a question about the Medicinal Bill and the presentation I intend to give right now is first going to deal with my observations and criticisms of the Bill and then recommendations as we understood that the conversation, really and truly, is broader than the Bill.

The conversation, really and truly, is about a cannabis industry. it is not just about a medicinal marijuana Bill. One of the things that concerned me, the lady quoted from an extract from CARICOM and what-have-you and their position in terms of whether we should have a referendum or not. It was said – bear with me if I do not get it exactly right – but essentially that the act of only dealing with a medicinal bill in terms of presenting a bill or coming up with a medicinal approach to dealing with this [that it] was, that it was a mistake. That is the overall impression I got from that CARICOM statement, therefore the question I would ask is why are we pursuing this then in Barbados. I believe we have to do what is right, what is best practice.

Now, one of the things I looked at, we have been talking about the conventions. The minister spoke last

week and spoke about the challenges we have in terms of negotiating certain things that have to be negotiated in terms of how we have to deal with cannabis and those sorts of things. There are two conventions which we are dealing with, the 1961 convention and the 1971 convention. The 1961 convention scheduled cannabis as a Schedule IV narcotic. The 1971 convention talks about THC's, the chemical within the cannabis, that is the psychoactive element and that then schedules it... It puts it on schedule but the schedule is reversed from the 1961 convention so [that] it gets confusing. But two main points which I want to get across from that, the World Health Organisation in January recommended... I will read it properly for you.

"On 24th, [January] 2019, the Director-General of the World Health Organisation recommended to the Secretary-General of the United Nations that cannabis and associated substances be rescheduled in the international drug controlled network, the stated intent being to facilitate the cross-border trade of these substances from medicinal as from scientific purposes."

The two conventions, really and truly, deal with trade, cross-border trade, what happens in a country is a different thing, and that is one of the reasons Canada and a lot of other countries around the world have been able to do as they do when it comes to cannabis and the subject of cannabis and treat cannabis differently because what happens within their borders does not necessarily violate what the United Nations Conventions say, which is about trade. That is the first thing I want to get across to you all. It then also goes on to say, well, the two conventions I spoke about and the rescheduling of those conventions, WHO has recommended to the United Nations that cannabis and cannabis resin be removed from the Schedule IV but remain in Schedule I. This is in the 1961 convention; (2), the term "extracts" and "tinctures" be removed from the 1961 convention, to be placed in Schedule III with a new entry that refers to medical preparations of cannabis that does not pose a public health risk. Okay? They do not pose a public health risk. Now, the third thing he goes on to say, "is delta nine THC and THC isomers be removed from the 1971 Convention and put into the 1961 Convention as Schedule I along with cannabis and cannabis resins. What happened is that you had a confusing and different treatment of cannabis and I am going put in marijuana because when we talk about the THC you are talking in sense about marijuana. They are saying that in the two Schedules they are different and you have to bring them into the 1961 Convention.

Now, I want you all to listen to this here carefully. At the end of the recommendations which was set out by WHO, they put a footnote and said that CBD oils, products coming from hemp and are not under international control. That is why you can see all over the place, people producing hemp oil and selling and trading it all over the World. Because people get confused and this all about definitions. All marijuana is cannabis, but all cannabis is not marijuana. There can be essentially

two distinctions. There is marijuana, which is the cannabis plant that contains THC and then there is hemp, the cannabis plant that does not contain any appreciable levels of THC. Medicine can be made from both, so CBD can come from hemp and that is not under international control. Now, I do not know exactly what the legislation says in Barbados, but is that legislation is based on letters.....

Hon. E. G. HINKSON: That is where we want you to come. Because we want you to connect with the

Mr. C. LATOUCHE: That is my point. If the legislation is based on the International Convention of UN Treaties, then you cannot say the CBD oil produce from hemp is illegal. If it is based on the UN Conventions..... that is my point.

Hon. E. G. HINKSON: Hold on. You have read the Bill, have you not?

Mr. C. LATOUCHE: The Medicinal Cannabis Industry Bill is talking about the Medicinal Cannabis Industry Bill itself. That does not talk in terms of whether or not the legality of medicine produced by cannabis should or should be legal. Do not forget I made the distinction. This whole Bill and every conversation which we had today is about definitions, and people have been using marijuana and cannabis more or less in the same vein. You cannot do that that is first thing.

Hon. A. R. FORDE: I just want to ask you a question. Does hemp come from cannabis plant?

Mr. C. LATOUCHE: Yes.

Hon. A. R. FORDE: Is it the dry stalk of the cannabis plant?

Mr. C. LATOUCHE: No, just a second. Cannabis is the plant family. Cannabis contains 115 different cannabinoids. One set of cannabinoids is THC, the other one is CBD. Marijuana is the cannabis plant that contains THC. The marijuana plant contains everything else as well, but hemp only contains at most about .03 percent of THC. For example, you can sit down and smoke a fuel of hemp and you cannot get high. That is the distinction you have to make. A hemp feel is not a marijuana feel.

Hon. A. R. FORDE: With a cannabis plant, hemp is the

Mr. C. LATOUCHE: Hemp is the whole plant. Understand again. When you talk about marijuana, you are talking about the chemical component that is found within the plant. It is the exact same plant, but the medicine can come from both, and what the UN Convention says, is that medicine produce from the hemp plant is not under international control.

Asides.

Mr. C. LATOUCHE: Right, because it does not contain THC. This is my whole point, the conversation which we have been having here, and which you all have been having, in terms of cannabis and the cannabis

industry. You have been bringing legislation to deal something that is not in the international control. You are not just talking about the marijuana, you are talking about the hemp.

Hon. D. D. MARSHALL: Mr. LaTouche, I am not sure if you are saying that you read the Bill or that you did not read the Bill.

Mr. C. LATOUCHE: I have read the Bill and I have the criticisms of the Bill.

Hon. D. D. MARSHALL: I appreciate that. I am just wondering if you had an opportunity to look at the definition of cannabis in Bill where it says, "*cannabis means all parts of any plant of the genus cannabis including any resin obtained from the plant*".

Mr. C. LATOUCHE: The Minister asked me about that just now. Which part did I say that it was not the plant? Again you are getting confused.

Hon. D. D. MARSHALL: You are saying

Mr. C. LATOUCHE: Hemp is cannabis.

Hon. D. D. MARSHALL: This says, "*cannabis means all parts of any plant of the genus cannabis including any resin obtained from the plant*". I am not sure. Are you saying that this definition that we have used is quite unnecessary? I really would like you to focus on the Bill. I am happy for your (inaudible) ... but we are here to discuss the Medicinal Cannabis Industry Bill and not to discuss.....

Mr. C. LATOUCHE: I started first by saying that this conversation really and truly is about the cannabis industry and the discussion of the cannabis industry, then I went on to try to define. We have had all of those discussion as the reasons why we need to have these controls of the particular drug or what have you. The particular drug in this case being marijuana. We have had discussions about the medicinal properties of the cannabis plant. I am saying that the medicine which is CBD which is hemp oil essentially, the hemp CBD is not illegal under International Trade Law, under the UN Convention. We are bringing control and sending policies to, I do not want to say legalise that, but that is what I am getting at here with this. There is a distinction between the two.

Mr. CHAIRMAN: You have two more minutes.

Mr. C. LATOUCHE: Let me deal quickly with the Bill itself. First thing I would ask is about the definition of medical cannabis. Because what differentiates medical cannabis from recreational cannabis. Is it the intent or the purpose of the consumer using it, or is it the action by the doctor or pharmacist prescribing it. What makes it medicinal? What makes it recreational? If I take something and I am taking it for fun and it relaxes me. Is it then that I have taken it as a medicine or have I taken it for fun? The point which I am trying to get across here is that you cannot separate the two. You cannot separate medicinal from recreational. Anytime that you have to deal with the Bill you have to deal with the Bill there is no definition in there of that for me. If you are a Rasta, you are telling me that as a Rasta I

cannot smoke it or what have you as part of my religious experience? We have dealt with that already. One of the things which the Attorney General has talked about is the need to come up with things that work. One of the questions: Anyone convicted of a serious offence cannot be a caregiver. I think that is in Clause....

Mr. CHAIRMAN: Mr. LaTouche, your time is up. Can you please just wrap up quickly?

Mr. C. LATOUCHE: There are a number of things which I see in this Bill which I have concerns about. Okay?

Asides.

Mr. C. LATOUCHE: The idea that we can criminalise people for consuming marijuana with the exorbitant fine, I believe, makes no sense. You cannot say on one hand that there is nothing wrong with marijuana and then be penalising some person to that degree. You are stopping certain people from getting involved in the industry. I do not think that is going to work either. You cannot then expect either people who have been legacy farmers or what have you, and then you are saying on the other hand you are going to refer to them for research purposes but yet they cannot be involved in the industry. That is not going to work. It does not make sense to me. One of the problems that is occurring right now is that because cannabis is not addictive, people are trying to make it addictive. A lot of the problems that we see happening nowadays in Canada and those places is because people are increasing the levels of THC to unnatural levels. Therefore, you are getting all this psychosis. Using the plant in its natural, not with synthetic, artificially high level of THC and so on but with the natural balance that exists between the CBD and the THC in natural form is a safe way to use the plant. Therefore, one of the problems I have is because you are trying to force it into this category of becoming a medicine and the challenges that I have....

Oh, and one of the things I want to say quickly too: Why do we not simply make a legal definition of what a recommendation is and what a prescription is? To me, a prescription has to be something which is written and was issued by a doctor, which would have specific dosage and that sort of thing on it. A pharmacist cannot write a prescription but I should be able to go to a pharmacist and if he suggests to me, "You can use this here", then to me that is a recommendation, which is acceptable. A pharmacist then could recommend things over the counter, and this is one of the problems we have. We are trying to force cannabis into a controlled drug behind the counter under prescription by doctors and that sort of thing. You have my report and I will entertain you at some point in time outside of this if there any questions.

Mr. CHAIRMAN: I want to thank you for your presentation. The presentation is before the Committee for questions. Senator Greenidge.

His Hon. Senator R.R.N. GREENIDGE: Mr.

Latouche, you said that we should have adopted the Report of the CARICOM regional convention or whatever the name was, and I get the impression that you were asking why not go the whole hog. You said just a few moments ago that we cannot separate medical marijuana from recreational marijuana. Are you saying, therefore, that marijuana should be legalised for medicinal purposes, recreational purposes and religious purposes altogether?

Mr. C. LATOUCHE: I would say, "Yes", but let me explain something when you said something about going the whole hog. That is not really and truly what I am trying to get across. What I am saying is that Barbados and the other Caribbean countries spent a lot of money setting up Boards or whatever to do investigation in terms of somebody coming up with recommendations as to how to proceed with respect to cannabis. Then when that Board comes up with the recommendation, I find it passing strange that Barbados now would choose to – I do not want to say "ignore" the recommendation – go a different path than what the recommendation would suggest is the best way to go. One of the things which I spoke about last week was the fact that we are bringing legislation now with a 1970s mentality. We are treating cannabis also like sugar, and the whole questions which I have heard today with respect to the planting and growing of it, the research and how much money it is going to take, and this "cultivar" which the Minister likes to speak about, and how long it is going to take? I am like, you do not understand where we are today in this century. Cannabis is not so much grown like that for medicinal purposes out there in the field anymore. There is a highly scientific approach to doing it. Every single aspect of it is not even just in a greenhouse but every aspect of it is now really carefully monitored and regulated. Okay? It takes very personal attention, so in terms of growing a particular strain one of the ways in which we can do that successfully and quickly is by having a lot of people doing it.

Mr. CHAIRMAN: Are you addressing the Bill in its present form?

Mr. C. LATOUCHE: Yes, because the Bill in its present form essentially speaks about creating these licences, and I would get the impression that there are limited amounts of licences which are going to be issued and so on, based on the pricing of the licences. My suggestion has been that if you open the

Mr. CHAIRMAN: Hold a second. Your question was pertaining to what?

His Hon. Senator R.R.N. GREENIDGE: My question was whether marijuana should be legalised for medicinal purposes and recreational purposes and you said yes.

Mr. C. LATOUCHE: I said yes.

His. Hon. Senator R.R.N. GREENIDGE: I am glad to hear that that is your view, because that is what I had wanted. Just as a follow-up: You made statements such as, "You can smoke without getting high. Cannabis

is not addictive. Using it in its natural form is a safe way to use it." My question to you is: Are there any negatives at all in cannabis use?

Mr. C. LATOUCHE: There are negatives in the abuse of anything. Okay? The greatest danger right now.... Let me rephrase this: Cannabis has been used by every single culture across this world for thousands of years. Okay? That is established fact, and I am not talking about now in terms of the physical aspect of it. I am talking about strictly the chemical use of the cannabis plant for medicinal reasons, whether it is cannabis-based, hemp-based or what have you. We are strictly talking about the medicinal aspect of it now, okay? Over all of that time, again, the English language is a very serious thing you know and it really upsets me because I went to the same school as this Minister and I cannot understand how people cannot understand clearly when people say "nobody has died" and then start talking about psychosis and how it always gets linked ...

Asides.

Mr. C. LATOUCHE: The one that is sitting there in front of me with a big smile on his face.

Asides.

Mr. C. LATOUCHE: One of the two there. If you want to say both of them, both of them, but the point of the matter is that there is a clear difference between death and psychosis and people going crazy or whatever, two totally different things. The evidence is clear, statistically, no one dies from an overdose of cannabis; of marijuana. The reason being it does not work on the human body the same way as other things do like ingesting let us say cocaine or alcohol or something, that can interfere with your respiratory system and you can die from alcohol poisoning and that sort of stuff. It is almost impossible to die from cannabis. That needs to be accepted.

Mr. CHAIRMAN: One final question from Minister Forde.

Hon. A. R. FORDE: Thank you, Sir. I just want to get one thing elucidated, if possible, because we have the listening public and we have to make sure that the messages are correct in terms of how we articulate this Bill and certain aspects of the Bill.

You said cannabis, well, I will read the definition from the Bill.

"Cannabis means all parts of any plant of the genus cannabis including any regime obtained from the plant. I am supposed to take it based on the definition that the flowers that contain THC, comes under this Bill. Am I correct?

Mr. C. LATOUCHE: Yes.

Hon. A. R. FORDE: The seeds which contain THC?

Mr. C. LATOUCHE: Yes.

Hon. A. R. FORDE: How about the stock, which contains the CBD?

Mr. C. LATOUCHE: Minister, cannabis is the entire plant.

Hon. A. R. FORDE: Right and that is what I am saying. What I am saying to you, even the part that you consider the hemp, because you are saying that ...

Mr. C. LATOUCHE: No, no, no. Again, you and this "part that is considered to be hemp". That is where you have it wrong. A part of the plant is not hemp.

Hon. A. R. FORDE: That is what you said. You said it in the convention ...

Mr. CHAIRMAN: Alright. Minister Forde, let us give Mr. Latouche a chance to do a final comment and we will then thank Mr. Latouche for his presentation.

Mr. C. LATOUCHE: I fully believe that we need to have a Bill. In this current form, I believe, if this is the best that we can do right now to get through, I do not have a problem, but I believe that the Bill can be not just tweaked, but I believe that the idea that it is a Medicinal Cannabis Bill is the wrong approach. I believe that it should be a Cannabis Bill. If then within that Cannabis Bill, you can then deal with medicine for medicinal purposes, therefore you could have doctor writing prescriptions for that and then you can also have cannabis for recreational purposes that do not require a doctor to write a prescription for it. This whole conversation is about money and opportunity and we have the opportunity right now to make billions of dollars and what we are doing is watching people fly pass us and think that the world waits until we are ready and that is a problem. We need to change our attitude.

Mr. CHAIRMAN: And that is a very positive note on which we would want to thank you for your presentation. This brings us to the end of all oral presentations for the day. We have concluded our hearing and old presentations, we will come back on Friday to consider written presentations and then examination of the Bill.

Bishop J. J. S. ATHERLEY: May I ascertain from you and perhaps the Clerk, Mr. Chairman, did we accede to request for oral presentations?

Mr. CHAIRMAN: All requests that are before me were heard.

Bishop J. J. S. ATHERLEY: Did we accede to all request by members of the public or institutions of the public who will ask to make oral presentations to the Committee, is the question?

Mr. CLERK: Mr. Chairman, if I may assist. On the last occasion we had a list of organisation and individuals that we were asked to get in contact with. We made contact with them, they were given the option of written or oral so those who presented today would have indicated that they wanted to make oral presentations, in addition to the written, so we have acceded to all request for oral presentations. There is only one missing from today. There was a Mechell Marshall who is a registered nurse and midwife, but I do not think she came today. All

others we have acceded to their request and we actually just got a written submission from the Pharmacy Council that came in just minutes ago. I would have seen Doctor Nigel Taylor, he was travelling and he indicated that once we had emailed the Bill to him he was going to submit a written presentation and we have not gotten that as yet, but the short answer to your question, all the oral presentations and those who indicated, we would have heard today.

ADJOURNMENT

Mr. CHAIRMAN: That brings us to the end of today's hearing. We will resume on Friday, September 27 at 1:00 p.m.

Hon. D. D. MARSHALL: On a procedural point though, Mr. Chairman, in relation to the members of the public I would like to reaffirm that all of the written submissions are going to be posted on the website and in the event then that we do not have any oral presentations to be made on Friday, then we should meet in closed session to consider the presentations that have been made and the actually contents of the Bill.

Mr. CLERK: Mr. Attorney General, just on that note, if between now and Friday and we receive any requests to make oral presentations will the Committee be open to receiving those or is it that today is the deadline?

Mr. CHAIRMAN: Today being established for oral presentations and we gave time, we actually adjourned to give time to receive those presentations and today was the established deadline for oral presentations.

Hon. D. D. MARSHALL: I think that answers the question.

Mr. CLERK: Okay.

Mr. CHAIRMAN: Okay, we are adjourned until Friday, September 27 at 1:00 p.m.

There being no further business, the meeting adjourned at 6:26 p.m.

**THIRD MEETING OF THE JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL (2019)
MARIGOLD ROOM,
LLOYD ERSKINE SANDIFORD CENTRE (LESC)**

FRIDAY, SEPTEMBER 27, 2019

First SESSION 2018-2023

PRESENT:

Hon. I. A. WEIR, M.P. M.B.A. (Chairman)
Hon. D. D. MARSHALL, Q.C., M.P, LL.B (Hons.)
Senator Dr. Crystal K. M. HAYNES, M.B.B.S.
Senator Mr. C. A. MAYNARD, M.B.B.S., F.R.C.S (ENT)
His Honour Senator R. N. GREENIDGE, LL.B.
Hon. E. G. HINKSON, M.P., LL.B (Hons.), L.E.C., LL.M
Hon. A. R. FORDE, M.P., Rph.
Hon. T. A. PRESCOD, M.P., B.A.

IN ATTENDANCE:

Mr. Pedro Eastmond, Clerk of Parliament
Ms. Beverley S. Gibbons, Deputy Clerk of Parliament
Miss Suzanne Hamblin, Library Assistant, Procedural Officer to Committee (Ag.)
Mrs. Joelle St. John, Senior Parliamentary Counsel Office
Ms. Anika Jackson, Principal Crown Counsel, Attorney-General, (Special Assignment)
Ms. Nicole Thompson, Special Advisor to the Attorney-General, Attorney-General Office

ABSENT:

Lt. Col. the Hon. J. D. BOSTIC, M.P., MVO, B.A. (Hons.) (Deputy Chairman)
Dr. S. E. BROWNE, M.P., M.B.B.S.
Bishop J.J.S. ATHERLEY, J.P., M.P. (Leader of the Opposition)
Senator C. A. FRANKLYN, JP

Mr. Chairman called the Meeting to order at 1:40 p.m.

EXCUSES FOR ABSENCE:

There were none.

Mr. CHAIRMAN: Members, let me welcome you all here again this afternoon.

MINUTES

Mr. CHAIRMAN: Members, the Minutes of 10th September, 2019, were circulated by email. Are there any queries in relation to those Minutes? The transcripts are also available if Members would so wish.

Hon. D. D. MARSHALL: Mr. Chairman, I think there may be one or two typos and I do not think it would serve the purpose of wasting any time by going through them.

On the motion of His Honour Senator R. N. Greenidge, seconded by Hon. D. D. Marshall, the Minutes were taken as read.

Mr. CHAIRMAN: Mr. Chairman, I have before me a set of written submissions. I will go through them one by one. As you may note, many of the statements in writing were also presented orally, some on September 10th and 24th. Doctor P. Abdon DaSilva, President of the Barbados Association of Medical Practitioners would have presented on Tuesday. I do not see any major variations to what he would have presented, so unless any member of the Committee is so clear that there are iterations as to what was presented on September 10, you may so go over or point them out, otherwise we will take his presentation as having been presented.

His Honour Senator R. R. N. GREENIDGE: The only thing I would want us to note and note fairly carefully is on the first page, which will be towards the end of the page where he says "minister" means the minister responsible for Agriculture and Food Security. Then he asked the question: "*Is it to be assumed that the Minister of Agriculture and Food Security now has the responsibility for health related matters? Should this not be the charge or the role of the Minister of Health and Wellness?*"

I do not think we can just go glibly over that point, it is a point which has been made by other presenters as well and I think that this is something which in redrafting or whatever we have to take into consideration where the Minister of Agriculture begins and ends and where the role of the Minister of Health and Wellness picks up. I think that is something that we cannot really ignore.

Mr. CHAIRMAN: Any comment with regard to the presentation and what was raised by Senator Greenidge?

Hon. T. A. PRESCOD: Mr. Chairman.

Mr. CHAIRMAN: Mr. Prescod.

Hon. T. A. PRESCOD: First of all, I would like give thanks for being present this afternoon. I would have missed many of the contributions venturing from the legitimacy of the call for medical marijuana; marijuana for relaxation; marijuana for sacramental purposes. The reality is that in my view, and I am commenting on the remarks made by my comrade, Senator Greenidge, if this Bill is to touch on many different interests in relation to marijuana, if the Ministry of Health brings this Bill then there is a component that speaks to marijuana for sacramental purposes. Other persons will argue that another ministry deserves to bring the Bill. If we are talking about using marijuana for recreational purposes somebody would say that the Ministry of Agriculture is not the right person to bring the Bill. When it becomes law it is law and when it becomes law it is not a law that is exclusively related to the Ministry of Agriculture, it is the law for all. Therefore, I do not believe that it has to come to any specific ministry.

The Ministry of Health would have complementary legislation that can be applied when it comes to matters related to the Ministry of Health. Other ministries would have legislation including the Attorney-General Office, the Ministry of Home Affairs if an environment itself when matters that are injurious the interest of the specific ministries come to fore there are other elements in the statutory provisions in Barbados that would be related. So, I believe that we can end up wasting a lot of time arguing on if the genesis of a law comes out of the Ministry of Agriculture or if it comes out of the Ministry of Health, because other persons with different interests will also have their arguments on it.

There will be a Ministry that will speak on whether matters relating to marijuana should be applied in relation to a social civil issue and there will put other persons that say if limitations are placed on it well then the ministry that relates to matters related to criminal activates also have to be the ministry that brings the piece of legislation. So, I do not believe that at this stage we need to worry too much on if it is coming from the Ministry of Health or if it is coming from the Ministry of Agriculture or any other ministry.

Mr. CHAIRMAN: Any other comments? At paragraph (1): "Is this to be interpreted as separate and distinct from the tried and tested (synthetic) preparations approved for current clinical use".

Mr. CHAIRMAN: This has been raised as well.

"Interpretation

2. (1) in this Act

"medical cannabis" means

- (a) cannabis that is grown and sold pursuant to this Act, et cetera".

He then goes on [and asked]:

"Is this to be interpreted as separate and distinct from the tried and tested (synthetic) preparations approved for current clinical use?"

The way cannabis is dispensed, well, I stand to be guided by the doctors but the Cannabidiol (CBD) oils, is classified as synthetic as well?

Hon. D. D. MARSHALL: Mr. Chairman, I do not know, I think perhaps you are missing the point here. When you look at the definition it says "medicinal cannabis" means cannabis that is grown and so pursuant to this Act. So, are we to conclude that cannabis that is not grown pursuant to this Act is not medicinal cannabis? Which really would be an absurdity because it would mean that in terms of the medicinal cannabis industry, only that which is grown and processed in Barbados would be considered "medicinal cannabis" but something that is brought from abroad would not be. I really think that that is the really what he is trying to say, because "the tried and tested (synthetic) preparations are not done here, those are imported. It may take us three years before we produce our first set of synthetic, so I think it is a legitimate objection.

Mr. CHAIRMAN: Senator Maynard.

Senator Mr. C. A. MAYNARD: Mr. Chairman, I am not aware that anyone can legally bring "medical cannabis" in Barbados. Putting it on the formulary does not make it legal. If I walk down the street tomorrow and I was stopped by a policeman and I had my "medical cannabis" prescribed [to me] by someone from overseas I would have a lot of explaining to do. This question has been raised, I understand what Doctor DaSilva is asking because it seems to appear that this only relates to cannabis related to what the Attorney-General said [that] is produced here. I never felt so, I never felt that at any point in time that it only meant what we grew and produced here, so for me it was not a question.

Hon. A. R. FORDE: Mr. Chairman, my position really is that "medicinal cannabis" imported in Barbados, once it is on the formulary of Barbados, like any other drug that comes and becomes part of the national drug formulary.... This is where the strange thing is, this is where the anomaly and oddity occurs, because once it goes on the formulary, really and truly, it becomes part of our medical programme in terms of the Drug Service. In the same way Fentanyl or any other narcotic goes on the formulary, then any pharmaceutical distributor can bring it into the island because it is on the formulary. So this is where the strange thing in terms of the Act is concern because any drug that is put on the Barbados drug formulary can be brought into the country by a legal distributor or a distributor for the purposes of the Drug Service Act, then it is written on a prescription. This happens to every drug that comes into the island, it does not have to go before a Board or engage this type of discussion. We understand that medical marijuana is a breakthrough in terms of the industry and we are heading

to do it in different frontiers, but for the purposes of what happens with any narcotic which are sometimes up to 50 000 times stronger than marijuana, in some cases, it goes on the formulary because it goes through the Formulary Committee, they make a judgement, it is placed on the formulary and it is accessible through our distribution network, so I do not know what happens in the case of medical marijuana.

Hon. D. D. MARSHALL: Mr. Chairman, I think we are trying to beat a horse that really is a very simple issue. It cannot be our intention to say that "medicinal cannabis" is only that thing which is grown pursuant to this Act, because it would mean that "medicinal cannabis" could not be the very same product if it was imported. I think it is a simple matter for the drafter who is with us to change. Mrs. St. John, you look lost. If you look at the definition of "medicinal cannabis", it means as follows:

- a) *cannabis that is grown and sold pursuant to this Act;*
- b) *seeds, immature plants as well as all parts of the plant, along with resin extracted from any part of the plant;*
- c) *every compound, manufacture, salt, derivative, mixture or preparation from cannabis;*
- d) *or cannabis concentrate;*

that is cultivated, processed, manufactured, distributed or sold under a licence.

Why does it have to be "grown and sold pursuant to this Act" at all?

Mrs. JOELLE ST. JOHN: I think the reason for that is that anything beyond this Act or anything done outside the bounds of what the Act allows with respect to medicinal cannabis would be considered unlawful. My interpretation of the comments by Dr. DaSilva was actually contrary to the others. I thought he was confusing two things. I thought he was confusing what is being placed on the formulary and what the Act is now seeking to do. What is on the formulary, is on the formulary. That is done and gone. This Act is seeking to do something else. My interpretation of that was that he was confusing the two things.

Is he suggesting two things, is this process that you are doing intended to supply things for the formulary or is it not? I think the answer to that is that it is not, it is a separate process.

Hon. D.D. MARSHALL: Even if that is the case, I think you still have to come back to what you have at (a), which cannabis that is grown and sold pursuant to this Act.

Hon. A. R. FORDE: If I may, Chair, the problem goes back to what Minister Prescod said, and I am very adamant about this point. There are certain Acts that we have established as law in this country already. There is the Pharmacy Act and the Drug Abuse (Prevention and Control) Act that has medical marijuana as part of that regime. For instance, if a pharmacist or

anyone who is legally prescribed by law and governed under this Act brings in any of the drugs to sell in Barbados, the law is there already to suggest that this can happen.

Mr. CHAIRMAN: Minister Forde, he has raised a question which referenced it being separate and distinct from that which is tried and tested. He referenced synthetic drugs.

Hon. A. R. FORDE: He is talking about synthetic and semi-synthetic products that are already available, that the Barbados Drug Service has approved already in Barbados. They have already gone ahead and approved this as part of the formulary, and that is where the issue lies. This is what Senator Maynard was really alluding to, the fact that it is already there.

Mr. CHAIRMAN: But the Attorney General pointed out to the interpretation in the definition of medicinal cannabis at (a) in the Act. I agree because it spells out what it is basically and I do not see a need for any change because it is very clear as to what it is.

Mrs. JOELLE St. JOHN: I do not see a need for any changes, but perhaps we could look at it again.

Mr. CHAIRMAN: There is the matter with regard to the Ministries raised by His Honour Senator Greenidge where the Ministry of Agriculture's involvement begins and ends. Do you see a need for any further interpretation of the roles of the Ministry of Agriculture and Food Security and the Ministry of Health and Wellness because it has been raised on more than one occasion?

Hon. D. D. MARSHALL: Mr. Chairman, I believe that is a non-issue and people who keep raising it are people who do not fully understand what we are doing. Nothing in this Bill subtracts from the responsibility of the Minister of Health in relation to the medical profession or any of those things. It does not detract from the responsibility of the Pharmacy Council. All of those legislative arrangements remain in place. If a law was passed tomorrow that said there had to be an ambulance at the airport, somebody would probably argue that we are trying to take away the responsibility of the Airport Authority. I think to persist in it is to perpetuate foolishness. I think we should just move on.

Senator Mr. C. A. MAYNARD: Mr. Chairman, before we do move on, I would like to clarify something. I understand why my colleagues might have been worried. I think they did not simply read on from Clause 27 because all the questions which arise regarding confidentiality are excluded. It states you cannot list a name, national registration number and contact information. You just need to state how many people you give cannabis to without any names or national registration number mentioned. The people cannot be identified, therefore, there is no need to change it or worry about it. It is covered in Clause 27.

Hon. A. R. FORDE: I really think that the problem that the pharmacists and doctors are having is

honestly the question as it relates to ... I do not know how we would frame it in terms of the Medicinal Cannabis Bill- the person who dispenses it. If we are saying there will be places called cafés, then the question that the pharmacists and doctors are asking is, who will dispense it at these cafés. We are saying that the licensing body will give permission but under the Act once it is a narcotic drug or psychoactive drug it has to be dispensed by a pharmacist. This is what the Pharmacy Council was referring to when it was presented. It was stated that once it is a drug under the Drug Abuse (Prevention and Control) Act, it must be dispensed by a pharmacist. Therefore, in the case of a café there is a dichotomy where the two laws are concerned. I do not know if the legal persons can help me.

At present, there is a law in Barbados under the Drug Service Act that states a psychoactive drug must be sold and dispensed only by a pharmacist. If you are considering cafés, we are not talking pharmacists in these cafés.

Mrs. JOELLE ST. JOHN: I did not want to answer because I figured it would have been better if Ms. Jackson answered in terms of how the facility is perceived. My understanding of the facility is that it is not just going to be a café or a place where these products are used for your fun. It is supposed to be a "medicinal facility", so if there is going to be a pharmacy there, which is one of the things that should be there, it is contemplated, that pharmacy has to be registered in accordance with Pharmacy Act. If you are going to have a doctor, whatever needs to be done for that to happen, it will have to occur under the law. Hence, it is not a café.

Hon. A. R. FORDE: As what is in the Act right now, it can be a retail place with a retail licence, so which is contrary to the Drug Service Act. Because, the Drug Service Act specifically states that the only person can handle and dispense a psychoactive drug is a pharmacist. That is why I am saying there are two different Acts we are looking at now. If we are talking about setting up whether it is a "therapeutic center" or not, the pharmacist is saying that they would have to be there dispensing it.

Asides.

Hon. A. R. FORDE: But the Act does not say so.

Hon. D. D. MARSHALL: That is not correct.

Hon. A. R. FORDE: The Act does not say a pharmacist has to be there. It says, a person who has licence under the Cannabis Licence Authority.

Hon. D. D. MARSHALL: We are jumping a bit all over the place. I would like to suggest that we go Clause by Clause, but just to clarify this issue for Minister Forde. If you look at Clause 29. Do you have Clause 29? Could you send down a hardcopy for Minister Forde? Let me say here, I believe that the same Pharmacy Council would like to get rid of "authorised person", I do not have

any difficulty with that. It would then read that, "a pharmacist in a therapeutic facility may dispense medicinal cannabis to a patient". The point is that a "therapeutic facility" must have a pharmacist. Now, maybe we could stipulate that in a more concrete way.

Mrs. St. John, is it possible for us to break this up and to provide that the only person who can dispense medicinal cannabis in a "therapeutic facility" is a pharmacist? Because, this says that a "pharmacist may", so could a carpenter, so maybe we just need to re-express this and say that "in a therapeutic facility any cannabis to be dispensed must be dispensed by a pharmacist." Alright?

Hon. D. D. MARSHALL: Right. Let us remove the reference of "authorised persons".

Mrs. JOELLE ST. JOHN: That is there because the Pharmacy Act provides for regular pharmacies, but I do agree that it should be defined.

Hon. D. D. MARSHALL: Well, I leave it to you, but we would not want that graduate pharmacists or whatever it is, not to be able to, because they are going to be trained on the job, so you do not want to exclude them.

Hon. A. R. FORDE: Let me explain. The law on pharmacy is very specific, the persons there can be trained in the pharmacy, but when it comes to dispensing, the only person who can dispense any drug is a pharmacist. The only person who can give a drug to a patient is the pharmacist, nobody else, so I cannot instruct somebody.....

Mr. CHAIRMAN: Not even under supervision?

Hon. A. R. FORDE: What I am saying to you is that the pharmacist has to do it because it is a legal something.

Mr. CHAIRMAN: But where we are seeking clarity, Minister Forde, is whether or not it can be done under the supervision of a pharmacist just as it is in the Act.

Hon. A. R. FORDE: Once it is being dispensed, as was explained to the pharmacist here the other day, especially narcotic drugs, it has to be given by a pharmacist. The actual process of giving it to the patient is the pharmacist, nobody else. The other graduate pharmacist can handle it and put the drugs together, but once it is to be handed to the patient, only the pharmacist can do it.

Hon. D. D. MARSHALL: So you cannot hand it to the body and say to give that to Mr. so-and-so?

Hon. A. R. FORDE: No.

His Honour Senator R. R. N. GREENIDGE: Minister Forde, I thought it was put there to assist the pharmacist and not to restrict them, because sometimes pharmacists are overseas, or sick, and I thought it was something there to help them.

Hon. A. R. FORDE: Responsibility of dispensing. If the graduate pharmacist goes to the counter and tells the patient the wrong thing or whatever, or if the intern or somebody else in the pharmacy gives wrong instructions out there, the responsibility is for the

pharmacist to give the patient and to have that conversation with the patient when he is dispensing.

Hon. D. D. MARSHALL: Mr. Clerk, we need to make sure that when we have these proceedings that the laws are here so that we can check other things as needed. We cannot assume that everybody would have walked with their devices. Minister Forde, I am looking at Clause 27 (1)(a), and it talks about the compounding, dispensing or selling by retail of the drugs. Second Schedule shall be done, one by a pharmacist, or two, by a graduate pharmacist or an intern pharmacist under the supervision of a pharmacist on premises registered under Section 16 set out in Schedule.

Hon. D. D. MARSHALL: I am just saying the law provides that a graduate pharmacist or an intern may under the supervision of a pharmacist can also dispense.

Hon. A. R. FORDE: They can compound in the back, bring the drugs...

Hon. D. D. MARSHALL: This says compounding, dispensing or selling. Mrs. St. John, may I suggest that you refer to Section 27 (1)? If you find a way to incorporate Section 27 (1) of the Pharmacy Act in, I think we can leave...

Asides.

Hon. D. D. MARSHALL: She will know how to do it. Rather than having "authorised person", because I think "authorised person" could be anybody, from the janitor to anybody else, okay? So if you can incorporate the intent of Section 27 (1) of the Pharmacy Act...?

Asides.

Hon. D. D. MARSHALL: Minister Forde, I was just pointing out that under the law...

Asides.

Hon. D. D. MARSHALL: Can we go back, or not we are going to jumping here and there. In as much as we are looking at definitions, I am attracted by the argument that "premises" could include and outhouse or a minibus, and I really do not think that we should define it in such broad terms and we should therefore... Where is the term "premises" used in the Act, in the definition of "therapeutic facility" only?

Asides.

Hon. D. D. MARSHALL: We have not seen the regulations yet so you are going to have to make those work with this.

Mrs. JOELLE St. JOHN: That can be defined.

Hon. D. D. MARSHALL: But clearly we do not mean "as well as any vehicle or receptacle located on such land". Mrs. St. John, what is the definition of "premises" in this Act?

Mrs. JOELLE St. JOHN: I think what this is intended to cover in terms of the law is so that you can access and search anything at all on the land.

Hon. D. D. MARSHALL: Does this Act deal with searching?

Mrs. JOELLE St. JOHN: We will have inspectors. Yes. That is what this contemplates but I understand...

Hon. D. D. MARSHALL: Where in the Act do you refer to "inspectors"?

Mrs. JOELLE St. JOHN: The inspectors would come up in the regulations, but I was just explaining why the word "premises" is defined like this. The definition can be adjusted, if that is what you are thinking, but it is phrased this way to facilitate that in the event of a search.

Hon. D. D. MARSHALL: I am happy for that but if there is no provision for searching or inspectors in this Act, why do you not just define "premises" in the regulations?

Mrs. JOELLE St. JOHN: It can be defined in the regulations, yes.

Hon. D. D. MARSHALL: And then let us take this out of there because I do not think this conveys the image that we want to convey.

Mrs. JOELLE St. JOHN: Okay.

Hon. A. R. FORDE: Attorney General, if I may. Under the Drug Service Act, once a drug is a drug that is psychoactive or psychotropic, there are provisions for inspectors. They have to supervise and inspect the premises anyhow, whether it is under this Act or the Drug Service Act. That is part of their job, and there are inspectors who are already being paid by Government for that purpose. There is an inspectorate division with a group of inspectors who go around, once there is any drug in this country being dispensed called psychoactive drugs, so the provision is already there for that.

Hon. D. D. MARSHALL: My concern, though, is that "therapeutic facility" means a premises granted a retail distributor licence, and "premises" as defined here could be anything, so I am just asking that we tighten this up. Okay? And Minister Forde agrees.

MR. CHAIRMAN: We will tighten up "premises".

Hon. T.A. PRESCOD: May I just intervene from my background of total ignorance.

Asides.

Hon. T.A. PRESCOD: I like to start from the background of total ignorance because I am trying to find out exclusively what it is. I am seeing recommendations by people with a medical interest in terms of health. I believe that one of the major interests that has been advanced on more than one occasion, and I believe it is because people would like to see some kind of amendment and modification to the Act which you have, the Act which you have is revolving around medical marijuana. We are relating to people, not a top-down exercise where a Government is bullying its way and

imposing legislation on society. There are other interests beyond the medical profession and what the Act says, and if we are regulated by the framework exclusively of the medical profession, then what you are saying is that other persons who are expressing their interests, a relatively large constituency in this country, is not considered in all the discussions and that we have now relegated the contribution of other religious organisations, other social groups to a subordinate position because there is an elitist professional view that must override the decisions which we are going to make.

I am speaking not only as a Member of Parliament, I am speaking as a citizen, and I am not happy in an environment if we blank out the interests of other persons because a Paper is presented exclusively by the medical profession. Pharmacists are saying what the regulations are. They are also saying what are the umbrella bodies which are responsible for the approval of the kind of pharmaceutical products that can be accepted in the society, and other interests are supposed to be separate and distinct. The reason this Act is here to have public opinion is because other interests must be taken into consideration, and we can talk for the entire day but if a decision is made to carry forward this Act exclusively on what the medical profession considers to be ethical and legal, we are going to have a reaction in the general public from this. Do you know what you are going to have to do, for therapeutic purposes too, you are going to have keep locking up people all the time for using it if they cannot get it from a pharmacist.

That is the point, we cannot have an exclusive place, strictly a pharmacy or pharmacist presiding over these things, we have to take other things into consideration. Mr. Chairman, the same way we accept the Bill coming from the Ministry of Agriculture and we try to squeeze it into exclusively a matter related to health, when you also know that what influenced the Bill as well is of economic interest to the society and you are blanking it out of a serious debate and you are trying to put legislation within a given framework, exclusively related to the Ministry of Health, and you want to fool yourself that we do not have economic, social and sacramental interests in the input of the discussions. I believe that you need to pause and not be prisoners of old models. We are making a radical change, a radical psychological, philosophical and cultural change in the society that has to be taken into consideration, or else you are going to leave room for disharmony across the society itself.

Mr. CHAIRMAN: Minister Prescod, your point is noted. What I am grappling with is when we seek to change what a facility is. I am curious to find out what the term "premises" would look like, simply because I know, based on what I have seen from site inspection – Ms. Jackson can bear me out on this – and what I know through the large amount of creative or innovative ways people have chosen to move away from the status quo of business, which is bricks and mortar, what do we

contemplate in the end to be "premises"? If you go to Accra Beach, for example, you can get a massage there and that facility is retrofitted in a very tasteful manner, so what do we contemplate in the end to be "premises"? I understand the push-back we had when people said it could be the back of a "ZR" and all of that, but I would still like to contemplate in the end what "premises" should really be or should look like.

Hon. A. R. FORDE: If I may, I think that certain countries such as Canada, for instance, have not put marijuana because in terms of its therapeutic index, it is not similar by any stretch of the imagination to the other narcotic-type drugs. It is not to put it under the Drug Abuse Act so you would have more elasticity. I mean, if it is not put under that Act a lot of the things which we are talking about in terms of cafés and other stuff would relate to a lot. We have drugs, for instance, Panadeine which contains codeine is a perfect example, but there is Panadeine Ephrin which follows the Act. You can buy Panadeine over the shelf but Panadeine Ephrin the doctor would have to write for you. It just has to do with levels. In certain countries they do not have cannabis under the Substance Abuse Act, so it is more easily accessible. It is seen as an over-the-counter product but it has to be sold in a confined area under supervision, whether by a pharmacist, an assistant or whatever. I am saying to you that once we change it and take it away from the Drug Service Act, since it does not have to go under the Act, then we will have more elasticity in terms of going forward.

Hon. D. D. MARSHALL: Mr. Chairman, I would just like us to back up a little bit. We took a decision, those in the Executive – the Cabinet – took a decision to put a regime in place for medicinal cannabis and part of putting that regime in place sought to create an enfranchising arrangement for Barbadians, therefore that is the industry side of medicinal cannabis.

Now, there are some things that other people can fight that I do not think right now we either the energy or the resources to fight. It is clear that under the Treaty medicinal cannabis is excluded from the prohibition and also the scientific use of cannabis is also excluded from the prohibition. I fear that what Minister Forde seems to be suggesting, if he is suggesting that we should take cannabis as a whole out of the Drug Abuse Act, would be significantly further than we are prepared to go at this point in time. We have already determined that we will do a referendum on recreation cannabis but that we are going to implement a regime for medicinal cannabis and that is what we are here to do. So, if we move too far away from concepts of medicine like pharmacists dispensing and all that that entails – and I do not know what it entails because you are the pharmacist - and we put a regime in place where cannabis is now going to be available in little stores, in confined spaces and so on, we are moving away from the medicinal thing that we began by characterising. Now, we can perhaps get there, if that

is where we want to get but not on this particular train, this is the Medicinal Cannabis Industry Bill, our Joint Select Committee is operating on that basis and I think we really need to stay within the four walls of what we have come to discuss.

Mr. Prescod, I have heard his entreaty, but I am not sure where he wants us to go. The discussion before his contribution had to do with "premises" and I do not know that anybody's views or standpoints are being marginalised or left out. We have heard them all but this is still the Medicinal Cannabis Industry Bill, anything else will come later.

Hon. T. A. PRESCOD: I believe, Mr. Chairman, that the purpose of giving the freedom to this arm of democracy is to allow other persons of major constituencies across the country to express their views. If only the views accepted to health were supposed to be discussed here then would we invite people of all different interests to express their views and the Chairman allow these people to express their views? I am seeing it in the light that although a Bill has been brought by the Ministry of Agriculture about a health issue, then if there is a possibility for any modification of the draft Bill to include a statutory provision to at least allow for some small portion of cannabis to be used, in an amount that would not be so harmful to the individual, then the same way you give a license to business people across Barbados to sell alcohol of all different strengths, that are perceived by some people as equally as harmful, if you do not use the quantity that are considered to be relatively reasonable, you do not go to a pharmacist to get Cockspur Rum, you go to a rum shop, a party, anywhere, and it has psychosocial impacts as well on ordinary people but if people in the society believe that this is a social drink and [that] it is socially accepted, then they make all the amendments that are necessary to make sure that social group which has tremendous influence on the society and policymaking, that that social group is entertained. I believe that as legislators we are not to be boxed in that way, we are supposed to set policy and guidelines on how we go forward, and there are other issues related to cannabis beyond economic interest, beyond health interest that we should not be giving priority exclusively to the health interest, without trying to facilitate within the same Health Act a provision for at least a small portion of cannabis to be used for sacramental [use]. I am not talking only about recreation. You might not be able to justify it at this stage, especially given the culture that we have inherited over the years. If people believe and a stigma has been attached to it and we are now breaking a stigma, when we start to discuss issues related to the psychology of this medicine in the form of cannabis we ignore completely that in general cannabis has a stigma and we have decided that we are going to change it because it has an economic interest and it now has medicinal value and people who traditionally, both of Asianic and African background, people out of Mexico, the original ethnic

groups from the East use it, including a great number of universally accepted religions use the cannabis. I am told by the expert, Pharmacist Forde, that from long before the birth of Christ - and I know that when I speak of issues relating to Christ there is always contention - but long before 500 B.C. people were using it freely in societies across the world and then somebody at some stage in history decided it was not legal. All I am saying is that we cannot go piecemeal on these issues. If we are going to make fundamental changes - and I do not want to go prior to when we were given the opportunity to be policymakers - but I know what we were saying before we were given the authority to be policymakers and the very people, in my view, that heard our voices and great expectations were stimulated, now the views of these persons cannot be taken into consideration because the Act itself is speaking exclusively to the use of medical marijuana. All I am saying to you is that we have to take certain things into consideration. How would you feel if this is used to make millions of dollars a year and then a small child, innocent, hearing that it is of medicinal value, finds himself with a small "spliff" or cigarette, using it and then you hear - and the lawyers are here - that the judiciary [has] sent the man to prison after you [have] earned so much money out of it, and the practitioners in health [have] also seen it as something of value, [but that] a man who is using it for a considerable time for some health challenge which he has [who] now has to go to jail for three weeks or three months.

