Advocates of 'an unpopular cause': Frances Ames, Helen Suzman and Cannabis Decriminalisation in South Africa

Lebohang Seganoe and Thembisa Waetjen*

Abstract

Two South African professional women were early advocates of cannabis decriminalisation during the second half of the twentieth century. Frances Ames (1920-2002) was a neurologist and psychiatrist based at the Medical School of the University of Cape Town. Helen Suzman (1917-2009) represented the Progressive Party for 36 years as an opposition member of parliament. This article documents their individual – later allied – activities and arguments, initially in relation to National Party (apartheid) drug control measures and then into the democratic era of the African National Congress. A social history approach reveals continuities and changes in the cannabis policy rationales of successive governments and the challenges made to these policies.

Key words: Cannabis; dagga; drug decriminalisation; drug policy; medical cannabis; Frances Ames; Helen Suzman.

Isifinyezo

Abesifazane ababili abangochwepheshe baseNingizimu Afrika baba ngabagqugquzeli bokuqala ukuthi kungabi nacala ukusetshenziswa kwensangu phakathi nengxenye yesibili yekhulunyaka lamashumi amabili. U-Frances Ames (1920-2002) wayengudokotela wezinzwa futhi engudokotela wengqondo ozinze eSikoleni Sezokwelapha saseNyuvesi yaseKapa. U-Helen Suzman (1917-2009) wamela i-Progressive Party iminyaka engama-36 njengeLungu eliphikisayo ePhalamende. Leathikili ikhuluma ngegalelo labo besengamunye – okwathi ngamuva base bayasizana

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- imisebenzi kanye nezimpikiswano, ezaqala ngesikhathi sokulawulwa kwezidakamizwa yi-National Party (ubandlululo) kwaze kwangenela enkathini yombuso wentando yeningi ye-African National Congress. Indlela yomlando wezenhlalakahle iveza ukuqhubeka kanye nezinguquko kumqondo wenqubomgomo yensangu yohulumeni abalandelana kanye nezinselele ababhekana nazo.

Amagama asemqoka: Insangu; Ukuvumela Ukusetshenziswa Kwezidakamizwa; Inqubomgomo Yezidakamizwa; Insangu Yezokwelapha; u-Frances Ames; u-Helen Suzman.

Introduction

My attempts to get some of my colleagues to take up research on this fascinating plant have all failed. The moment there is a hint of 'illegality' the timid medical profession backs off. It's stupid because synthetic THC (the most psychoactive component of Cannabis sativa) is legalized – called Drinabinol or Elevat.

Frances Ames to Helen Suzman, 8 June 1999.

I'm going to try this out on some of the [Democratic Party] colleagues, but of course they know it's an unpopular cause, and there are not many politicians prepared to stick their necks out.

Helen Suzman to Frances Ames, 14 June 1999.¹

In 1999, two South African women, one aged 79 years, the other 81 years, commiserated on the difficulties of drumming up peer-support for decriminalising the cannabis plant and its products. Frances Rix Ames was an emeritus professor of Neurology and Psychiatry at the University of Cape Town (UCT) who had continued clinical practice after her retirement. Helen Suzman represented the Progressive Party for 36 years as an opposition Member of Parliament (MP), later serving on South Africa's Human Rights Commission under the Mandela presidency. Over several decades, within their respective professional careers, each pushed independently against the strict cannabis prohibitions embedded in the National Party's (NP) drug control policy. After 1994, the two women briefly became allies to test new possibilities under the government of the African National Congress (ANC).

As the above correspondence illustrates, Ames and Suzman were conscious of holding a maverick position on the cannabis question within their different spheres of influence. Each recognised in the other a kindred veteran risk-taker with whom to share confidences. Each woman had been a gender pioneer in her field, precisely by virtue of her outspokenness and capacity to tolerate peer disapproval.

^{1.} University of the Witwatersrand, Wits Historical Papers (hereafter WHP), Helen Suzman Papers (hereafter Suzman Papers), A2084/8c1.4.001. Quotations from correspondence between Frances Ames and Helen Suzman, dates as indicated.

In South Africa, cannabis (locally called 'dagga') was criminalised through a national law in 1922, codified as a habit-forming drug. Because of its centuries-long history of indigenous uses and endemic cultural presence,2 the impact of legal controls was patterned by colonial relations and segregation.³ As early as 1923, the Native Affairs Department and the South African Police (SAP) had tacitly agreed to avoid interference with dagga customs under traditional African authorities and for decades, dagga law enforcement focused largely on towns and cities.⁴ Conditions of increasing rural poverty and market demand incentivised the growth of an illicit dagga supply chain, even as international law extended rationales of local control. A Weeds Act in 1937 assigned landowners and traditional leaders the responsibility for eradicating cannabis.⁵ After the Second World War, and the NP electoral victory, an Interdepartmental Committee on the Abuse of Dagga recommended more direct action against cannabis cultivators. In 1971, following further United Nations' drug control conventions, South Africa passed the draconian 'Abuse of Dependence-Producing Substances and Rehabilitation Centres Act'. 6 National governments around the world were meanwhile tightening drug control strategies, moving towards strict 'war on drugs' approaches. From 1971, US President Richard Nixon began pushing a 'war on drugs' policy. South Africa's harsh punitive laws were in the same vein as these global dynamics. Here, the colonial landscape – patterned also by cultural traditions of dagga consumption and by new commercial scales of dagga production – generated its own racist system of anti-drug law enforcement.

Frances Ames considered cannabis prohibition an impediment to good medicine. She promoted a pharmacological ontology of cannabis, which took account of the widespread and long-standing cultural use of the plant within southern Africa, impeded by draconian drug control legislations. Helen Suzman saw cannabis prohibition as based on irrational prejudice and considered it an obstacle to good governance. She fought the legal scheduling of cannabis as a 'prohibited, dangerous

^{2.} C.S. Duvall, *The African Roots of Marijuana* (Durham: Duke University Press, 2019); D. Gordon, 'From Rituals of Rapture to Dependence: The Political Economy of Khoi-Khoi Narcotic Consumption, c. 1487-1870', *South African Historical Journal*, 35, 1 (1996), 62-88; B.M. du Toit, 'Man and Cannabis: A Study of Diffusion', *African Economic History*, 1 (1976), 17-35.

^{3.} T. Waetjen, 'Dagga: How South Africa made a Dangerous Drug, 1902-1928', in *Cannabis: Global Histories*, eds L. Richert and J.H. Mills (Boston: The MIT Press, 2021); U. Chattopadhyaya, 'Dagga and Prohibition: Markets, Animals, and Imperial Contexts of Knowledge, 1893–1925', *South African Historical Journal*, 71, 4 (2019), 587-613.

^{4.} M. Chanock, *The Making of South African Legal Culture 1902–1936: Fear, Favour and Prejudice* (Cambridge: Cambridge University Press, 2001), 92–96.

^{5.} P.I. Nkosi, R. Devey and T. Waetjen 'Cannabis Policing in Mid-Twentieth Century South Africa', *Historia*, 65, 1 (2020), 61-86.

^{6.} T. Waetjen, 'Apartheid's 1971 Drug Law: Between Cannabis and Colonialism in South Africa', *Social History of Alcohol and Drugs*, 36, 2 (2022), 164-200.

drug', citing the disproportionate impact this had on black South Africans and its criminalisation of 'experimenting' youth of all races.

Standing firm on the cannabis question in a mostly hostile and moralistic social climate fortified, rather than weakened, their views over time. Each played a role in framing a language of challenge through which to counter prevailing criminological discourses. They disseminated perspectives from countries outside South Africa and also contributed to those ideas. While their activities and arguments helped to open up certain avenues for confronting state drug control paradigms, their efforts proved to be limited in some key ways. Other fronts of challenge – which appealed to the authority of the courts, to the religious and cultural ontologies of cannabis as a substance, and to the civil rights of cannabis users – met with greater local success from 2017. Neither woman lived to see these developments, nor can their influence on them be easily appraised. Their stories, however, are a crucial element in a wider South African genealogy of cannabis policy reform initiatives.

