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# AFRICA'S STOLEN MEDICINE

How Colonial Powers Criminalised Cannabis,  
Profited from Its Medicine,  
and Left Africa Behind

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*A Report on the Urgent Case for Medical Cannabis Reform Across Africa*

**Compiled by Heka Consultants**

African Cannabis Consultants and Regulatory Services

**For the attention of African Heads of State, Government Ministers,  
Business Leaders, and the Citizens of Africa**

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## EXECUTIVE SUMMARY

For thousands of years, the people of Africa used cannabis freely — as medicine and in daily life. Archaeological evidence confirms that our ancestors used cannabis as far back as **1000 BCE**. In 1992, a team of scientists led by Dr Svetlana Balabanova published research identifying traces of THC — the active compound in cannabis — in the hair, soft tissue, and bones of North African remains dating back three millennia. Cannabis is not foreign to Africa. It is part of our heritage.

Then came colonialism. The British imposed the **1935 Dangerous Drugs Act** on Nigeria and other colonies, criminalising cannabis under the label “Indian hemp.” Across the Atlantic, the United States criminalised cannabis through the **1937 Marijuana Tax Act**, driven not by science but by the racist propaganda of Harry J. Anslinger — a man who openly told the United States Congress that cannabis made Black people dangerous to white society.

Today, those same Western nations have reversed course. The United Kingdom is one of the world’s largest producers and exporters of legal medical cannabis. British companies have earned billions from cannabis-derived medicines. British citizens carry medical cannabis identification cards. The United States government itself holds a patent on cannabinoids as medical treatments. Yet not a single British or American official has ever contacted an African government to say: “The laws we imposed on you were wrong. The science has changed. Let us help you reform.”

**This report presents the documented facts.** It traces the racist origins of cannabis criminalisation, exposes the hypocrisy of Western governments that now profit from the very plant they forced Africa to ban, and makes an urgent case: Africa must act now to legalise and regulate medical cannabis for the health of our 1.3 billion citizens and the prosperity of our economies.

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## PART ONE: WHAT THE WEST DOES NOT WANT AFRICA TO REMEMBER

### 1.1 Cannabis Was Mainstream Western Medicine

Before the era of prohibition, cannabis was not a criminal substance. It was a respected and widely used medicine throughout the Western world. From the mid-1800s to the early 1900s, cannabis extracts were routinely prescribed by doctors in both the United States and Europe for a wide range of conditions.

Cannabis appeared in the United States Pharmacopoeia from 1850, and was featured in medical journals, pharmacy catalogues, and clinical practice. Physicians prescribed cannabis preparations for

pain relief, migraines, menstrual cramps, insomnia, muscle spasms, appetite stimulation, and conditions described at the time as anxiety and melancholy.

These were not fringe remedies. They were manufactured and sold by the largest pharmaceutical companies of the era, including **Parke-Davis** and **Eli Lilly**. Cannabis was, by every measure, a legitimate and mainstream botanical medicine.

*“Cannabis was widely used in American medicine throughout the 19th and early 20th centuries and was listed in the U.S. Pharmacopoeia. It was a legitimate botanical medicine. Its criminalisation in the 1930s marked a sharp break from its prior medical acceptance.”*

This is the critical point that every African government official, health minister, and citizen must understand: cannabis was not banned because it was dangerous. It was banned because of racism, politics, and economic interests. The science never supported prohibition.

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## **PART TWO: THE RACIST ORIGINS OF CANNABIS PROHIBITION**

### **2.1 Harry J. Anslinger and the Campaign of Racial Fear**

In **1930**, Harry J. Anslinger was appointed the first Commissioner of the United States Federal Bureau of Narcotics. Rather than relying on scientific evidence, Anslinger built his entire campaign to criminalise cannabis on **explicit racial hatred**. He deliberately targeted African Americans and other minorities, using language designed to terrify the white majority population.