Men and women of reason must have this import into the discussion. All I am saying is that the policymakers must take it into consideration to see if we can address that part, and that [that] is "therapeutic" as well, [let us] address that part now because we are talking about pharmacists must be given the authority for the use of 'this' in public. Well, you go to a pharmacist if you feel sick, you go to a doctor if you feel sick, and people are saying there are other comforts that derive from the use of it. All I am asking is, whatever statute ultimately comes into place, are you going to put a provision in the Bill and allow me as a policymaker and [as] a person who would be engaged in a public debate after the submission from here... What is coming from here must be entertained, everything that comes from in here must be entertained, so that when I get to the level of Parliament [that] I can express my views on it. You cannot exclude here.

Mr. CHAIRMAN: Minister Prescod, I note your comments. I want to move to Senator Greenidge, but before I do [so] I do not want the point that I made about "premises" to be missed because I believe it is a very valid point within a medicinal cannabis industry where you are looking to empower and enfranchise people at a level where they would not have normally been able to be included. So when we are addressing the issue of "premises", I want to be careful that we are looking in a very broad way [as to] what "premises" can really be. I take the point that was knocked around about the [fact

that] it could be at the back of a ZR and all that, but we know what that really meant and we do not have to spend a lot of time on that, but in reality it is a valid point where "premises" is concerned. Senator Greenidge.

His Honour Senator R. N. GREENIDGE: Yes, Sir. I think we can benefit from an explanation from Minister Forde on the whole question of "premises", as you are saying. The definition of "therapeutic facility" means a premises granted a Retail Distributor Licence to sell, *et cetera*. Then the actual "premises" means land or building, as well as any vehicle or receptacle located on such land or in such building.

Minister Forde, do we need to have included "any vehicle or receptacle", or do you feel [that] we are going a bit too local, too low by mentioning "vehicle" or "receptacle"?

Hon. A. R. FORDE: Yes, that is carrying it a little bit too far. If I as a pharmacist decided, because we want to go to a new dimension in terms of pharmacy where you will have pharmacies on wheels, that you are going to have windows set up where pharmacists can dispense, similar to how Chefette or any of the local food stores dispenses, what I am saying is that I do not think you have to go to that extreme, as "premises" is understood. If a pharmacist right now decides, for instance, to take medication to a patient, that vehicle is [still] a means of transportation and therefore that vehicle becomes a "premise" because it is distributing the drug. Therefore I am saying I do not think you have to go into microscopic definition of the word "premises".

Asides.

Hon. A. R. FORDE: No, "premises" is understood to mean any premises the drug is stored, that is my interpretation because for instance, with the transportation of a drug the vehicle then becomes a "premise" because the drug is in that vehicle, so I am saying to you that by the interpretation I do not think you need to spell out all of those things. But further to the Honourable Attorney-General's point about the drug, my simple point is that when drugs come to this country, irrespective of what type of drug, they are put into categories based on strengths, they are entered into the Drug Service Formulary. These drugs are placed into different categories based on their action, strengths, therapeutic index, *et cetera*. They go into various categories. I am saying that in other countries cannabis is not put under the substance abuse category. They are put on the drug service because it has to be on the drug service but it is not under that particular category called the drug or substance abuse category. That is all I was saying, but "premises", I do not know if you have to define it.

Mr. CHAIRMAN: I would like to move on because I believe we have dealt with this in sufficient a manner that we all get the point. I am still on the

presentation from the Barbados Association of Medical Practitioners. There are a couple of things they noted to which my attention was drawn, that I do not know that we need to clarify. I stand to be guided by the legal persons; this issue of the Minister of Agriculture and Food Security having access to patient's information and the [issue] of confidentiality. I think that was spelt out in the law and I believe it was a huge misunderstanding on the part of those who raised the matter and so we will move on.

In terms of "recommendation" versus "administering", this one came up, it is here in their document. How do we differentiate? Have we taken a final position based on all the presentations heard? Can we settle on a final position where "recommendation" and "administering" is concerned? Because there is a need for recommendation under this regime and if we fool ourselves that we should move away from recommendation, I think it is going to defeat the purpose of having the medicinal cannabis industry in the first place, because once it is restricted only to prescription, then it would mean that there are patients....

I think in listening to Doctor Walcott one day addressing it, I think he made a very strong and strident point, in that you are supposed to give the patient the best care possible and [that] the responsibility is upon you, even if you see the patient dying, to give the best care possible, and that may redound to making a recommendation. I am not a doctor but I believe it is a strong point to consider.

Senator Dr. Crystal K. M. HAYNES: Mr. Chairman, my professional view is this: In my experience we write prescriptions where it is clear that a pharmaceutical has scientifically proven predictability, dosage and so on. The challenges with cannabis and why I believe that we should have recommendation in the legislation is that we are not just talking about capsules and pills where you can say take two tablets on evening before you retire to bed, they are going to be products that include tinctures, balms, oils, *et cetera*, where you might not know how much to [apply]. You cannot say take 5 mgs. Of spliff to take on evening, the person might need to apply more than that. I think what recommendation does, certainly for tinctures, balms and those types of formulations [is that] it gives a little more leeway where the person can decide that they find that this much does not work and so they are going to increase it a bit. I do believe it is necessary, certainly in specific cases. I do not know if we could perhaps aim to tighten it up a little by saying "in the case where it is not a capsule or pill" but I guess that may be beyond the scope of what the law would normally cover.

Mr. CHAIRMAN: I know that in Jamaica, for example, the reason they allow for recommendation is simply because they believe that there are cases where a doctor would only be willing to go so far and then it is doctor and patient agreement afterwards, so [that] a patient may determine that he or she does not want to take

any chemicals, for example, but that he or she is prepared to take the risk of doing so in terms of a plant or a medicinal plant, and that patient is only relying on the doctor for comfort of use, in that the doctor may say, well, go ahead and do it, my experience with it is that it is not scientifically proven and I have personally experienced this as well but you may. That for my mind makes a recommendation to the patient. Now, we may have to tighten what is a "recommendation" and what is "prescription" but at the end of the day there must be space in this legislation for a recommendation.

Senator Mr. C. A. MAYNARD: How dangerous would it be to say "recommendation"?

Mr. CHAIRMAN: Well, Dr. Cohall raised the matter when he pointed out that in terms of liability there are clauses in insurance that we may have to look at. What Dr. Cohall said is that once a doctor is sufficiently protected from being sued then there should be no problem for recommendations to take place. He cited instances in the United States, which I know personally. From looking at the United States legislation across the States where they have actually legalised the use of medicinal cannabis there is the option for recommendation and in Canada, rather than use the word prescribe they say approve. Now, if they who started this all the way back since 2000 have arrived at the point where they have now change their posture to say, "Look, let us tell a patient that this is rather than use the word "prescribe" [that] it is "approved" for use, then obviously there is more to it than just narrowing down to a synthetic preparation, but more like a holistic therapeutic formula that the industry has really evolved into.

Hon. A. R. FORDE: If I may, Mr. Chairman, I think that there is confusion in the medical fraternity as it relates to recommendation and/or prescription. By the definition of recommendation, it is really a prescription, so I do not think... I mean, I am splitting hairs here in terms of "recommendation" and "prescription", a "recommendation" means a written recommendation dispensing cannabis, which is prescription by laws of medicine. So, I think it is just the thing of words, because what is the difference really between a doctor writing a prescription and a recommendation?

Hon. D. D. MARSHALL: If I can, Mr. Chairman, I suppose as a lawyer we recognize that everything is not down to a science and that is why we are careful to define things so as to give things as much precision as possible. We talked about a dangerous drug and it is kind of difficult to define what dangerous is but you know it when you see it. We talk about terrorists, it is hard to define what a terrorist is but you know it when you see it. Now, at the end of the day, this thing, this piece of paper with the word cannabis on it or cannibinoil or whatever it is will come from a doctor, it is the only body it can come from.

Now, I do not see why we should waste a lot of time trying to determine what a doctor should or should not do.

If a patient goes to Mr. Maynard, and he is not prepared to prescribe cannabis, he is not likely to be prepared to recommend it either. At the end of the day the doctor, the physician, will determine what his patient should or should not have. If the doctor is comfortable saying that he recommends you smoking six ounces of cannabis a week, divided into one-ounce packets, then that is a matter for the doctor. Another doctor may say that is too loose for him, [that] he does not know what rate this 'thing' would be absorbed, he does not know how much is in it but that he is prepared to prescribe a tincture of cannabis oil, it is also a matter for the doctor. I think we are trying to get into something that is really not the role of the legislature, by providing recommendation we give doctors options.

Hon. A. R. FORDE: So you are saying to keep recommendation.

Hon. D. D. MARSHALL: I am saying keep recommendation. If no doctor recommends then you have done no harm.

Hon. A. R. FORDE: I am still trying to find out... There is supposed to be a difference between recommendation and prescription. A recommendation is really a prescription. Once a doctor writes a....

Hon. A. R. FORDE: That is what I am trying to say, the definition does not separate what is a prescription.

Hon. D. D. MARSHALL: Minister Forde, the problem that we will arise is, if we take your view and remove the concept of, because if we follow you the only logical thing is to remove the concept of recommendation. Then you unduly limit the scope of the operation of the statute. At the end of the day it is for the doctor to decide.

Hon. A. R. FORDE: What I am saying to you what is the decision because....

Hon. D. D. MARSHALL: Whatever the decision is, it is the doctor's decision.

Hon. A. R. FORDE: What is a recommendation?

Hon. D. D. MARSHALL: My understanding is that while a prescription will have a certain measurability to it, a certain precision to it, a recommendation comes when for some reason you are not sure.

Hon. A. R. FORDE: So what do you write on the paper?

Hon. D. D. MARSHALL: But that is not my problem, the doctor will decide what he will write.

Hon. A. R. FORDE: Whatever is written on the paper....

Hon. D. D. MARSHALL: Alright, so then there is no harm.

Mr. CHAIRMAN: So, then the doctor does not recommend.

Hon. D. D. MARSHALL: There is no harm.

Mr. CHAIRMAN: Let us move along from this because I think the general point has been made, Mrs. St. John. Turn off some of the microphones, please.

Mrs. JOELLE St. JOHN: Minister Forde, if you would like you can look at Antigua, that might give you some clarity because it goes along the line in terms of what Minister Haynes was explaining in terms of clarifying distinctions.

Mr. CHAIRMAN: Equally, if you include "recommendation", then you have given Minister Prescod an option and he is very strident in his view. So, at the end of the day we cannot take these views on board and then ignore them. So, recommendation does not make a doctor do anything, it provides him with the option to treat. So, therefore if you keep "recommendation" you are addressing many of the concerns raised by Minister Prescod, for example. Even though it is not spelt out broadly, you have provided that option for a doctor to determine what options are available to him and it does the legislation no harm. As a matter of fact, it is in line with all the other jurisdictions. I have not been through one that did not take this approach. What makes Barbados different is what we will have to determine right here and now and I do not see anything that makes us different in terms of this, but the day that we seek to cocoon ourselves into only what is enshrined in practice under pharmaceuticals and practices by pharmacists is where we are going to then squeeze ourselves into only prescribing. That, we have to be conscious of.

Hon. A. R. FORDE: Mr. Chairman, I fully understand what you, the Attorney-General and everybody else is saying. This is my thing what makes a prescription, a prescription? What makes a recommendation a recommendation? That is my thing because that is the question that the Dr. DaSilva asked. What makes let us say, for instance, do I not put this, this category, what is the difference if I see a prescription and I see a recommendation? That is what I am trying to find out what makes a recommendation a recommendation?

Mr. CHAIRMAN: So my question will be and I think we can settle this after I raise this, had we called this a "Wellness Industry Bill", rather than "Medicinal Cannabis [Industry] Bill, what would happen?
Asides.

Mr. CHAIRMAN: Jamaica speaks to wellness, they do not use the term "medicinal", they speak to wellness or holistic. So, if that is the case and they are way advanced to us, so [that] when they speak to a "Cannabis Wellness Industry", they are now taking us out of the realm of being confined to what a pharmacist wants.

Senator Mr. C. A. MAYNARD: Mr. Chairman, I am getting a little bit confused and it is a little bit late to be confused. This Bill, to my mind, speaks to registered medical practitioners who have to keep records for inspection; it refers to no one else keeping records, so how do we have any of those things?

Mr. CHAIRMAN: I am only trying to suggest that if we remove "recommendation" as an option available to doctors, would we be having this discussion if

we had gone the same route as Jamaica when they treated to theirs as a Cannabis Wellness Industry? All I am trying to say is that I do not think we would. I am saying that if we keep "recommendation", it gives the doctor another option rather than being confined to "prescription". It is recommended that doctors should be trained to prescribe.

Hon. D. D. MARSHALL: Mr. Chairman, I am not sure that he had allowed Mr. Maynard to finish his speech.

Senator Mr. C. A. MAYNARD: Doctors have to keep records of every encounter, whether they prescribe or recommend. Now, I get the impression that there is a current somewhere that is suggesting that people other than registered medical practitioners might be allowed....

Hon. D. D. MARSHALL: Not in this Bill.

Senator Mr. C. A. MAYNARD: Not in this Bill, so there is no suggestion or variation?

Hon. D. D. MARSHALL: Not in this Bill.

Senator Mr. C. A. MAYNARD: Okay, then I can cease to speak.

Mr. CHAIRMAN: Any other matters from BAMP? Basically, I highlighted the ones I thought we would go over. I do not know if any Members of the Committee would have cited any of the others. Basically, all the others that are here we would have gone through when they presented. There are no real variations to what was presented last Tuesday.

Hon. D. D. MARSHALL: I have one thing and I wonder if I can pick the brains of the two medical practitioners here. Dr. DaSilva said in his presentation that:

"At a national level the medical use of cannabis should involve monitoring the behaviour of prescribers, dispensers, providers and patients alike to ensure that the cannabis-based medicines are appropriately prescribed, and that they are not diverted to non-medical use or be abused by patients."

My understanding is that if you are talking about cannabis that you smoke for medicinal purposes, it is very different to the one you smoke to get high. That apart, is there any monitoring that takes place in relation to all the other drugs that are used? Do you have a copy of what he stated?

Senator Mr. C. A. MAYNARD: Yes, I have a copy. I know that every registered medical practitioner can prescribe narcotics of any class. I do not know of any national system where the behaviours of patients who take narcotics or doctors who prescribe them are monitored, except for the records that have to be submitted for narcotics. Therefore, I do not know why they wish to do it for cannabis.

Hon. D. D. MARSHALL: Thank you.

Mr. CHAIRMAN: Any matters based on BAMP's written presentation?

Senator Dr. CRYSTAL. K. M. HAYNES: Sorry, I cannot remember whether it was this presentation

or another one where I read it but did he discuss operating a motor vehicle or heavy equipment? Is it during this or NCSA? It was NCSA.

Mr. CHAIRMAN: We have completed BAMP. The African Heritage Foundation submitted a written presentation. My view is that while I can, in a large way, empathise with what they are presenting, it does not fit within the scope of a Medicinal Cannabis Industry Bill. I would allow for discussion by the Committee but I have gone through their presentation and what they are asking for, even though they have highlighted some very pertinent points in terms of how the drug can be beneficial and what they deem to be medical, vis-vis, what we deem to be medical, I still think that what they have presented does not fit within the scope of what we are hoping to achieve with a Medicinal Cannabis Industry Bill. The matter is up for discussion.

Hon. D. D. MARSHALL: Mr. Chairman, I think it is fair to say I agree. There are some presenters who talked about cannabis without talking about the Bill. Other than providing useful background, they really were not of great assistance in terms of improving the Bill itself. However, there was a matter raised by Ras Simba who is also known as Paul Rock, where he suggested that perhaps our restriction in terms of preventing people who have a history or a criminal record from getting involved in the industry is perhaps a bit unnecessarily limiting. I have canvassed a few views and there seems to be a point of view emerging which suggests a bit more flexibility in that regard. Since I have the responsibility for the expungement of records legislation, to be frank, I think that we need to expand the range of offences and the categories for which expungement can be granted. I would like to see how it is possible to be a bit more flexible in those terms.

The regulations will provide a scheme for people who apply. I assume the people who apply will be vetted in some way. They will have to apply for renewals. As I understand it, certainly in Jamaica, the industry is so tightly regulated that if you slip you are out and it might be possible therefore for us to still protect the integrity of what we are doing, but not to simply say "any person guilty of any indictable offence". I mean, I may get into an altercation in a rum shop one evening, but I could assure you that I am not likely to get disbarred because the nature of that offence is not seen as such that it would stop Mr. Maynard from practising medicine if he chopped a man with a cutlass. In fact, he might go and get his medical bag and suture him back up.

There are some criminal offences I think that we should consider as not being impediments to being granted a licence. I have not quite formulated the idea fully but I am just saying that I am at a place where I am agreeing with that contributor, that the prohibition we have needs to be more carefully constructed. Any indictable conviction will render a person unable to get a licence and that it is probably a bit too restrictive.

Mr. CHAIRMAN: Actually, I agree that we need to look back at that and see how we can make it broader. According to what he is stating at point two in his presentation, people who were punished before are being punished twice.

Hon. D. D. MARSHALL: A person being punished twice is not really my concern but I am of the view if there are some instances where a person ought not to be prevented from getting involved in the industry. What I would like to suggest, I mean, Mrs. St. John is an able and experienced draftsman and I would like to ask her to just address her mind to it and for our next meeting, when we review the drafts we will probably have a formulation that might work.

Mrs. JOELLE ST. JOHN: Are we addressing not to remove "any indictable offences" completely, but considering what offences should not be considered?

Hon. D. D. MARSHALL: I think that would be an accurate way of putting it.

Mr. CHAIRMAN: Go ahead, Minister Prescod.

Hon. T. A. PRESCOD: I think that our minds have to be a little more elastic. I think what Ras Simba is attempting to say, and I think the Attorney General has to respect the view, the law says or the maxim that sometimes guides the thinking or the criminal law indicates that when a person serves his time, he has paid back his debt to society, and that we have encumbrances in the post-incarceration period that allows us to enjoy the benefit of being fully reintegrated into the society. Because, if a man wants to cut grass, if a man wants to go to work at a private home, people are asking for Police Certificate of Character, and if the Police Certificate of Character says that he [has] served six months in prison, for what might be even perceive outside the marijuana as a misdemeanor, he is debarred from being socially accepted in this society. I believe that that is a point that cannot be ignored. Again, we cannot pass a piece of legislation that is totally in isolation or alienated from this mainstream type of legislation if we are going to keep having a relatively stable and harmonious society. Many people are facing this, as the Attorney General indicated, an encumbrance in this society as a result of these experiences. I believe that even for a small portion, and that is why I am saying we have to think not just piecemeal, even for small portions of the use of this specific - some people says it is not a drug, it is a herb - I believe that we have to look in terms of amending legislation in such a way that if you use a small portion which can be discussed what constitutes that, that the person does not have to face a criminal offence as a result of the use of it. I am just trying to bring it back to the use of marijuana.

I also believe some civil penalty can be applied for small portions of it and [that] no criminal record should be written on the person's Police Certificate of Character. Then you would not have to face the challenges that you face if you are going to come back and look for a job or

be even be socially accepted around tables like this, or becoming a businessman, even selling ackees, plums, or mangoes in Swan Street or on the Bridge and having to be chased by police because you have not paid the price that the society is imposing on you, even though the behaviour is outside of the realms of what the law states.

Mr. CHAIRMAN: Are there any other comments to the African Heritage Foundation presentation? Do you have a comment Minister Forde? Do you have a copy of the presentation?

Hon. A. R. FORDE: Well, I have it on my phone. The only that I would want to say is that coming out of their presentation, we must recognise now that the persons in the medical fraternity and persons who are practising that there is indigenous knowledge out there from these associations as it relates to treatment for preventative purposes. I want to take note of the fact that Ras Simba was able to identify a lot of medicinal purposes [that have] derived from their indigenous use of the product over the years. I think that is worthy to be noted, because obviously I would encourage the collaboration with what we have as the clinical research from the University with Dr. Cohall and others, to really see how they can extract from this indigenous knowledge. That is it. I just wanted to acknowledge that there were indigenous usages put forward.

Mr. CHAIRMAN: As I said before, that is not fitting within the scope of what we are hoping to achieve in this Bill.

Mrs. JOELLE ST. JOHN: I will indeed concur with you that I learnt a lot from his presentation as well. I guess that would not be reflected in legislation but I do agree that they should be included wherever they can be.

Mr. CHAIRMAN: Let us go to the presentation by Mr. Paul Gibson of the People's Party for Democracy and Development. I read his presentation and I listened carefully to what he presented. My personal view is that he went along more along the path of regulations [rather] than the Bill itself, and while he did question some of the definitions which we may look as it relates to most of what he is speaking to we actually discussed when we discussed the BAMP presentation, in terms of the role of a pharmacist, in terms of the use of medicines that we traditionally know, especially those that were prepared for synthetic presentation, et cetera.

Many of the definitions that we have in the Bill, however, they are questioning, they have questioned or raised concerns about the objectives, which is at page 3 of their presentation and they have juxtapose it with Jamaica's. We may want to have some discussion on that. All of the rest is about pharmacies, et cetera, I think we have already discussed in great detail.

The issue of smoking, though, even though when I asked Mr. Gibson if he [had] mentioned smoking, he said: "Those words never came from my mouth". They are here in the presentation. I went back and I looked at the running tape and it was there as well. We have gone

through all of this, and I stand to be guided by the legal luminaries in this room. Do we need to go over these issues raised with respect of the definitions, or can we just move on to the next presentation?

Hon. A. R. FORDE: I just want to make one point coming out of Mr. Gibson's presentation so that it can go on the record. There was another suggestion that I would like to look at because he also alluded to the fact that persons in Barbados as it stand can be charged for using recreational marijuana or marijuana, yet we have persons in this country who have medicinal products on the shelves. I just want to put it on record that, as I said, there are inspectors to deal with that but there is no one who is being charged in Barbados for medical marijuana. This Bill does not exclude the fact that if a person is walking around with marijuana illegally that he or she can be charged, so in terms of the reference to the fact that persons are being charged on the streets and then you can have persons bringing in the product, I just want to make it pellucidly clear that persons who bring in that product, as I said, there is the inspectorate division which can deal with that under the Ministry of Health. I just want to reiterate that point.

Mr. CHAIRMAN: Are there any other comments with regard to the presentation from the PdP (People's Party for Democracy and Development)?

There were none.

Mr. CHAIRMAN: Can we move on then? I think the "ayes" have it. There is a presentation from the Pentecostal Assemblies of the West Indies International (PAWI), submitted by Dr. Gerry Seale. This is the Barbados District, because there are other districts. This presentation at Paragraph 3, PAWI raises again within the Bill the matter related to "dispensary" but we have dealt with that. At Paragraph 4, they looked at "therapeutic facility". We have already dealt with that. They have looked, in Paragraph 5, the word "prescribe" versus "recommend". We have dealt with that. They gave a recommendation for further consultation with the public, and within the Cabinet Paper that was presented you would find that we have already advanced the view that further consultation would take place by way of town hall meetings and focus group sessions. Basically, those are their concerns. I do not see anything as it relates to the bill itself that would cause any major re-writing or amendments. If there are any members of the Committee who shares a different view, you may do so now.

Mr. CHAIRMAN: They have made a statement on marijuana as well, which I believe is Appendix 1 of their presentation, and a number of things that are here we addressed when we prepared the Cabinet Paper. The matter is up for discussion.

His Honour Senator R. R. N. GREENIDGE: Mr. Chairman, Dr. Gerry Seale and those expressed in the last paragraph that this Medicinal Cannabis Industry Bill is simply a way in which the recreational use of marijuana can be slipped into Barbadian society. I have to say that

this is not the first time I have heard that expressed, and the way he has put it – that it is being slipped into Barbadian society – is something which I think we have to let the public know is obviously not the intention of Government.

Mr. CHAIRMAN: Senator Greenidge, I could not agree with you more, and that is the reason we have made the point that we have to work within our treaty obligations in terms of the development of a medicinal cannabis industry. We have addressed this on more than one occasion by reminding the public that this is a Medicinal Cannabis Bill and not one for recreational use or decriminalisation. The matter came up as well when we met on the 24th in terms of what is in our Manifesto and how it would be treated to when we get to decriminalisation.

His Honour Senator R. R. N. GREENIDGE: He even finishes off by saying, “We are also concerned that many Barbadians seem to believe that once this Bill is passed into law, they will be free to use cannabis/marijuana recreationally as they please.” It is something which I think I have heard already.

Hon. T.A. PRESCOD: Mr. Chairman, I think that as long as the discussion is boxed in or compartmentalised, these issues that are coming up are not real to you who, within the formalities of the English language, would consider everything outside the perimeters of the Bill as alien to the Bill itself. When legislation is born or when it emerges in a society, it derives from specific causations. Probably the interest in medical marijuana is likely to be born not necessarily out of a medical interest. I am saying it is a possibility. I do not know but it is because of the social and economic conditions at a specific time in history that give rise to ideas and the introduction of institutions and instruments that emerge at the specific time.

If this debate on marijuana in general or the debate specifically in relation to medical marijuana had occurred in the 1960s, 1970s, 1980s or 1990s, the concepts that are now being shared by people would not have been the same concepts. Anybody in those years who spoke about medical marijuana would have been perceived as a madman or a mad woman. How could a sensible, educated man raise the issue of medical marijuana even in the 1990s? The social and economic conditions are now ripe for us to deal with this topic with a sense of social acceptance and legitimacy because there are international bodies which sanction it. There are economic benefits which sanction it. It is just like when a crop comes up and tobacco has no more worth and we begin to debate about sugar cane. Nobody speaks about glucose. The discussion on the subject is about the wealth which it can bring to the development of a nation at a specific time, and when people are boxed in in their thoughts, the only thing that matters at the specific time is the economics of it. Sugar will bring greater benefits to society than tobacco or cassava or yams. At this time, lots

of people who are boxed in in relation to economic interest are going to be fully supportive of this.

All I am saying is this: Since the subject matter is medical marijuana, we have to have an amendment to the legislation or we have to have concomitantly with the legislation a parallel piece of legislation that allows us to respond to the needs of other interests in the society as we go forward. You cannot keep the debate in chains and expect that you can just impose it on the society. While we faced the first inhibition where we could not move swiftly with the legislation, we will then face the second stage of it because other groups will also come up with strong advocacy that the legislation was put into place exclusively for specific interests, because the issue of the distribution, especially since it is coming from agriculture, is who would be responsible for the growth of the crop, which will acquire the wealth deriving from the crop, it is like telling a child or telling a big man who has reached the level of tertiary education that he could only write four paragraphs on a subject matter. You tell that to a child but when you bring a big man or a big woman in round tables that are serious and objective then you know that a man can produce a thesis easily with as much as 15 000 words or even volumes of material on medical marijuana. I am saying do not because somebody in this room believes that only these things are relevant [that] they must not govern the course of the discussion. Whatever findings come out of these discussions should tell us, can we in anyway find a space in this draft to at least have some – I do not want to say exemption – but at least to have some provision that could accommodate the interest – I do not want to push it to the extreme that people only want to smoke it for smoking it sake and somebody wants to sell 6 000 pounds to make money without any control, I do not want to put it to the ridiculous because even though people are not giving voice to it, I know the stigma is attached to it. If a whole set of people now will be able to open a shop and sell as much pounds as they like.

I am not talking foolishness. You have big men and the Government have certain responsibilities in their hands so I am not only talking about recreational policy, a policy that deals with recreation with no limitations attached to it but you are dealing with a genuine concern, with people who believe that traditional medicine, even people who are involved as practitioners like they do not believe that traditional medicine exists that that there was a time when nobody had no certification to issue it. If we are modern thinkers we have to be respectful of that, that your knowledge is acquired from the traditionalists.

I have heard it in here before, not stated clearly but traditionalists are who have given us the knowledge that we are now applying as a science but their own way of determining what is a science existed. You now have different ways in a so-called contemporary age where you now are the voices that say what a science is and what is not a science. Traditionalists have told you we have used

it for health purposes, traditionalists are telling us that we can use it for recreational purposes, and traditionalists are telling us that we have used it all our lives for medicinal purposes, and even the inhalation of the smoke that is derived from the use of it itself they are telling you it has healing elements within it. They are saying that to you. If they say I want to use this for, even if they call it sacramental purposes, is not psychology and psychiatry apart of the sciences too? Are there not doctors registered and studied for a long time that tell you sometimes when you use these things, they also will tell you that they have medicinal value. I am saying that you have to take it, or not you would have to dismiss who are not down at the Psychiatric Hospital, I would have to dismiss psychologists when they are talking to me and scientists, and I would have to wrestle to see how I can classify their role in society, but if I respect them, then this has a psychosocial implications for anybody who inhales it at any specific time, so that is the role of the psychiatrists, he has to address these issues, and people are saying to us that we smoke it, people are saying to us that we drink it without any prescription, and when we smoke and drink it - and obviously I am not talking about abusing it - we have to take these things into consideration. People are saying that it has some value to their health. I am not going to debate on what constitutes health or what constitutes wealth or anything like that because lawyers and draughtsmen always use their own definitions. When they define elements within the law they do not go to a Webster nor they do not go to any Oxford or Collins Dictionary, the draughtsmen look at a word and just like we spend a lot of time debating what constitutes a "recommendation" and what represents a "prescription", none of us do not describe it. The draughtsmen would say, this is what the interpretation, this is what it means, so you do not pick up a dictionary and say that it means this. It is the draughtsmen who determine what it means and then the legislators would decide yes, we support it as it is.

I believe that for us to come to this alone and to actually imply that the other contributions are not relevant within the discussions, obviously, social, psychological, economic and medical concerns must be taken into consideration when we are drafting this legislation because if we draft another legislation tomorrow morning it has to be, in some way, fitting in harmony with the legislation that we carry forward on health itself.

Mr. CHAIRMAN: Any comments in response? There were none.

Mr. CHAIRMAN: The contribution is noted. Mrs. St. John? No. Okay. Senator Dr. Maynard? No. The presentation by the Barbados District of the Pentecostal Assembly of the West Indies (PAWI) they at Paragraph 7 made recommendations in terms of the composition of the Board with regards to the Ministry of Health and Wellness and the Ministry of Agriculture in terms of having a representative at the Barbados

Medicinal Cannabis Licensing Authority. Do you follow, Mrs. St. John?

Mr. CHAIRMAN: Let us go to the Barbados Council of the Disabled. This is a very straightforward presentation. Generally, they are in support of the Medicinal Cannabis Industry Bill and they have cited reasons therefore. They have not really expressed any issues in terms of the structure and layout of the Bill, so I do not believe that we need to spend a lot of time trying to make any changes or amendments to the Bill with regards to this presentation. It is very straightforward and highly supportive of the Bill to introduce a Medicinal Cannabis Industry in Barbados.

His Honour Senator R. R. N. GREENIDGE: I think we can use the last sentence of the Barbados Council of the Disabled's presentation as a summary of what they have outlined in the Bill, where they simply say that they fully support the Bill as presented and they fully support its passage which has the potential to improve the quality of life of many Barbadians.

Hon. A. R. FORDE: Also, Mr. Chairman, to support the use of I think they called it centres or cafés or whatever you call it, they say that they find it extremely difficult sometimes to get to prescribed places, so that it would help to alleviate the traffic congestion, the amount of energy and resources that they put out to get to these confined places and it will certainly improve their access to medical care. That was also mentioned as part of the second last paragraph, I should think, where they speak to the fact that the present system is onerous - it might be odious too - but getting too-and-fro to collect their medication so they are obviously advancing the use of other outlets in other centres.

Mr. CHAIRMAN: Like I said, they have been very clear in their support for the Bill. I do not personally see anything here that would lead to any amendments to what is presently presented in the Bill, except to say [that] they have carefully mentioned the use of caregivers, especially as it relates to people with disabilities. They have also mentioned the prohibitive cost of access to treatment for a range of illnesses that they have identified, all basically in support of what we are hoping to achieve [and so] a number of these things can be looked at in the regulations. Agreed?

I have a presentation from the Barbados Pharmacy Council. A lot of what they are recommending in terms of the recommendations to the Bill and their comments with regard to statutes that are already in existence, I will have to be guided legally but again I do not see anything that we did not deal with earlier. They support the use of medicinal cannabis for the treatment of some diseases and they acknowledged that there is a place for it. In terms of the legal recommendations and citings, I do not see anything, really, that we should be alarmed about but as I said I will prefer to allow myself and the Committee to be guided by those with the legal training. The matter is available for discussion.

"Therapeutic facilities" and "retail distributor licences", et cetera, we have already dealt with those and you will find that they come up in a number of presentations from people who are from the medical fraternity or people who give support services to the medical fraternity because the concerns that they are raising, basically, are concerns that fit within a medical bill, in terms of what they traditionally or what they understand under what stands a statute currently for the regulation of the medicinal industry.

Hon. A. R. FORDE: Mr. Chairman, what I want to say is that in Conclusion/Recommendation it says that the nation's health is of utmost importance to Government and to the people of this country, certainly. They said that the Pharmacy Council is of the view that procedures for introducing additional drugs, as we all know it, is well-balanced with enacting new laws as it relates to existing laws. What I want to say is that this Council and certainly what we have done as a Joint Select Committee [is that] we have gone beyond what is considered normal, because basically with the normal practice of introducing any psychoactive substance is to go through the Formulary Committee, get it on the formulary and then it is prescribed and dispensed. That is the usual practice. I am saying we have gone beyond that and that is something that we should be commended for because this is certainly not the way how it is really done in terms of introducing new drugs, even psychoactive drugs, so I am saying that this type of discourse is a new barrier and [that] it has introduced a new way of introducing psychoactive products in this country because the norm is just, as I said, having the drug deliberated at the level of the Pharmacy Committee, once it is acknowledged it then goes to the point of doctors dispensing from the drug representatives, so this is a new way of doing it and so I would like to pay homage to the Committee for making sure that the process of democracy is taking place, in terms of as it relates to getting our message out there with the public and interacting and engaging persons from across the specter.

His Honour Senator R. R. N. GREENIDGE: Mr. Forde, would you say that out of all the groups/persons mentioned in this Bill that the pharmacists are the ones who have come out best?

Hon. A. R. FORDE: I do not really understand.

His Honour Senator R. R. N. GREENIDGE: In other words, everybody who wants to grow cannot grow; everybody who wants to transport cannot transport, but there was no restriction whatsoever put on any pharmacist at all.

Hon. A. R. FORDE: This is certainly in keeping with any psychoactive drug but one of the things that we must recognise as well....

His Honour Senator R. R. N. GREENIDGE: But do you not think that the pharmacists came out really good? There are no restrictions whatsoever on them?

Hon. A. R. FORDE: But as I said, I think that

with any other drug that question would have to be asked in the context of how it happens normally, and with any drug there is no restriction to dispensing once the doctor prescribes it and the drug has been approved by the Formulary Committee and the Barbados Drug Service then this is the normal process. What I can say, though, is that along with pharmacist dispensing we have just recognised that there will be persons with the authority in "therapeutic centres" who would obviously be allowed to dispense, so that for that purpose I suspect it would not only be the pharmacists who would be 'thing'.

Mr. CHAIRMAN: Unless there are any other comments let us move along. Doctor Maynard?

Senator Dr. C. A. MAYNARD: Mr. Chairman, I have only one concern. There is medical representation on that body, the Cannabis Authority. I saw under the presentation from the Barbados Pharmacy Council under: "Comments on the Medicinal Cannabis Bill, 2019".

(1). Current practice dictates that a substance which is categorised as a "controlled drug..."

I thought about what they [have] implied here and I ask myself whether, for example, should we have a clear system for reporting adverse reactions? I know some of what the evidence suggests and the Ministry of Health and Wellness has a well-established system for reporting adverse reactions. I wonder if within the information that is supposed to be submitted, if there should be some information or some column that clearly specifies the need to report adverse reactions.

Hon. D. D. MARSHALL: If I can ask, Mr. Maynard. [Let us] remember that we have the confidentiality arrangements? So I am just wondering what would be the utility of reporting any adverse reactions.

Senator Dr. C. A. MAYNARD: Might be pure statistic. Someone might say we look at the numbers and these fall well within the categories of expected reactions in that population can say, "Hey, those are unusually high". We need to look at this again. I mean, this thing affects us more than others.

His Honour Senator R. N. GREENIDGE: So you do not need the name, just the statistics?

Hon. D. D. MARSHALL: Well, in terms of the records, I think the challenge when we were drafting this was that we could not immediately identify all the things that you would ask for so that is why we had the Authority may request further information from the medical practitioner in writing.

Senator Mr. C. A. MAYNARD: It really is a question for the Ministry of Health, but I thought I should mention it.

Hon. D. D. MARSHALL: I think we could assume a collaborative approach and the Authority...

Hon. A. R. FORDE: Right now as it stands, the pharmacy inspector that is under the provision of the Ministry of Health, the inspectors go into the office once a year... Well, once or as often, because it is their secret,

to check the narcotics cupboard. Medical marijuana would be kept in a special cupboard with books and documentation and this information I suspect can be given across from one ministry to a next. If you want to change to make that tighter...

Hon. D. D. MARSHALL: There is no need for that because when the inspector goes and inspects, he is inspecting it pursuant to the Authority and reporting mechanisms that he has. So, he is not being asked to inspect, he is inspecting right now under the aegis of the Ministry of Health, is he not? So, he will continue to inspect under the aegis of the Ministry of Health. Nothing changes about what he does, so he will report to whom he reports in the normal way in which he reports. He goes to look at what you got in the cupboard.

Asides.

Hon. D. D. MARSHALL: But the inspector would not know about adverse reactions. Right, he is inspecting pharmacies.

Hon. A. R. FORDE: The inspector that inspects the pharmacies they are trained pharmacists who [have] graduated to the level of inspectors. Then they have this information and they take the information for the purposes of inspecting pharmacies to make sure....

Hon. D. D. MARSHALL: But to whom do they report?

Hon. A. R. FORDE: The Ministry of Health.

Hon. D. D. MARSHALL: So they will continue to inspect the pharmacies. I mean, if tomorrow we decide that eucalyptus drops were medicine, as opposed to a sweetie, he would be inspecting eucalyptus drops.

Hon. A. R. FORDE: I think what Doctor Maynard is asking is that information for the purpose of the Licensing Authority getting that information, if he wanted to know if there do not have to be changes to get that information as collected through the drug inspectorate division to inform the Licensing Authority. Is that what you are asking? How can you get that information?

Senator Mr. C. A. MAYNARD: I am always ready to spend a lot of time collecting information, which we do not use or we do not use properly. So, if you are going to set up legislation to collect information, then it has to be for a purpose that is going to be useful.

Hon. D. D. MARSHALL: And you are recommending that one of the things that could be asked for would be adverse reactions. That is why I say that under paragraph (3), the Authority can recommend. Now, if it makes people more comfortable, we could provide, Mrs. St. John, that the "Authority shall share with the Ministry of Health such information as the Minister of Health may require of them." Do you think you can put that in there?

Senator Mr. C. A. MAYNARD: O, I love that, that sounds like heaven (hic!)

Hon. D. D. MARSHALL: I used to get paid for doing this you know, not anymore.

Hon. A. R. FORDE: And consequently, Attorney General, that the Ministry Of Health provides statistical information to the Licensing Authority. That is the information that the Licensing Authority would need, so you have to make that regulation because as it stands, the inspector must keep that information, you cannot do anything with it because it is under the Ministry of Health Act. So, you can make notes through the Attorney General, of course.

Mr. CHAIRMAN: Any other comments from the presentation of the Pharmacy Council? There being none let us go to the Barbados Bankers Association Inc.

Hon. D. D. MARSHALL: Mr. Chairman, there is nothing that the bankers have pointed out that will affect the Bill. They have raised very legitimate concerns, concerns that certainly keep me awake at night in as much I am responsible for the anti-money laundering regime, but there is nothing that they have pointed out that will inform what we do in the Bill or not. This is over and above what we are currently doing. I thank them for their contribution, but if it were as simple as putting in a new clause I would have but it is not, I am afraid. This has to do with the acceptability of the money supply and the money receipts.

The Committee might be interested to know that only two days ago the United States passed something I think call the Safe Money Act, which is intended to allow, well, the Congress pass it, now it has to go to the Senate and then for Presidential assent. The challenge is that because the banking industry has not separated medicinal cannabis and scientific cannabis from just plain old regular smoking weed, it is treated as being proceeds of an unlawful act and any entity that deals with that cannot have a bank account, so all those entities are operating purely on a cash basis. The downside to that is, of course, that the tax man does not get his fair share and the bank does not exactly get to keep the money so they can on-lend. So, there is a move to legitimizing receipts but at this point in time the debate is taking place at a higher level than ours. So, while we can regulate this industry all we like, our foreign-owned banks still take their instructions from Toronto and Wall Street and so on.

Mr. CHAIRMAN: Go to the presentation submitted by Doctor Hartley Moseley. I read this presentation two nights ago and I have to say my view is that he has raised nothing new. A lot of what he has expressed here we actually went through, not only this afternoon, but when a lot of the other presentations were being made. He, however, looked at something that perhaps we can discuss on page two, toxicity. I do not know that it influences the Bill in any way but to my mind so that we can look at a different angle from what was discussed previously, I will open the floor for discussion on this. Over and above that, I do not see anything that influences any amendments to the Bill. The matter is open for discussion.

Hon. A. R. FORDE: It certainly collides with

what I was saying for the last two sessions because you can look at the therapeutic index when I said that is extremely high, which is very good for the drug and it shows the lower dose regime. It is the same thing I said, one in 20 000, one in 40 000, so as it contrasts to aspirin, to caffeine, to tramadol. It is the point that I was making for the whole session, so I am happy that he is able to it.

Mr. CHAIRMAN: Dr. Maynard alluded to how you can approach something like this in terms of negative effects. There is nothing here that merits any amendment to the Bill. I am not the lawyer here, I am only the person who would have done quite a bit of reading on what other jurisdictions did and what we have in our Bill, and I do not see anything that influences change. As I said, it is open for discussion.

Senator Mr. C. A. MAYNARD: Mr. Chairman, as an advocate for nursing, as far as I am aware we do not have a cancer hospice in Barbados as yet and if we are going to look at development in the future, then we have to get it right now. There is no doubt that medical cannabis will be used for cancer care. I think that the point made by Dr. Moseley with regard to the suggestion of having nursing represented on the composition of the Board is a good one. I think that it would be an error not to include nursing.

Mr. CHAIRMAN: Mrs. St. John, there is a recommendation to look at the composition of the Board with regards to nurses. I cannot say it has been agreed to but it is something that has been proposed. Currently, the Board members are seven and we have agreed that we would allow for representatives from the Ministry of Health and Wellness and the Ministry of Agriculture and Food Security to sit on the Board. My view is that they should sit *ex officio*, in that they can sit on the Board to offer advice and guidance but may not have a voting right. I do not know how we would treat to nurses because the composition of the Board allows for a doctor. Do you still need a nurse, Senator Maynard?

Senator Mr. C. A. MAYNARD: Sir, I cannot imagine how we would have a functioning hospice in the future without involving nurses. Therefore, I would like to think that we should have at this stage.... We cannot see this Bill as just a Bill to deal with medical cannabis. What this really is about to my mind is one aspect of cancer care that is going to change and we have to involve the nurses in a major way.

Hon. A. R. FORDE: Nurses are intricate players in the administration of healthcare and we would be spinning top in mud, certainly, if we leave them out of something so important as it relates to drafting of any Bill regarding healthcare, whether palliative or otherwise. Further, one important thing is that he spoke of a paradigm as it relates to the use of natural products that he is seeing in his practice. This is something that we should recognize in this country, that persons are asking for palliative and holistic ways of taking care of themselves and their illnesses. Medical marijuana breaks the

threshold going forward in terms of how we can incorporate natural ways of healing and providing medical care. He spoke to this in his submission that in his practice he sees a thrust towards natural products. It really is a paradigm as it relates to how Barbadians think about using semi-synthetic and synthetic products. It is a very good point in terms of going forward.

Mrs. JOELLE ST. JOHN: May I ask a question? Is it envisioned that a "therapeutic facility" could become a hospice? Is that what the thinking is?

Senator Mr. C. A. MAYNARD: I am speaking really about future development that is needed now. Nurses are healthcare, if you do not have nurses, the wheels fall off quickly and the cart is on the ground. The doctors spend minimal time with patients; it is the nurses who spend a lot of time with them. The nurses would often inform us of things that we do not have time to observe or did not observe, and I think not to include them in a pivotal place would be a serious error. I concur with Senator Greenidge's position that it should be someone from the Barbados Registered Nurses Association (BRNA).

Mr. CHAIRMAN: This is a Cabinet decision that influenced the legislation in terms of the composition of the Barbados Medicinal Cannabis Licensing Authority. The rationale behind it was that when you make Boards too big you seldom get decisions and that you wanted to have the views of certain key people: someone from the medical profession, legal profession, banking and business, and that is how we came up with the composition of the Board. Medical profession can very well include nurses.

I know Senator Maynard that you want us to specifically state someone from the BRNA, that is the point you are getting across, but what I am asking is whether we could appoint a nurse to the Board without having to go back to Cabinet to ask to have the BRNA be considered as one of the bodies to sit on the Board?

His Honour Senator R. R. N. GREENIDGE: I am saying that it would not be anything too demanding to ask in a one-paragraph Cabinet Paper that one other person be added to the Board.

Hon. T. A. PRESCOD: Mr. Chairman, there is a perception here about the appropriate use of terminology. The point that is made in relation to the submission by Dr. Moseley, I believe that it is more fundamental than the six lines that attempted to capture what he wants addressed. He stated in regard to the appropriate use of terminology he was concerned that in reading the Bill there appears to be inaccurate use of the term "addiction" throughout the document we are assessing or analyzing. He stated the term "addiction" is no longer considered appropriate in medical literature as it lacks precision. He stated further, "I believe that the law in itself should always be a mirror of precision." I think that is a point fundamental enough that we should at least make the required amendments as we advance to

the stage of producing a Bill. I hope that the work....

His Honour Senator R. R. N. GREENIDGE: Although the one thing that he comes back in the last paragraph, having said that the term "addiction" is no longer appropriate, he comes back in the last paragraph "that cannabis use can take the form of addiction in several cases".