Neither Ames nor Suzman ever considered the cannabis question to be her primary political cause. Each woman is, indeed, better-known for advocacy around other and quite different, rights-based issues during the apartheid period. Ames led the campaign to hold to account the medical doctors, Benjamin Tucker and Ivor Lang, whose professional negligence and compliance with state authority contributed to the prison death (and its attempted cover-up) of anti-apartheid activist Steve Biko who was tortured while detained. In 1999, Ames was awarded a 'Star of Africa', by Nelson Mandela for her human rights advocacy, especially for apartheid's detainees. Helen Suzman earned international accolades for her consistent stand for human rights over four decades of parliamentary battles against apartheid legislation. In 1997, she was awarded an 'Order of Merit' by Nelson Mandela in recognition of those efforts. Both women linked cannabis decriminalisation to progressive politics and a commitment to scientific inquiry and evidence.

This article documents the respective, later joint, activities and arguments of Frances Ames and Helen Suzman on the cannabis question in the latter half of the twentieth century. The public nature of their engagements helps to open a window on the historical changes and continuities of the cannabis question in South Africa across two successive governments. Our intention is not to highlight either as uniquely enlightened or 'ahead of her time', to be distinguished above other key actors and perspectives. However, an account of their advocacy – in which the 'failures' of their campaigning are as important to consider as their 'successes' – contributes to a historical picture of South African cannabis politics.

Frances Rix Ames and South African Medical Research on Cannabis

Before she died in 2002, Dr Frances Ames requested that her ashes be scattered with cannabis seeds. This can be understood as a testimony to what cannabis meant to her, personally, as she battled with leukaemia, her final illness. But it was also an expression of a life-long professional relationship with the plant and its products, which shaped her career as a medical doctor and scholar.⁷

Ames' interest in cannabis was for its potential value in pain management and treating neurological disorders. In a eulogy delivered at her funeral, Dr Greg McCarthy noted (among his other tributes) that Ames's 'longstanding outspokenness on the therapeutic value of cannabis is gradually being vindicated'.⁸ For decades, Ames had expressed concern that prohibitionist laws limited people's access to a genuinely useful substance. Moreover, '[c]areful, well-controlled studies of cannabis have been much hampered by legislation prohibiting its use', Ames observed in a 1995 debate piece entitled 'Cannabis sativa – A Plea for Decriminalisation'.⁹ Ames spoke from experience. From the late 1950s, she studied and published research on the physiological effects of cannabis ingestion on both humans and baboons.

Frances Ames: Biographical Background

Frances Rix Ames was born in Pretoria on 20 April 1920, one of three daughters of Frank and Georgina.¹⁰ Ames' father walked out on the family, and Ames and her sisters were placed in an orphanage until her mother was able to resume their care.¹¹ Ames recalled:

My earliest conscious personal memory dates from my admission to this Catholic home. I was about four years old, and I remember clinging to the hand of my five-year-old sister, Sarah, as we were ushered into an enormous circular room with wash basins attached to the walls. ¹²

Georgina Ames struggled as a breadwinner. She had trained as a nurse and in that capacity, had witnessed the siege of Mafeking (now Mahikeng) during the South

^{7.} *SAMJ* Newsteam, 'Frances Ames: Human Rights Champion', *South African Medical Journal*, 93, 1 (2003), 15; P. Sidley, 'Frances Ames', *British Medical Journal*, 325, 7376 (7 December 2002), 1365.

^{8.} G. McCarthy, 'Obituary: Frances Ames', *South African Medical Journal*, 93, 1 (2003), 48.

^{9.} F. Ames, 'Cannabis sativa – A Plea for Decriminalisation', South African Medical Journal, 85, 12 (1995), 1269.

^{10.} Newsteam, 'Frances Ames', 14.

^{11.} P. Sidley, 'Frances Ames', *British Medical Journal*, 325, 7376 (07 December 2002), 1365

^{12.} F.R. Ames, *Mothering in an Apartheid Society* (Cape Town: Privately published, 2001), 34.

African War.¹³ Later, the family moved to Cape Town, where Frances's mother remarried and the financial picture improved. Ames's mother was determined to see Frances study medicine and found the means to send her to Rustenburg Girls' High School.¹⁴ There, in addition to an excellent education, Frances experienced a socioeconomic gap that was deeply affecting. Other children ridiculed her for her homemade clothing and potato-sack school bag, and Ames developed a deep and personalised aversion to bullying.¹⁵

At the age of seventeen, Ames began her studies at the University of Cape Town Medical School, and interned at Groote Schuur hospital. At 22, she married the politically progressive *Cape Times* journalist and editor, David Castle. Into the 1950s, Ames began training as a neurologist, serving as a full-time specialist in the UCT neurology department from 1961. In 1964, she was awarded an MD degree. She became head of the Neurology Department at Groote Schuur hospital in 1967. Ames's sons and her daughter-in-law explain that she was innately shy and was a very private person, not interested in much socialising beyond the office and her home, and yet she was a strong personality in conversation, particularly around what she regarded as matters of principle. She supported the Black Sash movement and, before it was banned, the Communist Party.

It is evident that Frances Ames's personal, gendered experiences informed her thinking about the politics of health concerns. In 1967, her husband's sudden death left her a widow with four sons to raise.²² That challenge, and the 'second shift' partnership she formed with the family's domestic worker is documented in her autobiographical account, *Mothering in an Apartheid Society*, published in 2002. She became interested in the impact of private sphere and socio-political realities on psychiatric well-being. Changes in the intimate and parental relations of African families resulting from the rural-to-urban migration prompted by racial capitalism, was the focus of a 1974, co-authored article, 'Some Impressions of Family Life in Tsolo (Transkei)'.²³ Ames became an expert witness in the Cape High Court, testifying on behalf of black women who were charged with contravening pass laws

^{13.} D. Castle, Interview via zoom with Lebohang Seganoe, 2 November 2021, 7-8.

^{14.} Ames, *Mothering*, 33-35; Newsteam, 'Frances Ames', 14.

^{15.} B. Castle and B. Castle, Zoom Interview by Lebohang Seganoe, 30 November 2021, 6.

^{16.} B. Castle and B. Castle, Zoom Interview by Lebohang Seganoe, 30 November 2021, 6.

^{17.} Ames, Mothering, 23.

^{18.} Ames, *Mothering*, 23.

^{19.} Newsteam, 'Frances Ames', 14; Sidley, 'Frances Ames', 1365.

^{20.} B. Castle and B. Castle, Interview, 30 November 2021, 13; D. Castle, Interview, 2 November 2021, 2, 12.

^{21.} B. and B. Castle, Interview, 30 November 2021, 13.

^{22.} Sidley, 'Frances Ames', 1365.

^{23.} F.R. Ames and W.G. Daynes. 'Some Impressions of Family Life in Tsolo (Transkei)', South African Medical Journal, 47, 9 (September 1974), 1961-1964.

and were evicted from informal settlements. Ames's testimony focused on the negative health impacts of apartheid's 'homeland' policies and male migrant labour system.²⁴

Ames drew on her role and knowledge as a medical doctor in her activism, and was among a group of physicians to insist on the political nature of medical ethics. She became a spokesperson in an eight-year campaign for action against the 'Biko doctors'.²⁵ During that time, Ames also became involved in the Detainees' Support Committee. She volunteered at Pollsmoor Prison, providing psychological and legal support to political prisoners (among them, the later ANC Minister of Finance, Trevor Manuel).²⁶ Ames wrote a paper on the impact of torture and interrogation on the brain and mind. The paper detailed the case of UCT-trained physician and antiapartheid activist, Neil Aggett, who died in prison in 1982.²⁷ In 1996, she gave expert testimony to the South African Truth and Reconciliation Commission (TRC) on biochemical assault by state police on political detainees, such as that on 22 year-old Siphiwo Mthimkhulu, whom she had diagnosed as a victim of thallium poisoning.²⁸

'Ames's work was important', explains Dr Robin Dyer, a former student (and later ally), who organised detainee support in Durban, because it 'challenged the conventional police narratives that cast detainees as national security threats and described prisoners as treated well and fairly, and only committed suicide because of guilt.'