The following are Anslinger’s documented statements, recorded in congressional hearing transcripts and public addresses. They are reproduced here in full and without alteration, because the African continent must see the true foundation upon which cannabis prohibition was built:

**“There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos and entertainers. Their satanic music, jazz and swing, results from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers and others.”**

— Harry J. Anslinger, Commissioner, Federal Bureau of Narcotics

**“Reefer makes darkies think they’re as good as white men.”**

— Harry J. Anslinger, testimony before the United States Congress

Let those words settle. The man responsible for making cannabis illegal across the world — and whose policies were exported to Africa through colonial legislation — built his case on the explicit belief that African American people should not think of themselves as equal to white people. He portrayed African American culture, music, and social life as “satanic” evidence of cannabis’s supposed harm.

## **2.2 The Political Context: A Segregated America**

When Anslinger made these statements in the 1930s, the United States was a legally segregated society. Racial violence, death and killings against African Americans was commonplace. White supremacy was not merely an ideology — it was the law. Anslinger’s rhetoric succeeded not because it was scientifically sound, but because it exploited existing racial fears, particularly anxieties about interracial relationships and the growing influence of Black urban culture.

Cannabis prohibition was never about public health. It was a tool of racial control, wrapped in the language of moral panic.

## **2.3 The Marijuana Tax Act of 1937**

In 1937, the United States Congress passed the **Marijuana Tax Act**. This law did not technically ban cannabis outright. Instead, it imposed punitive taxes, required impossible registration and paperwork, and criminalised possession without compliance. In practice, it ended all legal medical and commercial use of cannabis in the United States.

Doctors and pharmacists opposed the law. The American Medical Association testified against it. But Congress, driven by Anslinger’s racial fearmongering, passed it regardless. A legitimate medicine, used for centuries, was made criminal — not by science, but by prejudice.

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# **PART THREE: HOW BRITAIN EXPORTED PROHIBITION TO AFRICA**

## **3.1 Colonial Conquest and Control**

Britain and the United States share what they call a “special relationship” — built on common language, culture, and legal traditions. Both powers fought wars together and coordinated global strategy, but they played distinct roles in Africa: Britain through direct colonial occupation and administration, and the United States through involvement in the transatlantic slave trade and later economic influence. Their shared worldview allowed them to shape global laws, trade systems, and institutional frameworks in ways that served their interests at Africa’s expense.

In Nigeria, for example, **Sir Frederick Lugard** invaded Northern Nigeria around 1900–1901 to consolidate British control, using military force alongside his policy of indirect rule. During campaigns in areas such as the Sokoto Caliphate, the Benue Valley, and the Middle Belt, Lugard's forces committed mass killings, destroyed villages, and forcibly subdued resisting communities. These violent actions secured British dominance but caused immense civilian suffering, establishing a pattern of coercion that underpinned colonial administration for decades.

### 3.2 The 1935 Dangerous Drugs Act

British colonial authorities controlled all legislation, trade, and law enforcement in their African territories. In **1935**, the British imposed the **Dangerous Drugs Act** on Nigeria. This Act explicitly included cannabis under the category "Indian hemp" as a controlled substance. Under the Act, Indian hemp was subject to prohibition pertaining to its importation, exportation, production, possession, sale, and distribution unless authorised by licence.

This was not a law created by Africans for Africans. It was imposed by a colonial power that had invaded through military conquest, and it reflected the same racial and political motivations that drove cannabis prohibition in the United States. The African people had no voice in its creation and no power to challenge it.

**Nearly ninety years later, this colonial-era law — and others like it across the continent — remains in force.** Today, African Police officers arrest and imprison their own fellow Africans under laws that former colonial powers imposed on African nations without consent. Nine decades on, those same former colonial nations now lead the world in legal cannabis production and export revenues. The colonial legacy endures - destroying African families and communities - while former colonial powers generate billions in profits from the very plant they criminalized in Africa.