Hon. A. R. FORDE: He is correct in terms of the use of the word. I would go a bit further, the American Psychiatric Association (APA) has coined a new term called "drug dependency" which recognises two categories of tolerance and withdrawal that identifies a drug. These are the two categories that a drug of dependency is recognised by. The tolerance is that every time you use the drug you have to use more or in a different form to get the same effect. Withdraw is that there is a syndrome associated when you cease from using the drug. Those two categories identify drug dependency. Once you fall smack under those categories then you are dependent on that drug. That is what the American Psychiatric Association said. I am saying that for the purposes of this legislation, we can probably use the word "drug dependency". I do not know if Dr. Maynard can help me there.

Mr. CHAIRMAN: Mrs. St. John has the floor.

Mrs. JOELLE ST. JOHN: I just wanted to point out the use of Committees under the First Schedule for the Board, because I think someone also raised the possibility of the disabled and the possibility of other people. Paragraph 11 of the First Schedule provides for the Board to invite people as required as well, so the Board can inform itself by inviting people to assist with the function it needs to discharge. It can invite nurses, people from the Disability Counsel, et cetera.

Mr. CHAIRMAN: Dr. Maynard, you were about to make a comment.

Senator Mr. C. A. MAYNARD: I am afraid my knowledge of psychiatry is very limited.

Senator Dr. CRYSTAL K. M. HAYNES: I am sorry. I did ophthalmology for seven years and I do Botox for a living, so I cannot speak to that. Further to Dr. Moseley's presentation, his written submission, his point about pharmacists being able to compound cannabis formulations, I actually think that is pretty important, because right now you could go to a pharmacy, let us say there are certain things that a doctor might not really write up but they might mix senega and ammonia and these kinds of things according to what they think is best for the situation. I think if some mention could be made in a Clause about a pharmacist being able to compound. As a pharmacist, Minister Forde, what do you think about his last paragraph where he speaks of pharmacist being able to compound various cannabis formulations?

Mr. CHAIRMAN: Is a pharmacist and druggist the same person?

Hon. A. R. FORDE: If you go back to the 14th Century, I think we are going to look at the ability of a

pharmacist compounding products, but that is the basis and really the identification of a pharmacist in their profession, the ability to compound. It goes further, even the mixtures senega and ammonia Senator Haynes is talking about, I mean, you compound tablet to liquid for pediatric purposes. There are a lot different ways and usages in terms of compounding and in terms of getting the right medical product and the right combination in dosage forms for patients. That is a very good suggestion and I agree with it 100 percent.

Senator Dr. CRYSTAL K. M. HAYNES: I think that that particular point is worthy of consideration because in its current form the Bill only speaks to pharmacists dispensing, so I think it is something worth considering.

Mr. CHAIRMAN: We are going to go through the legislation Clause by Clause, so we may consider amendments as we go through. I want to move to the presentation by Dr. Damian Cohall. I think we had a comprehensive presentation and his presentation basically supports the Bill. If there is anything that he highlighted that you believe we should zoom in on we may do so, but I do not think so.

Hon. A. R. FORDE: Going back to the compounding before you go forward. If you are talking about the local industry and you are encouraging persons, this is a way of ensuring that we are able make the best use of our local products. I am saying you are going to challenge the pharmacist as well to come up with a combination of their compounding technique to produce something, because you looking at getting this product overseas. I have in the past compounded products that you cannot find anywhere. I cannot tell you what it was used is for. The honest truth is that it challenges persons come up with using creative ways.

Mr. CHAIRMAN: Whilst all of that is true, we still need to stay within the Bill that we are trying to develop. I would want to move on to Dr. Cohall's presentation, because we are still going to go through the Bill Clause by Clause.

Mr. CLERK: Mr. Chairman, before you move on. There was an issue of the use of the terminology of "addiction". I am not really sure what decision the Committee [has] made in relation to that.

Hon. A. R. FORDE: The word "drug dependency" is now being used under the American Psychiatric Association. It is the preferred word to use rather than "addiction", because "addiction" speaks to a different mindset et cetera. The word "drug dependency" will be used for medical purposes.

Asides.

Hon. A. R. FORDE: I will trust "substance use disorder", one out of the two. I can accept "substance use disorder".

Mr. CLERK: In the legislation the noun is not

being used a lot. I see you variably use it. I am just wondering how the drafting will be.

Hon. A. R. FORDE: Addiction/Drug Dependency. The reason why “addiction” was taken out was that “addiction” spoke a lot to people that uses the harsh drugs like cocaine, heroin, and et cetera. For that reason when you are speaking of medicine in terms of healing persons, I suspect the word was not the appropriate word to use and they found that a better term was “substance dependency”.

Hon. D. D. MARSHALL: Can anyone identify where the term “addiction” is used the Bill fairly easily. “Addiction” is not used. Where is it used?

Mrs. JOELLE ST. JOHN: Section 32 (2) states that, *“An application for a licence under subsection (1) shall be accompanied by a certificate from a medical practitioner that states (a) in the case of an individual, that the individual is not addicted to a controlled drug; (b) or in the case of a partnership, that a member is not addicted to a controlled drug.”*

Hon. A. R. FORDE: “Not dependent”? It is just a softer term.

Hon. D. D. MARSHALL: So you change “addicted” to “dependent”. No difficulty. Is it just those two places?

Mr. CHAIRMAN: I want to move on. Are there any other comments?

His Honour Senator R. R. N. GREENIDGE: Is the word you are putting there “dependent”?

Hon. D. D. MARSHALL: Yes, “dependent on”. “Addicted to” is replaced by “dependent on”.

Mr. CHAIRMAN: Mrs. St. John.

Mrs. JOELLE ST. JOHN: Just going back to the point raised earlier with pharmacists being able to compound, [let us] remember we have a processors’ licence which contemplates manufacturing and creating products. How will that be the distinct and separate, if at all, from pharmacist compounding? [I am] just asking.

Hon. A. R. FORDE: Right now as it speaks a pharmacist by virtue of him/her being a pharmacist can compound any product, so they are going take the same oil that you get from overseas and compound it into whatever product, for example, like cream, for whatever purpose the doctor it for. It is the decision of the pharmacist to get that drug in a dosage form that is considered able for the patient. However he has to compound it speaks to the prescription in the dosage form that the doctor want is something that is implied in our practice.

Hon. D. D. MARSHALL: In any event, I would think it is a matter of degree. I mean, for a person who has to compound on a case by case basis, one would hardly want to put them through a regime of applying for a processor’s licence. The two things are vastly different.

Senator Dr. C.A. MAYNARD: I have insomnia so I tend to read things over and over. I felt that was covered under Section 29, very clearly. It referred specifically to the pharmacy regulations, and I thought

that a pharmacist could compound marijuana without the need to have a special licence. Look at Page 24, Section 29(3).

Mr. CHAIRMAN: It does not influence change to the Bill? Page 6, [the] last paragraph. Do not need to make any adjustments? No? All right, so let us move along. All the other areas, including cannabis and driving, growth and production, et cetera, we are acutely aware of the National Council of Substance Abuse’s (NCSA) stance on these matters. They gave us a set of recommendations, predominantly supporting what the Bill is trying to achieve. They will also be part of the public outreach programme that will be designed through the Barbados Medicinal Cannabis Licensing Authority when they do the focus group and stakeholders meetings, so if there is any part of the presentation that you may have seen and which you believe would influence change to the Bill, feel free to draw them to our attention. As I see it, again, this presentation generally supports the Bill and basically makes provision for us to include the NCSA as one of the focus groups that should be brought in to discuss how we can create more awareness with the public. I do not see anything that influences change to the Bill as it is currently structured. That matter is up for discussion.

Hon. A. R. FORDE: There are two interesting points. One of the points that I saw which was glaring was related to persons who were driving. They said once they could show that they were not affected in an adverse way from using cannabis, they were exempted from prosecution. This is an interesting point because it was espoused in here – I cannot remember which group or individual – that there was some link – I think it was Dr. DaSilva – where smoking marijuana and driving had caused an issue in America. He was speaking about the persons who ended up at the Accident & Emergency (A&E) Department. To this end, I further read the article to which he was referring, and it said that the forensic reconstructive engineers showed that it had nothing to do with either alcohol or marijuana in terms of the accidents or the incidents I saw at the A&E. This is therefore an interesting point here where it says that once persons can show that the drug has not impaired them, they would not be prosecuted. I think that it is an interesting part of the discussion.

Another interesting part was that it was said that in March, 2019, in Florida, the laws were revised to allow patients to smoke the drug so that they can get away from the leveled metabolism of that product in order that more free drug would go to the central nervous system as it relates to pain from terminal illnesses including cancer and HIV. This is interesting information shared by the NCSA. I just wanted to highlight that.

Mr. CHAIRMAN: Thank you, Minister Forde. Senator Dr. Haynes, do you have a point?

Senator Dr. CRYSTAL K. M. HAYNES: Yes. I, upon reading the CARICOM documents – the 2018

Report of the CARICOM Regional Commission on Marijuana – saw that they actually indicated that they would prefer, with regards to operating motor vehicles, to have some kind of control in place. I am trying to find the specific paragraph, which is why I was going to defer to Minister Prescod.

Mr. CHAIRMAN: Minister Prescod.

Hon. T.A. PRESCOD: Mr. Chairman, in the circumstances, I hope that based on your approach here and your view that you have not seen any need for the Amendment of the document that we are concerned about, which is the Bill in relation to medical marijuana. I hope it is not perceived as absolute and that, because you do not see any need that this would in fact be a unilateral decision where a one man, whether classified as head of everything that is happening here or whatever, has the absolute right to say whether he has seen any need for any amendment. It kind of invalidates the contribution of all other persons who are asking for amendments, and it also invalidates the call that if a provision can be included within the legislation as a reasonable point of making the adjustment in the legislation to accommodate other interests outside of medical marijuana. It also invalidates even a commensurate piece of legislation that can be applied even if it a new legislation and not an amendment in any way to what we have here as unimportant in the dialogue that we are having and I want it to be perceived not as any absolute view by any specific person but I would like to believe that we are engaged in a conversation, one that is dialogued, and that the validity of the opinions of professions, the validity of the opinions of ordinary citizens and the validity of all those who are present here and all Barbadians are very much an import of whatever conclusion we reach within the Bill. I would hope that kind of framework would govern us as we go forward.

Mr. CHAIRMAN: That is the reason I am always saying the matter is open for discussion and take comment from the Committee because it will never be my decision what the final Bill is supposed to look like. It has to be a decision informed by presentations that were sent in, examined by this Select Committee, and then amended accordingly. I just want to clarify that this is not neither mine nor any unilateral decision taken by me to so determine what may or may not be recommendations, amendments or any changes to the Bill.

Hon. T. A. PRESCOD: Let me make this annexed to the point. There are two fundamental things that I am concerned about and I am just saying, as we go forward, the two fundamental points, if nothing else makes sense to whosoever is here is that I am suggesting that some kind of accommodation be given to traditional and even modern practitioners of the use of cannabis for sacramental purposes. If a provision and traditionalists have used it, not endorsed by modern science, but traditionalists have used it for many moons as a form of healing and in their interpretation of the word “healing”,

the word “healing” is impregnated with the view that it is of medicinal nature. When I asked that if it cannot be included in the provision, well, then we have a statutory law running parallel with this piece of legislation so that it will embrace the concerns of a wide section of the Barbadian public, especially a young constituency that [has] emerged in the last few years, namely the Rastafarian community, although there might be people who are involved in the faith itself that are not so young, but all they are doing is perpetuating a tradition. I believe their concerns should be also mirrored within the legislation ultimately.

His Honour Senator R.R. N. GREENIDGE:

Mr. Chairman, I just want to pick up from what Minister Prescod is saying and I think that Minister Prescod would be pleased to know that a lot of the points which he has made today, and he has made them very impressively, were made in the oral submissions before and in some cases, just as forcefully too. When we say that this particular written submission does not take us much farther, what we are actually saying is that we already have on record an oral submission which has made the point and which will now have to be considered, but not that what Minister Prescod is saying will not be looked at because we already have it on record by the people who made the oral submissions. He can rest assured that what he has said, as well as what those who have said the same thing before him, they are going to be considered before we come to evaluate exactly what the final product will be, so I do not think he has anything to worry about.

Where this particular written submission by the National Council of Substance Abuse (NCSA) is concerned, the same point comes up again, where whenever you or whoever is going to be leading the charge, when you speak again you have to make it quite clear that – and it is here on page 6 - is the public to assume that “therapeutic” and “recreational” are terms which can be used interchangeably? One of the major concerns to the NCSA is the seeming trend of medical marijuana being the forerunner of recreational use of the substance as has happened in many jurisdictions. That is the point which has to be made over and over again. You have to be aware that it is a point people are making out there and you just have to address it.

The other concerns which I thought necessary to bring to the attention of the Committee is when, on page 8, they asked: “How will security of the crop be ensured?” The whole question perhaps of praedial larceny is going to rise again and maybe there will be more instances of it because of the type of product that we have. They asked again: “What systems for quality assurance will be established and maintained?” These are things that I think we need to address. They go on and they asked about the environmental implications, the disposal of what we would consider at that stage to be waste. We may consider it to be waste but other people may not consider it to be waste. How are you going to

dispose of it? What about the people who live not far away, the air quality and the odour control for growing, producing and processing? Those are things which, I think, we cannot allow to go without addressing at all when we come to do the next full presentation on this Bill.

Mr. CHAIRMAN: Agreed, Senator Greenidge. A lot of those things when we have the Regulations, you will see a lot of them would have been already captured under the Regulations, but as it speaks to the Bill in terms of what it is hoping to achieve and the way it is structure, I see them more as guidance for the Regulations that will come with this Bill. One of the things that I will have to confess is that had we had the Regulations at the same time of this Bill, we would have been able to see a lot things that are being recommended that have already been contemplated but are not here yet.

In terms of, for example, praedial larceny, you would not get praedial larceny on a medicinal cannabis farm because that would have to be an inside job. The farms are by way, the standard is established, the farms must be secured, fenced in, carrying human security, they must carry information technology (IT) security as well and the idea of somebody going on a farm and stealing the plants, I mean, we would have to be moving away completely from the recommended established standard which is obtained in all the other jurisdictions. Jamaica, for example, if you visit a farm in Jamaica you have to sign in, there is a chip that you get that signs you in and if you go back out without using that chip you are considered to be still on the farm and be searched for.

In Canada, by dint of their weather conditions, most of the farms are greenhouses. As you go on and on, you will find that instances of praedial larceny will be mitigated.

Somebody also raised the view about cross-pollination, even though I was speaking to the person who raised it and I explained to them what cross-pollination is; you either have the movement of bees from farm to farm or the blowing of blossoms. In each circumstance you are not going to easily get cross-pollination because (1), your farm has to be secured and fenced in and most of the farms use cupboards, so in order for that to happen you would have to have two farms in close proximity [with] both breaking all of the rules. That is why you have to have the inspectorate regime attached to the Cannabis Licensing Authority, so a number of these things will be addressed in Regulations but I do not know how you will fit them into a piece of legislation that is designed to develop what a medicinal cannabis industry is supposed to look like, except for where we have at the back of it, where the Regulations are supposed to go, where all these things are supposed to be properly outlined.

Senator Mr. C. A. MAYNARD: Mr. Chairman, I am sorry to disappoint you. We cannot assume that at the start of a cannabis industry and at the start to grow medical marijuana that people would behave the way they [are] behaving now.

Mr. CHAIRMAN: Expand on that for me, Dr. Maynard.

Senator Dr. C. A. MAYNARD: Mr. Chairman, what I am speaking about is [that] you cannot predict how or when people would try to break into a place and steal. Behaviours change, and depending on how much someone wants a product. All I am saying is that we cannot apply a North American model to what we do, or how we secure a farm.

Mr. CHAIRMAN: I still maintain that it would have to be an inside job because if you have 24-hour surveillance and human security, somebody breaking in there would have to be doing it with the assistance of the security that you have on the farm.

Senator Mr. C. A. MAYNARD: Mr. Chairman, it is called corrobory.

Mr. CHAIRMAN: That is a different type of crime altogether.

Senator Dr. CRYSTAL K. M. HAYNES: Mr. Chairman, I want to go back to the National Council on Substance Abuse presentation where they spoke about cannabis and driving. I was glad to see that they are in support of people just being able to use it without any real policing there. But the CARICOM report said that the Commission is unanimous that drunk driving laws and mechanisms should be put in place to prevent people from driving under the influence. It did say, these are futuristic and mechanisms would need to be developed to enable this objective. So I know our law is pretty thin on driving rules. I think the only rule is that once you are over 70 that you have to get a letter from your doctor saying that you are fit, well and healthy and can operate a motor vehicle, but to this point I will say right here that I do think we need to look at our driving legislation. There are people driving with end-stage glaucoma, Alzheimer, dementia, under the influence of cold and flu medicine that makes them drowsy too, so it is something that I am sure the Road Safety Association or somebody would raise at some point. I think at this point we do not have the mechanisms to really police it but it is something I think will come up and [that] we should be prepared to respond when that time comes. CARICOM is recommending that we should have something in place to regulate it.

Mr. CHAIRMAN: Any comments from the National Council on Substance Abuse?

There were none.

Mr. CHAIRMAN: There being none, let us go to the legislation. We are going clause by clause.

Mr. CLERK: Mr. Chairman, ICAR did make an oral presentation but I had forgotten that he had submitted just four sheets, based on the oral presentation.

Mr. CHAIRMAN: Do we take ICAR's presentation based on their oral presentation? Those in favor say aye. Those who are not say no.

AYE:

Senator Dr. Krystal M. Haynes:

Mr. CHAIRMAN: I think the ayes have it.

Mr. CLERK: Just in terms of procedure, because we are now going through the Bill, because we would have had a number of oral presentations, do we at some point get the transcript and look at the oral presentation? How do we do it?

Hon. D. D. MARSHALL: Mr. Chairman, I think we can have recourse to the transcripts if the need arises. If there is any doubt as to the content of a particular submission, fine, but we have the benefit of written submissions for the most important ones. We go to the transcript if necessary.

Hon. T. A. PRESCOD: Mr. Chairman, I will consider ICAR's presentation equally as important as any other written or oral presentation. ICAR is a movement from the Rastafarian community, they are some of the leading advocates on the traditional use of cannabis and I do not know how we can go through the draft Bill thoroughly without including the concerns of ICAR.

Mr. CHAIRMAN: Minister, ICAR's presentation will not be excluded. What I raised was that they presented all of what was written. They then gave us a copy of what they presented, so we have heard their submission and we know everything that they have said, and that is the reason I asked if we should go over it again or just take it as presented because Brother Adonijah presented on the behalf of ICAR on Tuesday. The transcript and the written presentation are here, so I personally did not see the need to go over what he sat here and presented himself, which would have been better presented than any of us attempting so to do.

Hon. T. A. PRESCOD: So the written transcript is also signed by him, or another person has presented the written transcript and then he also made the oral...?

Mr. CHAIRMAN: This is what he presented, he presented a written document and then gave us a copy.

Hon. T. A. PRESCOD: Okay, then there is no need for a transcript.

Mr. CHAIRMAN: Well, once he presented we will have the transcript.

Hon. D. D. MARSHALL: May I just ask, though, if these things have been put online as yet? Ms. Hamblin, have the written presentations put online as yet?

Ms. SUZANNE HAMBLIN: They are all online.

Hon. D. D. MARSHALL: But will we have it now?

Ms. SUZANNE HAMBLIN: Yes, you can have them now.

Hon. D. D. MARSHALL: So all of the presentations are online for transparency sake.

Hon. T. A. PRESCOD: I want to say something about what we have actually discussed today. *(At this point the recording went down)*... Somebody else in St. Lucy might have an opinion and in some way, that opinion ought to be heard by us. I am saying that we can give guidelines but for three sessions or so, for us now to

come to a conclusion where are going to make fundamental or recommend fundamental changes is not an adequate reflection of the views of the general public of Barbados. My reservation is that some of the people, who I consider to be important in relation to the amendments in this legislation, that their views are likely to be minimized or even be perceived as subordinate to the consideration of other people's views. That is my concern.

Hon. D. D. MARSHALL: I do not know. Mr. Chairman, if Minister Prescod could be a little bit more specific. I mean, I heard Ichirouganaim Council for the Advancement of Rastafari's (ICAR's) submission. I have met with ICAR when we were beginning to formulate the Bill, you met with ICAR. In fact, I believe we have had more consultations with ICAR as a body than any other group. Now, ICAR supported medicinal cannabis, they had no issue with any of the specific clauses of the Bill. ICAR's main focus when they spoke last week was on putting in place a regime for sacramental use. That was their main focus. I believe everybody would agree. That was their main focus, they did not discuss the Bill. Trevor it is here, you can read.

Hon. T. A. PRESCOD: We are trying to pretend that we are trying to develop Utopia, that we are always perfect about everything. Since we have submitted a draft document, which has not been even subject to extensive dialogue in the two Houses in Parliament and we have put this interim arrangement in place before we get back there, that the approach that we are using is that if you come here and you give an opinion directly or you write something and do not come, that that is the only consideration that we should be worried about. Not even a grace period after we share these views is allowed. We have three sessions and that is it.

I was saying that we need to move expeditiously but we can move expeditiously and then find ourselves blundering fundamentally and then still cannot get any further in terms of the execution of the document. If somebody has to sacrifice a little time to come back here two days from now and we feel that we have done what we ought to do in reaching out to the people of Barbados and say to them, "We are still willing to make sure, before we come to a conclusion on this, that everybody has been given an opportunity, and for those who did not contribute and still feel very passionate about some of the concerns, we are prepared to give you at least another two or three hours."

I do not expect you to do it in an infinite manner, so I am not telling you to open it up until we come to the end of the world but at least always demonstrate in some way [that] there is a level of reasonableness to accommodate everybody in the society itself. I am saying to you that three days, because we need to hasten on this, might be the very reason some of the suggestions which I have made today have been heard in silence and even a request for having a parallel piece of legislation, nothing

is being said, nobody [has] shared any dialogue on that. I said it and it was as though I am speaking in a vacuum. I said it and I say that, can we make any amendments, how do we feel, all these things.

Asides.

Hon. T. A. PRESCOD: I understand that, I am only making reference to myself. I am not going to be talking to you exclusively on any subjective interest about what I said but they are other people, I believe that ought to be given a little hearing.

Mr. CHAIRMAN: It can come in when we are going through clause by clause. What I am saying is that this entire Bill we are now going to vet. So, once we are going through, if you see there is a place where we can broaden the legislation/improve, is where you make the recommendation.

Hon. T. A. PRESCOD: Well, I would prefer the legal luminaries in the room at least to tell me....

Mr. CHAIRMAN: But you still have to share your views so they can follow with you.

Hon. T. A. PRESCOD: I just told you what my views are, it is just to insert it in the legislation. If there is a view that it cannot be inserted, well, just tell me that. I am not, in any way, purporting to be knowledgeable in drafting documents or to be able to tell you to insert at clause 3 subsection 4. I cannot tell you that because I do not know anything about that.

Mr. CHAIRMAN: When we go through it will be glaring, so we are going to go through. When you see the opportunity arising then you can put it on record.

Mr. CLERK: Mr. Chairman, I just want to be clear, based on what Minister Prescod is saying, because we had two sessions that were open to the public, we invited persons to do written as well as oral submissions. Persons made oral submissions to the Committee. Those two sessions were also open to the public and the Committee allowed them to be streamed to basically all of Barbados who had access to the internet. They were persons in the audience and the Committee allowed persons in the audience to make presentations. So, I am just trying to understand...

Minister Prescod seems to be suggesting that even when we concluded the clause-by-clause of the Bill that we should then offer one more opportunity to those who might have missed coming [for those persons] to make one last presentation to the Committee. Is that what you are suggesting, Minister Prescod?

Hon. T. A. PRESCOD: I am saying that even at the level of the judiciary, when a matter is of a complex nature at the head sometimes at that head would say: "I reserve any decisions, until." So, it means that it has given you a period of reflection. For those who are so genius that they can absorb all that they have, I am not part of those people who possess those special qualities. These are people with extensive capacity and any serious analysis, if you are not joking, you cannot tell me because all of us here, regardless of the size of our heads, that we

have been able to absorb all the fundamental elements and all the presentations that we are now at a stage, where we are all bright men and bright women and we say, "this is what the people want." Well, I am saying that they have to be a time for reflection if there are any serious considerations, that we would not have been dilly-dancing - I have seen that happen before at the highest levels - where we believe that we have the answers and then we discover that we walk right into some kind of catastrophic situation and then we are trying to correct wrongs. I am saying, rather than doing this and being extremely hasty, I believe that we ought to spend a little time on reflection and I could seriously go home and look through all of this, that is a very small part of all that we have heard for the last few days. I have not been privileged to even hear as much you all but you all [are] real bright or pretending that you are bright.

The reality is that we need to sit down and reflect on the submissions that have been made before us before we jump to hasty conclusions on a matter that is not that simple. Unless we have preconceived views that what we are doing is absolutely correct and flawless, then you cannot tell me that I must believe - because I certainly do not believe it - that you all have that power of retention and analysis that you can now take this and say, "these are the requirements that reflect the general opinion of Barbadian public." This is just my view.

Hon. E. G. HINKSON: Mr. Chairman, I just want to be clear on my colleague's views that the item on the Agenda, titled "Examination of the Bill", Minister Prescod, you are saying that we should delay that and come back another day to do that? You are not saying that we should give the public additional time to come before the Committee and make presentations?

Hon. T. A. PRESCOD: I am saying that we can be better informed if persons who admit that they are not as informed as us, even if we do it through another medium because comments in the newspaper, historic documents and new findings that can put us in a stronger position, when we return to make the amendments.... Anyone that does research would tell you that sometimes a piece of legislation could find itself before us, between now and tomorrow morning, that will show you where persons in other jurisdictions had to deal with this matter and [that] some of the fundamental legal points that were advanced then would cause us.... I mean, lawyers should know this better than anybody else, [lawyers] who speak every day on judicial precedent, who speak about *ratio decidendi*, and *actus reus*; all of these things lawyers talking about.

Asides.

Hon. T. A. PRESCOD: No, not *mens rea*, that is when you think about committing a criminal act, in advance to performing the act. I am not a lawyer but I know that, though, foolish me. I want you all to think about this approach because personally I believe that if you do not go this way, you are going to find yourself

facing some major blunder. If tomorrow morning you [were to] hear that legislation can be found, where in three or four jurisdictions within the Commonwealth [that] there are legal precedents that are very much in conflict with this preliminary stage, that we can address it now by at least spending a little time to reflect. Not only us, but the public sharing that reflection with you or whatever information is available and then come back and apply yourself to making the required amendments, so that when we get to the point where we go to the highest form of Government in the land, and I am not talking about the Governor General now or ceremonial roles, I am talking about when we go to Parliament in the Lower House, that we are thoroughly informed in addressing these issues. This is an outdated model where everybody is hustling to get home. I know it. Everybody wants to get home, so you cannot add an additional day or so to serve as a precaution for a blunder that might cause an embarrassment, then you have to return again to the House of Assembly to make the amendment then when I could have put the provision in place here. We came here today and heard discussions about debating if one word means something or not. We heard other things such as persons stating that we ought to use particular word because one has now reached the late level where it is now obsolete and has no relevance to modern thought, because all of us understand that language and words are dynamic and they change from time to time. Let us give yourselves enough time because at the end of the day, all that we have done is because we now want to make the fundamental adjustments to produce the best document that we can. We have gone from within two minutes or so to making amendments.

Hon. A. R. FORDE: Mr. Chairman, on Minister Prescod's point. I would never pretend to be more lettered than any person here or anywhere, but I do not want to divorce my comments from what you are saying because you are making a fundamental point. However, Mr. Chairman, we have to be mindful of the fact, and I think this is the position we are now faced with, that we have to return to Parliament by October 8, so that whatever we do or whatever decisions we make has to be informed by the fact we are supposed to be debating this on October 8.

Mr. CHAIRMAN: I am going to give the Committee a chance to respond to Minister Prescod's position. Minister, what is it exactly you are asking the Committee to do exactly?

Hon. T. A. PRESCOD: Mr. Chairman, I am asking that rather than being hasty and making the required amendments, that we allow this matter which is more complex than we are making it, to be given at least some consideration by each Member, so that the Members can go back on the information which they received, both written and transcripts of oral presentations, and make a sensible analysis of the findings that we have. After, we can take them and see how we can apply them to the draft Bill and make the required amendments so that we can

have a document that is more consummate than the one that is being questioned at present that caused us to be in this forum having this kind of discussion.

I would like to believe that when the matter came to the House of Assembly, there were some who believed we had done a consummate job and it was because there were forces in the society that felt that the job was not done adequately and thoroughly, that we are now in position where an interim unit is put in place to further examine the Bill and to make the required amendments. I am saying to you that the model has to make some adjustments because it is old. There was a time when certain people, similar to a feudal system, made the laws and the majority of the people had no contribution.

It is like the old Parliament, and I do not know if you can call it a democracy, that existed before the 1950s where certain people made the decisions and the decisions became impositions. Nobody could challenge them because it was the law. I am saying that in these circumstances, there are a lots of people who would probably express their views with each other in the streets and not in this room, and if we can get at least 48 hours or so to return by a specific date to make the required amendments, I am saying the amendments at the stage and the model you are using is just a knee-jerk reaction to the information we have received up to the last 15 minutes and that all of a sudden we are so bright that we are going to put them inside the provisions of the legislation.

Hon. D. D. MARSHALL: Mr. Chairman, I am sure that Minister Prescod does not intend to speak for anybody other than himself. From the time this Committee convened two sessions ago, individuals made representations on things that they felt needed amendment. I have certainly given those things some consideration. As Attorney General, I have even indicated already my support for some of those amendments. I have asked my draftspersons to begin to formulate certain things around some of those amendments that will not be contentious. This is a process of refinement and I can see no reason that process of refinement cannot start today. If there are issues that the Minister is not comfortable with and would wish to have further consideration, it is no difficulty, but there are some things that I do not think there is any dispute about amending. I can see no reason we cannot look at them today. Minister, to be frank, most of the presenters came here to show how much they knew about cannabis and did not mention a single word about the Bill, so I do not know what I could crystallise out of a contribution which did not address the very Bill that the terms of reference wants us to address.

ICAR came and said that they are not even interested in medicinal cannabis because for them it involves the taking out and putting in of things out of the plant. ICAR said they want sacramental use. Now, that does not inform the Medicinal Cannabis Industry Bill, Minister. They do not have any difficulty with it, they just think it

is a waste of time. They want us to go the whole hog, but we cannot go the whole hog. Mr. Chairman, we could sit here and debate this, but this is a process of refinement. Mrs. St. John has to go back and try as best as she can to draft and redraft and then we still have to come back to this Committee and present what work she has done to see if the Committee will or will not accept it. It is a process of refinement. The next time we come, we may well say that we do not like it that way, we want it another way, but to defer any consideration of the Bill, it is just to kick the can down the road and cause us to lose time. Ms. St. John is trying to get the regulations ready.

I mean, Mr. Chairman, I came here today to discuss "visitor", because I am not happy with how "visitor" sits within Section 25. Now, that was raised by Mr. Gibson, I think. It was raised by Mr. Gibson, I am happy to consider it, others of us are happy to consider it. Why we cannot consider it today? Mr. Chairman, I would propose that we get started, because time is moving and I think we should get started in the Bill. This cannot be the end of it, Minister Prescod will have 48 to 98 hours if he wishes to review all that is there, the transcripts, the contributions, but we have never closed off the opportunity for anybody to even come back, we said that if people still wanted to contribute orally today we would [have] accepted them. The invitation was to come back today and nobody has come. I think we should press on.

Hon. T. A. PRESCOD: I have to get involved again. This is a national issue. The fact that nobody came today should be a clear indicator that people believe it is a waste of time to come. Some points are being made that some of the considerations by different interests was not relevant to the document itself. I believe that we still have an obligation to the country that we have to ask questions, not only what has happened today, but why it has happened today that nobody came. Do you believe that after two sessions, not 24 hours in one day, for a few hours in each day, but nobody in Barbados, a Bill that you all have reservations and fears about, no interest group outside who we have here, who was selected to participate, and that is why I am trying to play a role where I am not going to speak as though I am programmed, because I believe that what I should be here doing is to be as objective as any human can be, and if it is possible for me to be objective or anybody in here. I would like to believe it is my voice, but I would like to believe that what I am saying is also the concerns of many other persons out there in the general public who are not here and who probably will never come here. All I am saying to you, rather than rushing it because your thoughts are underpinned by the essence of time, not mine. My thoughts are underpinned by sensible reasoning on these issues. I am not going to say we have to this by a specific time and therefore this is what must happen. I do not agree with that. I am not going to use muscle, I prefer to use reason on these issues and I feel that we consider things. They are people of a certain type

who would not agree with what I am saying but I am just telling you that this is perspective, it does not have to be accepted, just like other feel like. "I do not have to come here, what I have to come here for". My views do not have to be accepted, because I can ask the question too. I might have a responsibility to my constituents to get to Parliament or to the Cabinet of Barbados to play my role in a ministerial capacity, but I do not have to come here either, so we cannot adopt that attitude at all. That is all I am saying. We need to reason on these things and to make sure that we do everything that when we are finish here, we do not have to be struggling with another issue, the legislation should be able to go through the Parliament of Barbados freely, especially since we have a Parliament with one Opposition Leader. These are realities at this point in the history of the country itself. Other Governments ignore the interest of other people, because it must be done my way, and what happened. Because you say that it is three days in discussion, I mean there is no accommodation for if there is a view that says, "well look, it should be four and a half, it should be two and a half, it should be three and a half, no consideration. All I am saying go ahead but I just wanted to make sure that I record those reservations if we move expeditiously to resolve this matter in the manner in which we are doing it. That is all I am saying. I am not involved in anything contentious. If you believe that you need to run through it quickly and there is a socially grouping that says that this must be done and this is how it must be, fair, well then nobody does not have to discuss the area about the means of transport, the methodology applied. Nobody has to engage in a Bill that is related to health that indicates that there must be concerns for security. Nobody has to advance these arguments at all. You see that very early in this discussion, the question was asked by persons of some great value, about which Ministry is the Ministry with the right to discuss a Health Bill. All it is, is that man is trying to rationalise why he is right and why he is not right, so that I know whenever I am finish, I mean I am going to also, I am telling you that, but I know that when I am finish talking, it is though I spoke in a vacuum. I am not against anybody's perspective on these things, go ahead and do you what you want to do but I am not going to be part of any hasty effort in order to resolve a matter that I am viewing with more seriousness than most people that seem to be involved in this whole process.

Senator Dr. CRYSTAL K. M. HAYNES: Mr. Chairman, just briefly one comment from me on that. This is my first year and a little bit being Parliamentarian and it is my first Committee, and it is so funny that this was raised because I actually had a conversation with a group of friends last night and they were saying it is a great time for democracy in our country. I cannot recall anything growing up really hearing anything about these Committee and having in here packed. I remember the first day that we met, people we going all down the stairs, you should have been here to see it Minister Prescod.

People came out, they spoke ad nauseam, they spoke passionately, when they had to "cuss" us they cussed us, and they let us know exactly how they felt. It was a wide cross-section of people, from doctors and lawyers, down to the everyday man on the street had the opportunity to come in here, to ventilate, to share their views and opinions. At our first meeting, one the things we did was to identified interest groups. It was not just doctors, lawyers and the who's who in the society. We identified members of the church, the Rastafarian community, and made a point of reaching out to them personally, to make sure that we invited those interest groups to come in and make contributions, which they did orally and in some cases in writing.

We had a case where one guest on the first week spoke for probably an hour at the microphone, and when he was finished he came back at the last Sitting and spoke again. We were in here until after 6 p.m. I think that, for myself, I am not a full-time parliamentarian, I do not get paid enough to cancel patients to come here, but I prioritise being here and I appreciate the way in which the process has been handled. I think that a wide cross-section of Barbadians have come and spoken, and I do not see any fault in us moving forward. I can say certainly that even, though, yes, we went through the papers just now, none of these are things I am seeing for the first time. They were sent via email. Many of these people also came and spoke. As they sat, I made notes in the margins and I am reading it probably for the third or fourth time. Nothing here is new, so it is not a case where we are rushing through anything. After I left on Tuesday, I went home, read through my notes, read through the people's presentations and watched the video online again, knowing that we were coming here today to go through the Bill clause-by-clause. For me, who have been a part of the process from the first time we met over two weeks ago to right now, I do not agree that we are rushing. I think that the process has been handled openly, transparently and comprehensively, and I am excited to go through clause-by-clause and see how we can integrate the recommendations that were made by the public, so that we can make this Bill the best Bill it can be.

Mr. CHAIRMAN: Senator Haynes, I really want to thank you for your contribution. I would like to hear from the rest of the Members of the Committee. I endorse what you said that this is the right time to demonstrate that democracy should be at the core of everything we do, and so let me hear from the rest of the Committee and then we will determine how we go forward.

His Honour Senator R. R. N. GREENIDGE: Mr. Chairman, I will speak very briefly. I have known of instances when certain Bills were sent before a Select Committee and, believe it or not, those Bills died in Select Committee and never got back out. Indeed, it was a tactic used by certain Administrations in the past. Now, this is an instance when we are being as businesslike as possible, and we are trying to do the people's work in a very

efficient manner so that they would know that we have no intention whatsoever of letting this matter die before a Committee. I see no reason why we should continue to prolong and let somebody come back that did not have a chance, when we already told the public when to come and they came. Not only did they come, they made excellent presentations. I personally gained a wealth of knowledge from the presentations made by all of the groups.

I think we had better go ahead and do the amendments to the legislation. Believe it or not, Minister Prescod, even when we make these amendments now, this legislation is not going to be perfect. There will still be instances after today, after tomorrow, after when the amendments are made, that we will still have to do some tweaking. It happens all the time with legislation. There are times you bring legislation and then you realise, "*Look, the Tenantry Freehold Purchase Act has forgotten to do this or that.*" I do not see any reason why we should prolong this thing any longer. Let us do the best that we can do, look at it clause-by-clause and try to get out of here as fast as possible.

Hon. E.G. HINKSON: Committee, I think that both sides have been argued. Comrade Prescod, we have heard your position. I believe we should take a vote. Those who feel we should continue at this stage and move onto Item No. 5.

Senator Mr. C. A. MAYNARD: I am listening to Minister Prescod. He has been passionate about the desire – and he is an experienced parliamentarian – not to rush. I have asked myself, "*Is there any harm in waiting?*", and I cannot think of a reason why there should be harm. Is there any benefit? I can think of a long list of potential benefits. I do not know if doing it today will make a big difference and if 48, 72 or 98 hours will make a difference. I had not contemplated waiting before but having listened to him, I cannot think of a reason I would not wait. I am not speaking about it as anyone other than someone trying to understand what he may know at a different level. That is all I have to say.

Hon. T.A. PRESCOD: I put the case. I believe I have a right also to speak in the order of things. I will say this again: Everybody is talking about what has occurred on the first day. Everybody is saying what they feel. Hitler felt he was a great man too, [that] he had to set an example, but the whole world felt he was an evil man, so it is not about what I feel about myself or about what anybody says they feel about themselves, I am saying that we had a three-day session but the invitation was extended to the world at large on the third day, and not a member of the human species responded to the offer. It is saying to us that we are not as perfect as we are pretending we are, so I am saying give us a little time.

I understand the deadline, we want to go back to Parliament. Is this the last day that we will be in a position where we can do the preparatory work in order to be ready for the legislative debate in Parliament? If it is

not and there is some kind of flexibility between there, all I am saying is [to] use the time wisely, rather than rushing into decisions. Questions will be asked, such as, "Can you imagine they had a three-day session, they had 42 000 people on the first day but do you know that by the time they got to the third day not a man came?" Is that not a consideration that is worthy of being truly considered?

Hon. E.G. HINKSON: Minister, you have reiterated your point. I believe the consensus to adjourn. It is now....

Hon. A. R. FORDE: You are saying that you are taking comments from everybody. I think that I sit on this Committee as well. I do not know if I am not on the Committee. You would have to tell me.

Hon. E.G. HINKSON: Alright. Okay.

Hon. A. R. FORDE: Thank you, Mr. Chairman. I suspect that at this time we are open for comments. I have been here for the better part of three sessions now and I think that the first two days, as alluded to by Senator Dr. Haynes, we had a full house. I think that what has happened is that there are certain groups, Rastafarian community, groups that are involved in certain faiths, who have used marijuana over the centuries for sacramental or religious purposes. Unfortunately, we are discussing, at this point in time, marijuana for medical purposes. I think that is where the dichotomy is and we have engaged and entertained them as far in the discussion as we should. What I am saying is that right now in terms of the medical marijuana I think that we should fully ventilate it, I think that we have to come to decision because the drafters have to get themselves prepared for Cabinet. One of the things that I find most salient out of the discussion from the pharmacy body is that they have said that unlike any other drug that has come to this country, psychoactive or otherwise, that this is the first time they have had fulsome discussion on it. This is a breakthrough way of doing things. It has never happened before. A drug would be produced, it would be clinically studied, it would get approved by the FDA, it would come to the manufacturers here, get approved by our Formulary Committee and it would be in the pharmacies. This is a new way of doing business as far as allowing persons to have an engagement on what they perceive as medication in terms of medical cannabis, so I do not think that we can delay, not unnecessarily but I do not think we can have further delays based on what has happened.

Hon. E. G. HINKSON: What time where we proposing to conclude today? Mr. Clerk of Parliament, do you have a time?

Hon. D. D. MARSHALL: Six o'clock is the cut off time today.

Hon. E. G. HINKSON: It is now 5:20 p.m., so we can go on and on arguing whether we should start Item 5 or not. Minister Prescod, the issue here, though, is unfortunately, you were not at the first two sessions. If you were, you would probably have been able to feel the pulse. As was said, a lot of people were here, their views were well-

ventilated. I do not believe that the fact that no one is here today is any reflection on any feeling that there is anyone else who wanted to give a submission. That is the truth, that is how you have interpreted it and I do not agree with it. I think if you had been here you would see that... I believe you would like time, not having been here present, to examine some of the documents and the majority view would be since we are finishing probably in 40 minutes anyway that we could adjourn. I do not know [adjourn to] when because the schedule at ministerial level is quite packed for next week. I know we have a session here on Tuesday morning with building resilience. I know we have Planning and Priorities Committee on Wednesday morning so, I do not know, Mr. Clerk. Cabinet is Thursday, of course.

Mr. CLERK: You may have to come Friday, 4th October.

Hon. T. A. PRESCOD: Mr. Chairman, if the majority believes that they should rush the issue and that my reservations about the absence of the general public response today... I mean, you all planned it and you all said three days. The general public said the third day...

(At this point the recording went off)

Hon. E. G. HINKSON: The issue in terms of the balance is when. It can only be Friday.

Hon. D. D. MARSHALL: We can move to Tuesday afternoon.

Hon. E. G. HINKSON: No, because that is only a half-day session.

(At this point there was across the table discussion)

Mr. CLERK: Mr. Chairman, given the hour as well and the fact that this is a Committee of 13 and we only have about five people here...

(At this point there was across the table discussion.)

Mr. CHAIRMAN: Members, let us move a motion to adjourn until Tuesday at 10:00 in the forenoon.

Hon. E. G. HINKSON: No, no, no. We have something in here and all of us are invited.

Mr. CLERK: Mr. Chairman, before you [can] confirm any dates, let me first find out if the space is available. That is the first thing.

(Discussion ensued, multiple speakers)

Mr. CLERK: Mr. Chairman, I cannot pretend to know that the Lloyd Erskine Sandiford Centre (LESC) is free so if Tuesday is the time let me just ...

Hon. D. D. MARSHALL: Why can we meet at Parliament?

Mr. CLERK: The reason why we are meeting up here is because we cannot meet at Parliament.

(At this point there was discussion around the table.)

Mr. CHAIRMAN: Let us move a motion to adjourn and reconvene on Tuesday at 2:00 in the afternoon. Minister Prescod, are you going to move the motion?

Hon. T. A. PRESCOD: I will move the motion. Would you describe it as a suspension?

Mr. CHAIRMAN: No, as an adjournment.

Hon. T. A. PRESCOD: Mr. Chairman, I beg to move the motion for the suspension of this Joint Select Committee until Tuesday October 1, 2019, to be resumed at 2:00 p.m. I would like it to be make categorically clear that the public is not invited and [that] this will be an internal session of which the Joint Select Committee, the majority, at least must be here because if it is supposed to be a reflection of what is supposed to be democratic, then I would like to know that the majority of persons who have been assigned this responsibility from a higher form of management in Parliament understand that they have a responsibility to be here before we come to any conclusion.

Senator Mr. C. A. MAYNARD: Mr. Chairman, I beg to second that, Sir.

Mr. CLERK: Mr. Chairman, before we can confirm any dates, let us find out if space is available.

The question that the Joint Select Committee be adjourned until Tuesday October 1, 2019, at 2:00 p.m. was put and resolved in the affirmative, without division and Mr. CHAIRMAN adjourned the Sitting accordingly.

5:36 p.m.

**FOURTH MEETING OF THE JOINT SELECT COMMITTEE
ON THE
MEDICAL CANNABIS INDUSTRY BILL, 2019
MARIGOLD ROOM,
LLOYD ERSKINE SANDIFORD CENTRE (LESC), BARBADOS**

TUESDAY, OCTOBER 01, 2019

First SESSION 2018-2023

PRESENT:

Hon. Indar A. WEIR, M.P., M.B.A (Chairman)
Hon. Dale D. MARSHALL, Q.C., M.P., LL.B. (Hons).
Hon. Edmund G. HINKSON, M.P., LL.B (Hons.) L.E.C. LL.M.
Dr. Sonia E. BROWNE, M.P.; M.B.B.S.
Hon. Adrian R. FORDE, M.P.
Bishop Joseph J. S. ATHERLEY, M.P., J.P., B.A., B.Sc., PgD., (Leader of the Opposition)
Hon. T. A. PRESCOD, M.P., B.A.
His Honour Senator Rudolph N. GREENIDGE, L.L.B
Senator Dr. Crystal K. M. HAYNES, M.B.B.S
Senator Caswell A. FRANKLYN, J.P.