[T]government had their own so-called expert witnesses at trials and stuff, and those would be neurological professors at other [NP-supporting] universities ... So, to have someone like her framing a counter-argument was incredibly useful, because she was a senior well-respected academic who was head of probably the most important neurology unit in the country.²⁹

^{24.} University of Cape Town, Manuscripts and Archives Libraries, BC 668 (D2) Black Sash Western Cape Region, *Newsletter*, October 1975, 3; M.I. Burton, *The Black Sash: Women for Justice and Peace* (Auckland Park: Jacana Media, 2015), 50.

^{25.} See G.R. McLean and T. Jenkins, 'The Steve Biko Affair: A Case of Medical Ethics', Developing World Bioethics, 3, 1 (2003), 77-95; L. Baxter 'Doctors on Trial: Steve Biko, Medical Ethics and the Courts', South African Journal on Human Rights, 1 (1985), 137.

^{26.} B. and B. Castle, Interview via zoom, 30 November 2021, 5.

^{27.} F.R. Ames, 'Brain Dysfunction in Detainees', paper presented at the Detention and Security Legislation Conference, Extra Mural Studies and Department of Public Law, University of Natal, on 16 September 1982. See also WHP, AK2216, Dr Neil Aggett Inquest (1982).

^{28.} See Associated Press Archive, *South African Truth and Reconciliation Commission*, Story: 25801, Siphiwo Mtimkulu. http://www.aparchive.com/metadata/view/163d3 daadd40c97bbef0e3abadf8342b?subClipIn=00:00:00&subClipOut=00:02:38 (Accessed 20 November 2022).

^{29.} R. Dyer, Interview via Zoom by Lebohang Seganoe, 11 September 2021, 8-9.

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She had 'the stamina and the stickability', recalled her UCT colleague, Professor Solomon Benatar. ³⁰ These issues were personal to her, and she invested herself fully. For example:

She risked [mortgaged] her home because she needed money to follow the [Biko] case and she was willing to lose her own personal resources in doing this which was unusual at the time. It's unusual at any time, but she was a mother of four boys, she didn't have a husband, she had no independent financial means. So, she risked a lot to pursue that case.³¹

Frances Ames' personal and medical background, and her engagement with human rights issues, reveal something of the individual who, from the 1950s, also demonstrated an interest in cannabis.

Ames's Medical Research on Cannabis

Frances Ames's sons attribute her choice of medical specialisation to her deep curiosity about human interaction.³² How Ames became interested in the psychoactive and therapeutic properties of cannabis is unclear. But her medical colleague, Dr Peter Folb, confirms that she was 'unshakeably convinced that cannabis should be generally available, including socially.'³³ When, in 1989, the Medicines Control Council of South Africa approved, 'in a round-about way', the use of cannabis in strictly limited medical situations, Frances was 'not interested in such conditions, and she opposed the limitations single-mindedly and with conviction. She wanted the use of cannabis to be permissible without restriction'.³⁴

When Ames did her medical training and practice, hospital wards at Groote Schuur were segregated by race.³⁵ Robin Dyer described his own experience of these divisions. There was a 'white side' and a 'black side'.³⁶ Black doctors and medical students could not treat white patients, but white physicians gained exposure to diverse patients in all the wards. Ames, being white, would have had clinical opportunities to interact with dagga users across the board, many speaking of consumption as a cultural tradition and testifying to its therapeutic efficacy. Solomon Benatar says that Ames was interested primarily 'in the pharmaceutical properties of cannabis in terms of relief of suffering for people who were suffering particularly from chronic, neurological disorders like multiple sclerosis, whose mood could be elevated

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^{30.} S. Benatar, Interview via zoom, by Lebohang Seganoe, 18 October 2021, 2.

^{31.} S. Benatar, Interview via zoom, by Lebohang Seganoe, 18 October 2021, 2.

^{32.} D. Castle, Interview, 2 November 2021, 11; B. and B. Castle, Interview, 3.

^{33.} P. Folb, Interview by Lebohang Seganoe via email, 15 May 2021.

^{34.} P. Folb, Interview by Lebohang Seganoe via email, 15 May 2021.

^{35.} A. Digby, H. Phillips, H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital*, 1938-2008 (Auckland Park: Jacana, 2008).

^{36.} Dyer, Interview via zoom 11 September 2021, 7.

by cannabis'.³⁷ Because of the clinical context, and dagga's illegal status, patient conversations would have been confidential. Yet, as her 1958 publication demonstrates, Ames was alert to, and respected, subjective accounts of dagga's neurochemical effects. In the 1950s, she became familiar with a 'voluminous literature on cannabis', as well as medical research on mescaline and lysergic acid. Cannabis, she believed, required further attention.³⁸

From 1937, 'dagga' became a United Party concern following the Coloured Commission Report which suggested that a variety of social ills could be attributed to dagga-smoking.³⁹ It suggested that further investigation should be undertaken into 'dagga abuse'. This was, in fact, tackled by the National Party shortly after its win in the 1948 election.⁴⁰ Ames read the 1952 *Report of the Interdepartmental Committee on the Abuse of Dagga* (RICAD), and proclaimed that it had much 'valuable information' and was 'balanced' in its approach.⁴¹ However, she was unconvinced by its conclusion 'that the dagga plant has no worthwhile medicinal use, and that its commercial use was offset by the abuse of its narcotic properties.'⁴² In her own writing, Ames observed that the RICAD findings on racial patterns of dagga consumption and its criminological impacts had fallen short on certain issues:

[The Committee] found it impossible to give an accurate idea of the extent of dagga smoking in the Union of South Africa but felt that the practice was widespread among Africans (both rural and urban) and less common among the Coloured people and Europeans. Of all persons prosecuted for dagga offences, Africans regularly constitute 75 percent although many of these are traffickers who do not themselves use the drug.⁴³

The RICAD accepted that the 'effects of dagga' on human physiology were varied, admitting also that the research team was 'confronted during its inquiry with the most disconcerting conflict of views regarding the effects of dagga on human behaviour.'⁴⁴ Despite such uncertainties, however, the report weighed heavily towards expertise that pathologised cannabis consumption. For example, it devoted significant space to summarising the work by Dr Pablo Oswaldo Wolff, who served

^{37.} Benatar, Interview, 18 October 2021, 6.

^{38.} F. Ames, 'A Clinical and Metabolic Study of Acute Intoxication with Cannabis Sativa and its Role in Model Psychosis', *Journal of Mental Science*, 104 (1958), 972.

^{39.} Chanock, South African Legal Culture, 92-96.

^{40.} Nkosi et al., 'Cannabis Policing' 79-82; C. Paterson, 'Prohibition and Resistance: A Socio-political Exploration of the Changing Dynamics of the Southern African Cannabis Trade, c. 1850 to the Present' (Unpublished MA dissertation, Rhodes University, 2009), 55-59.

^{41.} Ames, 'A Clinical and Metabolic Study', 977.

^{42.} Report of the Interdepartmental Committee on the Abuse of Dagga (Pretoria: Government Printers, 1952), 18. (Hereafter, RICAD).

^{43.} Ames, 'A Clinical and Metabolic Study', 977.