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## PART FOUR: SCIENCE VERSUS PROPAGANDA — THE EVIDENCE THAT CHANGED EVERYTHING

### 4.1 Dr Raphael Mechoulam and the Discovery of Cannabinoids

In the early 1960s, Israeli scientist **Dr Raphael Mechoulam** made groundbreaking discoveries that would eventually dismantle the propaganda upon which cannabis prohibition was built. Mechoulam identified and isolated the key medicinal compounds in the cannabis plant: **cannabidiol (CBD)** and **delta-9-tetrahydrocannabinol (THC)**. For the first time, rigorous scientific evidence confirmed what traditional healers across Africa and Asia had known for millennia — cannabis possesses genuine and significant medicinal properties.

This scientific breakthrough directly contradicted everything Anslinger had claimed. Cannabis was not a substance that caused moral depravity or racial danger. It was a plant with measurable therapeutic compounds that could treat serious medical conditions.

## 4.2 The United States Government's Own Patent

Perhaps the most damning evidence of Western hypocrisy is **U.S. Patent No. 6,630,507**, titled "Cannabinoids as Antioxidants and Neuroprotectants." This patent was originally filed in **1999** and granted on **7 October 2003**. It covers the use of cannabinoids, including cannabidiol (CBD), in treating neurodegenerative conditions and oxidative damage. Consider the extraordinary contradiction: the same United States government that criminalised cannabis, exported prohibition across the globe through international treaties, and continues to classify cannabis as a Schedule I substance with "no accepted medical use" — that same government holds a patent on the medical use of cannabis compounds. The science is settled. The American government knows it. The British government knows it. And yet neither has lifted a finger to help APerhaps the most damning evidence of Western hypocrisy is U.S. Patent No. 6,630,507, titled "Cannabinoids as Antioxidants and Neuroprotectants," originally filed in 1999 and granted on 7 October 2003, covering the use of cannabinoids, including cannabidiol (CBD), in treating neurodegenerative conditions and oxidative damage. Consider the extraordinary contradiction: the same United States government that criminalized cannabis, exported prohibition across the globe through international treaties, and for decades classified cannabis as a Schedule I substance with "no accepted medical use"—that same government held a patent on the medical use of cannabis compounds.

In December 2025, President Donald Trump signed an executive order finally reclassifying marijuana from Schedule I (the most restrictive federal category, alongside heroin) to Schedule III, placing it alongside prescription painkillers like Tylenol with codeine—representing the most consequential shift in U.S. cannabis policy in more than half a century. The reclassification eases federal restrictions on medical research, banking, and taxation for cannabis businesses, addressing regulatory barriers that have prevented scientific study of marijuana's medical benefits. Trump stated the action was requested by American patients suffering from extreme pain, incurable diseases, aggressive cancers, and seizure disorders, including veterans and older Americans with chronic medical conditions. The science has been settled for decades. The American government knew it. The British government knew it. And for ninety years, neither lifted a finger to help Africa undo the damage their policies caused.

## **PART FIVE: BRITAIN'S CANNABIS BILLIONS — THE HYPOCRISY EXPOSED**

### **5.1 British Sugar and GW Pharmaceuticals**

Around 2016–2017, **British Sugar** — the United Kingdom's main sugar producer, owned by Associated British Foods — converted greenhouse space in Norfolk to cultivate non-psychoactive cannabis plants under licence from the UK Home Office. These plants were grown specifically to supply cannabis biomass for pharmaceutical use.

**GW Pharmaceuticals**, a British biotechnology company founded in 1998, developed cannabis-derived medicines including **Sativex** (nabiximols) and **Epidiolex** (known as Epidyolex in Europe). British Sugar's cannabis cultivation was carried out under contract to grow and process the plant material used in these licensed medicines.

In **2021**, GW Pharmaceuticals was acquired by **Jazz Pharmaceuticals**, an Ireland-based biopharmaceutical firm, for approximately **\$7.2 billion (approximately £5.3 billion)**. This was one of the largest deals in the history of the medical cannabis sector.