IN ATTENDANCE WERE:

Mr. P.E. EASTMOND, Clerk of Parliament
Ms. B.S. GIBBONS, Deputy Clerk of Parliament
Miss Suzanne Hamblin, Library Assistant, Procedural Officer to the Committee (Ag.)
Ms. JOELLE ST. JOHN, Senior Parliamentary Counsel, Chief Parliamentary Counsel Office
Ms. ANITA JACKSON, Principal Crown Counsel, Office of the Attorney General
Ms. NICOLE THOMPSON, Special Advisor to the Attorney-General

ABSENT WERE:

Bishop J. J. S. Atherley, J.P., M.P. (Leader of the Opposition)
Lt. Col. the Hon. J. D. Bostic, M.P., MVO, B.A. (Hons.) (Deputy Chairman)

CALL TO ORDER/WELCOME

The Chairman called the meeting to order at 2:14 p.m.

Mr. CHAIRMAN: This Committee is resumed. Good afternoon all. Excuses for absentees. Senator Haynes and Senator Maynard are both running late, Minister Bostic is still away on Government business, so an excuse for Minister Bostic.

MINUTES

Mr. CHAIRMAN: Minutes of the sitting for Tuesday, September 24th and Friday, September 27th respectively are not available at this time.

Hon. E. G. HINKSON: I, therefore, wish to move a motion to defer consideration of those minutes.

Mr. CHAIRMAN: Seconder? Seconded by His Honour Senator R. N. GREENIDGE. So the motion is that the minutes be deferred.

The question that the Minutes be deferred was put to the Committee and resolved in the affirmative without division.

Mr. CHAIRMAN: Item number 3, the examination of the Bill. We had agreed that we would do the examination Clause by Clause. Part 1, any comments, recommended changes? The Interpretation, Authority, any additional Recommendations or deletions? Page 8 on my document. 2(1), Interpretation, Authority, Recommendations. Does everybody have a copy of the Bill dated August 29th? Interpretation 2(1), Authority. Any additions or deletions? None? None, analytical services, services for testing and obstruction of cannabis, good to go? Board, all in agreement with the board? Cannabis?

Hon. D. D. MARSHALL: Mr. Chairman I do not have a difficulty with the definition but several of the contributors, well in particular did raise what appeared to me to be a possible issue with cannabis in terms of the definition. The next three items cannabis, cannabis material, cannabis resin all individually defined. Can I ask through you Mr. Chairman, Mrs. St. John what definition do Jamaica and St. Vincent use for cannabis?

Mrs. J. ST. JOHN: Jamaica uses the term ganja.

Hon. D. D. MARSHALL: No, that is the term but tell me how they define it.

Mrs. J. ST. JOHN: Apologies and again, it defines ganja, not cannabis. Includes all parts of the plant cannabis sativa from which the resin has not been

extracted and includes any resin obtained from the plant but does not include medicinal preparations or hemp. Then it defines hemp and it defines tetrahydrocannabinol (THC).

Hon. D. D. MARSHALL: Okay. Now, they seek to exclude---- the Bill deals with both recreational----

Mrs. J. ST. JOHN: Medicinal and limited recreational use.

Hon. D. D. MARSHALL: So, basically they define it in that way because medicinal preparations had separate treatment.

Mrs. J. ST. JOHN: Well, I guess we could conclude that but if you indicate the person concerned with the definitions maybe I can see how I would....

Hon. D. D. MARSHALL: Mr. LaTouche, raised the issue as to what we mean when we say cannabis. It might have been a little bit convoluted but it causes me to reflect. How does St. Vincent define?

Mrs. J. ST. JOHN: I do not have St. Vincent here but what we have before us was based on St. Vincent. The definitions in here....

Hon. D. D. MARSHALL: Do you have Antigua?

Mrs. J. ST. JOHN: What we have before us was based on St. Vincent. The definition in the Bill was derived from St. Vincent's Act.

Hon. D. D. MARSHALL: Okay.

Mrs. J. ST. JOHN: Did he say that the definitions are convoluted?

Hon. D. D. MARSHALL: No. I am saying that I found his reasoning convoluted. My recollection is that he was suggesting that there was a problem with our start point in terms of what is or is not cannabis.

Mrs. J. ST. JOHN: Is this not due generally to the confusion of cannabis versus hemp?

Hon. D. D. MARSHALL: I cannot say that. Someone else may say that but I cannot say that. I do not think that was his issue. You could go on and if necessary, we could come back to it.

Mr. CHAIRMAN: Any other comments pertaining to the meaning of "cannabis"?

Hon. A. R. FORDE: Mr. Latouche made the point that there are three different forms of "cannabis". He said there was Sativa, Ruderalis and Indica. His point was that all marijuana is cannabis, but not all cannabis is marijuana. He made special reference to the fact that the female plant which is the Sativa is actually hemp because it is not able to pollenate and send flowers. They looked at the budding aspect and that is how they relate it to the form of cannabis. This was his issue with the name "cannabis". I do not think it is a serious issue, the concern related to how they described it.

Hon. D. D. MARSHALL: I have looked at the provisions in Antigua and St. Vincent; I just saw them. It states that, "cannabis resin" has the meaning assigned to it in the Drug Abuse (Prevention and Control) Act Cap.131.

Is "cannabis" found in our Drug Abuse (Prevention and Control) Act Cap.131? This is "cannabis resin". I am just asking if cannabis is defined in that Act, in which case we can follow the same formulation which we have adopted in part with cannabis resin and which has been adopted by the other territories.

Mrs. J. ST. JOHN: The Drug Abuse (Prevention and Control) Act cap.131 defines "cannabis" as any plant of the genus cannabis from which the resin has not been separated and includes any part of the plant by whatever name it is designated. It also defines "cannabis resin". We can make that reference but his concern....

Hon. D. D. MARSHALL: We have gone pass that now. I am saying that there is an approach where "cannabis

Resin" is defined in reference to its definition in the Drug Abuse (Prevention and Control) Act Cap.131. I am wondering if there is any good reason why we would not adopt the same approach?

Mrs. J. ST. JOHN: You can adopt the same approach because it will mean the same thing. Yes, there is no reason why you cannot.

Hon. D. D. MARSHALL: I am not certain yet, but I might want to flag that as a potential amendment. Let us see how the term is used.

Mrs. J. ST. JOHN: Please note that "cannabis material" is not in the drug.

Hon. E. G. HINKSON: Mr. Chairman, I want to be clear about what Mrs. St. John has said. Is it that the definition of "cannabis" in the Drug Abuse (Prevention and Control) Act Cap.131, the wording is slightly different from what is here in terms of the definition of cannabis?

Hon. D. D. MARSHALL: It is different. In the Drug Abuse (Prevention and Control) Act Cap.131 states that "cannabis" means any plant of the genus cannabis. This definition states that it means all parts of any plant of the genus cannabis.

Hon. D. D. MARSHALL: Mrs. St. John, we cannot hear you.

Mrs. J. ST. JOHN: The definition in the Drug Abuse (Prevention and Control) Act cap.131 includes the same thing. The latter half of the definition states as follows:

"and includes any part of that plant..."

What we have here is basically a condensation of what exists in the Drug Abuse (Prevention and Control) Act Cap.131.

Hon. D. D. MARSHALL: Therefore, in substance it is the same thing. I am just suggesting that for consistency, we define "cannabis resin" in terms of the Act and we can define "cannabis" in the same way.

Mrs. J. ST. JOHN: I have no objection to that.

Hon. E. G. HINKSON: I want to suggest that that be the case so that there is no ambiguity or conflict.

Mr. CHAIRMAN: Can I move on to cannabidiol (CBD) oil? Are there any insertions, deletions or recommendations?

Mr. CHAIRMAN: It is speaking to the substance that is extracted from the plant, and how it responds to the receptors in the body and brain. Any recommended changes? What do the other jurisdictions state? What do we have for St. Vincent or Jamaica?

Hon. D. D. MARSHALL: It is a substance which reacts, so whatever substance reacts it is either that there is only one substance which reacts in this way....

Dr. S. E. BROWNE: I think to put "a substance" might be a bit misleading because it has been proven that marijuana is made up of many that has not been researched as yet. Therefore, it might be smart to state "one of", rather than "a substance". This is just my suggestion.

Mr. CHAIRMAN: How is it defined by other jurisdictions?

Mrs. J. ST. JOHN: Antigua does not define it and St. Vincent...In response to Dr. Browne, the singular includes the plural, so we do not have to specify substances.

Hon. A. R. FORDE: Correct me if I am wrong, what Dr. Browne is referring to is that you have 113 different active principles, so you are going to say an active principle found in the cannabis plant, which reacts with specific receptors in the body. We do not have specific ... because the verdict is still out if it reacts to CD 1 and CD 2 receptors found in the brain if it passes the blood barrier system. That has not been confirmed yet, so just say the body and done.

Mr. CHAIRMAN: This is speaking to the definition of cannabidiol (CBD).

Hon. A. R. FORDE: That is what it is speaking to, CBD, and I am saying that CBD as Dr. Browne said, what has to be an active principle found in the cannabis plant which reacts with specific receptors in the body, and that is it.

Mr. CHAIRMAN: You are saying one of?

Hon. A. R. FORDE: Yes, "*it is an active principle found in the cannabis plant which reacts with specific receptors and found in the body*", that is all.

Mr. CHAIRMAN: My challenge here is that it is indeed a substance found in the plant and there are several, this is one of the many.

Hon. D. D. MARSHALL: Mr. Chairman, as long as we do not interpret things in vacuum. Could you tell us where for example the term is used, so that we can see how it is applied?

Mrs. J. ST. JOHN: This definition came from a study of Cannabis Legislation in Europe.

Hon. D. D. MARSHALL: Where is the term used in our Bill please?

Mrs. J. ST. JOHN: The term is used in our Bill. I don't think that would help, to be honest.

Hon. A. R. FORDE: Mr. Chairman if I could, my problem is that a substance by name of definition is a particular matter with uniform properties, where you are saying that the word substance means that it is a type of

matter with uniform properties. I think, I am not sure if that was what Dr. Browne was eluding to, the fact when that when you use the word substance in this case, because a substance means a particular matter with uniform properties and cannabidiol cannot be considered a substance. That is what I am saying, so it would have to be an active principle which is one of the principles that is found in the plant, so it cannot be defined as a substance.

Mrs. J. ST. JOHN: Can you repeat that please?

Hon. A. R. FORDE: Cannabidiol (CDB) is a particular matter that has particular properties by definition of the word substance. What I am saying is that, it really is not substance, it is a principle, in medicine you call it an active principle, so the Bill says that it is an active principle found in the cannabis plant which reacts with specific receptors in the body, because the verdict is out if it acts on the CD1 receptors in the brain, that verdict is still out with the cannabidiol. I am saying just put widely it acts on certain receptors in the body to give a therapeutic effect and call it a day.

Hon. D. D. MARSHALL: Mr. Chairman my question remains. When ... we would have a better view, but ...

Mrs. J. ST. JOHN: I am looking for the context but I do not think you will find a specific context. I think it was defined because it would be used later to specify how the different products that are produced should be classified. How much "cannabidiol" it has, how much THC.

Hon. D. D. MARSHALL: Mr. Chairman, for the moment let us move on, we can always flag that and come back.

Dr. S. E. BROWNE: If I can just read what I am looking at now. It says, "*Cannabidiol is a phytocannabinoid derived from the cannabis species, which is devoid of psychoactive activity, with analgesic, anti-inflammatory activities*". I think that is one of the things we are trying to get at. That is a little clearer of a definition.

Asides.

Dr. S. E. BROWNE: It is based more or less what he was saying that it is basically one of the same thing.

Asides.

Dr. S. E. BROWNE: Yes, it is a phytocannabinoid derived from the cannabis species, which is devoid of psychoactive activity.

Hon. D. D. MARSHALL: Mr. Chairman I do not fight with scientists.

Dr. S. E. BROWNE: To me this is a little vague and in other words there are other active substances that you can put under this same definition but not mean them.

Mr. CHAIRMAN: Give us the framing and let the drafter then put it in there.

Senator C. A. FRANKLYN: I am looking at several definitions here on my computer. It has a definition, it is not a new word. I do not think we should define it. There is a definition, you can look in the dictionary and find it, so if you want to find out what it is look in the dictionary. Because what we are going to do is to say for the purpose of this Bill it means this and then we are going to mess up. If you need to give a definition, the dictionary definition is what is used most of the time. If you want a specific meaning is that want it to mean only this, then you will define it in the Bill.

Mr. CHAIRMAN: Can we leave that with the drafter to come back with.

Asides.

Mr. CHAIRMAN: Yes. Okay, let us move to "Member State" or "CARICOM" "controlled drug".

Asides.

Mr. CHAIRMAN: "Cultivation". Senator Franklyn.

Senator C. A. FRANKLYN: It just includes something else, it means the cultivation normally, as well as harvesting. I have no problem with that.

Dr. S. E. BROWNE: Sir, I do not know if it was intentional that the planting of it was excluded. You have "harvesting, curing and drying", it had to be planted.

Senator C. A. FRANKLYN: It means these as well, what you have there.

Dr. S. E. BROWNE: Can we not put in planting? It is an Agricultural Bill.

Asides.

Hon. D. D. MARSHALL: That is what "cultivation" is.

Asides.

Dr. S. E. BROWNE: But "cultivation" already means "harvesting".

Mrs. J. ST. JOHN: To cultivate means to plant.

Asides.

Mr. CHAIRMAN: Dr. Browne is proposing that we use the word planting.

Asides.

Mr. CHAIRMAN: "Cultivation site". "Dispose". "Document". "Handling". "Harvest". "Licence". Medical. Dr. Browne anything on medical? Senator Haynes. Senator Maynard. "Medicinal

Cannabis" (a) under "Medicinal Cannabis".

Hon. D. D. MARSHALL: Mr. Chairman, you remember last week I did have a concern about defining medicinal cannabis; does it mean cannabis that is grown and so presumed under this Act? It would mean that cannabis that is not grown and so presumed to this Act would be unlawful. For whatever reason, if we decide to import what we consider to be medicinal cannabis, it would not constitute medicinal cannabis because it is not grown under this Act.

Asides.

Mr. CHAIRMAN: So how do you propose we capture it?

Hon. D. D. MARSHALL: I think we should leave it with Mrs. St. John.

Mr. CHAIRMAN: Mrs. St. John. 'A' under medicinal cannabis.

Mrs. J. ST. JOHN: I would include "import".

Mr. CHAIRMAN: Yes? Okay. 'B'...

Hon. D. D. MARSHALL: Let us talk. I am not sure that will do the trick. I do not expect you to draft on the fly.

Mrs. J. ST. JOHN: I think that it is worded this way as well to maintain the integrity of the offences under the Drug Abuse (Prevention and Control) Act Cap.131, so I think the best approach – not doing it on the fly, as you said – would be to make provision in this Bill for the full gamut of contemplated activities. I am thinking the idea is that anything beyond the bounds of this still remains illegal.

Hon. D. D. MARSHALL: I am thinking that medicinal cannabis is really any cannabis that is prescribed for use as a medicine. It does not matter to me where it is grown.

Mrs. J. ST. JOHN: That is a new thought there.

Mr. CHAIRMAN: Can we move to 'B'?

Hon. D. D. MARSHALL: I think you should just leave the entire Clause for Mrs. St. John to look at. There is no point going through A, B, C and D.

Senator C. A. FRANKLYN: The point you made is very valid. If you have a fellow who runs short of supplies and he needs something to process or whatever they do with it, you can import it. This does not provide for importation.

Mr. CHAIRMAN: All right. "Medical Practitioner".

Hon. D. D. MARSHALL: It is not really defined elsewhere.

Mr. CHAIRMAN: Minister, Dr. Browne. I know that you had raised the issue of agriculture and health and wellness, so would you want to look for a clear definition or inclusion?

Dr. S.E. BROWNE: No, this was not my issue about the definition of medical practitioner.

Mr. CHAIRMAN: "Patient". "Pharmacist".

"Pharmacy". "Premises".

Hon. D. D. MARSHALL: "Premises"?

Mr. CHAIRMAN: We dealt with it.

Hon. D. D. MARSHALL: We questioned this since last week so we do not need to change the definition of "premises".

Mr. CHAIRMAN: "Public officer". "Recommendation".

Senator C. A. FRANKLYN: "Recommendation" should be removed from the legislation altogether. Either you are going to prescribe it or you do not. Do I "recommend" that you smoke two joints? Doctors prescribe.

Mr. CHAIRMAN: We canvassed this last week as well.

Senator C.A. FRANKLYN: I think it should be removed.

Mr. CHAIRMAN: We agreed that....

Hon. D. D. MARSHALL: I do not agree.

Dr. S.E. BROWNE: From my end, I think it should be removed.

Asides.

Mr. CHAIRMAN: We went through this in detail last week.

Asides.

Mr. CHAIRMAN: Mrs. St. John, we did go through this last week.

Mrs. J. ST. JOHN: I do not remember a decision being made.

Mr. CHAIRMAN: Okay.

Hon. A. R. FORDE: Last week I said and I will repeat that by the laws which govern the way in which prescriptions are written, once a doctor – I will repeat for the last time too – writes anything on a piece of paper, any piece of paper, even if it is blowing about the room right now, puts his name and puts a patient's name on it, he does not have to write dosage and he signs it. Once it has his signature, it is a prescription so someone in here would have to tell me what a "recommendation" is, because I do not understand.

Hon. T.A. PRESCOD: If the word has the same definition, it means that there is something redundant about having two words in the circumstances meaning the same thing. The only way that the two words should stand, is provided that there is a clear definition in the Bill that is different to what is in the Oxford Dictionary. Based on all that has been said, or if there is case law somewhere that tells us that this argument has been advanced before and that it is accepted according to the definition coming out of the case law.

I believe that probably the technical persons in the Attorney General's or Solicitor General's Offices should look at it. There are a number of us who are concerned

that it is waste of time having two words meaning the same thing: a prescription and a "recommendation".

Hon. D. D. MARSHALL: Mr. Chairman, Mrs. St. John has tackled this particular issue and I would like her to share with us a potential alternative definition for "recommendation".

Asides.

Mrs. J. ST. JOHN: In Antigua, they have the concept of prescription and "recommendation". The doctor cannot quantify the form or amount that he thinks would be therapeutic, so I think the last time we met we spoke about tinctures and oils. I have no clue what any of those things are, but that Legislation gives you two distinctions.

Hon. D. D. MARSHALL: Can you share with the specific definition they use?

Mrs. J. ST. JOHN: I am trying to find the specific definition here in their Act but it is not jumping out at me, unless it is in their Regulations. Do you have the Regulations here? I will read what they say.

Asides.

Mrs. J. ST. JOHN: It is not here, so it is probably in their Regulations, but it carries two definitions of cannabis: One which specifically refers to things that can prescribed like capsules, tablets and so on, and another definition that defines things that cannot be definitively prescribed, like five tablets or ten tablets.

Hon. D. D. MARSHALL: What you had shared with before says this, and it is used in Clause 25 of the Bill:

"A medical practitioner may prescribe or require the uses of medicinal cannabis by issuing a recommendation where the required form of medicinal cannabis which the medical practitioner considers appropriate for the patient exists in a form where the exact dosage cannot be quantified or standardised."

Mrs. J. ST. JOHN: That is from Antigua.

Hon. D. D. MARSHALL: So the distinction that we sought to make between the prescriptions and "recommendation" really has to do with the level of precision that doctor is able to indicate on the document.

Dr. S. E. BROWNE: I am sorry, but that is one country. Here in Barbados, the doctors among us, and I am assuming the other two across from me, we are used to writing prescriptions when there is a medicinal product to be written. The "recommendations" usually, for something like that, are landed with the naturopaths and the health food stores where they "recommend" that you use a cream because it works well for whatever. I think we should stick to prescription in our setting. That is what the medical faculty is comfortable with, that is, what the pharmacists are comfortable with, that is, what the Pharmacy Council that is the representative of the

pharmacists was comfortable with and I think we should stick to prescription and remove "recommendation". That is my opinion.

Mr. CHAIRMAN: Senator Maynard.

Senator Mr. C. A. MAYNARD: Mr. Chairman, doctors write prescriptions but often you cannot quantify how much a person will use. I think someone referred to Voltaren as a cream. I do not know how big your little finger is going to be, so if I say you if you take some with your little finger and rub it on your knee, I do not know how much you are going to use. I might know how much is in the tube and therein lies the difference. I think that because of the length of time we have had these drugs around and have had them tested, we know how much of a drug is in that tube.

In the "medical cannabis" if, as Senator Franklyn said, smoke two "spliffs", we do not know how much is in it and that creates the issue. I think a prescription is the one option because it allows somebody to say, take x amount of this product. You may not know how much is in it at this stage, if it is a Balm, but "prescription" is a safe word. "Recommendation" is alien to the medical practice.

Mr. CHAIRMAN: I want, Mrs. St. John to flag this to do further checks on other jurisdictions because I do recall Dr. Cohall, making the point that the two can be used. He cited the case in the United States of America (USA), why they were going to use, I think they said, a "recommendation" and in Canada, an approval.

Mrs. J. ST. JOHN: In the United States of America (USA) was a little different, it was because of the legality issue where States have legalised the usage but the federal level has not so doctors use "recommendations" to avoid liability, but, through you, Mr. Chairman, I would like to ask a question of the doctors in the room. If we are limited to prescriptions, does that limit what a doctor can prescribe or... (*no audio*) ...any product at all out there that they think might be useful.

Dr. S. E. BROWNE: That more or less represents what the drug service is willing to reimburse. There are many, many more medications outside of that Formulary that we write. In my mind, even if I write a cream, once I say apply three times a day for one week that is a prescription even if it is not as precise as my saying. Most of the time you can find out the amount if you dig deep enough, but that Formulary is only a guideline for us to know if a patient cannot afford, these are the options you may have. There are a lot of medications outside of that Formulary that may do the same thing. Whether they are better or worse that is up for debate.

I still think we need to bear in mind the discomfort of the medical fraternity out there, medical and dental, it is not only the medical doctors, the dentists as well. If there is a general discomfort, in my mind, it needs to be addressed in that way. It is alright for the other jurisdictions but why can we not put prescription.

The other thing that is in the back of my mind,

this is new to us, it may not be new to Canada or wherever but it is new to us. What happens if I write what you all described as a "recommendation" and something goes wrong? What is the insurance company going to tell me? Oh, you wrote a half of a prescription and we do not know how much the patient had, we do not know how much ... These are all ramifications that can come up in theory. I think we need, at the same time, ... Yes, jurisdictions all over the world do this and that, but at the end of the day, there is still the Barbados jurisdiction that I think we should respect. That is my opinion.

Mr. CHAIRMAN: Just out of curiosity, if you write a prescription for Voltaren and say use three times a day on a particular spot and a problem develops, are you covered there.

Dr. S. E. BROWNE: Enough research has been done on Voltaren. We cannot say that a whole lot has been done on medicinal marijuana. We know the usages of Voltaren. We generally know how to apply it and when to stop applying it. To say "recommendation" suggests – which might be true – that we do not have a clue when to start, how to titrate, how to do nothing. I still think playing it safe is the option.

Hon. A. R. FORDE: Another problem you may be faced with, Mr. Chairman, if I may, is that pharmacists only do prescriptions. That is the thing. They only interpret and do prescriptions so if something comes on a paper right now you will have to change some laws because if something comes on a paper to a pharmacist, they are not going to do it unless it has the patients name and a doctor's signature and that is prescription by law. We may be trying split hairs, but really and truly it is just a matter of wording because you will achieve the same thing.

Senator C. A. FRANKLYN: Unless you tell me that they are going to be other people ...

Hon. T. A. PRESCOD: Mr. Chairman, I am just trying to run the sequence in order. Mr. Chairman, we have to avoid pitfalls. This is a new area. Definitions of words have to be applied to what we are dealing with. We cannot draw on any specific precedent but the word "recommendation" is too loose and it is too wide. To me, if I was a doctor, I would be happy for it because if I am in a state of uncertainty and I give you something, I believe I should be able to guard against any ...

Asides.

Hon. T. A. PRESCOD: You see, you can get out. Recommendation is so wide that if all the professional people say that the word recommendation covers everything that we do, in this jurisdiction, the professionals accept the word "prescription" so they do not function on recommendations or anything like that they function on prescriptions. I do not see why we should spend all of this time. If anything, wait until it gets to the Court and the Court will come and say look, I think

you need to put back in this, but at present, the people in the medical professions, including the pharmacists are telling us that the word prescription covers the job that they do. This is not a mockingbird group. Even metropolitan countries are experimenting with the appropriate words and even the scientific definitions that have to be applied. There will always be some smart lawyer out there who will see an area and a man who even might be charged for doing something under this in the legal profession will always have loopholes.

Mr. CHAIRMAN: I am prepared to move along. Senator Franklyn, Senator Haynes was first so I will take her, then I will take you and we can move along.

Senator Dr. C. K. M. HAYNES: Thank you, Mr. Chairman. In my view, a prescription is basically a written instruction which kind of is a "recommendation" in any case. I was wondering, because description is not defined in this Bill, what does the pharmacy Legislation say a prescription is?

Hon. D. D. MARSHALL: Nothing.

Senator Dr. C. K. M. HAYNES: Nothing?

Asides.

Hon. D. D. MARSHALL: How do you mean no? I am looking at it. I am looking at the Pharmacy Act Cap.372D.

Senator Dr. C. K. M. HAYNES: Prescriptions are not defined in the law?

Hon. D.D. MARSHALL: It is not defined in the Pharmacy Act Cap.372D.

Senator Dr. C. K. M. HAYNES: We can go with the dictionary definition which is a doctor giving a written instruction that a patient should be able to access something which basically is the same thing so to Minister Prescod's point about a level of redundancy between the two terms ...

Dr. S. E. BROWNE: Mr. Attorney General, is the word "recommendation" in that Act? I do not know it at all.

Hon. D. D. MARSHALL: There is no "recommendation".

Dr. S. E. BROWNE: Nor prescription?

Hon. D. D. MARSHALL: Nor prescription.

Dr. S. E. BROWNE: Whether coming or not you made it a point [that] it is not there. I am asking for my own education, whether it be coming on or not. Is "recommendation" there? No, so it is new.

Mr. CHAIRMAN: Let us go to Senator Franklyn and then we will move on.

Senator C. A. FRANKLYN: Sir, the only problem I would foresee is if there is an intention for people other than medical practitioners to "recommend" this cannabis. That is the only time because whenever a doctor, a medical practitioner gives you an instruction in writing, that is a prescription. Now, unless there is some other person who does not have a medical licence but he is

still dispensing this 'thing', you cannot call it a prescription, so unless there is some intent to have other people.... A fellow would tell you: "Man, smoke two "spliffs" and 'thing'" but he does not have a medical licence. Unless you have something to say that - it could be the old bush doctor or the obeah man - who would give you some cannabis, then there is no need for "recommendation", unless people other than doctors are giving this.

Mr. CHAIRMAN: We will move along.

Asides.

Hon. D. D. MARSHALL: No, I need to be fair to Mrs. St. John. It appears as though the majority of the people in here are in favour of removing the term "recommendation", so we cannot just move along, we need to say to Mrs. St. John, please remove the term "recommendation" from the Bill and use only the term "prescription". Okay?

Mrs. J. St. JOHN: Through you, Chair, just another question to the doctors in the room before we remove "recommendation". Are there any cannabis products that are not presently contemplated for the Formulary of which you are aware, which could be useful to patients, including you, Minister Forde, that you may need to use and would you be able to prescribe those products?

Senator Dr. C. K. M. HAYNES: Mrs. St. John, to answer your question. Basically my understanding of what a prescription is, it bears the patient's name. I write an instruction to the pharmacist and that is basically.... As much as we speak about precision and lack of precision, that is not clearly defined anywhere, so anything that has not been contemplated, once you write and sign to it, I think is good to go.

Mr. CHAIRMAN: I recommended that Mrs. St. John [would] look further, flag it and if it cannot be defended, [to] remove it.

Hon. D. D. MARSHALL: But to be fair, Mr. Chairman, the majority of the Committee is clearly in favour of removing it. If the majority of the Committee is clearly in favour of removing it, [then] we cannot give Mrs. St. John an instruction to go back and research it. To do what? To come back and try to convince the majority? That is a waste of time. The Committee has already decided. You and I are in the minority. Let us put a bone in it and move on.

Mr. CHAIRMAN: [Please] go ahead, Mr. Maynard.

Senator Mr. C. A. MAYNARD: Mr. Chairman, the Barbados Association of Medical Practitioners (BAMP), as far as I can remember, had a problem with the use of the term "recommendation". I think most doctors do. I do not see any section in this Bill that deals with people, other than those registered as "medical practitioners", so there is no chance of...

Hon. A. R. FORDE: I think it should be removed.

Senator Mr. C. A. MAYNARD: You can call through a prescription.

Asides.

Mr. CHAIRMAN: We will take it out when we get there. We are going Clause by Clause.

Hon. E. G. HINKSON: Mr. Chairman, with respect, I just was wondering if you could indulge me on the definition of "medical practitioners". We are saying that "medical practitioner" has the meaning assigned to it by Section II of our Medical Profession Act 2011, but if you want to address it when we reach Section 25:

"Use of Medicinal Cannabis"

25) *A person or visitor shall only use medicinal cannabis where that medicinal cannabis is prescribed by a medical practitioner or required by commendation by a medical practitioner.*"

Mr. Chairman, what happens in the case where, for example, a Canadian visitor comes and has a prescription from a Canadian doctor?

Mr. CHAIRMAN: We will take it when we get to the section.

Mr. CLERK: Mr. Chairman, before you go on we need to go back and take out "recommended" as well, "the definition of patient has prescribed or recommended".

Hon. D. D. MARSHALL: The Office of the Chief Parliamentary Counsel is not so barbaric or philistine that we do not have the facility in our computers to search for words, so Mrs. St. John will find every time the word "recommended" comes up and delete the appropriate one, so I "recommend" that we move on.

Mr. CHAIRMAN: "Tetrahydrocannabinol" or "THC". Senator Haynes.

Senator Dr. C. K. M. HAYNES: Sir, I walked in as we were discussing "Cannabidiol", so if we had established that there is already a clear definition for "CBD" generally, then I think the same rule should apply to "THC's".

Mr. CHAIRMAN: But this one does not say a substance, it says "the main active ingredient in cannabis...." We agreed to consistency.

Hon. A. R. FORDE: Earlier I said, Mr. Chairman, that the word is "active ingredient", rather than "substance".

Mr. CHAIRMAN: So we have agreed, so we can move along.

Hon. T. A. PRESCOD: Mr. Chairman, I ask for some clarity. I am assuming that if we are, as we go ahead and accept medical marijuana as legal, then regardless of what strain it is, even if at the level of production we restrict the kind of strain that we will export, then the law

would not be exclusively applied to what we produce, but will embrace all strains, especially if a doctor recommends that you use a strain that we normally do not produce.

Asides.

Hon. T. A. PRESCOD: "Prescribed". I was suggesting the word use simultaneously or synonymously. If it is from the economic perspective, I am assuming that in Barbados we might believe that there is a lucrative market for specific strains and therefore we might say this is what we want to grow. But a doctor could prescribe something that is much stronger than what we produce, so the law has to be that flexible in order to accommodate the medicine or the prescription that the doctor from overseas has prescribed.

Asides.

Hon. T. A. PRESCOD: I am saying that and certainly all the different strains, "THC's"...

Mr. CHAIRMAN: Hold on, "THC" is not a strain, "THC" is a substance.

Hon. T. A. PRESCOD: Right, all the substances that contain in the medicine, all of them would be entertained. I am just saying that, I am not saying that you have to put it within the provisions of the Bill but I am saying this is something....If we were clear on this kind of thinking we would have been clear on what is the difference between the "recommendation" and a prescription because we would have known what the people who originally draft the law was contemplating at the specific time. If we talk as though we are iron men and women and isolate ourselves from other thoughts in relation to this, we like to run to trouble at a later date.

Mr. CHAIRMAN: What we are seeking to do is arrive or agree to the definition for "tetrahydrocannabinol" (THC) as we did for "cannabidiol" (CBD), so that is what we are seeking to do here.

Hon. T. A. PRESCOD: Yeah and I heard a recommendation saying that whatever method we apply before to cannabidiol (CBD) that we should apply to this.

Senator C. A. FRANKLYN: What Minister Prescod is saying would be at variance with the definition of "medical cannabis" because we already have a definition of "medical cannabis". It is the one that is cultivated, process, manufactured, distributed or sold under a licence. So, it has to be one that we produce here or we give you a licence to use, so it would not be your stronger stuff. Unless it is the Minister of Agriculture his people give you a licence you can use it.

Hon. D. D. MARSHALL: Mr. Chairman, I think that we really need to look at the statute as a whole. When you look at the licensing provisions 30(a) says "cultivation of cannabis" for medicinal purposes. There is no limitation saying good cannabis, bad cannabis, strong cannabis, weak cannabis. "Cultivation of cannabis for medicinal

purposes" and when one-----. Once you have cultivated it then it becomes---- all of the other----- of endeavour. This Bill, in my view is not intended to pick and choose any particular cannabis strain, I do not think we know enough about it.

Asides.

Mr. CHAIRMAN: Let us move to the tribunal.

Hon. T. A. PRESCOD: I just want to make sure that there are no loopholes so lawyers in the future will have field day; that is my concern.

Hon. D. D. MARSHALL: A loophole more benefits the person who is doing something-----.

Mr. CHAIRMAN: Are we settled on tetrahydrocannabinol (THC)?

His Honour Senator R. N. GREENIDGE: Meaning that we are keeping the definition?

Mr. CHAIRMAN: Yes, Yes. Senator Maynard.

Senator Mr. C. A. MAYNARD: The question that was raised is covered under ... licences and ... this allows import any type of cannabis into this country once this is passed. "F", says under import licence as long as it is coming from a "country where it is legal to do so" you can bring in whatever is approved".

Mr. CHAIRMAN: Legal to do medicinal cannabis?

Senator Mr. C. A. MAYNARD: Yes, so it does not set any standards for whether what plant it must and what species it must be. So, I do not think that there is any need for me to worry about restrictive things. ----.

Mr. CHAIRMAN: Therapeutic facility 1 at (a) and (b).

Senator C. A. FRANKLYN: I have a problem with the "therapeutic facility". I do not know what it is. When I go to Flander's Pharmacy and I get my medicine I do not need to sit down in Flander's and take them. So, why are we having this "therapeutic facility"? What is a "therapeutic facility" in the contemplation of the people who put this thing inside here? It says "you consume that medicinal cannabis".

When you go to his pharmacy and he gives you a prescription and he fills your prescription he does not tell you to come around the corner and sit down here or go in the bathroom and smoke it or drink or whatever you do with it. So, why are we having this? What is the intent of this "therapeutic facility"? What is it all about? When you get your medication you take them home you use them. You use your drops, you use your tablets, and you use your sprays, whatever you use. You do not use it in the pharmacy.

Mr. CLERK: Mr. Chairman before you respond to Senator Franklyn they were various iterations of this Bill. So, the definition of a "therapeutic facility" means premises operated by a person granted a retail distributor licence to....

Asides.

Hon. D. D. MARSHALL: Let us go. Mrs. St. John, tell us what your latest version is, please.

Mrs. J. St. JOHN: I am reading from the version dated the 29th of August, 2019. That definition of a "therapeutic facility" means premises operated by a person granted a Retail Distributor Licence to sell, dispense or provide medicinal cannabis prescribed or recommended by a medical practitioner, sorry.

Hon. D. D. MARSHALL: ... what we are saying is that a "therapeutic facility" means what?

Mrs. J. St. JOHN: Premises operated by a person granted a Retail Distributor Licence.

Hon. D. D. MARSHALL: Thank you for that. Mr. Chairman....

Senator C. A. FRANKLYN: That is not what my 29th of August says.

Hon. D. D. MARSHALL: I just told you, sorry go ahead.

Senator C. A. FRANKLYN: No, no. You see the thing is you have one and Mrs. St. John, she read something and when she was reading I was following and she said it was one from the 29th of August. So we got two different 29th of August.

Hon. D. D. MARSHALL: Mr. Chairman, as I recollect this is the one that was laid in Parliament, Mrs. St. John has continued to do some work. I just asked Mrs. St. John to read what she read, not this. I would not ask Mrs. St. John to read this.

Asides.

Hon. D. D. MARSHALL: We do not grant a licence to physical premises because a premise is not an entity, okay. Just so that there is no doubt the licence is to be granted to a person, alright. That is all. So a person who applies for a Retail Distributor Licence.

Asides.

Hon. D. D. MARSHALL: Right so I just want to clarify that.

Dr. S. E. BROWNE: Reading here my question is what is the difference between a "therapeutic facility" and a "pharmacy"?

Asides.

Dr. S. E. BROWNE: I know a "pharmacy" or a "pharmacist" sells, dispenses and provides medication, recommended by a medical practitioner.

Hon. D. D. MARSHALL: And...

Dr. S. E. BROWNE: Which part is it "b"?

Hon. D. D. MARSHALL: At the end of "a" and it is conjoined, so the two must be read together.

Dr. S. E. BROWNE: Right and "provide facility

and other medicinal and therapeutic requirements to allow a patient who has purchased prescribe or recommended medicinal cannabis to be used there." Why would a patient want to use medicinal cannabis where he buys it? In other words pharmacies, you could take drugs at the same point.

Hon. D. D. MARSHALL: Mr. Chairman you can, but you know we seem to believe that the world is one way and will be one way forever. Now from my little research and from my knowledge as Attorney General saying as how some of these things cross my desk, they are people who are applying to operate pain management clinics in Barbados and they plan on using medicinal cannabis for that purpose. Their perspective of it is that it has tourism advantages and that there is a lifestyle thing to it, and I should see no reason why we should want to stop it. Why do you care where they smoke it?

Dr. S. E. BROWNE: I care because we are not doing smoking for one. So why is it here?

Hon. D. D. MARSHALL: Exactly. Smoking does not exist here. This is called *reductio ad absurdum*. If I choose to rub on my ointment in a place with nice air conditioning, what difference does it make to a doctor or a pharmacist? If I happen to have sufficient money to put up nice chairs and say rub it on in here while reading a magazine, then what is the trouble?

Dr. S. E. BROWNE: I am sorry Mr. Marshall, despite your ranting and raving, what makes that different from a pharmacy where I can go and get my prescription filled? If I want to take two Panadol, I can take them there.

Mr. CHAIRMAN: At (b), it states what it is.

Dr. S. E. BROWNE: Yes. I would like to tell you what I really think about what this means but I would not. I do not see the difference. I do not understand why we are using this term "therapeutic facility" when we already have pharmacists that apply for a pharmacy licence to do this same thing. There is nothing to stop a patient from swallowing a prescribed medication in the building that they got it from. Mr. Marshall, the same way you have an opinion, I am entitled to mine. I do not only represent myself, there are other doctors who have issues with it, the Pharmacy Council has issues with it, the Barbados Drug Service has issues, many of the top doctors including pharmacologists have issues with it. It is not only about you, so forgive me if I have to say that part.

I do not understand why "therapeutic facility" is being introduced here. I know that "therapeutic" makes it different. Overseas we have areas where people can use their cannabis, not necessarily medicinal. As far as I know, this Bill is about medicinal for treatment of ailments and illnesses. I am yet to understand why this does not cover a pharmacy? I do not know what the definition of "pharmacy" is in the Pharmacy Act Cap.372.

Mr. CHAIRMAN: I understand what you are saying Dr. Browne but the question that I would want to ask you, is there any restriction to where a person can take

medication?

Dr. S. E. BROWNE: Not as far as I am aware.

Mr. CHAIRMAN: Therefore, there should not be a problem.

Dr. S. E. BROWNE: Why introduce it in the first place if there is no restriction?

Mr. CHAIRMAN: Why not introduce it? If there is no restriction as to where a person can go and take medication, then it can be introduced as a different means of having people go to a facility for the purposes of using it? What is wrong? Is it going to stop it from being medical?

Dr. S. E. BROWNE: I do not understand why it is here.

Mr. CHAIRMAN: Would it stop it from being medical? Would it break or change anything?

Dr. S. E. BROWNE: It depends on what you are using it for.

Mr. CHAIRMAN: You are making an assumption then. If you got your wish that it has to be "prescribed" and not "recommended", regardless to where they take it, what difference does it make?

Dr. S. E. BROWNE: I am just trying to understand....

Mr. CHAIRMAN: You are having a challenge with a facility? Are you not?

Dr. S. E. BROWNE: Yes, because as far as I am aware they have facilities here for that.

Mr. CHAIRMAN: As far as we agreed, we agreed to have it prescribed by a doctor and handled by a pharmacist. Therefore, does it matter where they are taking it? There is no other means. It has to be prescribed, so what difference does it make if there is a facility where a person can have it prescribed and used, what difference does it make?

Dr. S. E. BROWNE: Why do we not have facilities for use of narcotics?

Mr. CHAIRMAN: This does not mean you cannot do it now.

Dr. S. E. BROWNE: Why would you need it?

Mr. CHAIRMAN: You do not want it, but is it wrong?

Senator C. A. FRANKLYN: Yes.

Mr. CHAIRMAN: How is it wrong?

Senator C. A. FRANKLYN: It is wrong because it does not make any sense. It does not make sense to tell me....

Mr. CHAIRMAN: We are reducing this to say now that you cannot come up with anything different under the sun.

Senator C. A. FRANKLYN: No, that is not what we are saying.

Mr. CHAIRMAN: The thing is being prescribed.

Senator C. A. FRANKLYN: You have just said that we do not want to come up with anything different. Why come up with something different because you can

come up with something? There is a place where you get medication other than taking it at home or if you take it with you to work. A place outside of your home or normal place of business is called a hospital. If you are going to take medication outside of normal places, it is a hospital.

Mr. CHAIRMAN: You are disconnecting (a) from (b). Let us hear from Senator Haynes.

Senator Dr. C. K. M. HAYNES: I have a different perspective on this whole thing because my practice is a bit different from a regular medical practice. Traditionally, doctor's offices would be filing cabinets and sitting down waiting for two to three hours. I decided to set up my practice in such a way that you have an experience. Some people might buy multivitamins at home. One of the things that I offer in my clinic that a lot of people like, particularly expatriates, is intravenous (IV) multivitamins. It is called IV Vitamin Therapy.

As much as I could tell the person go and take their Centrum, some people come in and want to watch Home and Garden on the television, relax and get their intravenous vitamins. It is a more progressive approach. You can stand in a line at Flanders Pharmacy, go home and take your medications. Let us say you suffer from Chronic Pain Syndrome, in this facility you may have access to a physiotherapist, aroma therapy room and other things where you are creating an experience. I think one of the challenges that doctors have is that, medicine has been practiced the same old way and we do not think outside of the box, and that is where the naturopaths and the homeopaths are excelling more than us. We are failing to evolve and understand that things can be done in a different way.

A "therapeutic facility" based on what it states, is that you must have the Retail Distributor's Licence. Ultimately, dispensing will still be in the hands of a pharmacist. This facility can be owned by anyone, but guess what? Dispensing under this draft Legislation will still have to be done by a pharmacist. I think that there are adequate checks and balances where the same things apply. A doctor has to prescribe; a pharmacy has to dispense but the facility itself I do not see a challenge with it.

If you go to Toronto, there are clinics which exclusively do IV Vitamins. They have the lounge chairs, televisions, air conditioning and beautiful fragrances to create experiences with all these things. I think it is progressive, exciting and something I am willing to support.

Dr. S. E. BROWNE: What do you call your office? Do you call it something other than a doctor's office?

Senator Dr. C. K. M. HAYNES: It is called a Boutique Medical Clinic.

Dr. S. E. BROWNE: Is it a doctor's office though?

Mr. CHAIRMAN: We do not have to be stuck into the traditional way of doing things.

Senator C. A. FRANKLYN: Senator Haynes mentioned about the homeopaths and others who are

excelling. I have a friend of mine who the last time I saw him was when I was watching people putting him down in a St. George Parish Church grave. You establish these facilities and next thing, these persons may not have a lot of medical training or no training at all, and they sell themselves but are killing people. Trust me on that because I lost my good friend. A couple of weeks before he died, a gentleman's car tyre was flat and he skillfully assisted. However, a couple weeks later he was dead because he went to one of those persons. Do not let us encourage it.

Mr. CHAIRMAN: Senator Franklyn did you read (a) and (b) or did you just...?

Senator C. A. FRANKLYN: I read (a) and (b) and I am opposed to having a therapeutic facility in this Bill.

Mr. CHAIRMAN: This is your personal position?

Senator C. A. FRANKLYN: Yes, this is the only position I could come here with.

Mr. CHAIRMAN: Okay, that is fine.

His Honour Senator R. N. GREENIDGE: I wanted to find out from Mrs. St. John whether the term "therapeutic facility" is something peculiar to the Barbadian situation or whether it is also enshrined in Jamaican and Antigua Legislation?

Hon. D. D. MARSHALL: Mr. Chairman, I can answer that. The term "dispensary" is used in those other Bills. Our very first draft had the term "dispensary" and we felt that it would create so much confusion because a dispensary is an alternative word for a pharmacy and we did not think that dispensary accurately conveyed the kind of boutique experience that was being described by Senator Haynes, so the answer to that question is, the concept is there, but the term that they use is not "therapeutic facility", the term they use is dispensary. The Ministry of Health objected to the use of that term because they felt it was confusing, and we then substituted "therapeutic facility" for it.

Senator C. A. FRANKLYN: I can substitute smoke house, vape house for anything.

Asides.

Senator C. A. FRANKLYN: That is the impression that I am getting when I look at this Bill, that this is a place where you can go and light up.

Mr. CHAIRMAN: The majority favours the facility. Senator Maynard, you had a point to make before we move on?

Senator Mr. C. A. MAYNARD: Yes Mr. Chairman. Clause (b) to me looks like up a creep, heading towards providing an opportunity for something else. As much as Senator Haynes described her choice of medical practice, I do not think you would find people taking their marijuana in Senator Haynes' practice.

Mr. CHAIRMAN: I do not think that we can

make the broad assumption that people are going to be defiant of (a), otherwise we can make the broad assumption about everything else.

Asides.

Senator Mr. C. A. MAYNARD: I wonder how if we had persons gathering to take their morphine or their pethidine or tramadol in a particular place at a particular time on Saturday afternoons, what we would call it. Would we also call it a "therapeutic facility"?

Mr. CHAIRMAN: Does it matter what you call it or would something be wrong with doing that. What would be wrong? If I choose that I am so innovative a businessman, that I recognise many people forget to take their hypertension medication at a certain time of the day and I opened a facility and say, you may come here whilst I cut your toenails and hair, give you some good massages *et cetera*, this is the time where you know for sure you would not miss taking your hypertension medication, would you be opposed to it?

Asides.

Mr. CHAIRMAN: We are restricting growth by assuming that laws will be broken, and we cannot do that to the Bill.

Senator Mr. C. A. MAYNARD: I am not assuming that it is going to be broken.