^{44.} RICAD, 19.

on the Expert Committee on Habit Forming Drugs of the World Health Organisation (WHO).⁴⁵ His damning interpretations strove to negate a robust array of counter evidence. The RICAD outlined three earlier South Africa-based studies, notably C.J.G. Bourhill's, 'The Smoking of Dagga (Indian Hemp) among the Native Races of South Africa and the Resultant Evils', undertaken during an eight-month tenure at the Pretoria Lunatic Asylum; and a similar study commissioned by the South African Medical Association, conducted by clinical staff at the same institution. There was also a 1936 article by Wits University pharmacologists, John Mitchell Watt and Maria Gerdina Breyer-Brandwijk.⁴⁶

In 1958, Ames published her first cannabis study in the *Journal of Mental Science*, titled 'A Clinical and Metabolic Study of Acute Intoxication and its Role in the Model Psychosis'. She agreed with the authors of the RICAD that earlier studies using mental health patients as subjects confounded the behavioural evidence.⁴⁷ Her own research ethics and design were quite different. Ames used volunteers selected from among medically trained staff, whom she had 'known...for some time' as 'articulate and fairly stable people'.⁴⁸ Ames herself also participated as a subject in the study. As her son David suggests, she 'did stuff nobody else [at that time in South Africa] would have done'.⁴⁹

Ames' experiment involved administrating a single oral dose of between 4-7 grains of a cannabis resin preparation, created in the UCT pharmacology lab. Subjects were then monitored for various physiological effects (e.g., heart rate, blood sugar, urine volume) but they also described their experiences and feelings. Based on these reports – episodes, for example, of euphoria, anxiety or apathy; time distortion; thought disorders; perceived effects on speech and appetite – Ames speculated on their neurophysiological causes. She expressed cautious optimism that cannabis use could improve medical understandings of 'natural' forms of psychosis.

Her findings confirmed those of other studies, especially regarding the individualised effects of cannabis, based on personality and temperament, as well as environmental and physical circumstances. She included a discussion based on interviews with four 'habitual' cannabis users, whose accounts about dagga's long-

^{45.} RICAD, 19-20.

^{46.} C.J.G. Bourhill, 'The Smoking of Dagga (Indian Hemp) among the Native Races of South Africa and the Resultant Evils' (DSc thesis, Edinburgh University, 1913); Report of an Investigation Conducted by the Medical Staff, Pretoria Mental Hospital, 'Mental Symptoms Associated with the Smoking of Dagga', South African Medical Journal, (1938), 85-88; J.M. Watt and M.G. Breyer-Brandwijk, 'The Forensic and Sociological Aspects of the Dagga Problem in South Africa', South African Medical Journal, 10 (1936), 573-579.

^{47.} Ames, 'A Clinical and Metabolic Study', 977; RICAD, 21.

^{48.} Ames, 'A Clinical and Metabolic Study,' 978.

^{49.} D. Castle, Zoom Interview, 2 November 2021, 8.

term effects varied widely. These ranged from generating a continually positive mood and promoting sleep, to feelings of aggression. About her own experience, Ames explained that after ingesting 'four grains of cannabis, [she] remained in bed in the ward until taken home by car in the late afternoon'. She recorded feelings of 'indifference' that evening, listening to her children 'hilariously swamping the bathroom, which normally never fails to irritate me'. St

In 1971, the apartheid state passed the Abuse of Dependency-Producing Substances and Rehabilitation Centres Act, which introduced extraordinary measures, including detention without trial and harsh minimum sentences.⁵² Cannabis was among the 'prohibited dangerous drugs' scheduled for strictest control. A number of South African academic studies appeared during this decade, some of which supported prohibition,⁵³ others that were neutral or challenging of policy.⁵⁴ Ames co-authored two research articles on the effects of cannabis on baboons.

The first, published in *Psychopharmacology* in 1977, described an experiment in which two pairs of female chacma baboons (named Johanna, Rika, Lily and Debbie) were fed cannabis plant matter as part of their daily diet. They were monitored in different conditions to measure sociability (grooming, mounting, play, etc) and locomotion (general mobility, climbing, sitting, etc). In one pair, the social interaction increased with no impact on locomotion; in the other locomotion decreased but with no change in social interaction.⁵⁵ The results confirmed that 'the individuals responded differently to the drug, and the social environment of each pair appeared to be a determining factor'. ⁵⁶

In a second publication, appearing in the *South African Medical Journal* in 1979, Ames and her colleagues monitored baboon behaviour and neurological impulses in the brain, with baboons given different quantities of cannabis.⁵⁷ The experiment countered popular stereotypes about dagga-induced violence. There

^{50.} Ames, 'A Clinical and Metabolic Study', 989.

^{51.} Ames, 'A Clinical and Metabolic Study', 990.

^{52.} Waetjen, 'Apartheid's 1971 Drug Law'.

^{53.} For example, A.D. Bensusan, 'Drug Pollution: The Problem of Abuse', *South African Medical Journal*, 31 (July 1971), 834-838; A. Levin, 'Premorbiede Persoonlikheids en Ander Psigiese Afwykings by Jong Manlike Dwelmmiddelafhanklikes', *South African Medical Journal* (August 1973), 1410-1413.

^{54.} For example, B.M. du Toit, 'Cannabis sativa in Sub-Saharan Africa', South African Journal of Science, 70 (1974), 266-270; F. Theron, 'The Dagga Problem: A Sociological Perspective with Special Reference to the Question of Social Policy' (MA thesis, University of Cape Town, 1974).

^{55.} A. Levett, G.C. Saayman and F.R. Ames, 'The Effects of Cannabis Sativa on the behaviour of adult female Chacma Baboons (Papio ursinus) in Captivity', *Psychopharmacology*, 53 (1977), 79-80.

^{56.} Levett et al, 'Effects of Cannabis', 81.

^{57.} D. Castle. Interview, 2 November 2021, 3.

were observable behavioural changes in the three groups. Baboons given high quantities of cannabis became docile, apathetic, less vocal, and moderately immobile, with no evidence of aggressiveness or even restlessness. The experiment showed no evidence of structural brain pathology caused by the orally ingested cannabis in these animal subjects.⁵⁸

To administer these studies, Ames required large amounts of cannabis. Her application to the South African Police (authorised to supply cannabis for research derived through raids on rural cultivators) proved a drawn-out, bureaucratic process. Benjamin Castle recalls that they had 70 kilograms of cannabis stored in the family garage during this period. Ames thought it politically revealing (and darkly amusing) that after being treated with such officious authority when submitting the paperwork, the police unceremoniously dumped bulk loads of dagga, which sat unmonitored at her home.⁵⁹

Ames's perspectives on cannabis 'brought her into conflict with many of her colleagues who had a hard-line antipathy towards this drug!' recalls physician and UCT graduate Dr Jennifer Roberts.⁶⁰ Yet Ames had local influence, especially among some of her students. For instance, one physician working at Baragwanath Hospital in Soweto credited Ames with inspiring an informal tolerance for dagga-smoking by certain patients as a form of palliative care.⁶¹

Ames's work proved influential outside of South Africa. It was cited widely in medical research literature and read by groups looking to challenge criminalising policy in the United States. For example, her 1958 article was reprinted in 1973 in Tod Mikuriya's compendium *Marijuana: Medical Papers* in Berkeley, California.⁶² Ames is listed on Wikipedia's 'Cannabis Research' site with the names of other international cannabis scholars.⁶³ Research that cites her work includes the headline-making 1968 United States-based study, published in *Science* by wellness guru Andrew Weil and his colleagues. Titled 'Clinical and Psychological Effects of Marihuana in Man', their research claimed to be the first double-blind, controlled study of physiological and

^{58.} F.R. Ames. B. Brownell and T.J. Zuurmond, 'Effects of the Oral Administration of Cannabis sativa (Dagga) on Chacma Baboons (Papio ursinus)', *South Africa Medical Journal* (30 June 1979), 1127-1132.

^{59.} B. and B. Castle, Interview via zoom, 30 November 2021, 13.

^{60.} Dr Jennifer Roberts, personal email correspondence with Thembisa Waetjen, 4 January 2022.

^{61.} C. Froman, *The Barbershop Quartet: A Surgical Saga* (Bloomington: Trafford Publishing, 2005), 74-80. With thanks to Julie Parle for sharing this source with the authors.

^{62.} T.H. Mikuriya, *Cannabis: Collected Clinical Papers, Volume One: Marijuana: Medical Papers, 1839-1972* (Oakland, Calif: Medi-comp Press, 1973), 213-254.