### **5.2 The Conflict of Interest at the Heart of Government**

**Paul Kenward**, Managing Director of British Sugar, was widely reported to be the husband of **Victoria Atkins**, who served as the UK's drugs minister. Because of this connection, Atkins recused herself from cannabis-related policy decisions to avoid a conflict of interest. The linkage drew significant public criticism and accusations of hypocrisy: the British government maintained strict restrictions on cannabis for ordinary citizens, even as the country's largest licensed cannabis grower was linked by marriage to a senior government figure responsible for drugs policy.

### **5.3 The UK as a Global Cannabis Superpower**

Data from the **United Nations International Narcotics Control Board (INCB)** reveals the astonishing scale of British cannabis production. The figures speak for themselves:

In **2016**, the United Kingdom produced an estimated **95 tonnes of legal cannabis**, accounting for **44.9% of the entire world total** (AlphaBiolabs / INCB). That same year, the UK exported approximately 2.1 tonnes — roughly **70% of all global legal cannabis exports**. The UK was not merely participating in the medical cannabis industry. It was dominating it.

But the figures did not stop there. They grew dramatically. By **2019**, UK production had surged to **320 tonnes of legal cannabis** — more than triple the 2016 total — accounting for an extraordinary **75% of the entire global total** of 468.3 tonnes (Left Foot Forward / INCB). By **2021**, production rose further to over **329 tonnes**, making the UK responsible for approximately **43% of global medical**

**cannabis production** (Cannabis Law Report / INCB). In 2023, the UK still accounted for over **36% of global cannabis exports**, second only to Canada.

To put this into perspective: in the space of just five years, the United Kingdom increased its legal cannabis production by more than **500%**. At its peak, three quarters of all legal cannabis produced on the planet came from Britain. Meanwhile, in 2022 alone, the cannabis-derived medicine Epidyolex generated sales of over **\$736 million**. The acquisition of GW Pharmaceuticals by Jazz Pharmaceuticals for **\$7.2 billion** remains one of the largest deals in pharmaceutical history.

Let those figures settle in the minds of every African government official reading this report. The same country that imposed the 1935 Dangerous Drugs Act on its African colonies — the same country that criminalised a plant our ancestors used for millennia — became the world's largest producer and exporter of legal medical cannabis, generating billions of pounds in revenue while African citizens go to prison for possessing the same plant.

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## **PART SIX: BRITAIN LEGALISED MEDICAL CANNABIS — BUT NEVER TOLD AFRICA**

### **6.1 The Cases That Changed British Law**

In **2018**, a British mother named **Charlotte Caldwell** took her 12-year-old son **Billy**, who suffered from severe, life-threatening epilepsy, to Canada to obtain medicinal cannabis oil. UK doctors had been told to stop prescribing it, and the NHS could not legally supply it. When they returned to the United Kingdom, Border Force officials at Heathrow Airport confiscated the cannabis oil. Billy subsequently suffered a devastating resurgence of seizures.

The public outcry was immense. This case, together with the sustained campaign led by **Hannah Deacon** on behalf of her son **Alfie Dingley**, forced the UK government to act. In June 2018, then Home Secretary **Sajid Javid** urgently issued a licence to allow Billy to be treated with cannabis oil. Later that year, the UK government reclassified certain cannabis-based medicinal products from Schedule 1 to Schedule 2, enabling specialist doctors to legally prescribe them.

### **6.2 Medical Cannabis in the UK Today**

Since 1 November 2018, cannabis-based products for medicinal use can be prescribed by specialist doctors in England for conditions including severe epilepsy, multiple sclerosis spasticity, chemotherapy-induced nausea, and other conditions with clinical justification. Licensed cannabis medicines include Sativex and Epidyolex, both approved by the Medicines and Healthcare products Regulatory Agency (MHRA). The UK has also developed third-party medical cannabis identification

schemes, such as CanCard, which help patients demonstrate their medical status to police, supported by guidance from the National Police Chiefs' Council.