Mr. CHAIRMAN: If that is the only way, you can go pass (a) and conclude on (b), because (a) had been very clear.

Senator Dr. C. A. MAYNARD: Mr. Chairman, time will tell.

Mr. CHAIRMAN: That is true Senator Maynard.

Hon. A. R. FORDE: Sir, if I may. In the pharmacies as I speak really operate as "therapeutic facilities", in case they got harmed, a lot of persons do not know. Sometimes we dispense drugs and we ask persons to sit down in a room and we observe them because that is instructions from the doctor, especially persons who have higher pressure levels where you place felodipine under the tongue or whatever and we observe to make sure that they do not fall when they walk. That is a "therapeutic facility". There are some times that we give them antibiotics dosage of medication and put them under observation again and report to the doctor before they leave. I think that this concept is not anything abnormal, I suspect it is new. You already said that the facilities will have the licence, the Regulations speaks to the fact that the facilities will have some person who is also issued a licence and not only the premises, is already recognised by the Board, and so I will support it.

Mr. CHAIRMAN: The majority is in favour of the facility.

Hon. E. G. HINKSON: Mr. Chairman, I wish to

move a motion that the definition stay as is, subject to the amendment to leave premises created by a person granted the licence and to remove the references to recommended as we have agreed previously.

The question was put and resolved with Committee divided as follows:

Ayes:

Hon. E. G. HINKSON;
Hon. D. D. MARSHALL;
His Honour R. N. GREENIDGE;
Senator Dr. C. K. M. HAYNES;
Hon. T. A. PRESCOD;
Hon A. R. FORDE.

Noes:

Senator Mr. C. A. MAYNARD
Senator C. A. FRANKLYN;
Dr. S. E. BROWNE.

Mr. CHAIRMAN: The result of the division, six Members voted in favour of the motion and three Members voted against.

Visitor.

Hon. D. D. MARSHALL: Mr. Chairman, the position of "visitor" I think was specified for definition because we are aware that right now people come into Barbados and they have to get a special permission in order to be able to carry their medicinal cannabis extracts or whatever it is. The current position is that if you have it you get the special fiat and you are allowed to carry it without issue. When we travel, we go with our medication, not that we will have anything illegal, but it is your prescribed medication. I think we wanted to offer a measure of protection for those individuals who were bringing their medicinal cannabis with them. Somewhere along the line this seems to have gotten morphed and the confusion is now created that maybe a person can bring a prescription to Barbados and get it filled and I do not think that was ever what was intended.

We wanted to allow a person who brought their medication with them, not a prescription with them, so that the same regime that allows them to have medicinal cannabis on their person without fear of arrest and conviction would obtain so that they would be on the same footing as a Barbadian who has medicinal cannabis on his person. I think that was why visitor was included here, but somewhere along the line we have seem to have combined the two. Unless there is any objection, I think it is still important to give a visitor a statutory exemption. Right now there is not, you just have to beg for permission or hope to get it. I am thinking that it might be appropriate to allow a visitor who brings their medication with them to use it, and a Barbadian who gets his medication from

prescription written by a doctor should also be on the same footing. I hope that clarifies it but we will need to change the provision here.

Senator C. A. FRANKLYN: Sir, I agree with the Attorney General, I do not know what has come over me, but.....

Hon. D. D. MARSHALL: I hope it does not leave you in any hurry. It is called being sanctified.

Senator C. A. FRANKLYN: Because what he saying makes sense. What is here does not. What is here means that you have to have a prescription from a medical practitioner, but medical practitioner is defined in this Legislation as a person registered by our laws. Do you see where I am coming from? Some person that comes in from overseas with something from a medical practitioner outside of Barbados is not covered by this Legislation because this Legislation does not speak to him. We need to redraft this definition, or find some way to say that visitors who come to the country in possession of medical marijuana would be allowed to use it, instead of going into this kind of thing. This is confusing.

Mr. CHAIRMAN: Are there any objections? Senator Maynard.

Senator Mr. C.A. MAYNARD: Mr. Chairman, a doctor from overseas who is not registered in Barbados cannot write a prescription that is valid here. We would think that in the event there is a complication, someone has to be responsible. This would change everything that we do. Entirely.

Asides.

Hon. D.D. MARSHALL: Mrs. St. John, do you need any further clarification? What we are trying to establish, as so accurately described by Senator Franklyn, is that a "visitor" bringing his or her medicinal extracts, or whatever they are, is "treated as if". I think maybe that is the language that we really need to get to that. That person is treated as if they had a prescription, as if they had got it here. Do you understand where I am coming from?

Mrs. J. ST. JOHN: That would just require amending other Legislation – Customs and so on – and you would also have to consider the fact that if they pass through any place in transit where it is illegal....

Hon. D.D. MARSHALL: That is not our problem.

Mrs. J. ST. JOHN: Okay.

Hon. D.D. MARSHALL: If they are held in Toronto, that is their business; nothing to do with us. No, I am not considering any laws outside of Barbados. Right now there must be some Regulation which allows Customs to give them the permission to bring it in.

Mrs. J. ST. JOHN: You would have to get permission from the Chief Medical Officer (CMO).

Hon. D.D. MARSHALL: Right, but what we are saying is.... Okay, let me ask the doctors: If a person shows up at Grantley Adams International Airport with

medicinal cannabis oil or something and it is a Saturday night, you cannot find the CMO at that point time, so what happens to that person?

Asides.

Dr. S. E. BROWNE: No, I think what happens – I stand corrected – is that before coming into the country, they clear it with the CMO and Drug Service, and then they are allowed to bring it in.

Hon. D. D. MARSHALL: Right. Okay.

Senator Mr. C.A. MAYNARD: As Dr. Browne said, most of the persons who come with medicinal cannabis have prior permission to bring it. What is interesting is that, the airport mentioned in Toronto and most of the airports, is that there are lots of huge signage that says if you take medicinal cannabis or cannabis to countries where it is not legal, then you have problems. People are aware, and I have not heard of anyone who has turned up yet with medicinal cannabis who has not sought prior permission to have it.

Hon. A. R. FORDE: If I may share: Once a person has a prescribed drug, whether it is cannabis, fentanyl or codeine phosphate from overseas, and they present to the airport with a label stating the doctor overseas and so on, they are not usually questioned. I do not think cannabis is anything different from any other narcotic. If you are questioning cannabis, why are you not questioning fentanyl which is 50 000 times stronger? They usually have a safe passage and not questioned or stopped, because they have a label indicating the doctor, clinic, dosage and everything. I am telling you that.

Dr. S. E. BROWNE: It does not apply to cannabis.

Asides.

Mr. CHAIRMAN: We are bringing the Bill now.

Hon. T. A. PRESCOD: Minister, the purpose of having this Legislation is not to leave a decision like that at the whims and fancies of any Customs officer. If the Customs officer wants to let you pass, he lets you pass and if he does not want to, he does not. That is why we are here. That is why you serve in Parliament, because we make laws. If I live in Germany and want to come to Barbados, do you really believe I am going to call any officer in Barbados to get any approval about if I can bring in medication? This is a tourist country. Tourists come here all the time. Can you just imagine all of these tourists checking to see if they can bring their medication into a country? We cannot be so backward in thinking, so do what you have to do. In my view, all that is required is some official stamp on the prescription to let you know the body exists.

Asides.

Mr. CHAIRMAN: I think the substantive point is made. Attorney General, can we give Mrs. St. John the instruction?

Hon. D. D. MARSHALL: I just want to clarify one thing and let people understand what we are trying to do and I, like Trevor Prescod, feel that in this day and age we should simplify processes and so on. A person who shows up with medicinal cannabis should be allowed to just go along. I do not think there is an issue there, but I would want to suggest that we would make such other amendment as we would have to make or making no amendment necessary; just stipulate it here. Maybe that is again why we have this confusion, because it may be that we were thinking that a person who had medicinal cannabis must have a prescription to show that there is a basis, but the truth is that you hand in the prescription and get the medication. You do not get to keep all two, so I think what we want to say is that a visitor who can establish that he or she is legitimately in possession of medicinal cannabis is treated as if he or she were a person who was prescribed and had purchased medicinal cannabis under our Legislation. I think that would be the way to approach it.

Senator C.A. FRANKLYN: Sir, let us say a person is coming to Barbados for a month, you would hardly expect him to have 25 pounds of stuff. If you have a reasonable amount and it is labelled by Pharmacy X or Y in your country – pharmacies usually have their own bottles with their labels and so on – then I do not see a problem with that. Mind you, I have a problem with the whole Legislation, but I mean basically if you are going to reasonable, if a guy comes in and he has his medication which is labelled and does not have it in a plastic bag... Like here me when I put some in a bottle from at home, you do not know what this is but I know. If I walk through St. Lucia's airport with this, the fellows would want to know what this is but if it has the pharmacy and so on labelled on it, there is no problem. The fellows would want to take this from me and look at it. Certainly, if he has 25 pounds then he is selling some. I think we are getting too worked up over nothing.

Hon. D. D. MARSHALL: Mrs. St. John, you are fine then?

Mrs. J. ST. JOHN: What it would require then is just deleting the provision in the Customs Act which prohibits a person doing it without the CMO's approval. It would not be an Amendment here.

Hon. D. D. MARSHALL: I think a person can get the CMO's approval or they can establish to the satisfaction of the Customs officer.

Mrs. J. ST. JOHN: So we are amending what is in the Customs provision?

Asides.

Mrs. J. ST. JOHN: Customs has a list of substances that are prohibited or restricted. Cannabis is a

restricted product and you can bring it in with a licence as the doctors here indicated. Previously, you could bring it in with a licence from the CMO. If we are saying that people should be free to bring it in without restriction, this is what would be amended.

Hon. D. D. MARSHALL: To bring in medicinal cannabis, not bring in cannabis.

Mrs. J. ST. JOHN: I mean it would be amended to reflect that, but what the CMO is authorising, I think we can safely assume, is medicinal.

Senator C.A. FRANKLYN: The last piece of Legislation is usually the one that repeals the other stuff, so if we pass it in here and say that a person can bring in his cannabis for medical purposes, it is then repealed.

Hon. D. D. MARSHALL: We do not have implied repeal. We would have to actually repeal it. The doctrine of implied repeal does not obtain in Barbados.

Hon. A. R. FORDE: I think at Customs too is important. You do not want visitors turning up at the Airport ...

Hon. D. D. MARSHALL: You do not believe me so believe...

Senator C. A. FRANKLYN: No, no, no. I will take your word for it until I can know otherwise. I do not know why we have to go and tamper with everything else. You would say in this Legislation that you can bring it. This Legislation says yes.

Mrs. J. ST. JOHN: Because that is how the law works so to do both would create an unnecessary conflict that a judge would then have to resolve.

Mr. CHAIRMAN: Can I move to "young person"?

Mr. CLERK: Mr. Chairman, before you move to "young person" I just want to correct the record. When we agreed on the definition of therapeutic facility we had said 7:3 it is actually six members voted in favour and three against so it was 6:3 and not 7:3.

Mr. CHAIRMAN: Let us move to "young person".

Senator C. A. FRANKLYN: The Bill speaks to a minor and it also speaks to a "young person" so it might be saying you cannot give it to a minor who is under 18 who is a minor but then you might not want people who are still young but not minors. Is this what you are saying?

Hon. A. R. FORDE: What is the intent for this? Under 21?

Dr. S. E. BROWNE: We know at 18 you need a guardian or parent's permission.

Hon. D. D. MARSHALL: Which is the Section, Mrs. St. John?

Mrs. J. ST. JOHN: I can explain, I think, from the policy instructions we were given. There is research, and I do think I was given this the last time. I think it is also in here as well. There is scientific research that suggests that up to that age, the brain is not completely formed and that it could cause greater harm to people

within the young person age range so I think the policy instructions contemplated ensuring people signed off so at that age you were aware of what you were getting into, you were aware of the possible adverse effects because of you are young and so on, but I also believe from the discussions previously, that it was decided that this would be removed.

Hon. A. R. FORDE: Yes, but it is medical marijuana and a doctor could prescribe medical marijuana to an epileptic child so what are we trying to achieve here with "young person"? I cannot understand it. Do you mean young persons have a retail licence to be involved in the process of ...

Mrs. J. ST. JOHN: Not retail licences it is for the thing to be prescribe for them.

Hon. A. R. FORDE: But a doctor can prescribe to any age, that is what I am saying, so why "young person" here?

Hon. D. D. MARSHALL: I do not think we have to fight about it. From my recollection we had decided to remove the distinction between a young person being a person under 21 years old but over 18 years and just have it at 18 years old and be done with that. It is just that we are now getting around to authorising the change that we had previously discussed.

Hon. E. G. HINKSON: Mr. Chairman, I do not see any distinction in the Bill between the two. It always says "minor" or "young person" so the distinction could be removed.

Hon. D. D. MARSHALL: That is the distinction. A "minor" is under 18 years old but then a "young person" is under 21 years old.

Hon. E. G. HINKSON: In each of the Clauses to which they speak like 25:2 and others they say both, "minor" or "young person".

Hon. D. D. MARSHALL: So then, why not just say a person under 21 years old and we decided we would not do that. We will just go with "minor". Any restriction would be on a minor and we will remove the concept of "young person".

Hon. A. R. FORDE: This may not be the right time but there is an anomaly and an oddity with this "young person" thing because, interestingly enough, a 15-year-old could have a child and she would have to get parental consult for medical consultation but the interesting thing about it is that she is the only person who can control what happens to that child. Her parents who are giving consent to her to have medical consultation cannot, under our medical law, have anything to do with her child legally. It is a funny thing when it comes to under 18 years old.

Mr. CHAIRMAN: I am just trying to arrive at a final decision for the purposes of this Legislation.

Dr. S. E. BROWNE: Section 28, where they require permission with respect to the caregiver, I think they bring out the fact that they separate a minor somehow in there. Number 3, yes, "who is a parent or guardian of

a person who is a minor or young person" because I understand with minor here in terms of parental consent and control and everything. I do not know that you need it for a "young person" by your definition of a "young person" so I suspect that is where it was coming out. It could be removed so you will have to remove it there.

Mr. CHAIRMAN: Do we agree to take out "young person" and move forward? Can we go to Part II, Establishment of Authority? Number 3:1.

(No audio from E.T. 7:12 into the sequence until 9:32. That is two minutes and 20 seconds missing)

Hon. D. D. MARSHALL: When you see that formulation the first one is "this Act" the second one is "of the Act referred to".

Asides.

Hon. D. D. MARSHALL: Well, do not beat it. Mrs. St. John, the drafter is saying that she cannot think of a reason why it is there. Mrs. St. John, if you could do a last review. Section 17 is just the one which deals with funds and resources, so it is probably "surpluses" that could come out.

Asides.

Hon. D. D. MARSHALL: Man, that "does" happen when you wake up. (hic!)

Mr. CHAIRMAN: "Functions of the Authority".

4. (1) The Authority shall
- (a) *develop policies, procedures and guidelines to establish the medicinal cannabis industry and to ensure that medicinal cannabis is available to patients in a safe and efficient manner;*
 - (b) *regulate the handling of medicinal cannabis."*

Hon. A. R. FORDE: Mr. Chairman,
(c) "Issue licences in relation to the handling of medicinal cannabis in accordance with the provisions of this Act." Do you issue licences to a pharmacist or whatever?

Hon. D. D. MARSHALL: Tiers and licences to be issued are set out in Clause 31. There is no licence required for medical practitioners or pharmacists because you are already licensed.

Senator C. A. FRANKLYN: Mr. Chairman, I am getting confused again. I see here "Authority" and "Board" in this definition and I was wondering... I want something that has an Authority.

Asides.

Senator C. A. FRANKLYN: But the members of the Authority are also the Board, for all intents and purposes, so what are we having?

Hon. D. D. MARSHALL: Mr. Chairman, if my friend would refer to the Definition section, he would see that the "Authority" is the body corporate. The "Authority" may be so busy that they might employ 400 people. The Transport Board is called the Transport Board and still has a Board and the two are not to be confused. One is the body corporate, the other is the managerial structure at director level. So in this case you have an "Authority" and the "Board" is made up of the directors.

Senator C. A. FRANKLYN: I am confused, I am confused completely. I was mulling over this for a long time and I do not understand it.

Hon. D. D. MARSHALL: Mr. Chairman, the Transport Board is established by the Transport Board Act Cap.29, so [that] the Transport Board is itself a body corporate, but it has a Board of Directors which is commonly referred to as the "Board".

Asides.

Hon. D. D. MARSHALL: No, they are not. No, they are not.

Hon. A. R. FORDE: Mr. Chairman, at subsection (d) – and I suspect that this is something that I probably missed already – the inspection of premises, the inspection of pharmacies...

Asides.

Hon. A. R. FORDE: No, because earlier in the Bill...Based on the Act the "Authority" has the authority to inspect the pharmacy.

Asides.

Hon. A. R. FORDE: They do not have the authority to inspect the pharmacy?

Mrs. J. ST. JOHN: Under (d) the "Authority" would have to inspect the premises that are going to be given licences. That is the extent of its range, it cannot inspect any pharmacy or any office, it would have to be something that it has statutory range to cover and it only has statutory range to cover areas granted licences.

So it can inspect a farm, a processing area, a "therapeutic facility" but certainly not Collins Pharmacy.

Mr. CHAIRMAN: Can we move on?

(f) *with the approval of the Board, establish and maintain an electronic database to*

(i) *include information relating to persons who handle medicinal cannabis or cannabis in accordance with this Act; and*

(ii) *provide for the electronic tracking of the handling of medicinal cannabis or cannabis in accordance with this Act;*

(g) *with the approval of the Board establish and maintain an electronic register of medical practitioners, patients and caregivers, in accordance with this Act and such other registers as may be prescribed;*

(h) *provide for the distribution of educational materials and the conduct of training programmes in relation to the development and use of medicinal cannabis and the medicinal cannabis industry..."*

Dr. S. E. BROWNE: Mr. Chairman, the register of "medical practitioners", "patients" and "caregivers", meaning this would be by number. In other words, without the name of the patient? I know we spoke about it before. Is that what it will be?

Hon. D. D. MARSHALL: It says, "in accordance with this Act", and the Act provides in Clause 27, I think it is, that no person's identifiers will be provided.

Dr. S. E. BROWNE: So [that] when we say "medical practitioners", "patients", and "caregivers", this would be like assigned.... What would you keep in the "Authority"? [Would it be] by numbers? Codes?

Hon. D. D. MARSHALL: Hold on. Mr. Chairman, is there any reason the Ministry of Agriculture and Food Security needs to know who the caregivers would be, for example? If all doctors can prescribe, why would you need to have a register of medical practitioners? I do not know that it would be necessary.

Mr. CHAIRMAN: Well, initially what we did agree to is that there are some doctors who would be trained to prescribe. This is a recommendation coming from the doctors.

Asides.

Mr. CHAIRMAN: And that because of that you needed to know the doctors who were trained and are able to prescribe. That is the recommendation that came from the doctors.

Dr. S. E. BROWNE: The "patients" and "caregivers" part now, what information would you have?

Hon. D. D. MARSHALL: The information is information provided in accordance with the Act, which is already set out. The reason I asked about "caregivers" and "medical practitioners" is that I could not recollect any part of the Bill which required any information to be submitted on those two.

Mr. CHAIRMAN: The "Authority" needs to know the doctors who can prescribe.

Hon. D. D. MARSHALL: But why does the "Authority" need to know the doctors who can prescribe?

Mr. CHAIRMAN: Because the doctors have said that the doctors who must prescribe must first be trained and graduated to prescribe medicinal cannabis, and that is what we agreed to.

Hon. D. D. MARSHALL: Well, I would agree that is a matter for the Ministry of Health and Wellness, that has nothing to do with the Ministry of Agriculture and

Food Security. Quite frankly, I seem to recollect asking Dr. Maynard if all doctors can prescribe opiates and he said yes. So [that] if all doctors can prescribe opiates why would be... I accept the need for training but it is like continuing legal education. I would not try to do a murder case, you would probably get hang, but if I wanted to I could.

Asides.

Hon. D. D. MARSHALL: I think you were making a point.

Senator Mr. C. A. MAYNARD: This was agreed. There is an established specialist register fought long and hard over. I do not know with what Authority the Ministry of Health will establish a specialist register for a two day seminar. I cannot imagine how they will do it.

Mr. CHAIRMAN: Mr. Maynard your point is noted but I just want to bring back the reason why this is the way it is. When we met with the doctors and Chief Medical Officer (CMO) particularly suggested that there should be a training regime for doctors. Now if you want to take the responsibility from here and say it goes to the Ministry of Health and Wellness, fine with me but the Authority will still need to know how many doctors are prescribing if we go this way.

Senator Mr. C. A. MAYNARD: So why do you need to go that way at all?

Mr. CHAIRMAN: You will need to go that way because the handling of medicinal cannabis is set up under a structure where you are going from seed to sale tracking and tracing. So you have to be able to identify every single doctor in the system that can prescribe, every pharmacy that has a licence *et cetera*. So, the information is critical to every caregiver.

Hon. D. D. MARSHALL: Pharmacies and pharmacists are not having licences.

Mr. CHAIRMAN: You have to have the record of all who are handling for dispensing what have you simply because of the strict requirement for traceability.

Hon. D. D. MARSHALL: Our challenge will be Minister, we can say that the authority is authorised to keep whatever registers it wants, but unless I am obligated to register, then I do not know what register you will keep. I put my hands in the life of doctors but not generally my mind except for now.

If I were a doctor I would be asking: Is medicinal not part of ordinary treatment regime? Just like if I was going to prescribe codeine or something else. If it is why should I tell you that I as of tomorrow I intend to prescribe cannabis. Really, it should not be an issue of who prescribes, it should be an issue of who hand it out because the doctor would not likely have let us say a sample.

Hon. A. R. FORDE: Once it is a narcotic even prescribing narcotics and the doctors can speak to this, I

should think that you all have to keep, because you can be inspected by the inspectorate as well, as far as I understand. So, even your prescription panels as it relates to narcotic they ask for special information, I do not know. With a pharmacist now we have a register and the pharmacist when we were represented by the Pharmacy Council said they had no problem with giving numerical information so that you can do your trace of studies.

Hon. D. D. MARSHALL: That is a different thing altogether. What I am trying to get at because, at the end of the day, I have to make sure Mrs. St. John has what she needs to draft. Is the Ministry of Agriculture requiring to know and, if so, why the identity or to have some indication as to who prescribing it? In fact, if you look here this just says medical practitioner, pharmacist not even there and the doctors are not handling it. If you are tracking it seed to sale you should be tracking the people whose hands are on it from seed to sale. The doctors' hands are not on it from seed to sale, the doctor is prescribing it.

Mr. CHAIRMAN: I do recall on the very strong point being made that not every doctor ... they are some medications that doctors cannot prescribe is that correct Dr. Browne.

Dr. S. E. BROWNE: Not quite, we can prescribe but the drug service might not honour it in terms of reimbursement.

Hon. D. D. MARSHALL: That is a different issue.

Dr. S. E. BROWNE: I am answering the question.

Mr. CHAIRMAN: They made the point that because of the specialty I recall this conversation very well because of the specialty some doctors cannot prescribe... and there is some issue where general practitioner's (GP) cannot prescribe. Now I am not a doctor, I am not part of the medical profession but this is the case that was put.

Dr. S. E. BROWNE: No. I remember the conversation too and it had come out that we can all prescribe. Like for instance, there are eye drops that the ophthalmologist prescribe, I can prescribe it but the patient will not have the same benefits. In other words, if it is a Formulary drug they will end up having to pay, if I as a general practitioner prescribe it but that does not say that I cannot write a prescription for them to get it they will just pay for it from that point of view.

Hon. D. D. MARSHALL: That is a different issue altogether, so I do not think that helps the case.

Senator C. A. FRANKLYN: See that is the problem here they are mixing up things. That shows that you are not ready for this Bill yet.

Hon. D. D. MARSHALL: We are ready, we will fix the mixing up.

Asides

Hon. D. D. MARSHALL: You are not regulating the medical practitioners in any way and I really cannot see why you should have any kind of register of medical practitioners who prescribe medicinal cannabis. I do not think it is justified and I would recommend that come out. I do not see why you should have a register of caregiver either.

Dr. S. E. BROWNE: This is by number, how about the patients?

Hon. D. D. MARSHALL: Patients can stay because of patients.... Remember it says in accordance with this Act that is the point I keep trying to make.

Dr. S. E. BROWNE: I know this part but what kind of information you would need with respect to the patient in our numbers?

Mr. CHAIRMAN: Just the patients that are on it.

Dr. S. E. BROWNE: Right, but what kind of information?

Mr. CHAIRMAN: Not for the reason but just the patients that are on it.

Dr. S. E. BROWNE: You cannot have the names of the patients on it as the thing, so what information?

Mr. CHAIRMAN: They are 100 patients using it in Barbados at this time are they 50 are they 20?

Dr. S. E. BROWNE: Right, that is what I am getting at.

Mr. CHAIRMAN: The same thing for practitioners.

Dr. S. E. BROWNE: The truth is there is nothing to stop every single practitioner in Barbados from doing it.

Mr. CHAIRMAN: Then we will still need to know how many are or how many are not because they are practitioners who may say I do not want anything to do with it.

Hon. D. D. MARSHALL: What are you keeping that register for?

Dr. S. E. BROWNE: I think that should be with the Ministry of Health.

Mr. CHAIRMAN: The peculiarity of the register is to make sure that the Authority has full knowledge of how the drug is being handled. It is okay to say you do not need to know from a doctor because the doctor is not touching it but at the end of the day because of trace abilities and I am not going to question traceability. The traceability means that you must be able to follow from seed to sale every single thing, every person involved all who are receiving, all who are giving care.

Dr. S. E. BROWNE: If it is from seed to sale it should end at the selling. The Ministry of Health in my estimation should take over after that in terms of monitoring the patient load, monitoring the side effects, monitoring any anecdotal evidence anything like that rather than an Agricultural Authority.

Mr. CHAIRMAN: Ministry of Health can take over, I agree, but at the same time the authority should be

able to ask the Ministry of Health for the information.

Dr. S. E. BROWNE: I agree with the number that you can ask for.

Mr. CHAIRMAN: Unless the Legislation in its form is going to create some problem or some harm I do not see why it cannot be there. It gives the Authority the opportunity to do its work.

Dr. S. E. BROWNE: The other, for instance, can the doctor report as usual with like narcotic to the Ministry of Health can you not get the number from them? In other words, all you need to know is 'x' amount of people are on it can it go in that stream?

Mr. CHAIRMAN: I have no objection to, what I am hoping to achieve is that the Authority can get this information from traceability purposes.

Dr. S. E. BROWNE: I think the best way is through the Ministry of Health.

Senator Mr. C. A. MAYNARD: Mr. Chairman, we are pre-empting what is in section 3 that clearly says the doctor does not have to give you the information. In section 27, it says the doctor does not have to give you the name of the patient, the address of the patient or the national registration number of the patient.

Mr. CHAIRMAN: What this is asking for at (g) is to keep the register and the Authority can get the information regarding how many doctors, patients and caregivers.

Hon. A. R. FORDE: Mr. Chairman, I think you are looking at numbers of doctors for your traceability studies. It is very difficult for you to get that information because tomorrow a doctor may decide to stop prescribing it but today 10 doctors may decide to prescribe it? How would you be able to get that information? Doctors may change their mind, wake up a morning and decide they are opposed to prescribing it. However, two weeks later, they may change their minds and start to prescribe it again. How would you get that information that they have started to prescribe it? This is the difficult thing.

Dr. S. E. BROWNE: I agree with you, Mr. Chairman, in terms of getting the numbers for statistics. You need to know how many to produce. Let me use this as a reference. For example, we have a Human Immunodeficiency Virus (HIV) Register. One person in the entire of Barbados had the Register. Therefore, I could not ask him if Mr. Indar Weir is on it but yet you could refer that Register for information on new HIV cases, present HIV cases, *et cetera*. I can see your point from that perspective.

Mr. CHAIRMAN: I have no objections to the Ministry of Health, but I would still require for the Authority to access the information. As I said, if the clause does not do any harm then there is really no harm in having it there. If we need to change it because it creates a problem, then let us deal with that.

Hon. A. R. FORDE: What I think we can do to make it easier is to state in the Regulations now that the Ministry of Agriculture will contact the Ministry of

Health. There is a system already in place to collect that information. It makes no sense trying to have personnel going around to do this when the information is in the Ministry of Health already. Let the Regulations speak to the Ministry of Agriculture receiving the information from the Ministry of Health.

Mr. CHAIRMAN: I completely disagree. The Authority must have an inspectorate; it must.

Dr. S. E. BROWNE: You mean the inspectorate for your farms?

Mr. CHAIRMAN: Yes, the farms.

Dr. S. E. BROWNE: No.

Mr. CHAIRMAN: Not in the pharmacy, but the inspectorate must also collate information. If they go to farms and check that they have on system 300 trees that were grown but there is the use of 3 000, then we would need to find out why that is happening. I am not asking for them to go there. I am not even there. I am questioning....

SUSPENSION

Mr. CHAIRMAN: I beg to move that this meeting be suspended for 10 minutes to rectify the technical problems.

RESUMPTION

Mr. CHAIRMAN: This Committee is resumed. Before the break, we were at (g). With the approval of the Board established, can we agree to what (g) should be in this Legislation? I do not see a problem with the authority having an Electronic Register of medical practitioners, patients and caregivers. The purpose of it is to make sure that they have a complete traceability of the industry. Other opinions were there, including that it should be controlled by the Ministry of Health and that the authority can consult the Ministry of Health. I do not have a problem with that, but does this mean that we have to remove (g), or can it be kept?

Hon. D. D. MARSHALL: Mr. Chairman, my opposition to 'G' would be a couple of things. First of all, with the approval of the Board, the first six words of 'G' are tautologous because they are found in the chapeau at 'F'. Okay? Is there a difference between an electronic database and an electronic register? I do not think we need that either.

Asides.

Hon. D.D. MARSHALL: Perhaps the approach should be— and I would like to suggest this — that this Clause could say that what we really want to provide is that the Ministry of Agriculture can get such information from the Ministry of Health as they may require for the purpose of tracing the usage of medicinal cannabis. If that is what we want, maybe we should say that. I get the impression that the doctors would prefer it. There is no difficulty with you maintaining it but if you get from the

Ministry of Health, then I think that would solve the problem.

Mr. CHAIRMAN: Dr. Browne.

Dr. S.E. BROWNE: I have no problem with that. I agree with it.

Senator C.A. FRANKLYN: My concern here with 'G' is that you want to establish an electronic register of caregivers?

Mr. CHAIRMAN: How many are there in the system?

Senator C.A. FRANKLYN: No, but cudear! I remember my grandmother had glaucoma and I used to have to put in her drops. I was a caregiver. Are you telling me now that you can get these same marijuana drops for the same glaucoma?

Asides.

Senator C.A. FRANKLYN: So I have to go and register because my grandmother asks me to put in the drops for her? She is gone now but I am talking about this for someone else. Why would you want the caregivers registered? Unless you figure that the caregivers would want to smoke the people's thing.

Hon. A. R. FORDE: There is no smoke in this.

Senator C.A. FRANKLYN: I saw a little write-up where somebody said they were grateful for the medical marijuana, and the grandson visits more often now. Unless this is what you are talking about here. It did not ease the pain but the grandson visits every day now.

Mr. CHAIRMAN: All the more reason why we should know who caregivers are and how many we have.

Dr. S. E. BROWNE: Sorry, Mr. Franklyn. I again do not agree with it. In my estimation, the purposes for your data is in terms of numbers so why would you need the caregivers? The truth is, however we like to look at it, a caregiver would register, but if it were my mother and a day I was not at home and my sister just happened to be there and she was not a caregiver, she is getting it. I really agree that it should be under the Ministry of health, and I am sure they would be happy to give you numbers and statistics.

Hon. D. D. MARSHALL: Let me just say, though, that in terms of caregivers, if you look at Clause 28(1), you see the scope somewhat, always remembering that the possession of this thing, except in special circumstances, runs you afoul of the law. I think we are trying to put a regime in place to offer protection for caregivers. A patient will have adequate proof that he or she is entitled to have the medication on them but not so for a caregiver, so the whole purpose of the registration of caregivers, apart from some regulatory framework, was to be able to clothe those caregivers when they go to the pharmacy. If you look at Clause 28(1) (b) "to assist with obtaining or using medicinal cannabis", so that person may well be the person to go to the pharmacy and buy it. Certainly, that is the scope I had in mind when we were

discussing it.

Senator C. A. FRANKLYN: Suppose I go to the pharmacy if somebody asks me, "Caswell, can you go and buy some medication for me because I cannot get out?" That happens a lot. For marijuana now, I am just going and collecting it and I have the labels from the pharmacy to show that I have medication for Dale Marshall.

Hon. D. D. MARSHALL: There is a reason why the patient designates it, because there is that relationship of trust. Otherwise, somebody may just go and get it and divert it.

Mrs. J. ST. JOHN: I think we have to remember that beyond the boundaries of this the substance is still illegal.

Senator C. A. FRANKLYN: We are not ready, hear?

Mr. CHAIRMAN: Can we move along? Mrs. St. John, would you consider reframing 'G' to state that the information can be collected from the Ministry of Health? The Authority must be able to access the information.

Hon. D. D. MARSHALL: You may want to put it in a separate sub-clause.

Mr. CHAIRMAN: Okay.

Hon. D. D. MARSHALL: So basically the Ministry of Agriculture would be able to request from and receive from any other Ministry. You may also want to know if there are any imports, so it may not just be the Ministry of Health. You may need to request it from whoever else.

Senator C. A. FRANKLYN: Is there any other Government body?

Hon. D. D. MARSHALL: I will let Mrs. St. John craft that.

Mr. CHAIRMAN: All right. Can we move to 'H'? Provide for distribution? I do not see any challenges there. 'I'?

Asides.

Mr. CHAIRMAN: 'I'? 'J'? I do not see any challenges with 'J'. 'K'? Section 4(2):

"Performing the functions specified in subsection (1), the Authority shall

- (a) formulate standards and prescribe codes of practice to be observed by licensees or other persons involved in the medicinal cannabis industry;*
- (b) determine the fees to be charged for services provided by or on behalf of the Authority;*
- (c) facilitate scientific research in respect of medicinal cannabis and where applicable, apply the results of such research in the development of the medicinal cannabis industry;*
- (d) and do all such things as the Authority considers necessary or expedient for*

the purpose of carrying out its functions."

In terms of the Establishment of a Board to manage Authority, Section 5(1):

"There shall be established a Board..."

Are there any queries with regard to the establishment of a Board?

"(a) to be known as the Barbados Medicinal Cannabis Licensing Board, which shall be responsible for the policy, organisation and administration of the Authority, and in particular for the appointment of staff to the Authority and the management thereof;

(b) the management of the other resources and contracts of the Authority;

(c) the development of policies for the prudent and efficient management of the Authority;

(d) and the monitoring of the performance of the Authority in respect of the discharge of its functions.

Mr. CHAIRMAN: Are there any queries about these?

Asides.

Senator C. A. FRANKLYN: Except for the National Insurance Board, which has a Board that deals with only the National Insurance Fund and everything else is done by the staff; that is one peculiarity. All the other Boards are set up. The National Conservation Commission does not have a Board to run it, but it has staff. The National Housing Corporation has staff, and the Board itself is the legal entity. Somebody got confused with this thing, you know. This does not make sense.

Mr. CHAIRMAN: Mrs. St. John, can you address what is being raised by Senator Franklyn because I believe the Attorney General went through it before but it has come back up.

Mrs. J. ST. JOHN: Do you want me to address what exists here or if there are other formulations in the law? What am I addressing?

Mr. CHAIRMAN: Senator Franklyn is saying that the Board is the legal entity or Authority and that the way we have it here is incorrect. Am I correct, Senator Franklyn?

Senator C. A. FRANKLYN: You have me right, Sir.

Mrs. J. ST. JOHN: What we have here is that they have set up the Authority as a corporation which is run by a Board that is specifically appointed. They are other formulations in the law as indicated by Senator Franklyn but we act on instructions and the instructions were to craft the entity as reflected in the Act, which is a statutory corporation ran by a defined Board.

Senator C. A. FRANKLYN: What has me is that a statutory corporation runs itself. A statutory corporation, and it says here, subject to Section 21 Interpretation Act Cap.01, it is a legal entity, can sue in its

own name, can sue and be sued, whatever else so you do not need this confusion.

Mr. CHAIRMAN: Any other legal offerings or considerations?

Hon. E. G. HINKSON: Mr. Chairman, I am not too clear on what the Senator is saying. What confusion do we have here?

Senator C. A. FRANKLYN: We have a Board and we have an Authority. Normally, the Board or the authority is the same thing. You do not have two separate entities ... For example, the National Housing Corporation is set up by the Housing Act Cap.226. That Corporation is subject to Section 21 of the Interpretation Act Cap.01, it is a legal entity. That runs all the operations. It employs its own staff, it does everything, it buys the vehicles; it does everything. Any Board you see set up under any other Ministry, it runs the place. This thing is confusing. I do not understand it. Mind you, I have seen some Board established and its place of its residence is Government Headquarters. I have seen the Corporate Affairs documents. Something is wrong with that.

Asides.

Senator C. A. FRANKLYN: No, because they have actually set up a company under the Companies' Act Cap.308 to run this thing. This thing is bothering me. It does not make sense, not from how we do business in Barbados.

Mrs. J. ST. JOHN: What is bothering you is the Board? The Board does not have a legal personality.

Senator C. A. FRANKLYN: The Authority employs its own staff. What Board do you want? The Authority itself is a Board.

Hon. D. D. MARSHALL: No, it is not.

Senator C. A. FRANKLYN: You are confusing yourself. The Authority is set up and subject to Section 31 of the Interpretation Act Cap.01 and that makes it a legal entity; it makes it a legal person. That legal person can employ its own staff because if you read Section 21, it says that you can employ and you can do all those things as a normal person can do. I have the authority to do it and I am going to set up somebody to give them the authority to do it? That does not make sense.

Hon. D. D. MARSHALL: Mr. Chairman, I think we are labouring on this unnecessarily. Everybody, corporate must have a decision-making aspect. That decision-making aspect is done by a Board. It could be Sagicor. Sagicor still has a Board but nobody says, I am employed by the Board at Sagicor. They say I am employed by Sagicor, Sagicor is who sold me this, my policy is with Sagicor, but the decision-making apparatus is one which sees a limited number of people at the pinnacle making the executive decisions. That is how every body corporate exist and functions. I really do not understand what the difficulty is here.

Senator C. A. FRANKLYN: Talk about the

National Housing Corporation (NHC) then. Do not relate it to Sagicor or any other company established under the Companies Act Cap.308 in Barbados.

Hon. D. D. MARSHALL: Let us talk about NHC then.

Senator C. A. FRANKLYN: Yes. NHC has a board and that Board is the legal person. It employs its own staff, it fires them – and they have done it wrongly also, mind you and I want to get some money out of them but that is another issue – so why are we coming up with this convoluted nonsense?

Hon. D. D. MARSHALL: Because the Housing Act Cap.226 was done wrong from the start and that is the difficulty.

Senator C. A. FRANKLYN: The National Housing Corporation has the same structure.

Hon. D. D. MARSHALL: No, Sir. If you look at the National Housing Corporation Act, Section IV it says, "*For the purpose of this Act they have established a Corporation*" and then it says: "the Schedule shall apply". Do you know what the Schedule says? The Corporation shall consist of nine members. That is what is wrong. The Corporation does consist of nine members it is the Board that is appointed by the Minister that consist of the nine members. You are really relying on something that we should be fixing ever since. Section 1 of the First Schedule says ...

Senator C. A. FRANKLYN: Can you name a Board in Barbados that is not set up like that, except for the National Assistance Board?

Hon. D. D. MARSHALL: Mr. Chairman, I am sure that the law is not a dreadfully difficult thing to grasp. A Board of Directors called a Board for short is nothing more than the managerial instrument for the entity. The entity is the body corporate. It is run by a Board. That is the basic principle. In this instance the entity is called the Authority. It is a body corporate under the Interpretation Act Cap.01 and it is run by a Board.

Now the only thing I would concede here is that perhaps Mrs. St. John, we should not say there have established a Board. We should say there is a Board of Directors appointed by the Minister and I would urge you to make that change. Alright.

Mr. CHAIRMAN: So what is the change?

Hon. D. D. MARSHALL: I suggested that we make the language simpler by saying the Minister shall appoint a Board of Directors.

Senator C. A. FRANKLYN: That is what is normally done.

Mr. CHAIRMAN: Can we move one from 5(1) and go to 5(2)? Functions of the Board, Section 6(1).

Hon. D. D. MARSHALL: Mr. Chairman, if that had said the Board of Directors it would be absolutely clear, I am sure.

Mr. CHAIRMAN: Section 6(2)(a), (b), (c) and (d). Section 7(1), Board may delegate functions. Any issues? Section 7(2)(a) and (b). Disclosure of interest

Section 8(1) and (2).

Mr. CHAIRMAN: Any issues with:

8.(1): "Disclosure [of Interest]"?

9. "Report to Minister"?

10. "Directions of Minister"?

11.(1) "Chief Executive Officer and staff of the Authority"?

(2) "The Chief Executive Officer,

(a) shall hold office for a term not exceeding 3 years, but is eligible for reappointment; and

(b) is entitled to such remuneration and allowances as the Minister determines.

(3) The Board shall, with the approval of the Minister, appoint or employ such other members of staff as may be required for the Authority.

(4) The staff of the Authority shall receive such remuneration and such allowances as the Minister may determine."

"Transfer and secondment of public officers

12.(1) Where a public officer is seconded to a post in the Authority from a pensionable office within the meaning of section 2 of the Pensions Act, Cap. 25, the period of service with the Authority, unless the Governor-General otherwise determines, counts for pension under that Act as if the officer had not been so seconded."

Mr. CHAIRMAN: Senator Franklyn.

Senator C. A. FRANKLYN: Mr. Chairman, this is the identical wording for the confusion that transpired with the Barbados Revenue Authority (BRA), the Auditor-General refused to allow those people to get their pensions at the higher rate because he is saying that their service ended in the public service and [that] when they transferred, that was no longer in the public service. He was wrong, but the Government has not fixed it, you know, and those officers are still suffering as a result of... you work for another three years and you get a much bigger salary. Your pension is based on your salary but for the people at the Auditor-General was saying that their pensions were based on the salary they were getting four years before.

We need to clarify this because it has caused confusion, and several persons who have retired from the BRA are suffering as a result. These are the exact wordings, it is as if it was lifted out and just put in here without any 'thing' but mind you, the Auditor General does not have any damn authority to do it because his function is to certify the calculations, but he is interpreting the law as a result but we need to make sure that we remove any doubt.

Mr. CHAIRMAN: What do you recommend, then?

Senator C. A. FRANKLYN: We can simply say, "service with the Authority counts as service for the purpose of Section 2 of the Pensions Act" and that would be it, so you would then become pensionable, or do it like the National Housing Corporation because they have a

transitional provision that has been in transition for all these years that that Act has been in place where they are pensionable under Cap. 25 and that would save everything.

His Honour Senator R. R. N. GREENIDGE: So is this not saying the same thing?

Senator C. A. FRANKLYN: No.

His Honour Senator R. N. GREENIDGE: Where does the difference come?

Senator C. A. FRANKLYN: But that is the problem, the Auditor General is saying when you are seconded over to the public service, from the public service to the Authority, that your service with the Authority, for pension purposes, does not generate your pension. Your pension is fixed at the time you left the public service and that is not so, but that is the interpretation.

Mr. CHAIRMAN: What does this one say?

Asides.

Senator C. A. FRANKLYN: I understand what you are saying "Cappy" and I agree with you but up till now....

Asides.

Senator C. A. FRANKLYN: No, it does but the functionaries that [who] implemented this have not done it that way, the way that you understand it and I understand it.

Mr. CHAIRMAN: So what is the issue with 12(1)? Are you saying that there should be a change?

Senator C. A. FRANKLYN: To me, it is pellucid. To the Auditor-General it is not and he is the person who decides whether or not you are going to get your pension.

Mr. CHAIRMAN: So you are saying that it is pellucid clear here?

Senator C. A. FRANKLYN: Yes, as far as I am concerned, but the implementation so far... We have seen this exact wording where the Auditor-General has not allowed people to get their pensions, even though this is here.

Mr. CHAIRMAN: Okay, this is pellucid?

Senator C. A. FRANKLYN: Yes, as far as I am concerned.

Mr. CHAIRMAN: Okay, let us go to 12. (2)

"Where a public officer accepts employment with the Authority, the public officer shall

(a) *be employed on terms and conditions that are no less favourable than those enjoyed by a public officer of proximate rank or a public officer performing comparable duties; and*

(b) *retain any right to pension, gratuity or*

other allowance for which he would have been eligible had he remained in the public service and any such right is preserved.”

“Limitation on powers of Board”

13. The Board shall not, without the prior approval of the Minister,

- (a) assign to a post established by the Board a salary in excess of such amount per annum as the Minister may determine and notify the Authority in writing;
- (b) appoint a person to a post established by the Board to which a salary in excess of the amount determined by the Minister under paragraph (a) is assigned; or
- (c) provide for the payment of a pension, gratuity or similar benefit to the staff of the Authority in respect of their service to the Authority.”

“Functions of the Chief Executive Officer”

14. (1) The Chief Executive Officer shall be responsible for the day to day management of the affairs of the Authority which shall include the following

- (a) coordinating the functions of the Authority;
- (b) the taking of any administrative and managerial action as is necessary and appropriate for the effective implementation of this Act and any regulations made pursuant to this Act;
- (c) assigning personnel as may be necessary to ensure that applications for licences are submitted to the Board for approval within the prescribed period after the making thereof;
- (d) ensuring the timely implementation of the decisions and directions of the Board;
- (e) submitting quarterly reports to the Board in relation to the activities of the Authority, in such manner as may be approved by the Board;
- (f) preparing the budget of the Authority and submitting the same to the Board for approval;
- (g) implementing operational policies and procedures in relation to the functions of the Authority; and
- (h) performing such other functions as may be assigned to the Chief Executive Officer by the Board or under this Act.”

(2) The Chief Executive Officer shall attend the meetings of the Board, but shall not have a vote at any meeting of the Board.”

“Obligation to secrecy”

15.(1) Every person having an official duty or being employed in the administration of this Act shall regard and deal with as secret and confidential all information, databases, registers, records or documents relating to the functions of the Authority or the Board obtained by the person in the course of the performance of his duties or otherwise.

(2) Notwithstanding subsection (1) a person may disclose information in any of the following circumstances;

- (a) pursuant to an order of the Court;
- (b) to any person or to an employee of the Authority, where he is authorised or required to do so; or
- (c) where disclosure is permitted under any other enactment.