^{63.} See https://en.wikipedia.org/wiki/Category:Cannabis researchers (Accessed 21 November 2022).

subjective effects.⁶⁴ Research subjects smoked, rather than ingested, cannabis, which the authors suggested may have rendered the effects milder than for the concentrated alkaloid preparations of other studies. Much like Ames, they relied on volunteers rather than on institutionalised mental health patients. Like Ames, they concluded that the effects varied according to 'set and setting'. Although the article cites Ames, and bears similarities to her design and her manner of reporting on subjective experiences, the authors are unfairly dismissive of the scientific merits of the UCT-based clinical study, which preceded theirs by a decade: 'Investigations outside the United States,' wrote Weil et al, 'have been scientifically deficient, and for the most part have been limited to anecdotal and sociological approaches.'⁶⁵

Ames formed collegial relationships with significant international figures, including the scientist she called 'Raffy'. ⁶⁶ This was Raphael Mechoulam, a professor of Medicinal Chemistry at the Hebrew University of Jerusalem, 'considered the father of modern studies of cannabis'. ⁶⁷ Mechoulam was the first to synthesise tetrahydrocannabinol (THC) in 1964, remaining a global leader in cannabinoid research. Mechoulam recalls that 'about 40 years ago', Frances Ames invited him to South Africa to present an academic lecture series, and hosted his visit. He was impressed by her 'deep knowledge', but also her concern for justice related to the social impacts of cannabis prohibition in South Africa. ⁶⁸

In 1996, Ames co-authored a review article with her son, David Castle, entitled 'Cannabis and the Brain'. They concluded that although there was no evidence of permanent cerebral damage resulting from cannabis use, impairment of the brain's information-processing might be a long-term consequence of heavy and prolonged use. They showed that the relationship of cannabis to psychoses, such as schizophrenia, continued to be oversimplified in much of the literature.⁶⁹

Ames' family believe that it was through her Black Sash activities in Cape Town that Ames encountered Helen Suzman. Daughter-in-law Bridgette recalls that the two became friends quite late in life, and that Ames often expressed regret that the friendship had not developed earlier. Frances Suzman Jowell, Helen Suzman's daughter, confirms that her mother became 'good friends' with Ames in her later years. 'My mother seemed pleased to have such a distinguished ally in her non-

^{64.} A.T. Weil, N.E Zinberg and J.M. Nelson, 'Clinical and Psychological Effects of Marihuana in Man', *Science*, 162 (13 December 1968), 1234-1242.

^{65.} Weil et al, 'Clinical and Psychological Effects', 1240.

^{66.} D. Castle, Interview via Zoom, 2 November, 2021, 2.

^{67.} G. Appendino, 'The Early History of Cannabinoid Research', *Rendiconti Linei: Scienze Fisiche e Naturali*, 31 (2020), 919.

^{68.} R. Mechoulam, Email correspondence with Seganoe, 18 March 2022.

^{69.} D.J. Castle and F.R Ames, 'Cannabis and the Brain', *Australian and New Zealand Journal of Psychiatry*, 30, 2 (1996), 179-183.

punitive view of cannabis', Jowell recalls.⁷⁰ Suzman was an outspoken advocate against strict drug control laws, the only MP in the 1970s to express the opinion regularly that dagga should not be defined in law as a 'prohibited dangerous drug'.⁷¹

Helen Suzman, Dagga and Apartheid Drug Control Measures From 1971

In 1971, the NP Minister of Social Development, Cornelius Petrus 'Connie' Mulder placed a new anti-drug bill before parliament. This was the Abuse of Dependence-Producing Substances and Rehabilitation Centres Act, and Mulder boasted that it was 'the toughest drug law in the Western World.'⁷²

The making and impact of the 1971 drug law have been recounted in detail elsewhere.⁷³ Progressive Party representative Helen Suzman voted against the law repeatedly. She was critical of its extraordinary and punitive provisions, of the rush by the NP to pass it, and of what she accurately predicted to be its racist impact. It was in opposing this law that Suzman became interested in seeking alternatives to criminalising drug policy approaches.

Helen Suzman: Biographical Background

Helen Suzman's life, unlike that of Frances Ames, is well-documented,⁷⁴ and a topic of academic research as well as public history.⁷⁵ Suzman was born in the mining town of Germiston, east of Johannesburg, on 7 November 1917, the second daughter of Jewish immigrants, Frieda and Samuel Gavronsky. Frieda died two weeks after Helen's birth; Samuel re-married when Helen was nine years old. The family moved to Parktown, a suburb just north of Johannesburg's CBD, and Suzman attended a Parktown Convent School. At sixteen years old, she enrolled for a bachelor's degree in Commerce at the University of the Witwatersrand, but three years later left her studies to marry Moses 'Mosie' Suzman, a medical doctor. They had two daughters.

Helen Suzman's political outlook was rooted in a classical economic and political liberalism. Her research work in the 1940s for the Fagan Commission made her a staunch advocate for African worker rights and against pass laws and the

^{70.} Frances Suzman Powell, email correspondence with Thembisa Waetjen. 3 February 2022.

^{71.} Waetjen, 'Apartheid's 1971 Drug Law', 188.

^{72.} Debates of the House of Assembly (Hereafter Hansard), 29th January – 16th June 1971 (Hansard, 1971), column 5950.

^{73.} Waetjen, 'Apartheid's 1971 Drug Law'.

^{74.} See for example, H. Suzman, *Memoirs: In No Uncertain Terms* (Johannesburg: Jonathan Ball, 1993); J. Strangwayes-Booth: *A Cricket in the Thorn Tree: Helen Suzman and the Progressive Party* (Johannesburg: Hutchinson, 1976); R. Renwick, *Helen Suzman: Bright Star in a Dark Chamber* (Johannesburg: Jonathan Ball, 2014).

^{75.} C. Nel, 'The Life of Helen Suzman: A Psychobiographical Study' (PhD thesis, University of the Free State, 2013).

migrant labour system.⁷⁶ She admired British politics and, in contrast to Frances Ames, was staunchly anti-communist in her outlook. Suzman entered formal politics early in 1953. In 1959, she was among the dissenting group of United Party members who broke away to form the Progressive Party (PP), to leverage a more robust opposition to NP policy. Suzman represented the PP for the remainder of her 36-year parliamentary career, and from 1962 to 1974 stood alone as its only MP. She consistently voted against apartheid legislation. The vitriolic treatment she encountered as a Jewish woman in a Christian and for many years an all-male institution, is a matter of record.⁷⁷ The misogyny was often deeply repulsive. ⁷⁸ Suzman responded to the caustic derision she received with heat and wit, sometimes glorying in her reputation as a fearless, 'nasty' opponent.

Suzman retired in 1989, but from 1994 – also the year her husband Mosie died – she again took on public and political roles, this time under an ANC government. She expressed determination to remain a critical voice in politics, across shifts of power.⁷⁹

Dagga 'should not be treated as a drug crime ... but fined like a traffic offence'80

On 5 May 1971, Connie Mulder introduced the Abuse of Dependence-Producing Substances and Rehabilitation Centres Bill. It provided for extraordinary measures, including harsh minimum sentences for possession and dealing dagga and wide provisions for the confiscation of property (with the onus on an accused to prove innocence). Drawing from provisions in apartheid's anti-terrorism laws, which had facilitated the mass incarceration of political activists, the bill's Clause 13 provided for indefinite detention without trial for purposes of interrogation.⁸¹ Mulder represented these extremities as a measure of the government's moral conviction: 'We are truly in earnest about stamping out with might and main this diabolical underminer and destroyer of Western man and his morals here in our country', he declared.⁸²

Other NP members agreed that in fact, drug trafficking was 'a terrorism that is more dangerous than the armed terrorism we are familiar with on our country's borders.'83 The bill, and the governmental 'Grobler' research commission report that

^{76.} Strangwayes-Booth, *Cricket in the Thorn Tree*, 37-38

^{77.} Strangwayes-Booth, *Cricket in the Thorn Tree*, 218.