## 6.3 The Question No African Official Can Answer

**Has any British Health Minister or Finance Minister ever contacted a single African government to say:**

*“The laws we brought to Africa are outdated. There is now scientific evidence that proves beyond a reasonable doubt that cannabis provides significant medical benefits to your citizens. Let us work together to help you amend your laws and implement the use of medicinal cannabis for your people.”*

This is the question that we ask African government officials at every engagement, in every country across the continent. Not one African government official has ever answer yes. Not one has ever received such a call. The former colonial powers know the truth. They have reformed their own laws. They are profiting from cannabis on an industrial scale. And they have said nothing to Africa.

# PART SEVEN: THE COST OF INACTION — WHAT AFRICA IS LOSING

## 7.1 What Britain Enjoys Today

WHAT BRITAIN ENJOYS	WHAT AFRICA SUFFERS
Citizens receive cannabis-derived medicines on prescription	Citizens are arrested, imprisoned, and their families destroyed for cannabis possession
Medical cannabis ID cards protect patients from police arrest	No such protection exists — citizens are criminalised for possessing the same plant
British companies like GW Pharmaceuticals generate billions in revenue	African companies are prohibited from entering the market
The UK government collects substantial tax revenue from the cannabis industry	African governments forgo billions in potential export taxes and economic growth
The UK produced up to 75% of the world's legal cannabis at its peak	Africa — with the world's best growing conditions — produces almost nothing for the legal market
Scientific research and clinical trials continue to advance	Children with conditions like epilepsy continue to suffer — and die — without access to proven treatments

This table is not an exaggeration. It is a factual summary of the current situation. Every day that African governments delay reform, citizens suffer needlessly, economies lose billions, and the gap between Africa and the West grows wider.

## 7.2 The Human Cost

Across the African continent, millions of citizens continue to suffer long, agonising, painful deaths from conditions that cannabis-derived medicines could treat. Children suffering from epileptic seizures endure prolonged suffering. Cancer patients go without relief. Families are torn apart by imprisonment for minor cannabis offences under laws that the colonial powers themselves have abandoned.

This is not an abstract policy debate. This is about the lives and deaths of African people, and the futures of African families and communities.

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## PART EIGHT: AFRICA'S NATURAL ADVANTAGE

There is nowhere on Earth better positioned to produce cannabis-derived products than Africa. The continent possesses every natural advantage required to dominate the global medical cannabis market:

- **Perfect growing conditions:** Africa offers the ideal cannabis cultivation environment — approximately 12 hours of daylight and 12 hours of darkness, the natural light cycle that cannabis requires for optimal growth.
- **Abundance of land:** The African continent has vast tracts of arable land suitable for large-scale cannabis cultivation at a fraction of the cost of greenhouse operations in Europe or North America.
- **Workforce:** Africa has an abundance of hardworking, intelligent citizens ready to participate in a new agricultural and pharmaceutical industry.
- **Cost advantage:** Production costs in Africa would be significantly lower than anywhere else in the world, making African cannabis products highly competitive in global markets.
- **Heritage:** Cannabis is part of African history and culture, used by our ancestors for thousands of years before colonial interference.

Africa should not be importing cannabis-derived medicines from the West. Africa should be producing and exporting them to the world.

## PART NINE: A NOTE TO AFRICA'S PEOPLE OF FAITH

Africa has a very large Christian following. Churches are found everywhere throughout the continent, and the Bible holds great moral authority in the lives of hundreds of millions of Africans. For those who criticise cannabis on religious grounds, it is important to consider what the Bible itself says.

In **Exodus 30:23**, God directed Moses to make the holy anointing oil composed of myrrh, sweet cinnamon, **kaneh-bosem**, cassia, and olive oil. The Hebrew term “kaneh-bosem” has been the subject of significant scholarly research.