3. A person who receives information pursuant to subsection(2)(a) shall regard and deal with that information as confidential.

4. A person who contravenes subsection (1) or (2) is guilty of an offence and is liable on summary conviction to a fine of \$10 000 or to imprisonment for a term of two (2) years.”

“Protection from personal liability”

16. No action, suit, prosecution or other proceedings shall be brought or instituted personally against any member of the Board or Tribunal, employee or agent of the Authority in respect of any Act done bona fide in pursuance or execution of the Act.”

“Funds and resources of the Authority”

17. (1) The funds and resources of the Authority shall comprise

- (a) monies voted for the purpose by Parliament;
- (b) such sums as may be borrowed by the Authority for its purposes; or
- (c) revenue earned from application fees, fees for the issuing of licences and other related matters. (2) The resources of the Fund shall be applied in the payment of salaries, payment or discharge of the expenses, obligations and liabilities of the Authority, the Board and the Tribunal and towards the performance of any function of the Authority, the Board or the Tribunal under this Act.”

Mr. CHAIRMAN: Senator Maynard, you are looking at me perplexed. Am I going too fast?

Senator Mr. C. A. MAYNARD: Mr. Chairman, I just want to ask a question.

Mr. CHAIRMAN: Question relating to 18 or 17?

Senator Mr. C. A. MAYNARD: Will the Board be required like other State-Owned Enterprises to have presentations every three years at the public forum that we talked about?

Mr. CHAIRMAN: Yes.

“Borrowing power”

18. The Authority may, with the approval of the Minister, borrow any money it requires for meeting any of its obligations or performing any of its functions and shall, in such a case, inform the Minister of

- (a) the amount and source of the loan; and
- (b) the terms and conditions on which the loan may be obtained.”

“Guarantee of loans”

19. In circumstances where approval under section 18

requires a guarantee the Government may, with the approval of Parliament, in such manner and on such terms and conditions as may be specified, guarantee a loan to the Authority together with any interest or other charges payable thereon."

Accounts

20. The Authority shall, in respect of its affairs and functions,

- (a) keep proper accounts and adequate financial and other records; and
- (b) prepare financial statements in respect of each financial year, in conformity with generally accepted accounting practice.'

Mr. CHAIRMAN: Accounts 20, 21 (a) through (c). Audit 22 (1), 22 (2) (a) through (c). Public Finance Management Act to apply, 23. Annual report to Minister 24 (1) (a) through (c),

Mr. CHAIRMAN: No issues. This brings us to part 3, access to medicinal cannabis. Use of medicinal cannabis 25 (1).

Senator C. A. FRANKLYN: We will have to do some touching up here.

Mr. CHAIRMAN: We did review section 25 (1) in terms of person or a visitor.

Senator C. A. FRANKLYN: Visitor and then prescribe or recommended.

Asides.

Hon. D. D. MARSHALL: Mrs. St. John is to redraft the provisions in relation to visitor. If we remove a visitor from one it would just be a person shall only use medicinal cannabis where that is prescribed by a medical practitioner. In which case, 25 (1) would be fine. We have removed the reference to a young person, so a parent or guardian of a patient who is a minor must obtain a certificate from a medical practitioner of the uses necessary, there was no issue with that. No issue with three.

Senator Mr. C. A. MAYNARD: If I was caught with a pocket full of "spliffs". I do not know what fine I would get or what term of imprisonment I would get but if I took some of my grandmother's cannabis I might get fined 100 000 dollars, how do you explain that?

Hon. D. D. MARSHALL: Two things, one, whenever you see a fine that is not the fine. Under the interpretation that says that any amount up to that can be imposed, okay. So a judge is expected to exercise his own discretion in determining the penalty. So, this is how we express fines in our terms of imprisonment. So it could be anything from a dollar to 100 000 or from a day to 10 years or perhaps none at all. So, do not ever panic when you see those numbers those are just the upper limits.

I think that the reason we try to put stiff fines in here was to try to discourage the leakage from the medicinal cannabis system into the illegal system.

Senator Mr. C. A. MAYNARD: This is consumption or sale?

Asides.

Hon. D. D. MARSHALL: That is true, but a person who consumes it without a prescription is really no different to a person who consumes the regular one. Medicinal cannabis has notional protection but its use, if it is not prescribed, puts you in no different of positions. In other words, you are no different to a person who at the corner shop smoking.

Senator Mr. C. A. MAYNARD: What I may smoke might be entirely different from what you might have prescribed for you.

Hon. D. D. MARSHALL: That is true.

Senator Dr. C. A. MAYNARD: A person might share their morphine with another cancer patient that his--- -- or anybody but might not get a fine.....???

Hon. D. D. MARSHALL: If you share your morphine with a morphine patient, probably wrong but at least he is a morphine patient. The inpour here was to try to discourage people from seeing medicinal cannabis as a way to satisfy your drug habit by walking around with a vile that is properly labelled and so on. In fact, to do so is perhaps a little bit more pernicious than just breaking the law because you are operating now under the guise of legitimacy that you are really not entitled to. So, I think that is perhaps the only reason and if you think the fine is too high.

Senator Mr. C. A. MAYNARD: I do not recall seeing any penalty for the person who gives it out or gave it to someone.

Hon. D. D. MARSHALL: If you gave it to someone?

Senator Mr. C. A. MAYNARD: Yes. This seems to assume that the person is taking it illegally, but if I chose as the patient for whom it is prescribed to share it with someone who has a similar condition what is my penalty?

Hon. D. D. MARSHALL: Yes, that is aiding and abetting.

Asides.

Senator Mr. C. A. MAYNARD: That pathway of leeching has two sides. It is usually the person who gets it legally who then passes it on to the one who will purchase it.

Hon. D. D. MARSHALL: At 35, a person who supplies medicinal cannabis is guilty of an offence. No, I suppose 15 times the values of the cannabis is - is not a 100 000 dollars.

Asides.

Hon. D. D. MARSHALL: We try to put a regime in place of fines and penalties which would try to be a strong deterrent, so that we would keep medicinal cannabis ring fence and protected. You are not going to do that.

Asides.

Hon. D. D. MARSHALL: The thing about cannabis is that it is a high value commodity. I got a Report recently of individuals working in the port receiving a 120 000 dollars in bribes in one go to facilitate bringing in cannabis. Now, I imagine that volume is going to be fairly high....

Hon. T. A. PRESCOD: I just want to say that even if we want to apply severe penalties to say a person who consumes medicinal cannabis and to put a fixed sum, I believe that we should apply a sum to how much the person is consuming at the specific time.

Hon. E. G. HINKSON: This is where judicial discretion would come in Minister Prescod. The judge would have discretion in terms of quantum of the fine based on those kinds of factors. We would not want Parliament prescribing fines based on quantity.

Mrs. J. ST. JOHN: The fines under the existing Drug Abuse (Prevention and Control) Act 1990, I think money has changed significantly since then. As I indicated to Senator Maynard, that what he described would be supplying and in 1990 that fine would have been \$250 000. Therefore, \$100 000 would not be a lot. I think we have to remember that it is supposed to be punitive because it is intended to deter.

Hon. T. A. PRESCOD: Do you have a distinction between "consume" and "possession"? I believe that most of the time when we see harsh penalties, it was for persons who were in possession. Obviously, it was interpreted to mean that if you have a sum of that magnitude the possibility is that you are selling or trafficking it. In this case, why is the word "consumed" used if you compare it with a person in possession? Over the years, the word "possession" is impregnated with the intention of selling it to someone else.

Mrs. J. ST. JOHN: If the debate is on "consumed", we can include other possibilities. I thought we were debating the fine.

Hon. T. A. PRESCOD: We are debating fine in relation to the operative word "consume".

Mrs. J. ST. JOHN: I understand. We can expand "consume" because it might be difficult indeed to prosecute.

Mr. CHAIRMAN: Will you make an amendment to expand on what is meant by "consume"? Any other issues?

Hon. A. R. FORDE: I do not want to be seen as though I am retentive, but there is a situation I brought to the attention of this Joint Select Committee as it related to "prescription" and "recommendation". I have something

to say. Subsequently, I sent some information to the pharmacists in Jamaica and I sent some correspondence to ascertain what happens in Britain and United States of America(USA). Honestly, I must acquiesce to this Committee as it relates to "recommendation". Internationally, a "recommendation" once it has authority is a prescription. The two of them are used interchangeably.

Therefore, I just wish to bring to the Committee's attention that both words can be used interchangeably.

I acquiesce that the word "recommendation" for the purposes of this Bill was correct; either "recommendation" or "prescription" can be used. I researched and got the information. Internationally, a prescription by law is a "recommendation" that has an authoritative body in Jamaica, USA and Britain. Once it has an authority, then that is a prescription. It can be accepted by the Pharmacy Board also.

Mr. CHAIRMAN: We have already decided so let us continue. Clause 26.

Senator C. A. FRANKLYN: Sir, "therapeutic facility" has arisen again in this place. Let me read it for you. It states as follows:

"In circumstances where a prescription or recommendation by a medical practitioner requires repeated usage over a period of three months, a pharmacy or therapeutic facility shall not dispense to that patient more than a 30-day supply of individual doses at a time."

According to this, a therapeutic facility is a pharmacy.

Mr. CHAIRMAN: If you return to the Definition Section that speaks to therapeutic facility, it has subsections (a) and (b), and the two are conjoined. Again, you are separating (b) from (a). We have already dealt with this and moved on.

Senator C. A. FRANKLYN: What I am saying to you is that what we dealt with does not come through in Clause 26. If I return to "therapeutic facility" in the Definition Section....

Mr. CHAIRMAN: I really do not understand the concern because we dealt with that already and we have moved on. If it is an issue of dosage, then okay but the reality of it is that we have agreed that there will be the therapeutic facility. We have already set out in (a) and (b) that are conjoint, why we have it the way it is. We have moved on in agreement where we took a vote -- 6-3.

Hon. A. R. FORDE: I think the 30-day is something that is under the Drug Abuse (Prevention and Control) Act Cap.131. The 30-day is recommended.

Mr. CHAIRMAN: Let us stick to what is here at Clause 26 because any other point with regard to "therapeutic facility" would be a moot point at this time. We took a vote on that already, so there is no point in going back to it.

Dr. S. E. BROWNE: My concern with Clause 26 is it being under the Agriculture Bill about the amount to be dispensed. In other words, I do not see it to be under its purview.

Hon. D. D. MARSHALL: Let me ask a question of Dr. Browne. Forget what it is, is there any value in the clause?

Dr. S. E. BROWNE: I cannot divorce the two.

Hon. D. D. MARSHALL: If this were in a health services Bill, would you have any difficulty with the clause?

Dr. S. E. BROWNE: No, but it is not in a Health Services Bill.

Hon. D. D. MARSHALL: Hold on. This is the first time that we are having a Bill dealing with the Legalisation of cannabis. Let us look at the substance and not the location.

Dr. S. E. BROWNE: Why not Attorney General?

Hon. D. D. MARSHALL: We would have to go and enact another Bill.

Dr. S. E. BROWNE: In my mind, this wording does not reflect an agricultural Bill where it is from seed to sale. This has what a doctor or a pharmacist is allowed to dispense or prescribe. Regardless to how you put it and it makes sense or not, and it does makes sense. I do not understand why it is under the purview of agriculture.

Hon. D. D. MARSHALL: Across the entire length and breadth of the 380 statutes we have, you will find instances where subject matters are addressed in Bills that ordinarily you might say it does not belong here, but it is still there, and it does not make the law any less functional or any more functional. It is a question of where we put it. Now, for convenience sake, this provision is here, but if you are not objecting to the provision, then I will suggest that an objection as to where it is located is of less relevance.

Dr. S. E. BROWNE: By the same token before it was amended or rewritten here, when we were arguing about what comes under the Drug Service in terms of inspection and facilities, you moved it from here and said, well we do not want to get into purview of the drug service, let that stand under the Act, so why not this one. I am just asking.

Hon. A. R. FORDE: If I may. It is already in the Act that once it is a narcotic, once it is a psychoactive drug, the doctor can only prescribe for a 30-day supply over a three-month period. That is already part of the Drug Service Act Cap.40A. I thought this was just a duplication of what existed for your purposes.

Mr. CHAIRMAN: But equally, does it really make any difference to the Ministry of Health and Wellness if it is here?

Dr. S. E. BROWNE: Suppose I was writing Bill for the Ministry of Health about something to do with diabetes, and I managed to extrapolate, yes, increase in using sugar makes diabetes worse, and sugar comes from sugar cane, so I will have some sort of rule to govern how sugar cane is grown in my Ministry of Health Bill. I think some people might have issues with that also.

Mr. CHAIRMAN: How it is grown or how it is

used?

Dr. S. E. BROWNE: However you would like to put it.

Mr. CHAIRMAN: But not how it is grown, it would have to be how it is used.

Dr. S. E. BROWNE: Otherwise you are responsible from seed to sale. If I get into that.

Mr. CHAIRMAN: This is speaking to how it is used.

Dr. S. E. BROWNE: I would concede, but let the record show that I do not agree with this ...

Mr. CHAIRMAN: My question, because I hear you, and I want to be clear as well, so I am taking guidance from you. My thing here, is would it make a difference to the Ministry of Health and Wellness if it is here?

Dr. S. E. BROWNE: I am not in the Ministry of Health and Wellness, but I

Mr. CHAIRMAN: Would it make a difference to health service provision if it is here?

Dr. S. E. BROWNE: Minister Forde already said it is in the Drug Service Act Cap.40A. If we had decided here okay, let us give it that doctors can dispense over a four-month period with a 40-day supply.

Mr. CHAIRMAN: This goes with what is currently in existence, right, so it makes no difference.

Dr. S. E. BROWNE: Yes, but in some parts of this Bill you refer to the Pharmacy Act 372D or whatever, how comes it is done in case.

Mr. CHAIRMAN: (inaudible)..... difference, but this is referring to how you treat to a pharmacy and wellness facility, and what you are doing is holding them responsible for what the Bill speaks to earlier. I am not from the medical profession and I am not going to pretend that I know, but I will want to follow logic, and my question is, does it make a difference in the end if it is here or not?

Dr. S. E. BROWNE: I just would like to see it separated. I know there are countries like Israel that do not have this in their agriculture Bill for marijuana, they have it separate under the Ministry of Health.

Mr. CHAIRMAN: You said earlier this is Barbados and we should not refer to other jurisdictions to guide our

Dr. S. E. BROWNE: Well, come back to Barbados. I know people have issues bringing in the medical part and pharmacy part of it under an agricultural Bill.

Mr. CHAIRMAN: Dr. Browne, I understand you. I just want to make sure that I am guided well by your knowledge and experience and all I want to settle on is whether it would make any difference at all to the medical profession or the industry if it here. If it does, we would have to consider it.

Dr. S. E. BROWNE: It should not.

Hon. A. R. FORDE: Can you put that as stated in here that supply of individual doses at a time as stated

in the Drug Service Act Cap 40A. I do not know if that would make a difference, can you put to refer to that specifically in the Act.

Mr. CHAIRMAN: Mrs. St. John.

Mrs. J. ST. JOHN: In this case we cannot because there are consequential amendments which will affect how that Act would operate so that this Act operates in a more seamless fashion.

Hon. A. R. FORDE: Then you go back to Dr. Browne's point in the event if it was four months with a 40-day supply... because this is clearly taken straight from the Act and those limitations as Dr. Browne said ... I do not know.

Mr. CHAIRMAN: I do not know what the real issue is, except for the fact the Dr. Browne is saying it should be the purview of the Ministry of Health and not Agriculture, but I do not see any issue at all other than that and for me if it does no harm here, we might be better off retaining it here than to seek just to remove it just because we want to hold territorial ground.

Senator Mr. C. A. MAYNARD: A person who consumes medicinal cannabis ... so if I took my grandmother's medicinal cannabis intentionally. I want to go back to Section 25 (3) because to my mind it is not clear. As far as I know, as it stands today, if someone saw me smoking what they believe is marijuana and I finished it, there was no traces of it, I cannot be charged for consumption. How do we charge someone with consumption of medicinal cannabis?

Mr. CHAIRMAN: That was addressed and Mrs. St. John was asked to ... Mrs. St. John do you want to respond?

Senator Mr. C. A. MAYNARD: We talked about fines. How are you charged for consumption?

Mr. CHAIRMAN: Now but you are associating consumption with arriving at a fine.

Senator Mr. C. A. MAYNARD: I am talking about consumption as a principle.

Asides.

Mr. CHAIRMAN: We agreed that Mrs. St. John was going to go back and fix that, because it was raised by Minister Prescod.

Senator C. A. FRANKLYN: Okay, I have some medical marijuana. The police came and I consumed it. How are you going to convict me without the evidence?

Mr. CHAIRMAN: Is that not the reason why you are going to expand on consumption Mrs. St. John? I think that was missed, but we did agree to expand on what consumption really is for the purposes of this Bill.

Mrs. J. ST. JOHN: Just to respond to Senator Franklyn, the officer would present evidence that he saw you consume it. In that case we could have prosecuted you.

Senator C. A. FRANKLYN: I would say that is not true, he is telling lies on me.

Asides.

Hon. D. D. MARSHALL: Mr. Chairman, there is no charge for consumption now, it is a possession charge.

Hon. E. G. HINKSON: Mr. Chairman, I think we are getting into too many technicalities on that point. Parliament can only do a framework here. To get into proceeds now as to what is going to happen when the police catch you and all of that, I do not think we need to concern ourselves with that. That is for the Court to decide, which is of course, another branch of Government.

Mr. CHAIRMAN: The lawyers here have already agreed that we should revisit Section 25 (3), and that Mrs. St. John should address consumption. We agreed to keep Section 26. Keeping of records, Section 27 (1). Section 27.

Senator Mr. C.A. MAYNARD: ... Mr. Chairman, I keep a record of every patient I see, with all of the information, but I will keep a register so I will file but I do not have a separate register that says, "I have seen Minister Weir today and I gave him two cigarettes". There is a big difference. A record is a file. It has in all the activities in the file but it is not a separate register of what I prescribed.

Mr. CHAIRMAN: That was raised by the Attorney General earlier. Is it necessary to have a register and data as well in terms of a file?

Asides.

Mr. CHAIRMAN: Are there any issues with Section 27(2)? Any with 27(3)? We dealt with all of these earlier so we can move along. "Caregivers" in 28(1) through (c). We have also dealt with this? Are there any issues? Section 28(2), (3)? We agreed to that already. Take out "young person". Subsection 4?

Dr. S. E. BROWNE: Sorry, just for clarification. Subsection 3 where it mentions cases where a parent or guardian cannot do it. Would it be assigned by the court? How long would this process be? What happens with emergency administration of the said caregiver is not there?

Asides.

Mr. CHAIRMAN: Are there any other issues? Sub-clause 5?

Hon. E. G. HINKSON: Mr. Chairman, I just wanted to go back, sorry, to Section 27(3): "The Authority may request further information from the medical practitioner in writing..." Mrs. St. John, should we not add "and the medical practitioner is obliged to produce"?

Asides.

Hon. E.G. HINKSON: Do you not want to add

that there for certainty? Is that already done? Okay.

Hon. A. R. FORDE: Mr. Chairman, at Subsection 5, as it stands now this is where the Health Service Act comes in. I do not know how things will be done there but a person under the age of 18 is allowed to be the caregiver of their charges under our law. It is a funny thing because a 15-year-old girl having a baby right now can decide to give medical marijuana if the baby has epilepsy. That is the purview of our system. That is the way how our system works. Not the mother, parent, grandmother, guardian; it is that person who gives birth to that child. That is the law as it stands. It is a funny thing in law, because we were trying to change that all the time. For instance, if a 15-year-old gets a child she can sign for surgery for that baby under the laws but she cannot sign for herself. That is a funny thing in the law right now, so I do not know how this would work out for a person under 18.

Dr. S. E. BROWNE: That would work the other way for contraceptive pills. At 15 years, you cannot go to pharmacy and get it so it is different in different places.

Mr. CHAIRMAN: This is anomaly that we cannot fix in this Bill, because we have to arrive at a position. Yes, Senator Maynard.

Senator Mr. C.A. MAYNARD: I am not sure that is what we do and what the law does are actually the same. I raised this question with a senior lawyer who brought up the topic of the age of majority and it left me more confused than I was at the beginning. This needs clarification because it runs in the face of what is likely to happen in the real world with children who need to be treated and who are prescribed medical marijuana.

Mr. CHAIRMAN: I beg to disagree. We have arrived at a position where they can vote at 18 years old. All right? That is a position that we have arrived at and is enshrined in law. We have arrived at a position that under 18 years you should not be a caregiver for the purposes of this Legislation. Are you proposing that one should be 16? What is it that we are suggesting?

Hon. A. R. FORDE: I suspect the problem is that there are laws which govern medical practice right now and in terms of how drugs are dispensed and who can dispense at what age. I suspect that this where the medical people are having a problem.

Mr. CHAIRMAN: This is a person providing care, so what age do we want the person to be in order to be able to provide care? What is that responsible age?

Asides.

Mr. CHAIRMAN: What is a responsible age, in the opinion of you all, to be able to provide care? That is what we are seeking to address.

Dr. S.E. BROWNE: I really have no problem with age 18.

Senator C. A. FRANKLYN: The problem in Barbados is that we have too many double standards. A

responsible age in Barbados is 16 because you can have sex at 16 and nobody can do you a thing. You cannot get locked up at 16 if you have sex with a 16-year-old. What is more fundamental or is a more responsible thing? Raising a child? You can get pregnant if you are 16 and it is no problem, so why not age 16? We can debate this thing forever for all kinds of things but right now stick to something so I can get home.

Mr. CHAIRMAN: Can we agree that 18 is the preferred age? Yes?

Hon. T. A. PRESCOD: Mr. Chairman, we are misunderstanding. Senator Franklyn is suggesting you can bring it to 16. Is that so?

Senator C. A. FRANKLYN: The Chairman heard me and he understood. I said 16 is a responsible age for having sex, 18 is responsible for voting. We have so many things. Take one and let us move on. That is all I am saying.

Hon. T. A. PRESCOD: What he is saying goes further than that. Internationally, there are two schools of thought. In some cases, they accept the age of majority to be 16. Some Legislation accepts the age to be 18. In my view, rather than pushing it up to 18 let us accept and we will cover the people who are 18 as well by saying let us start at 16. If you start at 18 and agree to 18, you will really exclude the persons who are 17 or 16 years old. Let us put it down at 16.

Dr. S. E. BROWNE: For caregivers?

Hon. T.A. PRESCOD: Yes. What is wrong with that?

Mr. CHAIRMAN: Senator Haynes.

Senator Dr. C. K .M. HAYNES: Earlier the point was being made about the impact of cannabis on the developing brain. The reality is that the pre-frontal cortex of the brain does not fully develop until 24 years old, so when you are having this conversation about what age one is actually responsible, you are actually fully responsible at 24. In law we accept. I think 18 is the safest route to go. I mean, just call it.

Mr. CHAIRMAN: What is the majority position? Are we going to go for 18?

(No audio)

Hon. E. G. HINKSON: Mr. Chairman, I just wanted to go back to Section 28(2) as well where a guardian appointed under the Mental Health Act Cap.45. Mrs. St. John I know the definition under that Act is "receiver" so just in terms of definitions, under the Mental Health Act. The Court appoints a "receiver" and not a guardian so it should be "receiver".

Mr. CHAIRMAN: Are there any other issues or can we go to Section 28(7)? Section 28(7). No issues? Dispensing of medicinal cannabis, Section 29(1). We dealt with Section 29(1) already, agreed? Section 29(2), (3).

Hon. D. D. MARSHALL: Just to remind that in Section 29(1) and others, we had agreed to remove the reference to authorise persons but we did consider that

interns and graduate pharmacists, a reference would have to be made to include them dispensing.

Asides.

Hon. D. D. MARSHALL: "Authorised person" was considered to be too vague in the context of Section 29. Look at Section 29(1), for example, "A pharmacist or authorised personnel under the supervision of a pharmacist ...". Mrs. St. John had explained that by using this phrase she had intended to capture the reference of the Pharmacy Act Cap.372D to a graduate pharmacist and pharmacy intern, I believe. That is what she had intended to capture.

Senator C. A. FRANKLYN: Normally, I go to a pharmacy and people are behind a counter working and if I want a prescription and the pharmacist is not there, they would say well, the pharmacist is not there you have to hold on. They may call him on the cellular phone before they actually give me the medication because they are not the graduates or anything, they are workers in the pharmacy who know the stuff so the pharmacist must be there to supervise them or they cannot dispense medicine. I think this is normal practice.

Hon. D. D. MARSHALL: "Authorised person" under the supervision of a pharmacist to use your extreme examples could be the gardener.

Senator C. A. FRANKLYN: Yes, but if he knows how to do it, the pharmacist is responsible.

Hon. D. D. MARSHALL: All we need Mrs. St. John to do is to structure it in such a way that it covers those persons who are authorised to be authorised under the Pharmacy Act Cap.372D.

(Discussion without the microphones turned on)

Hon. D. D. MARSHALL: I do not know what they are but Minister Forde who is next to you said last week that you cannot, nobody other than a pharmacist or one of these other people is allowed in law. They cannot dispense.

Hon. A. R. FORDE: What happens is that the law gives permission, really and truly, for pharmacists to give the authority to someone else, but the law and the practice are two different things. I was a practising pharmacist for 22 years and in that period of time, I have never once given a narcotic to anybody to dispense because you understand the seriousness of it. It does not really happen because it is a narcotic drug. It is not like giving a little Cataflam or a gel or something saying 'go and give the person such and such'. The handling of a narcotic, an intern cannot go and take a narcotic out of a cupboard. It is under lock and key and the pharmacist has to give permission. That is just the practice for substances that go under this category. That is all the other pharmacists and I were saying. It does not work so in the way it was practised because of the seriousness and the nature of the drug. That is all, but as the Attorney General said, the law is there that allows us to. I just wanted to

clarify that.

Mr. CHAIRMAN: So have we agreed that in principle the agreement that was made on Section 29(1) stands? Okay. Section 29(4), (5)(a) and (b). Most of this we dealt with in earlier discussion. Section 29(6)(a) through (d). This is one part of this Legislation that we dealt with in great detail.

Can we go to Part IV, Licensing the Supply of Medicinal Cannabis, Categories of licences? Any issues with Section 30.

Hon. A. R. FORDE: What did we say that we will determine persons who were convicted of an indictable offence, had we changed that for the caregivers?

Mr. CHAIRMAN: Which Section?

Hon. A. R. FORDE: Section 28, Caregivers. We had said a caregiver should not be a person who has been convicted of an indictable offence. We had said something about that the last time we were here or a decision was not made. I am just making sure.

Hon. D. D. MARSHALL: Just to recapitulate, there is a view advanced that, I think it was advanced by Mr. Paul "Ras Simba" Rock and one or two others that really by putting such blanket prohibitions in place we are really going to be leaving out the possibility of a number of people therefore what I would like to suggest and I intimated it the last time, was that we could look to see which specific kinds of offences we would want to make sure that those people were excluded. For example, there are not about offences of indictable but not of the severity that you would want to necessarily take people out of the loop. Fraud, for example, money laundering, we could think of some more, trafficking.

(Discussion was inaudible)

Hon. D. D. MARSHALL: Yes, but the threshold is a little low...While that reference was only to "caregiver" a similar thing arises in respect of...

Asides.

Hon. D. D. MARSHALL: You mean in relation to licences?

Asides.

Hon. D. D. MARSHALL: So it is the same concept, that is all I am saying.

Asides.

Mr. CHAIRMAN: Please turn your mike on.

Hon. A. R. FORDE: On an indictable offence under the Drug Abuse Act Cap.131, as the Hon. Attorney General said, it is almost under that Act so I do not know if you [would] want to make changes to that to say something else, other than under the Drug Abuse Act Cap.131.

His Honour Senator R. N. GREENIDGE: But are we going to leave in 6 at all? I know that "Adonijah" and others were asking that it be removed altogether.

(6) "A caregiver shall not be a person who has been convicted of an indictable offence under the Drug Abuse (Prevention and Control) Act, Cap. 131."

Mr. CHAIRMAN: But they were speaking to it from the position of being able to participate through licensing I do not think that they had a concern with "caregiver" and the Drug Abuse Act Cap.131. Yes, it can be considered because at the end of the day, you cannot have one set of provisions for one and then another [set] for another, so we would have to consider it.

Hon. D. D. MARSHALL: Except, though, that a "caregiver" would be a person who would be handling a relatively small amount, he would be handling enough for a patient. So unless he goes around collecting patients, the risk might actually be less. Under the Drug Abuse and Prevention Act Cap.131 an indictable offence is much less than the normal 'thing' so that is where the problem would be.

Mr. CHAIRMAN: What are we going to do with Clause 28, subsection (6)? I am going to rely on the legal persons to provide legal guidance.

Asides.

Hon. D. D. MARSHALL: Well, this is not a licensing regime, it is just a question of who you appoint. Now, to tell you the truth, I mean, if a granny has a 'wutless' nephew, but he is the only body [that] she has, it means that she has to go and look for somebody who she might now have to let into her house. I mean, she might really prefer to 'thing'. I suspect the risk in this instance is comparably small, though.

Hon. A. R. FORDE: Under the Drug Abuse (Prevention and Control) Act Cap.131, an offence such as that is up to a fine of \$250 000 or to 20 years imprisonment.

Hon. D. D. MARSHALL: I am not sure the point you are making. This does not create an offence, all this says is that a person who is convicted of an offence cannot be a "caregiver". That is all this says, this does not try to create any new offence.

Asides

Hon. D. D. MARSHALL: Yes, if we look at the risk profile, I mean, a "caregiver" is going to be dealing with small amounts, so I would not object to taking it out.

Hon. E. G. HINKSON: Mr. Chairman, I would perhaps agree to take it out but I just wanted to see if Mrs. St. John had [any] comparisons to St. Vincent, Antigua or Jamaica on this issue.

Asides

Mr. CHAIRMAN: I believe that we could go without (6):

"A caregiver shall not be a person who has been convicted of an indictable offence under the Drug Abuse (Prevention and Control) Act, Cap. 131."

Mrs. J. St. JOHN: I think it would be a matter of policy.

Mr. CHAIRMAN: I believe we could go without (6). I see no reason why a person who might be the only reliable person should be restricted from looking after a loved one. We are removing 28. (6).

"Dispensing of medicinal cannabis"

6. A pharmacist shall conform to any requirement or limitation set by the medical practitioner as to the form of medicinal cannabis that is required in relation to the patient and shall provide to a patient and where applicable, a caregiver, the following information;

- (a) the lawful methods for administering medicinal cannabis in individual doses;
- (b) any potential danger stemming from the use of medicinal cannabis;
- (c) how to prevent or deter the misuse of medicinal cannabis by minors or young persons; and
- (d) any other information which the pharmacist may consider to be relevant."

Hon. A. R. FORDE: As the law stands ...if a doctor writes for a tablet... this is a strange point because if a doctor writes for a tablet...

His Honour Senator R. R. N. GREENIDGE: Which one are you at?

Hon. A. R. FORDE: At 29(6).

"6. A pharmacist shall conform to any requirement or limitation set by the medical practitioner as to the form of medicinal cannabis that is required in relation to the patient and shall provide to a patient and where applicable, a caregiver, the following information..."

Mr. CHAIRMAN: Members, I am sorry, we have already passed all of that. We are at Part IV, "Licensing the Supply of Medicinal Cannabis."

Hon. A. R. FORDE: I was making a point, though. It is a strange thing because if, for instance, a doctor wrote for a tablet and the patient comes to the pharmacy and says: "Well, I do not like tablets, I think I [would] prefer liquids", the pharmacist can take that same tablet and make it into a liquid. You do not need to have any instruction from the doctor [for you] to make that into liquid for the patient. That is an interesting one. Sometimes in terms of us getting it in the dosage form that is suitable but a patient might say that he does not like taking tablets, that he likes it in dosage form. That sort of thing is left up to the discretion of the pharmacist.

Senator C. A. FRANKLYN: Then he would go and get Panadol.

Hon. A. R. FORDE: So that it is understood that is the way how the pharmacists operate.

Mr. CHAIRMAN: So what is the recommendation?

Mr. A. R. FORDE: Well, "as the form of medicinal cannabis that is required in relation to the

patient and shall provide to a patient and where applicable shall conform to every limitation and requirement set by the medical practitioner in consultation with the pharmacist..." [It could be] something like that.

Mr. CHAIRMAN: Is there any issue with it the way [that] it currently is?

Hon. A. R. FORDE: "A pharmacist shall conform to any requirement or limitation set out by the medical practitioner..." is what I am dealing with. A medical practitioner may write for a product and because it is not available on the market in that dosage form, the pharmacist can use another dosage form that is amenable to the patient, and normally you do not do consultation for that.

Senator Mr. C. A. MAYNARD: Mr. Chair, he who writes the prescription is responsible for it, so [that] if he writes a dosage and the dosage is changed, he who changes it is responsible for it. I accept what Minister Forde is saying about compounding but I suspect that subsection (6) is written to prevent...to keep the prescriptions quite narrow.

Mr. CHAIRMAN: Doctor Browne.

Dr. S. E. BROWNE: I was listening to Minister Forde, while he is correct, I really do not see anything wrong with the set out. Sometimes the limitations set could mean and most pharmacists know if they see some irregularity or if they have to substitute to pick up the phone and call the doctor. I do not know that it needs to be amended necessarily because there is usually active communication by a pharmacist and a doctor anyway.

Mr. CHAIRMAN: Any issues with 29 (6) that we can remedy now? Okay, let us move along. Licences.

Senator Dr. C. A. MAYNARD: Mr. Chairman if you follow from "a" to "I" it appears as though there is no consideration for disposal. So, I wondered when....

Asides.

Mr. CHAIRMAN: Those protocols are by way of burying it and burning it. So, the disposal protocol is part of the standards that will come in the Regulations.

Asides.

Mr. CHAIRMAN: So it is going to come under the Regulations the disposal of contaminated product.

Dr. S. E. BROWNE: I tend to agree with Senator Greenidge with respect to licences for disposal. I mean something as simple, well not simple, for example, firearm disposal. I was just overseas and they need licences for anything that could get into the community potentially. I think it might be worthwhile to have a licence for, including disposal. If you are going to do all the tracking and so on it might be helpful, my suggestion.

Mr. CHAIRMAN: Disposal basically takes place at the point of testing or at the point of a farm that had been proven to be carrying contaminated the product.

You do not need a licence to do that.

Asides.

Mr. CHAIRMAN: No, no. To the person that is checking it. There is an inspectorate that would check, it has traceability guidelines. Each one has its own chip they are all identified.

The hardcore reality of how a medicinal cannabis regime is supposed to work it is not a loose operation, so whilst people may believe that you can plant a couple of trees on a farm down the road and then come back and send it to a processor it does not work like that. If these plants are not part of the traceability established where the chips are carried from the seed right through the product is not medicinal cannabis and it has not been properly licenced. So, therefore, if a person has a licence and would have done that that person is infringing the law.

They have to follow the protocol established for the seeds to carry the chip, the plants and everything are monitored that is why they are having an inspectorate at the authority and they go out to monitor and make sure that the procedures are being followed.

You cannot enter a facility without chip access, so the security guard at the front has a chip access, you got to let in, you sign into a book the time you went in, what you want to do when you come back out you need that chip access to get back out as well or chip exit whatever you want to call it. You also have to sign out the time that you left and the date as well.

Dr. S. E. BROWNE: Okay, I understand. So, you are saying that the disposal is with the facility?

Mr. CHAIRMAN: That is correct.

Dr. S. E. BROWNE: Okay, I got you.

Mr. CHAIRMAN: We can move on. Are there any other issues with licensing? No, alright let us go to tiers of types of licences, 31 (1) a through h. Those of you who did not go over these will perhaps now have some challenges in understanding them, but they are basically set up to give different levels of participation in terms of licensing being used. For example, cultivators in (a) have four different tiers depending on what scale you want to be involved at as a cultivator. (b), (c), (d), (e), (f), (g) and (h) follow a similar protocol. Clause 31 (2).

Do you understand the reason for Clause 31 (2)? The person doing research and development at the laboratory would want to be able to access product from outside as well, in order to do research. Therefore, they would be granted an import and export licence. They cannot be confined to local product only. Equally, what they produce or arrive at must be exportable as well. Any issues? No. Clause 31 (3)? Clause 31(4) (a) - (d)? These are the acreage that I talked about earlier in Clause 31(1) (a). Eligibility to apply?

His Honour Senator R. N. GREENIDGE: In Clause 31 (3), I was wondering how much stronger you

could make the point that the licence issued pursuant to the Act should not be transferable.

Hon. D. D. MARSHALL: If it states that it "shall not be transferable", I do not know what else you need? "Shall not be transferable" is "shall not be transferable".

Hon. A. R. FORDE: You can say it is liable to an offence under the Act.

Senator Mr. C. A. MAYNARD: Mr. Chairman, based on what you have said is required to set up, then a lot of money has to be spent to set up. I presume that people will be investing their money to set up companies. If you cannot transfer a licence, then you cannot sell the company because it has no value. Therefore, if I invest \$10 million and then I cannot sell my company to Senator Greenidge who wants to buy it, then what is the value of it?

Hon. D. D. MARSHALL: There is a vast difference between selling your company and selling the property of the company. The licence would be the property of the company. When you sell the company to Senator Greenidge, then he now owns a company that has the licence. There is a difference between selling the licence and selling the business. You cannot sell your medical licence because it is personal to you. All we are saying is that the licence is personal to the applicant. However, if the applicant is a company, you are the shareholder of the company so you can sell your shares. There is no difficulty there. There is no prohibition against that. Now, the question is that at the end of three years will we renew it? Only if you meet the standard. There is a window of opportunity for you to get away with foolishness, but it is not a forever thing.

Mr. CHAIRMAN: Any further issues? Eligibility to apply? Clause 32(1) (a) - (f)? Clause 32 (2)? Clause 32

(3)? This is where we were suggesting that we should make the amendment. Mrs. St. John, have you captured what we were going to do here?

Mrs. J. ST. JOHN: I believe the thinking was that this was wide and we should see if we could state specific offences. This is what was said the last time.

Mr. CHAIRMAN: We do not want to appear as though we are punishing twice.

Mrs. J. ST. JOHN: Yes, that is the point "Ras Simba" was making. However, the Drug Abuse (Prevention and Control) Act Cap.131 is specific to certain types of offences, so I am not sure if the intent is for me to go through that specific Act and choose. The Proceeds and Instrumentalities of Crimes Act, 2019 speaks to itself also. Is the question the Act? or the individual offences within the Act? All the offences in the Act are drug related and the Proceeds and Instrumentalities of Crimes Act 2019 speaks for itself where you have built-in livelihood; a very lucrative livelihood from criminal activity.

Hon. D. D. MARSHALL: I think that is the area we were discussing earlier when we were looking at the

"caregiver". I think there is some sympathy towards softening this provision a bit. I do not think there is any point fighting. The question is, what specific offences could we use as the benchmark? I suggested fraud. What we have currently stated is, "convicted of an indictable offence under the Drug Abuse (Prevention and Control) Act Cap.131." This applies to anyone who had half a pound of weed. On the other hand, a male or female who is walking about shooting at people, would not fall under Drug Abuse, Proceeds of Crime, or any similar enactment, but you would give him a licence. I would suggest firearm offences.

His Honour Senator R. N. GREENIDGE: Money Laundering and trafficking.

Mr. CHAIRMAN: Those types of offences.

Hon. D. D. MARSHALL: I think that offences involving serious dishonesty should be exclusionary. People who are guilty of fraud, or any of those financial crimes, I think money laundering.....

Asides.

Hon. D. D. MARSHALL: Mr. Chairman I would suggest we move on.

Senator C. A. FRANKLYN: Section 32 (4). How are we going to guarantee this 30 per cent ownership by a citizen, permanent resident or immigrant? Because I remember initially, I pointed out to you that a person can be an immigrant of Barbados if he is in an investor under Section 6 of the Immigration Act Cap.190, so I can come to Barbados and I can declare that I want to set up a business or invest some money into Barbados rather, and I have the amount of money and as long as I can show that I can maintain myself and I am not going to be a charge on the Government. Even if a person wants to retire in Barbados, and get his pension, and he does not even have to be too rich, he just has to make sure he has an income to make sure that he would not be a charge on the Government and he can be an immigrant of Barbados. This 30 per cent is neither here nor there. If you want to deal with something like that you have to make it more stringent, you have to be able stop people from doing that. You cannot tell someone that they cannot apply for immigrant status, and in which case if he has immigrant status he does not have to give anyone part of his business. Also, a co-operative is not owned by anybody.

Mr. CHAIRMAN: A co-operative society is owned by a citizen.

Senator C. A. FRANKLYN: By the members.

Mr. CHAIRMAN: By members who are citizens. The reality of this is that in the Regulations, it will be clearly outlined how the application process will work. The application process will determine the composition of ownership. I am not so sure what the issue with Immigration is, because the BAR Association clarified that as well and they made the point that you cannot under our immigration laws, because you have

good standing *et cetera* have access to citizenship or residence simply by that. What is the issue on the recommendation you were making, so that we can clarify?

Senator C. A. FRANKLYN: My difficulty is that if person is a company, partnership or co-operative and they want to set up a business and they are foreign nationals, 30 per cent of that business must be local. I am saying to you if a person comes from overseas and sets up a business and intends to retire in Barbados for his retirement or he would be able to set up a business and he is going to be an investor, he can apply to the Immigration department to become an immigrant. Under Section 6 of the Immigration Act Cap.190 he then becomes an immigrant. I do not know if it is just there for that purpose or what, but under Section 6, if you have immigrant status then you do not have to give your 30 per cent to anybody else.

Mr. CHAIRMAN: Are you suggesting that we remove person with immigrant status.

Senator C. A. FRANKLYN: Now if you do that we have people in Barbados who are living normally, but I am trying to find a way as to how you will fix that mischief, because I can apply immigrant status and get it if I am an investor. If someone come in and says he wants to invest and then he does not have to give 30 per cent of his to anybody.

Mr. CHAIRMAN: How is immigrant status accessed? Let the Minister of Home Affairs respond.

Hon. E. G. HINKSON: Senator Franklyn, I think we raised this point earlier. Your argument is that under the Section that speaks towards investment in agriculture or business, a Minister of Immigration could use their discretion to grant immigrant status. Is that what you are concerned about?

(NO AUDIO)

Hon. E. G. HINKSON: Why then is that or in your opinion should that be different from any other business or investment?

(NO AUDIO)

Hon. E. G. HINKSON: Under the present law someone has that right as you said to so apply and it obviously up to the Ministry of Immigration's discretion if they invest in any business in Barbados. I know agriculture, manufacturing *et cetera*, and why now should investment in medicinal cannabis be different, in your opinion?

Senator C. A. FRANKLYN: This Bill is saying so, not me. We are saying that if you are a non-national, 30 per cent of that business should be reserved for Barbadians, but in order to defeat that, you can apply to become an immigrant. You would have come here with the stated intention to get involved with marijuana, but because you can allow a person to become and immigrant of Barbados if he intends to retire and show you that he has enough resources to maintain himself here, then he can become and immigrant. Then, why become an immigrant of Barbados through that route and say I am going to

invest in the marijuana business.

Hon. E. G. HINKSON: Do you have an objection to a CARICOM citizen applying and being granted?

Senator C. A. FRANKLYN: No. You must remember that I am a CARICOM man. If I may, Mr. Chairman: What I am saying to you is that I am a CARICOM man. I have no difficulty but I am talking about somebody coming from wherever else, outside of the region. You are saying that that person should not be involved in this marijuana or cannabis business unless 30 per cent of that business is in the hands of citizens, permanent residents or immigrants or citizens of a CARICOM member state. I have no difficulty with that but I am saying to you that a person can get around this by becoming an immigrant.

Hon. E. G. HINKSON: Ultimately, isn't there not an Authority which processes and grants the licence. The Authority could refuse. You are making an assumption that everyone who applies for a licence will automatically get one.

Senator C. A. FRANKLYN: I am not making an assumption. I am just looking at a loophole that I am seeing and I am showing it to you.

Hon. A. R. FORDE: If I may, Mr. Chairman. I just want to be pragmatic here and I do not want us to shoot ourselves in the foot. The reality is that in the manufacturing of any pharmaceutical, whether it is cannabis or something like dihydrocodeine, for instance, this an expensive venture, and when we say that 30 per cent must be owned locally, how many people in Barbados do we really feel have that sort of money to invest first of all? You are talking about million-dollar companies this year. In order to really get a pharmaceutical on the market, and to even manufacture some of those combination cannabis products that we see in our Drug Service now comes to hundreds of millions of dollars. We are talking manufacturing companies that will run us into millions of dollars. When you are saying that 30 per cent must be owned locally, I am not sure that we are not cutting off our noses to spoil our features. How many persons in Barbados would have that sort of money to invest? Are we not limiting ourselves somewhere? I know we are trying to get our local farmers involved, but how many local persons could invest if we are talking about setting up companies and businesses and so on? I do not know.

Mr. CHAIRMAN: My thing is that if the person has achieved immigrant status, why do we want to restrict them?

Hon. A. R. FORDE: My point was really in regard to the 30 per cent. We are saying unless 30 per cent is owned locally. I am saying that based on the amount of money we need to set up companies when you talk about drugs and different things, how are we going to do it?

Mr. CHAIRMAN: I agree with your point. To address the point that Senator Franklyn raised, if a person is able to get immigrant status, why would we want to

restrict them from owning a business in the medicinal cannabis industry?

Hon. D. D. MARSHALL: Mr. Chairman, if I can draw your attention to Section 6 of the Immigration Act Cap.190, which is the Section which specifically deals with the granting of immigrant status, there are four categories of people who can get immigrant status in Barbados. The first one is:

"A person who, by reason of his educational/occupational qualifications, history, employment records and skills, is either in employment on a full-time basis in the Public Service or has established himself successfully in Barbados in a profession, trade, business or agricultural enterprise, or is likely to establish himself successfully in Barbados in a profession, trade, business or agricultural enterprise."

That is one category. Another category is a child under the age of 18, so let us leave him out; a person who is not a citizen but is a parent or grandparent of citizens, so let us leave them out too. I say those because there is an umbilical connection between them those two that are different to an economic one. The fourth and last one is:

"A person who desires to reside in Barbados in retirement and has sufficient means of support to maintain himself and his dependents."