^{78.} As evidenced, for example, in S.M. Klausen, *Abortion under Apartheid: Nationalism, Sexuality and Women's Reproductive Rights in South Africa* (Oxford: Oxford University Press 2018), 170-172.

^{79.} For example, in H. Suzman, 'Holding the High Ground', Presidential Address, South African Institute of Race Relations, Johannesburg 1991.

^{80.} Hansard 1978, column 6340.

^{81.} Waetjen, 'Apartheid's 1971 Drug Law'.

^{82.} Hansard 1971, column 5950.

^{83.} Hansard 1971, column 6329, quoted in Waetjen, 'Apartheid's 1971 Drug Law', 179.

informed it, were guided by concerns about drug use by white youth (including 'hippies' and left-thinking university students). 'Drugs' appeared to threaten a white South African future. White youths, NP members suggested, were becoming 'so soft and spongy that the enemy and any winds of change will find them easy prey'. ⁸⁴ A dealer was 'no better than a cold-blooded poisoner who kills his victim slowly, effectively and in the most miserable fashion'. ⁸⁵ Drugs were 'flooding Western civilisation'. ⁸⁶

There were debates about whether cannabis should be scheduled as a 'prohibited dangerous drug', i.e. in the same class as heroin, cocaine and morphine. The leader of the official opposition, the United Party (UP), Sir De Villiers Graaff commended Mulder for having:

taken a serious a view of dagga as a drug ... I know there is a great deal of propaganda to the effect that dagga is a harmless sort of drug. Our view is that it is not so. Our view is that it has no use medicinally...⁸⁷

Nonetheless, Graaf worried about detention without trial; about heavy sentences (with prison terms up to 25 years placed in the hands of 'inexperienced magistrates'); about the rights of property owners; about involuntary six-month 'detention' in rehabilitation centres; and about African 'dagga farmers in the reserves' who he thought should be duly warned before the law kicked in.

Helen Suzman rejected the law absolutely. She was in favour, she said, of regulatory aims and of bolstering the existing law. But this bill 'does not fulfil the aims in a manner which I am able to support'. In her view it was based on incomplete information, with no research on cannabis or on the extent to which 'drugs' were being used by people not classified as white. It was premature and rushed:

I do not feel we are facing a national emergency, and yet that is the atmosphere which has been created by the hasty introduction of this Bill. It verges almost on the hysterical. It was placed on our desks yesterday for the first time; the second reading was introduced yesterday afternoon ... and the debate is taking place today. I cannot remember any parallel in the time that I have been in this house.⁸⁹

In Suzman's estimation, the bill was heavily punitive and would 'turn hundreds of young people who are going through a stage of adolescent experiment, into criminals, into gaol-birds, with a life-long stigma attaching to them.'90 Including cannabis in the

^{84.} Hansard 1971, column 6328, quoted in Waetjen, 'Apartheid's 1971 Drug Law', 178-179.

^{85.} Hansard 1971, column 5955.

^{86.} Hansard 1971, column 5953.

^{87.} Hansard 1971, column 6087.

^{88.} Hansard 1971, column 6102.

^{89.} Hansard 1971, column 6102-6103.

^{90.} Hansard 1971, column 6103.

Seganoe and Waetjen - Frances Ames, Helen Suzman and Cannabis Decriminalisation

bill, in the South African context, would bring the harsh punitive impact of the law on groups of people who could claim long-standing cannabis traditions and/or who were involved in the cannabis economy as cultivators, traders or consumers. As Suzman recounted in her 1993 autobiography:

I was well aware of the widespread use of marijuana (or dagga as it is called in South Africa), among the Black population. I roundly condemned the Act, saying it would inevitably lead to the jailing of thousands of Black people for what was a cultural habit.⁹¹

Suzman also demanded to know where the 'rehabilitation centres' of the law's title existed for black people. 'Our gaols are now going to be packed by compulsory prison sentences for African dagga smokers because there are no rehabilitation centres for Africans,' she declared.⁹² When she asked how many treatment centres existed for Coloured people, one NP called out, 'The gaol, man'. Suzman was provoked:

'The gaol man', says the Hon Member, that is what he believes in – punishment! This is what this whole House believes in. Punishment! It is not interested in curing these people. It is only interested in one thing namely punitive measures, despite the fact that the experiences of every other country in the world have shown that punitive measures do not help this particular social problem, because of course it is a medicosocial problem. It is caused by many factors. Why do people take drugs? Why do people drink in excess? There are all sorts of social reasons for it, such as tension, frustration, poverty, anxiety, difficulties, all kinds of things and social tensions.⁹³

Suzman was sceptical, too, about the efficacy of treatment for white people, given the paucity of trained medical and psychiatric staff. Existing treatment centres remained little more than work colonies, she protested.⁹⁴

Behind the scenes, Suzman gathered a mass of medical and policy literature from overseas, reading and underlining passages that provided a counterpoint to those voiced in parliament, which she considered prejudicial. ⁹⁵ As one example, in a 1970 article in the *New England Journal of Medicine* (which cited Frances Ames), Suzman drew stars by the author's summary of the medical literature:

^{91.} Suzman, Memoirs, 110.

^{92.} Hansard 1971, column 6351, quoted in Waetjen, 'Apartheid's 1971 Drug Law', 181.

^{93.} Hansard 1971, column 6352.

^{94.} Suzman later ask the Minister of Health for data showing numbers of psychiatrists working in public institutions. At 16 sites there were 26 full-time and 28 part-time. See, WHP Suzman Papers, A2084/Hc2.1. 001, The House of Assembly, Question 136, August 1974.

^{95.} See WHP Suzman Papers, A2084/Hc1.001 – Hc21.007.

Seganoe and Waetjen - Frances Ames, Helen Suzman and Cannabis Decriminalisation

The legal status of marihuana in our society is subject to fierce debate. However, the various scientific and medical committees that have studied the matter have come to a surprisingly unanimous conclusion: that marihuana should not be legalized for general consumption but that harsh penalties are unwise. ⁹⁶

Suzman annotated three excerpts quoted by the same author as representing widespread opinion:

- 'There ... appears to be good reason to moderate present punitive legislation so that penalties are more in keeping with what is now known about risks; that is, they are not great'97
- '... the possession of small amounts...should not normally be grounds for imprisonment ... but only for a fine...'98
- 'Legalization of marijuana would create a serious abuse problem in the United States [but] penalties for violations of the ... laws are often harsh and unrealistic ... The lives of many young people are needlessly damaged.'99

Suzman met with a visiting North American research delegation, comprising members of the US National Commission on Marijuana and Drug Abuse. Tasked by the Nixon administration, it was touring 'the African continent'. In June 1972, Ralph M. Susman, the associate director of the commission, sent her some scientific and medical papers along with his expression of thanks: 'Your concerns and insights with respect to the effectiveness of various drug prevention, control and rehabilitation schemes were of considerable interest to us', wrote Susman. They 'served well as a backdrop against which we could consider the views of your fellow countrymen.' The commission acknowledged Helen Suzman's contributions in their 1973 publication *Drug Use in America: Problem in Perspective*.

When Suzman wrote to thank Ralph Susman, she also requested a fact-check. Connie Mulder had claimed South African cannabis to be '20 times as strong as its American equivalent', attributing this claim to American medical scientist Dr Leo E. Hollister. 'Could you please tell me whether or not there is any justification for this

^{96.} R. Colestock Pillard, 'Marijuana', *The New England Journal of Medicine*, 283, 6 (6 August 1970), 294-303.

^{97.} R.H. Blum, 'Mind-altering Drugs and Dangerous Behavior: Dangerous Drugs', President's Commission on Law Enforcement and Administration of Justice, Task Force Report: Narcotics and Drug Abuse: Annotations and Consultants' Papers, as cited in Colestock Pillard.