**Sula Benet** (1903–1982), a distinguished Polish anthropologist and linguistic expert, argued that the Hebrew term “kaneh-bosem” found in Exodus 30:23 originally referred to cannabis. Benet’s work, published in *Early Diffusions and Folk Uses of Hemp* (1936/1975) and related linguistic studies, traced the Hebrew **בְּשֵׂם-קָנֶה** (kaneh-bosem) — traditionally translated as “fragrant reed” or “calamus” — back to Semitic roots connected with words for cannabis and hemp in ancient Near Eastern languages.

Benet’s hypothesis is supported by phonetic parallels between the Hebrew “kaneh” and the Akkadian “qunnabu,” repeated biblical occurrences of the term, and the observation that early translations such as the Greek Septuagint may have mistranslated it as calamus, a marsh plant, rather than hemp. In Benet’s interpretation, the holy anointing oil recipe may have originally included cannabis as a fragrant, sacred substance.

While this linguistic theory is not universally accepted by all biblical scholars, it remains the most frequently cited academic case for a connection between kaneh-bosem and cannabis. For Africa’s people of faith, this research invites reflection rather than dismissal.

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## PART TEN: THE MISINFORMATION THAT HOLDS AFRICA BACK

A significant barrier to progress is the level of misinformation that persists among African government officials and institutions. Many officials across the continent remain deeply uninformed about the scientifically proven medical properties of cannabis, the economic opportunities it presents, and the reforms that have already taken place in the Western nations that originally imposed prohibition.

This lack of information is not merely an inconvenience. It is actively holding Africa back from accessing a multi-billion dollar industry and, more importantly, from providing life-saving treatments to its citizens.

To illustrate the depth of this problem: the head of a national drugs agency in an African country once stated directly:

*“Whatever you want from this agency, if the request contains the word cannabis — whether you use ‘medical cannabis’ or ‘industrial cannabis’ — if the word cannabis is involved, our answer to you is no.”*

This is the reality that cannabis consultants, health advocates, and reformers face across Africa. Doors are closed not because of evidence, but because of inherited prejudice and colonial-era thinking that has never been updated with modern science. The misinformation perpetrated by Anslinger nearly a century ago continues to echo through African institutions today.

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## CONCLUSION: A CALL TO ACTION FOR AFRICA

The facts presented in this report are not opinions. They are documented, verifiable, and publicly available. Let us summarise what we now know:

1. **Cannabis was mainstream medicine** in the West before it was criminalised through racism, not science.
2. **Cannabis prohibition was built on explicit racial hatred** — Anslinger’s own words confirm this beyond any doubt.
3. **Colonial powers imposed prohibition on Africa** through laws like the 1935 Dangerous Drugs Act, without African consent.
4. **Modern science has proven cannabis has significant medical properties** — confirmed by Dr Mechoulam’s research and the US government’s own patent.
5. **Western nations have reversed course** — the UK produced up to 75% of the world’s legal cannabis and British companies have earned billions.
6. **Not a single Western government has contacted Africa** to help correct the injustice their laws created.
7. **Africa has the perfect conditions** to become the world’s leading producer of cannabis-derived products.
8. **Every day of inaction costs African lives** and billions of dollars in economic opportunity.

Africa has been deliberately misled. Our governments have inherited laws born from racism and colonial control, and have maintained them out of misinformation rather than evidence. The time to

wake up is **now**. The scientific evidence is beyond dispute. The economic opportunity is enormous. The moral imperative is absolute.

It is for us in Africa to adopt the new scientific evidence, to swiftly implement new laws, and to establish healthcare protocols and procedures that will allow our 1.3 billion citizens access to medical cannabis products. We have waited long enough for the former colonial powers to call and tell us the truth. They never have and it is unlikely they ever will. We must act for ourselves.

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***Africa's government officials must wake up.  
Our citizens' lives depend on it.  
Our economies deserve it.  
Our heritage requires it.  
Remember our ancestors  
They are watching***

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END OF REPORT