Hon. D. D. MARSHALL Mr. Chairman, I would like to suggest that we really cannot blow hot and cold. A person who applies for immigrant status in Barbados and fits any of these criteria is a person who, once he or she is here, you really could not have any good reason for excluding them from being involved in commercial activity. I really could not see it. A person who is willing to apply to be an immigrant and who is either already in Barbados successfully involved in all these things, or who is likely to be, is the very kind of person I would want to have as an immigrant in Barbados. If you accept the person as an immigrant, I can see no good reason for excluding them. If a person is interested in avoiding having a 30 per cent Bajan component and wants to go through this particular artifice, I must tell you I have worked for many of these kinds of people and I do not think they will do that. There are tax residency issues. Anybody who is worth millions upon millions of dollars is unlikely to become a tax resident in Barbados just to avoid the requirements of a 30 per cent interest. Investors work out their business a little differently to that, and anybody who wants to do this to avoid 30 per cent probably would not have the kind of money that we want to attract. We can flog this but I think a person who has that connection to Barbados – an immigrant, and I know many of them, some of whom live in your constituency and some in mine – are as Barbadian as can be and in some instances they are more patriotic than others whose navel strings are buried here.

Hon. T. A. PRESCOD: Attorney General, I just want to make this point. My conscience is different to the reality. The British in the 1650s under the Navigation Act,

because of their strength as a metropolitan country, said to us, "No goods from British colonies must be transported in ships other than British ships." This was because they were protecting an economic interest. The truth is that these small states are real fragile and if we were not, my view would be very strong in the opposite direction because my interest is in economic enfranchisement.

However, these are pauperised states that got raped over the years, and you are now trying to attract investors. All I am saying is that I know sometimes you cannot put certain things in Legislation. I am not suggesting any Amendment to anything. You cannot put some things in Legislation but in this case, that is where my conscience is different, I hope that Administrations understand that while we are trying to build an industry and because we have no money, we have to beg. It is just like sometimes a family has no money and they have to do a lot of demeaning things in order to survive. What is happening in Barbados now is that we have to reach out to people to come in and invest money into the industry. We have to be honest with one another. The danger in these debates is when people try to talk and couch language in such a way that they are trying to avoid truth, because they want to sound as if they are straightforward.

I cannot preach economic enfranchisement and open up an opportunity where Barbadians must have 30 per cent interest in a company when I know that other mechanisms can be used to attract a man because he has money. That is what the debate here is all about. We are only attracting 70 per cent of the investment from outside of Barbados because the man has money and we want to start the industry. My fear is that if administrators do not have any philosophical groundings, you would end up just like the plantation era in the area of sugar, where all that we would get out of it would be wages and salaries. I just hope that some of philosophical underpinnings guide the process as we go forward. I know you cannot make the Amendment in here but you have to be conscious of that and we have to speak the truth.

Hon. A. R. FORDE: My concern, Mr. Chairman, is that in the event, as I alluded earlier, that an investor who has a "wash pan" of money and he is willing to invest in Barbados but consequently there is nobody who has the 30 per cent investment to match it and I am not talking about No. 5 where he should be a researcher. I am not talking about a development researcher in a laboratory. I am talking about investing in a company and he has no interest in immigration status. What do we do with that person? Do we say to go back until we find somebody local that can match it with \$10 million because sometimes we are talking about a \$500 million industry here? Are we going to look for somebody in Barbados with \$300 million? How do we operate so we can capture direct foreign investment which is so ...

Mr. CHAIRMAN: It says 30 per cent shareholding is for Barbadians, it did not say a Barbadian.

Hon. A. R. FORDE: No, no, no. What I am

saying to you is if a person from overseas, it does not have to be a Barbadian, it could be an Israelite, that has the money that wants to come to Barbados and we do not have a person in Barbados, who is a Barbadian, who is interested to put up that 30 per cent ...

Mr. CHAIRMAN: But why would you not ...

Hon. A. R. FORDE: No, because the money he may be investing could be something like a \$300 million. We do not know and we may not get the 30 per cent from the company that he is in. It may be somebody big who wants to come to Barbados. What do we tell them?

Mr. CHAIRMAN: Thirty per cent is going to be dependent on the value of a share so the value of a share is not necessarily the \$300 million that he is investing, you have to establish the value of the share.

Asides.

Hon. A. R. FORDE: We are going on the premise that we are going to have this local industry ...

Mr. CHAIRMAN: Minister Forde, the 30 per cent is going to be determined by the value of the share of the company.

Hon. A. R. FORDE: I understand you but the value of the share of a company could be very high that they can also attract locally, but you have to look at both extremes.

Mr. CHAIRMAN: It can also be very low. What I am saying to you, just to address your point, you are making the assumption that if he is investing \$300 million that the value of the shares may be out of the reach of Barbadians. You cannot make that assumption.

Hon. A. R. FORDE: Yes, but there is a possibility that could be possible too. What will happen to those persons that ...?

Mr. CHAIRMAN: Companies which are set up which trade huge sums of money, Sagicor, for example. Have you checked the value of Sagicor's shares recently?

Hon. A. R. FORDE: I am not a shareholder.

Mr. CHAIRMAN: Oh, okay. The value of the shares will determine the level of investment by Barbadians, so if we pitch it against the level of the investment where we are going in the wrong direction.

Senator C. A. FRANKLYN: Sir, the part that I think Minister Forde is not understanding is that your citizenship might work for 30 per cent and that is a fear that I have.

Hon. A. R. FORDE: I do not know anything about that.

Senator C. A. FRANKLYN: No, no, no. I am quite serious. You know.

Asides.

Hon. A. R. FORDE: I did not know you can buy

...

Senator C. A. FRANKLYN: No, no, no. I am saying that my investment in your company is my

citizenship, so I will get the 30 per cent that will give you the permission to come into Barbados and that is what my citizenship is worth. That is another possibility.

Mr. CHAIRMAN: Are there any other issues with this Section because the reality of it, I find the Section to be proper. We can move forward and go to Section 5. Section 5, Section 6. Conditions of licences, Section 33. Duration of a Licence, Section 34(1), (2) and (3). Prohibition against supply...

Hon. D. D. MARSHALL: Before you go on, Mr. Chairman, quite a few individuals have reached out to me in relation to 34(1) and (2), which says that the licences are "not renewable". Now, these are "hardnosed" business men who have said to me that they do not think they could raise funding with such a short licence. It is speculative enough, you already have a whole set of issues. A bank probably will not lend you the money but they did not think they can go to investors and say, this is the Act. We can get a 3A licence but the same Act says that the licence is not renewable. I think that is a legitimate concern. I know the thinking behind the drafting because what we did not want was to have licensees feeling that their licence was something that they had forever and we wanted to make sure that we had the ability to say "no", if you have to. Take the same ZR permits for example, our Act says that the permit should be renewed every year but that is treated as a public law right so that even if you want to revoke the permit, the rigours that you have to go through in order to revoke a ZR permit are horrendous. What we want, therefore, is to have a regime where people understand that there is no rollover of a permit. You have to apply again and all things being equal you will get it, but you cannot feel that there is an automatic rollover as of right. That was the thinking. I am persuaded really that investors with a three-year contract or anything that says the impression at the end of three years, if you did not make any money, that it your business, leave the place. If you made money, still leave the place. Therefore, I would like to ask Mrs. St. John if we can find language which makes it clear that there is no automatic renewal, that you have to apply, but we must not convey the impression that at the end of three years there is a 'drop-dead' date by which you have to pack up your "georgie bundle" and go.

Mr. CHAIRMAN: So after three years... "are renewable by an application process"?

Hon. D. D. MARSHALL: I am not sure. I would like to leave the drafting of that to Mrs. St. John but I just wanted to say that I am satisfied that this formulation would scare off a lot of people that I had word with in the past because a three-year business cycle is not enough to ...

Asides.

Mr. CLERK: Honourable Marshall, under Section 34(3) you can reapply.

Hon. D. D. MARSHALL: No, no, no. There is no difficulty there, but remember that when a person is looking at a business decision they are not going to get into the level of minutiae that you and I would get into. They would simply see Section 34(1) valid for three years and is not renewable. Section 3(2) valid for three years and are not renewable, so to say now that you can reapply for a licence, I am not too sure that this is a place that I want to do business.

Mr. CHAIRMAN: I agree with the Attorney General fully and can look at changing the language. "Not renewable" can run people.

Hon. D. D. MARSHALL: But we do want to preserve always the power to ... I mean this is still medicinal cannabis and the kinds of requirements that licensees have to meet, there are some people who would want to play fast and loose and we do want to be able to say "no", there are special security arrangements that you have ignored; like half of your drugs did not reach the warehouse. You have to be able to say "no" to a fellow like that.

Hon. E. G. HINKSON: Mr. Chairman, I am wondering if we should not remove "and is not renewable". It shall be valid for three (3) years and that you can reapply for the issuance of a new licence within three months of the expiration of that the three (3) year period.

Hon. D. D. MARSHALL: That may work but I would like to leave the drafting for Mrs. St. John to do.

Hon. A. R. FORDE: I want to get it clear, are you saying that the licence is "not renewable"?

His Honour Senator R. N. GREENIDGE: Automatically.

Hon. A. R. FORDE: But if they apply, they cannot renew it like how you would renew your driver's licence?

Hon. D. D. MARSHALL: Under (3) you are applying for a new licence. That is what 34(3) says: "*A person who holds a licence under subsection (1) or (2) may, not later than 3 months before the expiration of the licence, re-apply for the issue of a new licence.*"

Hon. A. R. FORDE: But why is that?

Hon. D. D. MARSHALL: So it is not attractive, it will run away more serious people.

Asides.

Mr. CHAIRMAN: Senator Maynard.

Senator Mr. C. A. MAYNARD: Mr. Chairman, the issue about the monies [that are] required for investment. Is three years a reasonable time? If I were to invest millions of dollars and that [within] that three-year cycle there were some facility, I had to be vetted, given how slowly things normally happen, grow my crops, do all the other things, make sure that it does not get killed by who or whatever bugs we get, is three years really a reasonable time? Does anybody know how long a

telecommunication licence is?

Hon. D. D. MARSHALL: I do not know but I think they were granted for 25 years or something like that. I do not remember but it was a very long time. [Let us] remember that Cable and Wireless, you could not strand their investment and the new players were up against a monopoly so they were very, very long. I suspect 20, 25 years.

Mr. CHAIRMAN: I mean, we can check other jurisdictions but if my memory serves me correctly, St. Vincent and the Grenadines is three years.

Mrs. J. ST. JOHN: Yes, but I think that is being made is turnover in profit. I think his point is an excellent point. It is not so much renewable, it is the period of time because even if it ends in three years and you cancel it, you still gain nothing, so what we can legitimately consider to mean, increasing the period of time to 10 years.

Mr. CHAIRMAN: Well, the licences are also tied to the fees, so there is nothing to say [that] your licence would not be renewed after three years but equally, if you give a man 10 years of a licence and something happens you might still have to revoke the licence, so why can he not reapply after three years?

Mrs. J. ST. JOHN: Equally, if something happens and it is renewable, you would have a very difficult time revoking that licence, so I supposed it is a balancing act.

Mr. CHAIRMAN: The matter is up for discussion.

Senator Mr. C. A. MAYNARD: Mr. Chairman, if I [were to] call a meeting of some 'poor' Barbadians to invest in a company to get involved in medical marijuana and I said to them that the cycle for this is three years, everybody would get up and walk out.

Asides.

Senator Mr. C. A. MAYNARD: All of us in Barbados just had a haircut, a shave, and tell someone in Barbados now having had a shave, that the investment cycle is three years, they will say "no".

Hon. D. D. MARSHALL: Even if he did not have a shave, you cannot be in the green in three years, not unless you are selling drugs.

Senator Mr. C. A. MAYNARD: Mr. Chairman, I did not say it, the Honourable Attorney-General said it.

Asides.

Senator Dr. C. A. MAYNARD: Exactly. If you are staying within the rules, it is almost impossible to get truly into the green in three years. And that is assuming that you have 100 per cent; that everything goes in your favour. All you need is a little fungus.

Mr. CHAIRMAN: So what is the recommendation?

Senator Mr. C. A. MAYNARD: Five years.

Hon. D. D. MARSHALL: I would not balk at five years. I mean, we still want to be attractive, but unless we remove the provision which says that it shall "not be renewable", they will have the opportunity to reapply. The Regulations would be such that on re-application....

Senator C. A. FRANKLYN: What about if we say, "the licence is valid for five years (full stop)".

Hon. D. D. MARSHALL: No, you still have to let me know that at the end of five years my project and I are not dead.

Hon. T. A. PRESCOD: Mr. Chairman, in this context a licence is almost equivalent to a contract. Am I right, Honourable Attorney General?

Hon. D. D. MARSHALL: It has certain characteristics.

Hon. T. A. PRESCOD: And what is important about a contract is if you breach the condition or the terms of the contract you can revoke it. In order to have an advantage over other territories, St. Vincent, St. Kitts/Nevis and these countries you give the people an extended period; two or three years for me to invest in an industry like this to me is no great advantage. You do not even know what the other territories are offering, and I can tell you that because of filibustering up here, I know of other people who tell people, "Look, don't waste your time in Barbados, carry your investments..."

Asides.

Hon. T. A. PRESCOD: I know that.

Asides.

Hon. D. D. MARSHALL: You held us up last Friday.

Asides.

Hon. T. A. PRESCOD: Even at that point you all were filibustering because look at the period of time it has taken you today alone and you cannot get through the document [as] yet, and last week you were trying to squeeze in everything in two seconds.

Mr. CHAIRMAN (Ag): Let us move on, we will change three years to five years. We will remove about how it is "not renewable".

Hon. T. A. PRESCOD: Mr. Chairman (Ag), like anybody else, do not put me on any limitation that is where I get angry. Other people spoke openly. I suggested that three or five years is a rather short period and I attempted to give clarity. This 'thing' about every time certain people talking, people truncating the suggestions because they are suggesting to you that you feel the body is talking foolishness. I am not giving in to that, trust me, do not do it with me, if you do not want the whole thing to be in disorder. Do not do it. I made a point. It is five years.

I told the Chairman last week that I am not dealing with any unilateral decision that is why we are here, we are expressing our views, I [have] listened to everybody's views. I hardly talked this morning.

Asides.

Mr. CHAIRMAN: Can we take a position on the timeframe for the licence?

Hon. A. R. FORDE: Can I ask a question Chair? Do I get it from you - from your previous comment that the licence fee that is attracted to this will bring in a certain large sums and that is the thinking for putting it to three years?

Mr. CHAIRMAN: Yes, but we can always make the adjustments in terms of five years, ten years, whatever. Alright. The question would be how burdensome it would be, but let us put this quickly to the vote because I want to move on. So those who are in favour of five years let me hear you. Those who are for more than five years let me hear you.

That's one person for more than five years. How many others?

Hon. E. G. HINKSON: Mr. Chair I would just want to know from Minister Prescod how many years is he thinking and if more than five.

Missing Audio)

Hon. T. A. PRESCOD:..... that we are trying to attract and industry that more than one country in the Caribbean is also trying to attract. That Antigua is making an offer to you, St. Kitts is making an offer to you, and Jamaica is making an offer to you that they will give you a licence for a 10-year period. You think that all this work that we are doing and we tell people that we are giving three years or five years the other people say ten you think somebody coming with us? We will be a population that hardly got....

Mr. CHAIRMAN: Okay, can we agree on the period of the licence. Those for five years.

Hon. A. R. FORDE: Mr. Chairman, as was suggested by Doctor Haynes we do not have a tier system, who got three years, who got five do something like that. The Recommendations that we look at five years or greater. Those in favour of five years say "aye" and those who are not say "no". Sorry, sorry let us see how many are in favour of five years and those are in favour of more than five years.

Asides.

Mr. CHAIRMAN: We have already agreed that three years is too short, so those who are in agreement for five years can we get the numbers? Those who are greater than five years.

(No Audio)

Hon. A. R. FORDE: Sir, excuse me please, I did not hear an agreement for three years. If it was an

agreement for three years, I am too far down at this end, more western, I should come more eastern like the wise men. I did not hear three years, so if an agreement was made for three years can I please understand that, agree or for five years or whatever because I did not hear three years.

Hon. D. D. MARSHALL: Listen, the majority of the people just voted for five years. The story has ended.

Mr. CHAIRMAN: The majority voted for five years Minister Forde.

Hon. A. R. FORDE: I did not know.

Mr. CHAIRMAN: Well we just did it, we just repeated it.

Asides.

Mr. CHAIRMAN: So the agreement is for five years.

Asides.

Mr. CHAIRMAN: Can we go to prohibition against supply, 35 (1). Two. Suspension and revocation 36 (a) through (c). Protection from criminal liability 37. Part five, establishment of appeals tribunal 38 (1), (2) and (3). Appeals to the Tribunal 39 (1), (2), (3), (4), (5). 6 (A) through (C). 7 (A) through (C). Any issues? Part six, offences. 41 (a) through (d). Two, three, four. General penalty 41. Part 7, regulations.

Mr. CHAIRMAN: Mrs. St. John, Regulations were a big part of the discussion when the presentations were done. In going forward with the Regulations between yourself and the Ministry can you confirm with us if they are going to be ready for the Bill or if they are going to follow?

Mrs. J. ST. JOHN: The Regulations will follow the Bill.

Mr. CHAIRMAN: Any issues with the Regulations following?

Senator C. A. FRANKLYN: My issue is the Regulations should be ready so that we would know because when this is passed the Regulations are subject to negative resolution, so most people will not know what is going on. So if you are going to do it that way, I would like to see the Regulations because when some person gets up and say "oh", he is commanded to lay whatever regulation and you lay it and nobody did not check forty days it is law and nobody did not ever go through those Regulations. I do not like it.

If the Regulations were subject to affirmative resolution I would have no difficulty but I am not supporting anything with negative resolution. It must say so in here in order to get my buy if not that I would not buy into the Bill at all but I am, saying if you are going to get my buying it has to be subject to affirmative resolution.

Mrs. J. ST. JOHN: It cannot be subject to a

negative resolution that is a policy decision.

Asides.

Mrs. J. ST. JOHN: Affirmative, yes sorry.

Mr. CHAIRMAN: Let us get a comment from the Attorney General when he comes back. Regulations being subject to---Clause 42.

Hon. D. D. MARSHALL: I think 90 percent of... Regulations are by negative resolution. Only when there are special reasons which require an affirmative vote would we go the other way around. This is Subsidiary Legislation also known as Delegated Legislation.

Senator C. A. FRANKLYN: Yes, I know the way we do business in Barbados, you lay it in the House. Sometimes if you are not familiar, when the Leader of Government Business rises and states that he or she is commanded to lay these Regulations, you would not be even aware of what is going on. Basically, then you would have passed some Legislation and no one knows what is going on but you.

We are bringing something from the illegal to the legal. I want to have it scrutinised in all aspects before I can say yes. If you are going to bring Regulations to me and then it becomes law quickly without me even checking or knowing what they speak to, I am not going that way at all. As I told you earlier, my position with this medical marijuana is evolving. If you look at my computer now, you can see I am checking all kinds of medical marijuana to see what my position will be eventually. However, if the Government is not willing to subject those same Regulations to scrutiny upfront, then my position will always be no. I am reading and learning about psychosis. I did not even know that some of you were psychotic until I read these things.

Mr. CHAIRMAN: Senator Franklyn, you are on record. All of you agree to the Regulations? All with the exception of Senator Franklyn.

Hon. D. D. MARSHALL: Mr. Chairman, the Leader of the Opposition who appointed Senator Franklyn is a Member of the Lower House. Bishop Atherley will have the Order Paper and so will Senator Franklyn. When the Regulations are ready to be laid, if the Leader of the Opposition does not agree then he is free to move that the House have a vote on them. Am I not correct Clerk of Parliament?

Senator C. A. FRANKLYN: His one vote will out-vote you? Do not be ridiculous.

Hon. D. D. MARSHALL: So what will happen if you have affirmative regulation?

Senator C. A. FRANKLYN: At least then, you will have some debate on them.

Hon. D. D. MARSHALL: We would debate that too.

Senator C. A. FRANKLYN: No, you will not debate it because it will not get a seconder.

Hon. D. D. MARSHALL: I promise to second

it.

Senator C. A. FRANKLYN: The last time the Barbados Labour Party (BLP) seconded anything from the Opposition, it was the Public Accounts Committee Resolution that David Thompson brought and they messed it up. It is still messed up presently.

Hon. D. D. MARSHALL: Well, I promise not to second it.

Mr. CHAIRMAN: The Regulations will follow. There is one objection from Senator Franklyn.

Mr. CLERK: Mr. Chairman, in relation to the negative Resolution, all Members of both Houses have 40 days that they could object to anything in the Regulations and bring a Resolution to that effect.

Mr. CHAIRMAN: Amendment of Schedule. Clause 43 (1).

Senator Mr. C. A. MAYNARD: As a result of not being a lawyer, I had a personal experience of a Bill being passed as an Act and not having the Regulations at the time. I can refer to one Act that 20 years after it was passed, people are still making the Regulations as they go along. This is the Firearms Act Cap.179. At present, persons in authority make the Regulations daily and amend them as they like. This is all I will say.

Mr. CLERK: Mr. Chairman, I want to add to what Senator Maynard has said. There are some Parliaments that actually have Committees that deal with Subsidiary Legislation. All Regulations go before that Committee and are scrutinised before they are actually laid in Parliament. Maybe this is a direction that we should go in at some point. The point that Senator Franklyn is making, if you remember the Immigration Regulations were actually laid in Parliament for an entire year almost before it was realised that it had an issue with "fingerprints". They followed all the procedure. They were laid, the 40 days passed and they became the law, but Immigration did not enforce them at the time.

Mr. CHAIRMAN: Can we agree to go to Amendment of Schedule, Clause 43 (1) and (2)? Amendment of enactments in the Third Schedule, Clause 44. Commencement, Clause 45. First Schedule, the Appointment of Members. Composition of the Board.

Dr. S. E. BROWNE: With respect to composition of the Board, I am looking at it and I do not see anything that involves the Commissioner of Police or the National Council on Substance Abuse (NCSA). I am seeing medicine. Is that referring to the Ministry of Health? The Medical Council?

Mr. CHAIRMAN: It could be a doctor or someone who represents the Barbados Association of Medical Practitioners (BAMP).

Dr. S. E. BROWNE: With respect to the police, you have things here that state, "*prescribed in a manner in which inspection, searches, detentions and seizures*", yet I do not see anyone representing the police.

Hon. D. D. MARSHALL: If I can interrupt, and

I am the person with responsibility for the police, frankly I do not see a need for the police to be involved in this Medicinal Cannabis Bill. If the police are to give any input, the input can be sought and they will give it. However, I cannot see any reason why we should look to appoint a representative of the Police Force to the Board of this Bill. In fact, I do not think that the skillset necessary are resident within the Police Force to do this. This is a Board about enabling a commercial environment and I would not agree that any member of the Police Force could serve on it.

Dr. S. E. BROWNE: What about the NCSA? Is there no use for them either?

Hon. E. G. HINKSON: As Minister with that responsibility, I do not think so either. They would be involved in education and those kinds of issues of drugs that will continue to be illegal. This is a case of providing a platform for commercial and agricultural development. I would not propose that.

Dr. S. E. BROWNE: You keep referring to other jurisdictions, hence, I am referring to other jurisdictions as well. I examined St. Vincent which was one of the more recent implementers of cannabis, whether it be medical or the agricultural part of it. They included that which I thought would have been helpful.

Mr. CHAIRMAN: What did they include?

Dr. S. E. BROWNE: Commissioner of Police or nominee, even a customs official is on it, not to say that we have to have it. We are talking about to prescribe zoning as there is noted areas to be used in agriculture. They also have a representative equivalent to our Town and Planning. It just looks sparse to me in a way.

Asides.

Hon. E. G. HINKSON: How many members does St. Vincent have?

Dr. S. E. BROWNE: I cannot remember, I have to look it up.

Hon. E. G. HINKSON: About 11 members or so?

Dr. S. E. BROWNE: I cannot remember, but they included the Commissioner of Police, Comptroller of Customs, someone from their Town and Country Planning, I forgot what they call it...

Asides.

Dr. S. E. BROWNE: That would be about 10 or 11 members' maybe, and definitely the Ministry of Health, but that might be under your medicine or pharmacology. Under St. Vincent Medicinal Cannabis Industry Act, it states that The Board shall be appointed by the Cabinet and shall consist of –

(a) the following *ex officio* members –

- i. the Attorney General or his nominee;
- ii. the Commissioner of Police or his nominee

- iii. *the Comptroller of Customs or his nominee;*
- iv. *the Chief Surveyor or his nominee;*
- v. *the Chief Agricultural Officer or his nominee;*
- vi. *the Executive Director of Invest SVG;*
- vii. *the Chairman of the Advisory Council on the Misuse of Drugs, established under the Drugs (Prevention of Misuse) Act;*
- viii. *the Chief Medical Officer.*
- ix. *Director of the Bureau of Standards.*

Hon. D. D. MARSHALL: If I can Mr. Chairman. I am happy to know what St. Vincent does, but that Board would not find any appeal on my side at all. It is made up of *ex officio* members, and *ex officio* members is really no guarantee of any particular skillset. The moment you ask for a nominee from, let us say the police for example, they can send a constable, and you are stuck with whatever perspectives, that person brings to the table whatever experience or lack of experience.

Dr. S. E. BROWNE: For instance, we have somebody from sociology. They lend what?

Hon. D. D. MARSHALL: The Minister makes a determination of an individual with that background that has the skillset that he requires, but if we have 5 000 sociologists in Barbados, he gets to choose one. He makes an informed decision of whom he chooses.

Asides.

Hon. D. D. MARSHALL: He makes an informed decision to choose people. I was a Board Member also, but perhaps Senator Franklyn knows about the foul business. I certainly do not. The contrast between the Minister selecting a specific individual and you are being stuck with a nominee of an entity or individuals that you have no control over, then you simply do not know what you are left with. I would not support that kind of Board at all.

Dr. S. E. BROWNE: This is rather confusing. One minute we are referring to other jurisdiction's Legislation and agreeing and on other hand.... Mr. Attorney General I respect everything that you have said here today. For heaven's sake do not make all of these off hand comments. Give me a little chance. This is new to me, I do not.... I have to ask the relevant questions that I need to know, whether it is for goodness sake or not. I just want to know if these people that I would have mentioned would have been of some use to the authority. That is all. I do not want to fight with anybody in here.

Mr. CHAIRMAN: Dr. Browne, your point is noted, but we agree to the composition of this Bill for reasons that you would find that when Boards are really too large a lot does not get done either.

Dr. S. E. BROWNE: The same token when there are really too small you could miss stuff that is relevant.

Mr. CHAIRMAN: We have such and agreed that this is the size of the Board that we are going to work

with. You are free to object as you have, but are we going to agree that the composition of the Board should be seven members?

Hon. T. A. PRESCOD: Mr. Chairman, let me make a point please. I know medical practitioners are speaking and other persons, but it is a discipline called epistemology. It is the way how you view things based on the culture that develops over a period of time. This phenomenon of medical marijuana is new. I am just a little reluctant of the so-called professions that always make people conscious of stigma that is hanging over this and I am one of the people that will support. You are removing police officers or criminologists from having any form of oversight. A criminologist is well replaced here by a sociologist. A sociologist is going to deal with human behaviour. When you put a criminologist there, you still see it have suspicions that there is something criminal about the activity in place. I think that this is about a fresh start, reasoning. I know you want to amend Legislation and everything, but I still believe that an opinion of this is that we disconnect from those old values. If you want to (*inaudible*) although the "Rasta" is going to give you some pressure for a considerable amount of time because I still believe that they should separate medicinal cannabis from respecting Rastafari as a faith and respecting traditional medicine. If you put a "Rastafari" here and he is a true Rastafarian, he is going to make you sweat. Dr. Browne I would not suggest that a police officer or a criminologist be anywhere in this family.

Dr. S. E. BROWNE: I did not mention criminologist. In other words, there are other disciplines that must be helpful for an authority. Do you know what I mean? Whether it be a police, or some representative or whatever. That is all I am saying.

Hon. E. G. HINKSON: Mr. Chairman, if I may. I just want to point out to Dr. Browne that one, I see in paragraph 8 of the First Schedule, and it reads, "*A person who (a) is a member of Parliament; (b) is a public officer; (c) or where he is a member, would have to be removed from office pursuant to paragraph 6, is not eligible to be a member*". Obviously, that was a philosophical position taken by the Cabinet, which would exclude some of those persons that would be named in the Vincentian Act. Also if you look at paragraph 11 in the Schedule, you see the ability to appoint subcommittees of members outside of this Board who could assist with the discharge of the functions. Therefore, I do not see a problem if you can appoint other people, obviously onto a committee for different areas of the functioning of the Board, that that should be no problem. Mr. Chairman, we could look at giving the Minister of Health a nomination on the Board. I noticed that right now when you add these up, it is true it says "or", in the first five "or". Hence they are five named persons. You have a composition of seven now, and then you have three there at 'B'. If you include all of these it is eight, and if the Minister of Health could perhaps have a

nominee as well in this area you could have nine people as opposed to seven. Dr. Browne may be comfortable with that position.

Senator C. A. FRANKLYN: I am so uncomfortable with it, it is not funny. Disqualification of members. It says here that a person who is a Member of Parliament – I do not mind them – but is a public officer. Usually when you see this, it is when the person is here in their own right. Public officers who serve *ex-officio* you do not deal with them. Right now under the General Orders of the Public Service, a person who has a Public Service job should not be on your Boards because that is a political thing, but all who have public officers who helped them vote and then put them on Boards nobody knows anything about. That is illegal but you all do it. Now all of a sudden, why do you not want them here?

Hon. D. D. MARSHALL: I have to remind you that you have been Cynti's (Hon Cynthia Forde) campaign manager for about 900 years.

Senator C.A. FRANKLYN: But I was not a public officer and to my eternal shame I admit....

Asides.

Mr. CHAIRMAN: Can we agree to the appointment of one member by the Minister of Health and to change the composition from seven to nine?

Senator Mr. C. A. MAYNARD: Mr. Chairman, how does that change Item 4 and Item 5 under "The Board" where it says "pharmacology or medicine"?

Senator Dr. C. K. M. HAYNES: I think we should have both.

Senator Mr. C. A. MAYNARD: So the Minister might bring on a fisherman?

Mr. CHAIRMAN: The Minister of Health is to appoint someone. Do you want to give a definition of the profession?

Senator Dr. C. A. MAYNARD: If this listing is well thought out, then you can take out the "or". If you want to give the Minister the option of appointing a designated person, then I think you can remove it.

Asides.

Mr. CHAIRMAN: Can we move along. The question is whether we would include an appointment by the Minister of Health and that the composition of the Board would change from seven to nine.

Hon. D. D. MARSHALL: I would support those changes.

The question that an appointment be made by the Minister of Health and that the composition of the Board be changed from seven to nine was put and resolved in the affirmative without division.

Hon. E. G. HINKSON: However, I would want

to suggest that the quorum would remain the same at five. In fact, when it was seven I was going to say four but since it is nine, it can remain at five. Paragraph 12(5), First Schedule.

Asides.

Hon. E. G. HINKSON: Mr. Chairman, there was one I wanted pointed out in Clause 43(1):

"The Minister may, from time to time, by order published in the Official Gazette amend, revoke or vary the provisions of the Schedule to this Act."

It should be "Schedules" because we have more than one, or are we just looking at the First Schedule?

Hon. D. D. MARSHALL: Schedule 3 actually refers to a different Clause, to Clause 43(1) so there is another that has been made.

Mr. CHAIRMAN: All right. "Appointment of Chairman" 2. "Second Schedule". "Appointment of Members" 1(1), (2), (3), (4)(a) and (b).

Asides.

Mr. CHAIRMAN: Page 38, sorry. "Resignation" 3(1), 3(2), 3(3). "Temporary Leave of Absence" 4. "Temporary Appointment" 5. "Revocation of Appointment" 6(a) through (f). "Vacancies, Paragraph 7(1) (a) through (c). Paragraph 7(2)(1). Disqualification of a member Paragraph 8(a) through (c). Gazetting of appointments, Section 9. Seal and execution of documents 10(1) (a) and (b). Paragraph 10 (2). Committees, Paragraph 11(1) and (2). Meetings, Paragraph 12 (1) through (7). Attendance of non-members at meetings, Paragraph 13.

Mr. CHAIRMAN: Doctor Browne? Paragraph 13 should address or persuade any concerns that might have been raised with regards to the inclusion of other people. Board may regulate proceedings, Paragraph 14. The Second Schedule, Appointment of members Paragraph 1(1), (2), (3), (4) (a) and (b). Resignation, temporary absence or disqualification Paragraph 2. Institution of appeal, paragraph 3(1) and (2). Procedure on appeal, Paragraph 4(1) (a) and (b). Paragraph 4(2), (3), (4) and (5).

Hon. E. G. HINKSON: Mr. Chairman, on Paragraph 4(5), I am just wondering what the thinking is because you have appointed three persons to be members of the appeals tribunal and one is an attorney-at-law with at least 10-years standing but you are saying then that where the question to be determine is one of law, account shall not be taken of the opinion of a member who is not an attorney-at-law.

Asides.

Hon. E. G. HINKSON: Page 43, Paragraph 4(5). I have never seen that kind of provision before in like the

Immigration Review Committee, for instance, and I am just wondering if that is really practical and fair. Why they have confidence to appoint three people to an Appeals Tribunal but fear their opinion should not be taken with a question in law. Maybe you can address that point.

Mrs. J. ST. JOHN: I can check to see which other areas it would be used but to me, I do not have a problem with it because the other people would not be able to give you a definitive response on an area of law. I think that is why it is getting at, to me.

Asides.

Mr. CHAIRMAN: Do we agree to remove Paragraph 5? Powers of Tribunal Section 5(1)(a)(i)(ii), (A) "for the purpose..." (B), (C) and (D).

Hon. E. G. HINKSON: Mr. Chairman, in fact, I was going to raise that point too because again in quite a few Acts, re the Employment Rights Act 2012, for instance, you can appeal from the tribunals decision, of course, as you know, to the Court, I think on a matter of law. I was just wondering here because you cannot oust somebody's right to appeal to the Court therefore it is something I think we should put in.

Mrs J. ST. JOHN: Because you cannot oust somebody's rights to the Court it does not have to be expressly stated because the law provides in other areas for you to access the Court but in instances where you should see it, it should be, if you see it for High Court, to me that is moot. Usually, in some instances the person can appeal directly to the Court of Appeal so where you are skipping, should I say a tier or a level, or however we consider it, then it would be necessary to say the person may appeal to the Court of Appeal but if what you are giving the person is the standard course of the law, there is no need to expressly state it.

Senator C. A. FRANKLYN: I do not agree.

Mrs. J. ST. JOHN: You do not have to.

Senator C. A. FRANKLYN: Because when the Court of Appeal was established, we used to have in the Legislation, for instance, the Severance Payments Legislation, you use to have to appeal to a judge in Chambers but when the Court of Appeal was established, I cannot remember what year it was, the amendment that provided for the Court of Appeal to the Constitution said that all those things that said Judge in Chambers or the High Court would now be the Court of Appeal. Now, you just do not put the High Court anymore because you always have to appeal to the Court of Appeal so I have not been seeing it except in once instance where somebody still put, I thought it was a mistake, when you go to a Judge in Chambers. We do not use Judge in Chambers for those purposes anymore since we have the Court of Appeal. And then if you do not say that you have an appeal to the Caribbean Court of Justice or whatever else,

the Court of Appeal is your last Court.

Asides

Senator C. A. FRANKLYN: No, no, no. If you have these special tribunals and you do not provide in the Legislation other to say that you can appeal beyond the Court of Appeal that is the end of it.

Asides

Senator C. A. FRANKLYN: No, that is what the CCJ said in the case with Patrick Hill and Sagicor because they appealed to the Court but if the Legislation does not say that you have to appeal from those tribunals onward, you do not have it...only to the Court of Appeal – Patrick Hill vs. Sagicor.

Hon. E. G. HINKSON: Mr. Chairman, I would wish to propose that we have an appeal process here because you do not want lack of certainty as to whether the appeal should go to a single judge in Chambers or to the Court of Appeal, as is the case with the Employment Rights Tribunal because when you appeal with the Employment Rights Tribunal it does not go to a judge in Chambers, as in the Severance Payment Act Cap.355A it goes to the Appeal Court.

Asides.

Hon. E. G. HINKSON: It does not go to judge in Chambers anymore, straight to the Court of Appeal?

Asides.

Hon. E. G. HINKSON: But you do not want lack of certainty there, so I think we should stipulate as to whom you will appeal.

Mr. CHAIRMAN: In what paragraph?

Hon. E. G. HINKSON: No, it would not be a particular paragraph, it would be placed in there... It comes at three then? Mrs. St. John will fit that in where best.

Mrs. J. St. JOHN: Are you saying appeal to the Court of Appeal? It cannot be to the High Court.

Hon. E. G. HINKSON: Yes, I would want to propose to the Court of Appeal.

Senator C. A. FRANKLYN: This is what the court said: "It is trite law that especially created statutory tribunals are outside the normal court structure, rights of appeal from such tribunals do not exist unless they are expressly conferred by a statute that determines the scope and nature of any appeal. In the interest of providing a simple, speedy and cheap procedure it is common to find rights of appeal restricted, especially where the members of the tribunal will have plenty of specialist experience in matters coming before them."

This is what the CCJ said in **Patrick Hill vs. Sagicor life Inc[2018] 22(AJ)**.

Mrs. J. ST. JOHN: Well, that does not sound

foreign to me because a tribunal is supposed to be a specialist composition, so initially you would, for example, Employment Rights Tribunal, that is a specialist composition because of the nature of the area.

Asides.

Senator C. A. FRANKLYN: You have a person who is an attorney-at-law, then you have a person nominated by Labour, and one nominated by the employer.

Asides.

At this point in time there were some issues regarding the sound system.

Senator C. A. FRANKLYN: They are trying to tell us that we should leave.

Mrs. J. ST. JOHN: Again, I think the Employment Rights Tribunal will be tribunal/tribunal. If you look at your composition here, usually you appeal to the Court of Appeal on a matter of law, you have bankers, sociologists and you want to appeal directly to the Court of Appeal? But I guess I would defer to the Committee.

Mr. CHAIRMAN: So do we go as it is or are we proposing a change?

Senator C. A. FRANKLYN: If you do not say that they can only appeal on points of law, [then] they are going to appeal on everything. But now that we have a lot of judges you never know what will happen, but if you left appeals opened to anything they are going to go to court and are going to appeal on every conceivable thing, you will never get a decision.

Hon. A. R. FORDE: But what is the constitutional right? The constitutional right has certain fundamentals that respect individuals. I do not know if you will infringe on any constitutional right of anybody if you do not allow them to have that liberty to... unless, I do not know.

Mr. CHAIRMAN: I would want to take guidance from the legal people. Let us get on with it. What is it that we can fix here to make this more palatable? So are we going to include the Court of Appeal? Are all in agreement to include the Court of Appeal?

The response was in the affirmative.

Mr. CHAIRMAN: Clause 5. (1)

“Powers of Tribunal:

(B) for requiring the disclosure of documents or other evidence;

(C) for requiring parties or witnesses to answer questions;

(D) for the purpose of conducting its proceedings in a proper and orderly manner;

(b) may, consult any person having experience in any

relevant field in order to assist it with a matter; and (c) shall, with respect to the attendance and examination of witnesses, the production and inspection of documents and all other matters necessary for the exercise of its jurisdiction, have all such powers as are vested in a magistrate’s court in an action in that court.

(2) In the hearing and determination of any matter before it, the Tribunal

(a) may act without regard to technicalities and legal form;

(b) shall not be bound to follow the rules of evidence stipulated in the Evidence Act, Cap. 121;

(c) may inform itself on any matter in such manner as it thinks just; and

(d) may take into account opinion evidence and such facts as it considers relevant and material, but in any such case, the parties to the proceedings shall be given the opportunity, if they so desire, of adducing evidence.”

“Decisions of Tribunal

6.(1) The decision of the Tribunal shall be in writing and shall include reasons for the decision, a statement of the Tribunal’s findings on material questions of fact and a reference to the evidence or other material on which the findings are based.

(2) The Tribunal shall ensure that the decision is served on each party to the proceedings.”

“Meetings of Tribunal

7. Subject to this Second Schedule, the Tribunal may regulate its own procedure.”

THIRD SCHEDULE (Clause 43)

Consequential Amendments

Enactment Amendment

Drug Abuse (Prevention and Control) Act,
Cap. 131 Section 2 is amended by

(a) deleting the definition of cannabis and substituting the following:

“cannabis” means any plant of the genus Cannabis from which the resin has not been separated and includes any part of that plant by whatever name it may be designated but does not include medicinal cannabis;” and

(b) inserting the following definition in the appropriate alphabetical order:

“medicinal cannabis” has the meaning assigned to it by section 2 of the Medicinal Cannabis Industry Act, 2019 (Act 2019-).

Customs (List of Prohibited and Restricted Imports and Export) Order, 2009

(S.I. 2009 No. 127) Paragraph 2 of Part II of the First Schedule is deleted and the following is substituted:

“Cannabis Satvia etc.

2. Cannabis sativa (known as Indian hemp or bhang), Cannabis indicia, or any preparation or mixture thereof, except

(a) under a licence issued by the Chief Medical

*Officer; or
(b) in accordance with the provisions of Medicinal
Cannabis Industry Act, 2019."*

Hon. E. G. HINKSON: Sir, we said that we will look at consistency in terms of definition, so I think Mrs. St. John will be able to deal with that.

Mr. CHAIRMAN: Okay. Mrs. St. John, all those you will consider.

Mrs. J. ST. JOHN: Yes. In light of the discussion today there would be changes to this section generally.

ADJOURNMENT

Mr. CHAIRMAN: This brings us to the end of the clause by clause consideration of the Bill. Is there any other business?

Hon. E. G. HINKSON: Mr. Chairman this obviously is outside of our terms of reference but I just wanted to probably put on record reference made by Mr. Douglas Trotman, Attorney-at-law.

Senator C. A. FRANKLYN: You really want to go outside of our terms of reference?

Hon. E. G. HINKSON: I started by saying that. That in terms of the Court case of Justice Ventose on the Rastafarians and their sacraments, Mr. Chairman, just put that on record but that is outside of our terms of reference.

Mr. CHAIRMAN: I want to thank all of you for your patience and tolerance and for helping to get us to this point.

Mr. CLERK: *(inaudible)* ... a very ambitious programme. I mean, I think the Attorney General is aware that the Integrity Committee is meeting tomorrow with the intention of having that Report ready and we want to have this Report ready for next week and it is the same group of people who are working on both. We are still awaiting transcripts and minutes for this Committee, even Monday is very ambitious.

I know the Committee wants to have this Report ready on Monday October 7th, 2019 for laying on Tuesday October 8th, 2019 but that is very ambitious to say the least. I am not so sure, we will try but I am not so sure if we will have this Report ready by Monday.

Mr. CHAIRMAN: Let us agree to meet on Monday October 7th, 2019 to review the Bill and approve the report for laying on Tuesday in Parliament.

Mr. CLERK: That is very tentative arrangement right now.

Mr. CHAIRMAN: Are we agreeing to meet on Monday to review the amendments and consider....

Mr. CLERK: What time are you looking at on Monday?

Mr. CHAIRMAN: 2 o'clock in the afternoon is agreed on by everyone?

Mr. CLERK: That does not conflict with your Parliamentary group meetings or anything?

Mr. CHAIRMAN: No it does not. 2'o clock in

the afternoon on Monday, October 07th, 2019.

The question that the Committee adjourns until Monday, October 07th, 2019 at 2 o'clock in the afternoon was put to the Committee and resolved in the affirmative without division.

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**FIFTH MEETING OF THE JOINT SELECT COMMITTEE
ON THE
MEDICINAL CANNABIS INDUSTRY BILL, 2019
THE HONOURABLE THE SENATE**

MONDAY, OCTOBER 07, 2019

First SESSION 2018-2023

PRESENT:

Hon. I. A. WEIR, M.P., M.B.A. (CHAIRMAN)
Hon. D. D. MARSHALL, Q.C., M.P., LL.B. (Hons.)
Hon. T. A. PRESCOD, M.P., B.A.
Hon. E. G. HINKSON, M.P., LL.B. (Hons.) L.E.C., LL.M.
Hon. A. R. FORDE, M.P., Rph.
His Honour Senator R. N. GREENIDGE, LL.B.
Senator Dr. C. K. M. HAYNES, M.B.B.S.
Senator Mr. C. A. MAYNARD, M.B.B.S., F.R.C.S (ENT)

ABSENT:

Bishop J. J. S. ATHERLEY, M.P., J.P., B.A., B.Sc., PgD. (Leader of the Opposition)
Senator C. A. FRANKLYN, J.P.
Dr. S. E. BROWNE, M.P., M.B.B.S.
Lt. Col. the Hon. J. D. BOSTIC, M.P., MVO, B.A. (Hons.)

ALSO IN ATTENDANCE:

Ms. ANIKA JACKSON, (Principal Crown Counsel)
Mrs. JOELLE ST. JOHN, (Senior Parliamentary Counsel)
Ms. NICOLE THOMPSON, (Special Advisor to the Attorney General)
Mr. PEDRO EASTMOND, Clerk of Parliament
Ms. BEVERLEY S. GIBBONS, Deputy Clerk of Parliament
Ms. SUZANNE HAMBLIN, (Library Assistant) Procedural Officer to the Committee (Ag.)

AGENDA:

1. Welcome by Chairman of Committee.
2. Examination of the Amended Bill.
3. Examination of the Draft Report
4. Any other business.

The meeting commenced at 2:40 p.m.

Mr. CHAIRMAN: Let me take this opportunity to welcome you this afternoon. I want to get to the

Agenda immediately and we would look at the Examination of the Amended Bill dated October 3, 2019 and circulated today. Does everyone have a copy of the Agenda and the Memorandum from the Office of the Chief Parliamentary Counsel with respect to the changes that were made to the Bill? Let us go to Item 2 on the Agenda-Examination of the Amended Bill. Clause 2(1) was amended with respect to "visitor".

Hon. D. D. MARSHALL: Mr. Chairman, I suspect that these are not in any particular order because as you know, the Definitions Section follows alphabetically. Obviously, Recommendations come at the end. I suggest until we come to specific Clauses, that we just look through the Definitions. Do you have a note of the discussions on Definitions? Do you have the transcripts for that? May be someone can take a look through the transcripts?

Senator Dr. C. K. M. HAYNES: The definition for "visitor" in Clause 2(1) appears to have been removed completely.

Mr. CHAIRMAN: It states to delete the definitions of "recommendation", "visitor" and "young person."