^{98.} J. Lister, 'Cannabis Controversy and Other Sundry Troubles', *New England Journal of Medicine*, 280 (1969), 712-714, as cited in Colestock Pillard.

^{99.} Council on Mental Health, 'Marihuana and Society', *JAMA*, 204, 1181, as cited in Colestock Pillard.

^{100.} WHP Suzman Papers, A2084/Hc4.2.001, R.M. Susman to H. Suzman, 5 June 1972.

^{101.} WHP Suzman Papers, A2084/Hc4.2.001, R.M. Susman to H. Suzman, 5 June 1972.

^{102.} *Drug Use in America: Problem in Perspective*, Second Report of the National Commission on Marijuana and Drug Abuse, 443.

statement', Suzman asked, 'as I am engaged in a long-term battle to have the punitive measures on dagga reduced in South Africa.'103 Ralph Susman checked with Hollister, and copied his reply to Suzman. 'I cannot remember, either in any of my writings or spoken words, making any statement about the relative potencies of American grass and South African dagga ... about which I know nothing', Hollister wrote.¹⁰⁴

Suzman kept in touch with Susman, who put her on the mailing list of the National Institute of Mental Health and Drug Abuse. Contact with members of the US commission seems to have inspired and fortified Suzman, shaping her views and arguments. Her continued adamance that the 1971 law was premised on an exaggeration of dagga's dangers, especially as compared with legal alcohol and tobacco, drew ire from various groups who accused her of encouraging drug use and spreading misinformation.¹⁰⁵ She replied to her critics privately or in the press, clarifying and defending her position and accusing her NP peers of misrepresenting her deliberately. Her tone was more conciliatory with members of the public. To a Mr Meuller, for example, she explained:

It is possible that you misunderstand my attitude towards drugs. I fully appreciate the damage caused to the human body by drugs, and I am strongly opposed to drug abuse, but I do not, however, believe that the best way to tackle the problem is by harsh punitive measures. I also believe that a distinction should be drawn between dagga and the hard-line drugs in determining the way in which the problem should be handled.¹⁰⁶

In 1973, Connie Mulder proposed an amendment to the 1971 law, which removed court discretion for sentencing in drug convictions, enforcing minimum sentences. ¹⁰⁷ Suzman spoke against the measure. She requested drug conviction statistics for the final two quarters of 1972, broken down by race. Between July and December, there had been 11 680 convictions for possession or use of drugs. All but 15 of these convictions were for cannabis, with African people making up 8 132 of these convictions; Coloured convictions totalling 2 512; Indians, 299; and whites, 722. ¹⁰⁸

4, for verbal reply: Mrs H. Suzman to the Minister of Statistics. Suzman also gathered comparative statistics from the United Kingdom, see A2084/Hc2.2.001 – Hc2.7.001.

^{103.} WHP, Suzman Papers, A2084/Hc4.2.001, Suzman to Susman, 12 June 1972.

^{104.} WHP, Suzman Papers, A2084/Hc4.2.001, Leo E. Hollister, MD to Dr Lou Bozzetti, 28 July 1972.

^{105.} Suzman crafted letters back to editors to be printed in response to her critics. See for example her replies to Dr A.D. Bensusan, Johannesburg *Star*, 21 June 1972; Nom de Plume 'Parent' to *Star*, 10 June 1972; Michael Mitchell, MP *Sunday Tribune*, 6 June 1972, in WHP, Suzman Papers, A2084/Hc4.2.001.

^{106.} WHP, Suzman Papers, A2084/Hc4.2.001, Suzman to Meuller, 7 June 1972.

^{107.} Waetjen, 'Apartheid's 1971 Law', 183-187.

^{108.} Calculated from WHP, Suzman Papers, A2084/Hc2.1.001, House of Assembly, Tuesday, 8 May 1973, Question Standing over from Friday 4 May 1973. Question No.

With general elections approaching in 1974, Suzman's position on cannabis worried Progressive Party (PP) leader, Colin Eglin. Suzman recalled 'discuss[ing] my proposed stand against the [amendment] Bill with [...] Eglin, knowing that drug abuse was a political hot potato. To his credit [...] Colin said I should do what I thought was right.'109

Suzman and Eglin drafted a statement clarifying the general position of the PP. It affirmed that while views differed within the party, drug use was acknowledged to be a 'social problem which society must deal with in a scientific and enlightened manner'. Dagga should be distinguished from 'hardline' drugs. African and Coloured people were being targeted by a punitive law for personal possession and use. 'Mrs Suzman is against sending these people to jail because dagga has been part of their culture for centuries and because there are virtually no rehabilitation facilities available for them in South Africa.' Suzman was herself convinced that the PP lost votes in the 1974 election due to her opposition to the Drugs Act. 112

In later years, with new amendments, Suzman continued to engage the press and to quote government statistics to demonstrate the skewed and unjust impacts of the law. While international contacts and literature formed her thinking, she also admitted to influences closer to home. Helen Suzman's marriage to a medical doctor was an important source of support: 'Mosie always stated adamantly that it [cannabis] was harmless, and a good sedative', she later explained to Frances Ames.¹¹³

After Apartheid and Out of Retirement: Challenging Continuities

In 1998, Ethan Nadelmann, Harvard PhD and founding director of New York City's Soros-funded Lindsmith Institute for Drug Policy Reform, organised an international petition. He planned to submit it to the United Nations' General Assembly Special Session on Drugs (UNGASS), taking place in June in New York City. It called on UN Secretary General, Kofi Annan, to reconsider international drug policy: 'We believe that the global war on drugs is now causing more harm than drug abuse itself', it stated.¹¹⁴

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^{109.} Suzman, Memoirs, 110.

^{110.} WHP, Suzman Papers, A2084/Hc1.11.001, Draft statement by Colin Eglin, Leader of the Progressive Party, on the Debate in Parliament on Drugs. Handwritten note indicated that Eglin was 'not happy' and working on it further.

^{111.} WHP, Suzman Papers, A2084/Hc1.11.001, Draft statement by Colin Eglin, Leader of the Progressive Party, on the Debate in Parliament on Drugs.

^{112.} Suzman, Memoirs, 110.

^{113.} WHP, Suzman Papers, A2084/8c1.4.001, Suzman to Ames, 14 June 1999. Frances Jowell confirmed that 'Helen also had earlier support in this issue from my father, who was a physician.' Email correspondence, 3 February 2022.

^{114.} WHP, Suzman Papers, A2084-HC8-1-1, Fax from Lindsmith Centre to H. Suzman, Copy of Open Letter to Kofi Annan, Secretary General, United Nations, sent 5 June 1998.

Nadelmann was globally well-connected. Early in June, he and his colleagues approached Douglas Tilton of the South African Council of Churches, Independent journalist Don Bayley and criminologist Tim Ryan, about possible signatories in South Africa.¹¹⁵ Among other prominent figures, they pointed to Helen Suzman. Suzman was among three South Africans who signed the open letter. 'This letter is very relevant', she wrote as a comment, 'and especially because the situation in prisons in South Africa is worsened by gangs smuggling drugs'. 116

On 8 June, Nadelmann's public letter appeared - dramatically - as a doublepage centrefold in the New York Times. 'This was when print media really still made a big difference', Nadelmann explains.¹¹⁷ 'I had this very arduous process of selecting, out of hundreds of signatories, who were the most distinguished [and] whose names would raise the right eyebrows'. The scale of the letter's public impact exceeded all expectations: 'It literally reverberated around the world, from Australia to South Africa, you know, throughout Europe ... Sweden ... Colombia, Mexico, it was this massive thing.'118

Helen Suzman's name appeared among the selected signatories, and was singled out in the global news coverage that followed.¹¹⁹ Nadelmann recalls:

[O]n the day [the letter] came out [in the press], or the next day, she calls me up ... And she goes, in her accent you know, 'What have you done to my life here?! What have you done to my life?! Everybody's calling me, all the newspapers! I was just signing a public letter, I didn't know this was going to happen, I'm no expert on this issue, journalists are trying to interview me, what am I supposed to tell them?' ... That phone call has just stuck with me, of her saying 'What have you done to my life?!'120

This event thrust Suzman into a new phase of her involvement with cannabis policy issues. Over the next several years, she spoke publicly as an advocate for decriminalisation, no longer as the formal opponent of a specific political party, but rather to promote new possibilities within South Africa's new political order.