Hon. D. D. MARSHALL: I am trying to find the Clause in the substantive Bill. The part of the Bill which dealt with "recommendation" is under Clause 26. "Recommendation" has been removed from the Definitions section, Clause 26 and Clause 27(1). Are you comfortable with that Senator Maynard?

Senator Mr. C. A. MAYNARD: Yes.

Hon. D. D. MARSHALL: "Recommendation" is completely removed from the Bill. In relation to "young person", there was some consideration as to what happens between the ages of 18 and 21. Therefore, "young person" has been deleted from the Definitions Section and Clauses 25(2), 28(3) and 26(6). This now relates to "minor" only.

Mr. CHAIRMAN: Are we all following?

Hon. D. D. MARSHALL: Now I have a bit of a problem and it relates to the same Clause 25. I am trying to understand her comment, because remember that we did say that we did not want visitors who had cannabis be allowed to bring it. She is saying that it would have to be done with a licence and I think we were suggesting that the licensing thing is a bit complicated for somebody. I

think Minister Prescod was making the point that someone who is travelling is not going to go and apply for a licence.

Hon. A. R. FORDE: You want to mention the fact that the Medical Practitioner is registered locally or something like that.

Hon. D. D. MARSHALL: No, Medical Practitioner is defined.

Asides.

Hon. D. D. MARSHALL: Last week I think Minister Prescod was making the point, quite effectively that the whole notion of somebody applying for a licence before they come to Barbados is fanciful, and what we really wanted was for a person who is already a patient, using medicinal cannabis, for them coming to Barbados to be hassle free as possible. You can only apply for it from the Chief Medical Officer (CMO), so that person from Holland have to find a way to apply to the CMO in Barbados. However, if they have to travel suddenly, what are they going to do? I would like to suggest that we should say that a visitor who is being treated, where they are from should be allowed to use it without needing to get a licence.

Hon. A. R. FORDE: We had said the last time that on the prescription or on the package would have the name of doctor from overseas, it would have the dosage and everything, so that would inform as a prescription being legally written for that person. Although it is not legal in Barbados now as it entails, once that person comes through the Airport with that information, Customs normally let them go through, so that is a system that is already in place.

Hon. D. D. MARSHALL: The problem with "normally" is that "normally" could change depending on the mood of person who is coming in. I think we wanted to have an easier system if you are legitimately being treated with medicinal cannabis that that treatment continues without your needing to apply for any licence. If I had to travel with an opioid, what will happen? Nothing?

Asides:

Hon. A. R. FORDE: Attorney General, once the person comes with the opioid with a label, a registered doctor overseas, an overseas pharmacist, they just come through the Airport, shows it to Customs that has been dispensed to them and they are allowed in the country. That is the norm.

Ms. A. JACKSON: Through you Mr. Chairman, Attorney General, just to remind you, the position as it is right now is that if it was an opioid, you have to get permission, you have to get a licence, an importation authorisation from the Chief Medical Officer, and that is what is done on each occasion when a visitor is coming

into Barbados now. What Minister Forde is speaking about, that is not legal. You have to have permission to import, it has to be an authorisation. That is existing procedure and note I said procedure. I believe that that is what Mrs. St. John is referring to, so she saying once we take "visitor" out of the Act, we have to revert to the existing procedure.

Hon. D. D. MARSHALL: She does conclude that we would have to deal with it under the Customs Legislation. Perhaps she can explain how she dealt with it when she comes, but she does say, "This Amendment has been made in the Third Schedule", and the Third Schedule is Amendments to other Legislation, so she will have to explain that to us. The Customs (List of Prohibited and Restricted Imports and Exports) Order, 2009 (S.I. 2009 No. 127). Senator Haynes, it is at the bottom of page 45 going onto page 46. I am satisfied with how it has been dealt with.

Asides.

Mr. CHAIRMAN: The next one is two. Insert a definition for "authorised personnel".

Hon. D. D. MARSHALL: "Authorised personnel" arose out of the discussion on Clause 29. We were going to remove authorised personnel, but what she has done instead is to define "authorised personnel" as including graduate pharmacist and intern. Minister Forde are you happy with those. Look at the definition of "authorised personnel" on Page eight. Ms. Jackson, in Clause 29(1), Mrs. St. John refers to "authorised personnel" and in Clause 29(2), she refers to "authorised person". In Clause 29(1) you see "authorised personnel" in the second line, while in Clause 29(2), she has "authorised person" on the first line.

Mr. CHAIRMAN: What page?

Asides.

Mr. CHAIRMAN: ... Nos. 1 and 2 have "personnel"; "authorised personnel".

Hon. D. D. MARSHALL: All right, fine, no issue. I think we are happy with that one.

Mr. CHAIRMAN: **Bullet 3:** Refine the definition....

Hon. D. D. MARSHALL: I would not like to stay on this one. Let the scientists fight with that. Cannabidiol. Medicinal Cannabis. Premises. Handling.

Hon. D. D. MARSHALL: Is the definition of Cannabidiol workable? I thought you wanted something with a lot of numbers and letters and dashes and thing.

Mr. CHAIRMAN: No.

Hon. D. D. MARSHALL: I got the feeling that there was some disquiet about this definition. I think Dr. Sonia Browne had recommended a more scientific

definition.

Mr. CHAIRMAN: They were actually saying there is a more established definition for "CBD" that we could have used rather than trying to create one. There seems to be what she has captured here.

Hon. D. D. MARSHALL: The only difference between what was there before and what is here now is here we talk about "an active ingredient found", but "an" could be any of them.

Asides.

Hon. D. D. MARSHALL: Can we not get from a scientist what the scientific definition is?

Mr. CHAIRMAN: Wikipedia has it as a phytocannabinoid discovered in 1940...

Hon. A.R. FORDE: Mr. Chairman, from a scientific point of view, it is really an active ingredient. The contention was "active substance" because with a substance one would be more looking at substance in terms of its wider definition, but "it is an active ingredient found in the cannabis plants which reacts with specific receptors in the body and causes a therapeutic effect". That is a good definition to me, scientifically. A very good definition.

Mr. CHAIRMAN: If the Committee is comfortable and the pharmacists are, then we can go forward.

Asides.

Mr. CHAIRMAN: So you all are comfortable?

Asides.

Mr. CHAIRMAN: All right. No issues with "cannabis"? Mr. Maynard. Dr. Haynes. Minister Forde.

Asides.

Mr. CHAIRMAN: All right. "Premises"?

Hon. D. D. MARSHALL: I am satisfied with "premises" as it is now.

Mr. CHAIRMAN: Is everybody satisfied?

Asides.

Mr. CHAIRMAN: Okay. "Medicinal cannabis" and "handling"?

Hon. D. D. MARSHALL: I am also satisfied with "medicinal cannabis".

Mr. CHAIRMAN: I am too. "Handling"? What did we discuss about "handling"?

Hon. D. D. MARSHALL: It seems as though she has expanded the definition.

Mr. CHAIRMAN: Is everybody comfortable with "handling"? Yes? It includes "use, cultivation,

processing, importation, exportation, exploration, testing, analysis, transit, trans-shipment, manufacture, sale, possession and distribution", so it is broad.

Asides.

Hon. A. R. FORDE: The Pharmacy Act, Cap. 372D speaks to compounding of the drug so I think that in terms of handling, "compounding" should be used. Just include "compounding".

Mr. CHAIRMAN: Where is "compounding"? You want it added here to "handling"?

Hon. A. R. FORDE: Yes, Chair.

Mr. CHAIRMAN: Are all in agreement to add "compounding"? Is everybody in agreement?

Hon. A. R. FORDE: In order to really compound you have to handle, so it is given.

Mr. CHAIRMAN: So you do not need "compounding" then?

Senator Dr. C. K. M. HAYNES: I believe when it came up last week we had already said that was implied because that is what pharmacists actually do.

Hon. A. R. FORDE: All of the other things which are involved in the movement of the drug are already specifically laid out here, such as cultivating, processing, importation, distribution and so on, so I do not know if you want to put "compounding". I do not know.

Mr. CHAIRMAN: It speaks to and includes "use, cultivation, processing". Would "compounding" not be processing?

Asides.

Ms. A. JACKSON: Through you, Mr. Chairman: Can "compounding" be subsumed under any of these other activities? If it is a situation where you are saying that it is different, then we will have to look again now at another licence that would speak to compounding, because it would have to fit under the Licensing regime and I would think that "compounding" would come under the same licence as "processing".

Hon. A. R. FORDE: Sometimes you have to compound certain dosage forms.

Ms. A. JACKSON: Would you consider that part of processing?

Hon. A. R. FORDE: If we are saying that "handling" includes everything that is involved in marijuana, then "compounding" would have to be a part of that. I do not know. Dr. Haynes?

Senator Dr. C. K. M. HAYNES: When we discussed it last week I thought it was already implied that it was covered in Legislation that governs the way in which pharmacists conduct themselves.

Mr. CLERK: Mr. Chairman, when we were dealing with "dispensing", we made reference to the pharmacy compounding and dispensing under Drug Regulations, so it seems as though pharmacists are already compounding. I do not know if you need to add that specifically.

Asides.

Hon. A. R. FORDE: Mr. Chairman, the problem with the Pharmacy Act, Cap. 372D which I am reading here now, is that every single time there is a discussion about dispensing medicine it says, "No person shall dispense, compound or sell," as three separate things, so that was why the word "compounding" came to mind. Every time you speak about pharmacy and the dispensing of drugs, they always put these three words: Dispense, Compound and Sell as three separate things so that is why the word compound now came to mind because every time you are talking about pharmacy and the dispensing of drugs they always put these three words, compound, dispense, sell. If I am going to make something or compound a tincture or whatever I have to handle it so that is why I say I do not know if there is any harm in putting the word "compound" there or the difficulty involved but you all can help me with that one.

Mr. CHAIRMAN: We will flag it to include compound and when Mrs. St. John comes we will bring it to her attention.

Hon. A. R. FORDE: An interesting thing that I came across, Mr. Chairman, if I may, ...

Mr. CLERK: Minister Forde just before you ... We were just discussing that in the definition of handling we have seen a new edition exploration so we were wondering what exactly was meant by that so we are going to flag that so that when Mrs. St. John comes. This is a new definition that was not there before.

Hon. A. R. FORDE: Mr. Chairman, if I may. An interesting thing that I found out in the Pharmacy Act, Cap. 372D too was that a pharmacist, even if a place is registered as a pharmacy, the mere fact that the pharmacist is registered as a pharmacist, he can sell or dispense a drug other than a place that is registered as a pharmacy. For instance, a pharmacist does not need to be in a therapeutic centre to dispense marijuana because by virtue of the law says that, let me read it here now:

"No person shall carry on a business that includes the selling by retail of any drug or poison or anything unless the business is carried on, on the premises registered for the purpose of operating a pharmacy or is operated by a pharmacist registered as an authorised person."

For instance, I can walk down the road as a pharmacist and give somebody medical marijuana. I do not have to be in a therapeutic centre by the virtues of the laws that govern pharmacists. I could come in here now and dispense a narcotic to you, Minister Prescod, if you needed one. That allows in the Pharmacy Act, Cap. 372D the way we can operate business. It does not have to be sold in a therapeutic centre.

Mr. CLERK: So you can go on the block and dispense as a pharmacists?

Mr. CHAIRMAN: Alright. Which Clause is

that? and which definition are you dealing with?

Hon. A. R. FORDE: The mere fact that a pharmacist (*inaudible - no microphone*).

Mr. CHAIRMAN: What were you reading just now?

Hon. A. R. FORDE: (*inaudible*)

Mr. CHAIRMAN: We are at **Bullet 3** and I wanted to be clear that we are satisfied with the changes that were made here before we jump ahead. So Clause 2(2).

(*Discussion ensued*)

Mr. CHAIRMAN: Clause 3(2). Delete the words "subject to" section 17.

Hon. D. D. MARSHALL: That has been done.

Mr. CHAIRMAN: Clause 4(1)(g), [and] Clause 27(3) has been expanded to provide for the Authority to get further information from Medical Practitioners.

Hon. D. D. MARSHALL: That is what we are cleared for and (1)(g) was the one which said: "The approval of the Board, establish and maintain an electronic record of patients ..." so that comes out, but let us look at Clause 27(3) to see if we are satisfied with that.

Mr. CHAIRMAN: Is that palatable? Doctor Maynard?

Hon. D. D. MARSHALL: Let us look at it first.

Mr. CHAIRMAN: The Authority may request further information from the medical practitioner in writing and a medical practitioner shall comply.

Hon. D. D. MARSHALL: What does further information mean?

Hon. A. R. FORDE: Mr. Chairman, we had already established that all information requested would come through the Ministry of Health under the Health Service Act, Cap. 44 which has provisions for any narcotic or such drug with psychoactive substance. We had already said that any information ... So the Authority requesting information from a medical practitioner was something we said that will not be a part of the Bill. We have already said that there is a system in place under the Health ...

Hon. D. D. MARSHALL: Under the Ministry of Health?

Hon. A. R. FORDE: The Ministry of Health will have the information but we said that the Licensing Authority can get that information through the Ministry of Health.

Hon. D. D. MARSHALL: What further information could you want from the doctor?

Mr. CHAIRMAN: We had discussed a number of patients who might need cannabis so that we can do (*inaudible*) ... numbers in terms of the amount of people who might be using cannabis to maintain their trace

abilities, the amount of ailments that are being treated, those kinds of things. That is the type of information we were talking about.

Hon. D. D. MARSHALL: My discomfort is with the authority requesting further information. Is that information not already captured? If you look at Clause 27(2), the medical practitioner shall submit to the authority at such time as the authority may direct, a report containing such information excluding name and so on.

If you get it under Clause 27(2) then do you really need a sweep up provision which says you should get such further ... If you say to the doctor you have to keep my ear size, my spectacle strength and the size of my incisors and that is all he keeps, when you send a request asking me for my shoe size he can say well I do not have that because you did not tell me I had to keep it.

Senator Mr. C. A. MAYNARD: Mr. Chairman, the things that are excluded are things that one would normally keep a record of. I felt that (2) was saying for purposes of confidentiality you did not have to submit these in your report but let us say there was a particular strain of medical marijuana that was causing people to get very tall and the Ministry of Health wanted to find out about it, they should be able to request further information.

Hon. D. D. MARSHALL: Are you saying that the Ministry of Health can request that anyway?

Senator Mr. C. A. MAYNARD: Yes, they can.

Asides.

Hon. D. D. MARSHALL: What we may want to say instead the "authority may request" we could say that this provision is without prejudice to the power of the Ministry of Health to request any information from a medical practitioner. Is that what you want to preserve?

Senator Mr. C. A. MAYNARD: It would cover the eventualities.

Hon. A. R. FORDE: My understanding, Mr. Chairman, the last time we met, after the presentation with the doctors, is that they were extremely uncomfortable with giving any information to the Licensing Authority.

Hon. D. D. MARSHALL: Minister Forde we do not have to repeat that. We have covered that. The question is: what is it that we are going to say now?

Hon. A. R. FORDE: What we should say now is that the Licensing Authority should get the information from the Ministry of Health because this information is sent to the Ministry of Health. Even if it is not requested, that information is sent via the Inspectorate Division because they do inspections every single year, through the Ministry of Health, so that is something that is a process that goes on every single year for any substance of abuse or psychoactive substance and marijuana would fall under that category so the information is already being collected even as we speak on every single drug so they do not need

to be special consideration for marijuana because this is the process that happens all the time.

Hon. D. D. MARSHALL: The transcript from our last meeting says this, that some person, I do not know who it was, perhaps the approach should be that this Clause could say that what we really want to provide is that the Ministry of Agriculture can get such information from the Ministry of Health as they require for the purpose of tracing the usage of medicinal cannabis. If that is what we want, maybe we should say it. Doctor Browne had no difficulty. It did not seem as though many people had difficulty with it.

Can we ask the draughtsperson then just to provide here that in addition to such information referred to at Clause 27(2) the Authority can request further information from the Ministry of Health for the purposes of ...

Hon. A. R. FORDE: Mr. Chairman, I think that the problem is at Clause 27(2), because as you rightfully read the last time, Mr. Attorney General is that the doctors would not give the Licensing Authority because under the Medical Act they only should give that information whether it is for statistical purposes or whatever, to the Ministry of Health so that is part of their Act. What I am saying is that Clause 27(2) is a problem.

Hon. D. D. MARSHALL: We have that, but I do not think that Clause 27(2) is a problem.

Hon. A. R. FORDE: *(inaudible)* ... did not have a problem with providing that information even statistically to the Licensing Authority so that was the position that we had taken. I do not know if Doctor Haynes would verify.
(inaudible)

Hon. A. R. FORDE: Once it is a narcotic the ...

Hon. D. D. MARSHALL: Does the Minister of Health ever ask you all any information on your patients?

Hon. A. R. FORDE: Once it is a narcotic drug there will be an inspectorate. Under the Substance Abuse Act, the inspector has the authority once it is a drug that is being prescribed for substance, once it is a psychoactive drug they can go and seek records.

Hon. D. D. MARSHALL: So when I check I will find it? Do not come in here bluffing you know.

Hon. A. R. FORDE: You have to look at the Authority of the Inspectorate Division under the Drug Service Act, Cap. 40A. I will check it out too. Remember, Mr. Attorney General if we have Acts that govern the way how we are supposed to practice ... Because the pharmacists are not going to give that to the Authority so that information is collected by ...
(inaudible)

Hon. A. R. FORDE: ... the Pharmacy Act, Cap. 372D, it marks inspection and it talks about all the provisions that the inspector has in terms of once a narcotic drug is being used ... whatever is on the premises. It also says nothing in this section operates to prevent an inspector from entering and inspecting premises of a medical practitioner, dental practitioner or

veterinary practitioner on any premises where he has reason to believe that the dispensing or distributor on drugs is being carried out these premises.

Hon. D. D. MARSHALL: That does not remotely help us here because this gives a person power to inspect a place, and in that particular subsection he has to have reason to believe that the dispensing or the distribution of drugs is being carried out on those premises. He is inspecting places where the distribution of drugs is being carried out only for the purposes of the Pharmacy Act. This is a completely different thing that has to do with the keeping of records.

Hon. A. R. FORDE: ... Office of medical practitioners you have injectable painkillers and them thing that go on....

Hon. D. D. MARSHALL: Adrian, the Pharmacy Inspector.... Let us back up, Clause 27(1) says that a medical practitioner shall maintain a record of every patient can this inspector go and ask for a patient's records? Nothing here says that. An inspector may inspect premises and make such examination including the taking of samples as may be necessary for ascertaining whether this Act is being complied with. All the inspector can do is deal with this Act nothing else.

Hon. A. R. FORDE: Doctors will have to talk about that.

Hon. D. D. MARSHALL: No, he cannot tell a doctor anything. He can check the premises if he feels that medicines are being dispensed there and see if the premises comply with this act but he cannot go and ask for anyone's records. I do not want us to spend too much time, Sorry Mr. Chairman, but all of us are under the gun now. We understood that you needed to be able to know what happens from seed to sale. At this point we are really just dealing with the end a small percentage of medicinal marijuana that is being used. I do not think anyone objected to the records but my problem here is that I am not happy now about three, which says that you can request further information from the doctor. I do not know what further information that is and that would trouble me.

Mr. CHAIRMAN: Can we agree to move on with Clause 27(3) being deleted as recommended.

Hon. D. D. MARSHALL: I would delete it.

Mr. CHAIRMAN: Are we in agreement?

Hon. D. D. MARSHALL: Mrs. St. John, why you think it belongs down there?

Asides.

Hon. D. D. MARSHALL: It is not streaming anywhere.

Mr. CHAIRMAN: Clause 27(3) comes out. Further, Clause 4(1)(f) is why....

Hon. D. D. MARSHALL: Mrs. St. John, the only thing that we have taken out so far out of your work is Clause 27(3) so please make a note. If there is

something that the Minister wants, we can come back and amend the Act and we can say specifically what it is but at least then we can rationalise it rather than just speculating.

Hon. T. A. PRESCOD: Mr. Chairman, I just want to say that I think it was a wise decision to make. Taking into consideration it is so open private citizens, patients, likely to believe that we are encroaching on the information and the rights of patients and this is likely to be political dynamite.

Hon. D. D. MARSHALL: It is out Clause 27(3). We were at which one again?

Mr. CHAIRMAN: We are just confirming that Clause 4(1)(f) is widened to include collect and collate and that is confirmed. Seen and agreed? Clause 4(1)(f) (i).

Asides.

Mr. CHAIRMAN: Clause 4(2)(b).

Asides.

Mrs. J. ST. JOHN: I was just responding to Minister Forde, regarding the Clause 4(2)(b) that we were asked to put in a general clause to assist in the collecting of information.

Hon. D. D. MARSHALL: Who are we requesting this information from? Why not just change the Chairman instead of...

Mrs. J. ST. JOHN: I am suspecting it is intentionally wide; I guess you will request the information from any entity.

Hon. D. D. MARSHALL: Mr. Chairman, I do not think there is an issue.

Mr. CHAIRMAN: Let us move to Clause 5.

Hon. D. D. MARSHALL: This for the functions of Clause 4(1). 4(1) sets out what? Develop policies, a variety of things so you just....

Mrs. J. ST. JOHN: Again to Minister Forde, I just qualified my previous statement to say it would be within reason.

Mr. CHAIRMAN: Can we go to Clause 5? We find to be consistent with Clause 3.

Hon. D. D. MARSHALL: Did you make any change at all to Clause 5?

Mrs. J. ST. JOHN: The change would be, "there is hereby". The words before did not say "there is hereby" established and the Functionary would be in the First Schedule.

Mr. CHAIRMAN: Clause 12. This refers to secondment?

Mrs. J. ST. JOHN: Yes. As I indicated, my notes were unclear. I remember Senator Franklyn was very concerned about this provision, but I cannot remember if it was put to a vote. I made the change hoping to make it clearer, but I am not certain if it was

agreed to or not.

Hon. D. D. MARSHALL: I think on matters of that kind we rely on the ancient wisdom of Senator Franklyn. I think you should move on Mr. Chairman.

Mr. CHAIRMAN: Let us move to Clause 28 regarding the term "young persons" and Clause 28(6). We have already dealt with this.

Mrs. J. ST. JOHN: It is removed now, so it will no longer appear in the Bill.

Mr. CHAIRMAN: It is gone. Are we all comfortable?

Hon. A. R. FORDE: Clause 28(1)(b) should read "to assist him or her" and not "him" alone.

Mrs. J. ST. JOHN: The masculine includes the feminine.

Mr. CHAIRMAN: Clause 29(5). The term "authorised personnel" is now defined in Clause 2. There is now a definition for "authorised personnel" and this was dealt with earlier. Also, please note that it is not used in every provision of Clause 29.

Hon. D. D. MARSHALL: It can be found in what we call the "chapeau".

Mr. CHAIRMAN: Clause 29(5). Any issues?

Hon. D. D. MARSHALL: Mrs. St. John, why do you refer to sub-clause (5) as a prohibition?

Mrs. J. ST. JOHN: Sub clause 5 that I am referring to is now reflected in Clause 42(4). Previously, it would have been Clause 29(5) but it can now be found at Clause 42(4).

Mr. CHAIRMAN: Clause 30(e).

Hon. D. D. MARSHALL: Mrs. St. John, I am not sure what it is you are trying convey in this clause.

Mrs. J. ST. JOHN: You would have to look at the older draft dated August 29, 2019. It previously stated, "sale of medicinal cannabis."

Hon. D. D. MARSHALL: You have deleted it?

Mrs. J. ST. JOHN: Yes, because there is no Licence specific to sale.

Mr. CHAIRMAN: Part V. Mrs. St. John, do you want to go through this?

Mrs. J. ST. JOHN: In Part V, I inserted the two provisions; Clauses 40 and 41 to provide for an appeal from the tribunal. Clause 40 provides for an appeal to the tribunal. The appeal would be made to the High Court. Clause 41 provides for the Minister to make rules to regulate the procedure for appeals to the tribunal.

Mr. CHAIRMAN: Any issues? Let us go to Clause 44.

Hon. A. R. FORDE: Who makes up the tribunal?

Mrs. J. ST. JOHN: One attorney and two other persons with expertise listed in the Second Schedule.

Mr. CHAIRMAN: Can we go to Clause 44, Mrs. St. John?

Mrs. J. ST. JOHN: Yes. I am looking for the older draft. If we look at the previous Clause 42, it had Clause 42(2) which provided for Regulations and Clause

42(3) which stated further Regulations. It could have been the fact that the numbering would have look strange, but when I looked at it again there is only one set of Regulations, so I decided to let it run. As you noticed since it passes (z), the numbering does look a little weird. We go to (aa) and (ab) so that it runs continuously.

Mr. CHAIRMAN: Let us go to First Schedule and examine Paragraph 1 being amended.

Mrs. J. ST. JOHN: First, let me preface my statement by saying this is a policy decision. However, I think on the last occasion we increased the number from 7 to 9 and I think it was agreed that one person would be appointed by the Ministry of Health. I would like to respectfully ask if consideration could be given to pharmacology and medicine being appointed. Again, it is not my realm. It is purely your decision, but I thought that in light of the initial change it would be a good follow through. Mr. Chairman, the decision rest with you, certainly.

Mr. CHAIRMAN: I do not really see the need. It is proper to me because the Ministry of Health....

Mrs. J. ST. JOHN: Sir, will it remain as is?

Mr. CHAIRMAN: To me it is proper, because the Ministry of Health did get the chance to recommend someone. It is neither here nor there. I do not see it being a problem as it currently stands.

Mrs. J. ST. JOHN: So, you will leave it at one person by the Ministry of Health?

Hon. D. D. MARSHALL: Is that reflected in the new Bill?

Mrs. J. ST. JOHN: The new Bill reflects what was stated, which is one person for health, but I am just suggesting that since there are two, you have pharmacology and medicine.

Hon. A. R. FORDE: To follow up and to add five cents to what you are saying. We are trying to get buy in of all players involve, lack of resistance. I think that it would be a good thing if we were asked to let one person be recommended by the Barbados Association of Medical Practitioners (BAMP) and one person by Pharmacist Association.

Asides.

Hon. A. R. FORDE: That will be easy to recommend one person but it does not have to be from pharmacology, you can recommend a nurse.

Hon. E. G. HINKSON:(Missing Audio) ... increasing a Board membership into double figures. I mean there is already authority or rather, provision for one of the members to have training in pharmacology, so I do not know that you should really want to add for the Pharmaceutical Counsel to have a nominee as well.

Hon. A. R. FORDE: Mr. Chairman, if I may. I do not know the harm involved with this. Normally with Boards you would get a nominee from that association or this association, I do not know.

Asides.

Hon. A. R. FORDE: That is something that you all can consider.

Senator Mr. C. A. MAYNARD: The Attorney General pointed out the last time that under Section A, and he changed my view about how English is represented, that it does not mean that you have to appoint a person from banking and sociology. I thought that pharmacology and medicine should be represented on a Medical Marijuana Bill.

Asides.

Senator Mr. C. A. MAYNARD: No, according to the Attorney General, that listing says that you might have five bankers or five sociologists. It does not say you have to have one from each. It says from any, and I am not a lawyer.

Mr. CHAIRMAN: Whether it is to remove "any" or

Asides.

Mrs. J. ST. JOHN: Removing "any" would not achieve that because you would [be] hamstrung by the classifications and then you would not have the number that you can appoint, so removing "any" would not help.

Hon. A. R. FORDE: To really support Senator Mr. Maynard here, if you are talking about medical marijuana, I think you have to really and truly have put the microscope here. In all honesty, you cannot have a "Medical Marijuana Bill" and we are asking the by end from the medical practitioner to write the prescription, you are asking the pharmacist to go out there and fill the prescriptions and ask them for their collective support. Because the way how it stands you do not have to be part of the Board. A Pharmacologist or a Medical Practitioner do not have to be part of that Board. It says "any of the disciplines", so I do not know if you want to have a Board minus those people.

Asides.

Hon. D. D. MARSHALL: I still have to remember that I am a Member of Cabinet and when Ministers are called on to make these decisions, they have tremendous ramifications and I would rather air on the side of giving the Minister the flexibility if he wants two banking, because the enterprise needs financial support, fine. If he wants two from agriculture because the concern about thing, give him the flexibility. I would rather give him the flexibility to choose as he sees fit than to try to say it has to be one of each, because you might get a Board with only person who knows anything about Finance, or one person who knows anything about Agriculture. While, if you give him the flexibility, depending on the needs, he can stack it with agriculture

people or he can stack it with finance people, so I would suggest that we not look at it too scientifically, but that we give him the flexibility that he may need.

Mr. CHAIRMAN: Are all in agreement? Let us go to the Second Schedule. Paragraph 4 (5), is recommended for deletion. We checked the old Act. Mrs. St. John, you are saying Paragraph 4 (5) was recommended for deletion.

Mrs. J. ST. JOHN: Yes, that was the Paragraph which provided for the attorney on the tribunal to be the only voice on matters of law. The provision was recommended for deletion from our last meeting.

Asides.

Mr. CHAIRMAN: Third Schedule. Mrs. St. John, Third Schedule.

Hon. D. D. MARSHALL: We already covered the Third Schedule. We had looked at it earlier.

Mrs. J. ST. JOHN: We looked at it earlier and was it fine?

Hon. D. D. MARSHALL: We were dealing with "visitor" and we were happy with it.

Mrs. J. ST. JOHN: Was the Amendment to the Drug Abuse Prevention and Control Act fine as well in the First Schedule?

Hon. D. D. MARSHALL: The Third Schedule.

Ms. J. ST. JOHN: The First Schedule to the Drug Abuse Prevention and Control Act Cap.131, presently defines cannabis (Indian hemp), cannabis resin of Indian hemp, so it is restricted, and if we.....

Hon. D. D. MARSHALL: Sorry, I am not sure I understand what you are saying.

Ms. J. ST. JOHN: This is the second Amendment in the Third Schedule, the very last paragraph.

Mr. CHAIRMAN: ... So are we covered in terms of the First Schedule? Okay, we are going back to Page 27, Clause 32(3): A person who has been convicted of an indictable offence. Are there any issues with the listing?

Hon. D. D. MARSHALL: Just hold on.

Hon. A. R. FORDE: Why would a person convicted under the Drug Abuse Act, Cap. 131 not be allowed to have licence? I do not understand that. If you have been convicted under the Drug Abuse Act, Cap. 131. Why would you not be allowed a licence? That is one question.

Hon. D. D. MARSHALL: It is because the Drug Abuse Act, Cap. 131, includes drug trafficking, possession of a controlled drug on or near school premises. The issue, as we discussed last time, is that we did not want to have a blanket prohibition but we had to recognised that there were degrees of seriousness of offences. A person who may have a pound of weed and is charged indictably, but is he the same as someone who is bringing in weed from St. Vincent off the east coast? and

people are being shot at night and so on? We still come back to the question of degree.

Senator Dr. C. K. M. HAYNES: While indictable suggests a serious crime. Sorry, Mr. Chairman, through you: I realised we expanded it to include things like theft.

Mrs. J. ST. JOHN: At our last meeting I sought to get clarity as to whether I was to break up the offences within the Drug Abuse and Prevention Act, Cap. 131, or if we were to widen the web. It was my understanding that the intention was to widen the web because there could be – for want of a better way of describing it – certain common profiles for a criminal that you are trying to exclude, and that the character traits which you are trying to exclude. It would not be singular to drug abuse but could occur under other Acts; such as a firearm offence, major theft and so on.

Asides.

Mrs. J. ST. JOHN: So I think the idea was that you were trying to – maybe I watch too much television – exclude a criminal mind from being likely to get a licence to continue in a certain pattern of behaviour. That was my understanding. If that is not what is intended, you can most definitely clarify and I will adjust to suit.

Mr. CHAIRMAN: I would want to be guided at 'D', the Theft Act, Cap. 155.

Mrs. J. ST. JOHN: Do you mean the kinds of offences that it covers? It covers robbery, fraud. Do you remember we specifically spoke about fraud? The Theft Act, Cap. 155 is what covers fraud.

Senator Dr. C. K. M. HAYNES: I am sorry but my impressions from looking at it is that the net is a bit wide, and I think the concern that was raised certainly from the Rastafarians was that many members of their community would be excluded because of prior convictions and that kind of thing. We have actually covered so much more now. The net looks a bit wide, that is my concern.

Asides.

Hon. D. D. MARSHALL: I do not think we need to add it. If a man has a conviction for an offence, you just decide you are not letting him in.

Asides.

Hon. D. D. MARSHALL: Mr. Chairman, we can lose 101 Statutes but we still have to come back to the issue. A hundred of them may not be relevant.

Mrs. J. ST. JOHN: So do we want to specify offences then? Is that what we are saying?

Hon. A. R. FORDE: Can I ask a question, Mr. Chairman? I want to know this: If a person commits these offences and pay the penalty, what are we saying in terms

of how the society forgives other crimes that are heinous? Do we forgive them to [the] extent that a person who commits a heinous crime can get a Police Certificate of Character? How are they re-integrated into the society? I do not know. Is this deviating from how we operate normally in terms of indictable offenders and how they are treated after they have committed a crime that is termed heinous or whatever? Are they forgiven? Are they given an opportunity? Do they get a Certificate of Character? What happens in normal society when a person commits a crime? I saw a guy who was out after being charged for murder the other day, and he was re-integrated into the society, so help me. I do not know.

Asides.

Hon. A. R. FORDE: I am asking if a person commits a serious crime, trafficking or whatever – it could be amphetamines – and they get a charge and a fine and pay the fine, is there a time limit before they can re-apply for a licence? Explain to me. I do not understand it. What happens? If a person commits a crime and brings in amphetamines, for instance, and they are charged because they have trafficked in amphetamines which is 'Ecstasy' or meth-amphetamine, they are fined \$100 000 and they pay it, is there a period of time before they can apply for a cannabis licence? Five years? Ten years? What is forgiveness in this whole thing? Help me.

Hon. D. D. MARSHALL: I do not think it is about forgiveness. I think that there are certain offences that if a person commits we would consider that they should be ineligible for a sensitive area like this. You do not need a Certificate of Character to open a restaurant or a supermarket or any of those things, but what you are dealing with in those instances is not "*prima facie*" illegal. In this instance, we are dealing with cannabis and trying to carve out the treaty-allowed area of medicinal and scientific, but there is a reasonable fear that a person who is a criminal, who brings in drugs up St. Lucy, may want to get into this business because he sees it as a way of continuing his illegal criminal enterprise; mixing the two together.

Hon. A. R. FORDE: Let us use the Theft Act, Cap. 155. Some person breaks into Parliament and carries away a relic or something that is worth a lot of money.

Asides.

Hon. A. R. FORDE: Something from in here that may have some value.

Asides.

Hon. A. R. FORDE: How do we treat to that person if they are charged and convicted? I do not know how it works, because you do not want to prejudice what happens in society normally in terms of persons ... if a

person carries away something that is major, are they allowed, for instance, a liquor licence or a licence to practice business under the Companies Act, Cap. 308? What happens normally in society?

Hon. D. D. MARSHALL: Nothing. Nothing happens. The only reason this is arising is because of the special nature of cannabis, but there is absolutely no prohibition. There are a lot of people who get locked up that comes out and do business, drive taxi, all kinds of things and there is no prohibition, but this is a special case. All that we are trying to do is not to be so restrictive as to rule out people who may ...

Hon. A. R. FORDE: And the Theft Act, Cap. 155 would be something ...

Hon. D. D. MARSHALL: To be frank, I am not comfortable with the Theft Act, Cap. 155. I think the Theft Act, Cap. 155 covers a plethora of criminal offences, burglary, and so on.

Mr. CHAIRMAN: How do we narrow this down if we are going to? I flagged sub-clause(d) but I cannot advise on sub-clauses (a) nor (b).

Mrs. J. ST. JOHN: The offence of fraud is under the Theft Act, Cap. 155 so am I to include fraud or not include fraud.

Hon. D. D. MARSHALL: Include fraud. I would include fraud.

Hon. E. G. HINKSON: But larceny, Mrs. St. John, is under the Theft Act, Cap. 155 right, but that is not indictable?

Mrs. J. ST. JOHN: It would only be the indictable offences.

Hon. E. G. HINKSON: Just two comments, Mr. Chairman. None of these Acts carry expungements, right Mr. Attorney General? Why I asked that is because a person who has been convicted – and I was wondering if you can get your record expunged because in that case we would have to say “but whose record has not been expunged”.

Hon. D. D. MARSHALL: Under the expungement record you are deemed ...

Hon. E. G. HINKSON: You are not convicted. Okay. Then I was wondering on sub-clause (g) if (g) is a bit too wide to any other similar enactment creating similar offences because the issue then may arise as to what is a similar offence.

Mr. CHAIRMAN: So what is our final position in terms of Clause 32(3)?

(inaudible)

Mr. CHAIRMAN: What are the indictable offences?

(inaudible)

Hon. A. R. FORDE: Can I ask a question because I am not a lawyer? I just need some clarification. If a person commits murder that is indictable obviously so they cannot hold a medical marijuana licence?

(inaudible)

Hon. A. R. FORDE: Murder is not... I would

understand you putting something in this Act that would be germane to the medical industry, fraud in all because I can understand the trafficking and thing but I do not know murder has anything to do with medical marijuana. People murder for different reasons.

Mrs. J. ST. JOHN: Remember when we had looked at the other jurisdictions, Minister Forde, remember the only thing they excluded was drug offences? Am I correct, Ms. Jackson?

Hon. A. R. FORDE: I can understand drug offences but all of these things?

Mr. CHAIRMAN: Let us check the Act, Cap. 155.

(inaudible)

Mrs. J. ST. JOHN: Ms. Jackson would just like us to remember that to specify one thing is to exclude the others, so if we are certain that fraud is the only thing we want to consider we can specify fraud.

His Honour Senator R. N. GREENIDGE: Fraud is the major one under the Theft Act, Cap. 155 so if you want to limit it to that.

Senator Dr. C. K. M. HAYNES: I think based on the explanation though it is pretty clear that this is not someone who is just stealing somebody's limes. I am pretty comfortable, based on the explanation, about what is indictable.

(inaudible)

Senator Dr. C. K. M. HAYNES: That is indictable. Aggravated burglary is indictable.

Mr. CHAIRMAN: What are we going to settle on? Are we leaving it as it is?

Senator Mr. C. A. MAYNARD: Mr. Chairman, question. I am a little bit confused because if one committed a crime that was indictable and a period of time passes, if it is possible for a record to be expunged why would that person still be denied the opportunity to be a part of an industry?

Hon. E. G. HINKSON: The point is that once your record is expunged you would not be deemed to be convicted, but to be truthful under our present expungement regime I do not believe you can get your offence expunged under most of these Acts because it is limited.

Hon. D. D. MARSHALL: Why do you not refer to a person whose record cannot be expunged? If we are prepared to say that your offence is so serious that I cannot expunge your record, what is wrong with saying your offence is so serious that I cannot let you get a thing. It would force me to expand the expungement regime faster and that needs some improving, but for the moment if we are prepared to expunge your record that could be the benchmark.

Senator Mr. C. A. MAYNARD: I seem to recall that within the Fire Arms Act, Cap. 179 there is a part of it that speaks to a number of five years and licensing.

Hon. D. D. MARSHALL: Speaks to what?

Senator Mr. C. A. MAYNARD: Five years after conviction, and applying for licences. So if a person is convicted of a fire arms offence and five years after that conviction you can apply for a license, why would we here say that you cannot be a part of an industry?

Hon. A. R. FORDE: Why can we not, Mr. Chairman, give a certain time after because a person may have gotten convicted of an indictable offence and they have not committed another crime for about 10 years or so, why can they not be a part of a marijuana exercise? Why can we not put aside a person who is guilty of an indictable offence that has not run afoul of the law for a certain amount of time, five or 10 years, whatever you call it, to be a part of the industry? Why would you not want to encourage persons to be a part of the industry? I do not know.

Hon. D. D. MARSHALL: There has to be an acceptance that there are consequences for a wrong doing. Do not come with all this forgiveness thing. Yes, people pay the price, but there are still prohibitions that will follow you through. I think tying it to the criminal records saves us from having to pick out this and pick out that and pick out the next thing. The premises have to be that if your record is not capable of being expunged, we consider it to be serious enough that it is a block on your character that should go with you for life - and it saves us from having to pick and choose this and that and the next thing.

Mr. CHAIRMAN: What is your recommended phrasing?

Hon. D. D. MARSHALL: No. I am not into phrasing that is Mrs St. John's job. I am just saying that a person whose record is not capable of being expunged under the Criminal Records (Rehabilitation of Offenders) Act Cap.127 would not be able to engage in this business.

Mr. CHAIRMAN: Do you have the gist of that, Mrs. St. John?

Hon. D. D. MARSHALL: It saves us from having to pick out this and pick out the next thing but I will give notice that the Act does need some work because it was enacted in 1997 and that has been a while, and I think that we see the need to expand the opportunities for expungement.

Mr. CHAIRMAN: Are there any other issues? Can we go to Examination of the Draft Report?

Hon. D. D. MARSHALL: Mr. Chairman, unfortunately I have to leave but I would like to suggest though that having completed this that we should approve the Bill subject only to the amendments that Mrs. St. John now has to make. From my recollection that is Clause 27(3) and amending Clause 32 to tie it to the Criminal Records Expungement Act. Subject only to those things I would recommend that we approve the Bill as drafted.

His Honour Senator R. N. GREENIDGE: Mr. Chairman, I second that.

On the motion of Hon. D. D. MARSHALL,

seconded by His Honour Senator R. N. GREENIDGE the motion was passed without division.

Mr. CLERK: Mr. Chairman, I know you have on your list that consideration of the Report, but we have not gotten that far, because having to do the Report means we have to have all the transcripts in. We only have transcripts 2, 3 and 4 just prior to this meeting. We can do a Report that is very similar to the Integrity in Public Life which simply states that this Committee was Commission pursuant to an order of the House of Assembly, Terms of References and we can say these persons made presentations, but if you want to have a Report that then gives a summary of some of the main contributions it is going to take a little longer than that. The reason why I was suggesting that because if we do not do that it would then mean that persons who pick up the Report will have to go through almost all the submissions. Granted we have them single paged but these are only three of the four transcripts. I can simply have a Report that says that these persons or organisations were invited and they made useful presentations and the Committee distilled what was useful from the presentation and informing the final version of the Bill or we can do more. If you want that simple format we can almost have the Report by tomorrow afternoon.

His Honour Senator R. N. GREENIDGE: The Report is like a public document.

Mr. CLERK: Once it is laid in Parliament it becomes a public document.

His Honour Senator R. N. GREENIDGE: What I would say in a case like that is the attitude of those who came before us and then looking at the Report you do not have a word of what they said.

Mr. CLERK: You would have it but it is just that you would have to find it in the Appendix which is the actual transcript, because the transcript basically reproduces exactly what they said and that would form part of the Report.

His Honour Senator R. N. GREENIDGE: Is there not going to be, anywhere, a little *précis* of what the person said?

Mr. CLERK: No, no, no.

Mr. CHAIRMAN: We should be able to get a *précis*.

Mr. CLERK: That is what I am saying, if we want that it then means that I have to go through the transcripts to produce that so it would not be ready tomorrow.

Mr. CHAIRMAN: When will it be ready?

Mr. CLERK: I do not know. We are still waiting on one more transcript. You can tell me what your deadline is and I will see if I can meet your deadline but definitely not tomorrow.

Mr. CHAIRMAN: We are resuming the House of Assembly debate on Tuesday, 15th October, 2019. Does the report have to be laid before the debate or no?

Mr. CLERK: The Report has to be laid before

the debate because once it goes back to the House of Assembly what you will be debating in the actual Report, which then includes the Bill, so the Report would have to be ready and you could round-robin the Report and round-robin the confirmation of the Minutes. If the Committee wants to do that so that you would not have to have a formal meeting again that is for the Committee to determine. What it would essentially mean is that certainly by the middle of next week that the Report will have to be ready.

His Honour Senator R. N. GREENIDGE: Are you sure that it can be ready for next week?

Mr. CLERK: As Mr. Chairman is saying... I mean he has basically given a deadline. If it is that you want to debate this Bill on the 15th that is essentially what it would mean. It would mean that you would then have to give, obviously those members of the House who are not members of this Committee, and therefore would not have been privileged to any of the discussions at all unless they followed it online. They would have had to have the Report in decent enough time that they could digest and then make a proper contribution on the Bill.

Mr. CHAIRMAN: So basically if we can get the Report finished and be circulated by round-robin let us say around Wednesday or Thursday that still gives them enough time to go through and be ready for Tuesday? I do not think that that is unreasonable once the Report would capture what was discussed at the meeting then we can agree to have a round-robin.

Mr. CLERK: Given the format that the Committee wants where you have to, as I have said, read the transcript and then distil from those transcripts what essentially were the main issues it is a bit of a challenge but if that is what the Committee decides, we will have to find a way.

The House is meeting tomorrow, the Integrity and Public Life is meeting on Wednesday. The same persons who have to get all things ready are the same persons who have to get this one ready. Essentially there is one other transcript and then the transcript from today that we have to get. As I said the House is meeting tomorrow, then the Committee is meeting on Wednesday, so it is a bit of a challenge but if that is what the Committee mandated I would see what could be done.

Mr. CHAIRMAN: Let us push to have it ready for next Tuesday's debate. Next Tuesday's debate is a given, we have to resume it so we would have to circulate and approve it by round-robin and ask the Clerk of Parliament and his team to bear with us and to get us to where we need to be for next Tuesday's debate. The motion is for the minutes and the Report to be circulated by round-robin for approval.

Mr. CLERK: Mr. Chairman, let me just add that once the report is done the minutes and the transcripts, which is the Hansard record of everything that was said before the Committee becomes part of the Report.

Mr. CHAIRMAN: So I think the "Ayes" have

it. The report will be circulated by round-robin for approval and we will be ready for Tuesday's debate. It will be circulated when?

Mr. CLERK: You had the deadline date for when? Tuesday or Wednesday?

Mr. CHAIRMAN: Wednesday.

Mr. CLERK: One of those days.

Mr. CHAIRMAN: Thank you Clerk of Parliament. I know you will do your best. Any other business? Okay, we are adjourned.

Mr. CLERK: Mr. Chairman, if I may add when this Report is circulated we will just be circulating the synopsis. You would appreciate that given that these form a part of the Report it would not be possible to circulate these but we would want that when these are circulated that the members of the Committee take the opportunity to read them. The only way they could then approve the Report and what is contained is if they actually would have read the transcript so that the synopsis is captured accurately the points that were made before the Committee.

The meeting was adjourned.

ENDS TRANSCRIPT.