For example, in a New York Times the following day, 'Human Rights Activist Helen

Call for Reform of Harmful Policies'. A further example in Boston Globe, 21 June 1998,

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is David Nyhan, 'Just think about drugs: Then say 'no' to US policy'.

^{115.} E. Nadelmann, Personal Archive, Email correspondence, D. Tilton to E. Nadelmann, 5 June 1998.

^{116.} WHP, Suzman Papers, A2084-HC8-1-1, copy of Fax, Suzman to Lindsmith Centre, 6 June 1998.

^{117.} E. Nadelmann, Interview via Zoom with Thembisa Waetjen, 25 April 2022, min. 6.10.

^{118.} E. Nadelmann, Interview, min. 6:40.

Suzman' is featured, along with several US Senators, former Secretary of State George Schultz, former UN Secretary General Javier Perez de Cuellar, and Costa Rican Nobel Peace Laureate Oscar Arias. C.R. Wren, 'Anti-Drug Effort Criticized as More Harm than Help', New York Times, 9 June 1998, (Section Ap 6.). On 12 June 1998, the UK Guardian ran a version of Wren's piece, which also singled out Helen Suzman, 'Soros and Friends

^{120.} Nadelmann, Interview with Waetjen, min. 9:30.

In the middle of the 1990s, there was little to suggest that the ANC government took a view on drugs and drug control that differed in principle from that of the previous ruling party. In 1994, Nelson Mandela's first opening address to parliament spoke of combating drug abuse as a governmental priority. Still, the possibility for disaggregating cannabis from other drug substances was raised in the legislature as early as June 1995. The Minister for Correctional Services, Sipo Mzimela of the Inkatha Freedom Party (IFP), voiced his concern for the extreme strain placed on budgets caused by crowding South Africa's prisons with dagga offenders, with 11 000 new arrests in 1994 for possession. Prison overcrowding stood at almost 16 per cent at the end of 1993, with 114 000 prisoners occupying cell accommodation meant for 80 000. Cannabis convictions continued to account for the vast majority of drug convictions, which continued disproportionately to impact upon black South Africans.

Mzimela proposed that government consider the matter anew. Dagga, he asserted, was not more dangerous than the legal substances of alcohol and tobacco, which were responsible for many more social problems. It was ironic that a substance with indigenous cultural traditions in Africa, suppressed under European colonialism, remained illegal in post-apartheid South Africa while in some European cities it could be legally consumed.¹²⁵

Parliament rejected Mzimela's appeal out of hand. The Minister of Social Welfare and Population Development, Abe Williams, objected to any lightening of drug control. Cannabis, explained Williams, caused moral decline and criminal behaviour; it was a 'gateway drug'; it was hazardous to physical and mental health; and South Africa's international credibility and adherence to the United Nations Single Convention of 1961 demanded maintaining stringent measures. Finally, he argued, indigenous traditional customs should not be considered relevant in the present moment because those customs had 'changed', and South Africa had chosen to embrace Western norms. These arguments were precisely those which had long justified South Africa's punitive drug policy.

^{121.} Briefing. Drug Advisory Board and Dept of Social Welfare, *National Drug Master Plan*, Pretoria (September 1998). See https://pmg.org.za/committee-meeting/6234/ (Accessed 27 November 2022).

^{122.} N. Boister, 'Is International Law a Bar to the Decriminalisation of Dagga for Personal Use in South Africa?' *South African Journal of Criminal Justice*, 9,1 (1996), 2.

^{123.} Research Staff, *Race Relations Survey*, *1994-95* (Johannesburg: South African Institute of Race Relations, 1995), 150-151.

^{124.} United Nations Office for Drug Control and Crime Prevention, South Africa Country Profile on Drugs and Crime (October 1999), 16.

^{125.} Natal Mercury, 14 June 1995, as cited in Boister, 'Is International Law...', 2. See ftn.

^{126.} Boister, 'Is International Law', 2.

^{127.} The Citizen, 20 June 1995, as cited in Boister, 'Is International Law', 2.

A few scholars pushed against this familiar discourse, and leveraged new arguments for South Africa. In 1995, Frances Ames wrote a statement for the *South African Medical Journal (SAMJ)*, as one side of a 'Great Debate' section. 129 'Cannabis sativa: A Plea for Decriminalisation' began by establishing the local, culturally-rooted value of cannabis: 'It has been used for centuries to induce happiness, relieve suffering and promote spirituality.' Yet cannabis traditions were not only indigenously African: 'In the nineteenth and early twentieth centuries it was frequently prescribed by Western medical practitioners for "nervous ailments". 130 Over sixty cannabinoids, isolated in the modern laboratory, offered a range of useful medical interventions. Certainly, as an intoxicant, dagga caused 'encephalopathy', ranging from mild to acute. Yet widespread claims of 'irreversible' cognitive damage had never been scientifically substantiated. Still, she conceded, 'young people who abuse cannabis for prolonged periods during critical periods of learning may jeopardise their emotional and cognitive maturation.' 131

Ames's list of the potentially medical applications was a long one. It included the reduction of nausea and vomiting for chemotherapy patients; the promotion of appetite and weight gain for people with HIV/AIDS; as a complement to certain anticonvulsive regimens for epilepsy; as an analgesic and hypnotic; for its antibacterial properties; reduction of intra-ocular pressure in glaucoma; to help quell bronchospasm for some asthmatics; to diminish spasticity and tremor in certain cases of multiple sclerosis; to lift mood in some manifestations of depression; and to reduce negative symptoms of schizophrenia in some patients. 'Contrary to popular belief', she argued, 'it does not cause violence but, if used in pure form, reduces violence and may prove of value in controlling those unfortunate patients who suffer from rage attacks and episodic dyscontrol'.¹³²

Ames's Valkenberg Hospital colleague, psychiatrist, and medical ethicist Tuviah Zabow, opposed Ames's argument in *SAMJ*'s 'Great Debate'. Zabow insisted that cannabis was a 'potentially dangerous drug', citing studies documenting various psychological harms and repeating mid-century arguments about dagga evoking an individual's 'essential character traits' (and thus, if not 'causing' violence, then 'facilitating' it). Zabow wrote: 'Cannabis use, particularly among the youth today, is

^{128.} See for example, additional interventions by Boister: N. Boister, 'Decriminalising Dagga in the New South Africa: Rekindling the Debate', *South African Journal of Criminal Justice*, 8 (1995), 21-36; N. Boister, 'Drugs and the Law: Prohibition versus Legalisation', *South African Journal of Criminal Justice*, 12 (1999), 1-12. See also, T. Ryan, 'Drugs, Violence and Governability in the Future South Africa', Occasional Paper 22, Africa Institute for Security Studies, May 1997.

^{129.} Ames, 'Cannabis sativa, 1268-1269.

^{130.} Ames, 'Cannabis sativa', 1268.

^{131.} Ames, 'Cannabis sativa', 1268.

^{132.} Ames, 'Cannabis sativa', 1269.

part of the pandemic toxicomania that has developed in the second half of this century.'133

In their later years of life, Helen Suzman and Frances Ames still carried gravitas in their distinct circles – medical and political. In advocating cannabis decriminalisation from the late 1990s, they now became allies, exchanging letters and phone calls to share information.¹³⁴ Their mutual regard was evident: 'I always remember how you made time to drop in to the Supreme Court during the Biko case hearing,' wrote Ames. 'It put new strength into it.' Suzman replied: 'I have two more media appearances re dagga decriminalisation, and it gives me much confidence to be able to quote the well-known Professor Ames as supporting this proposal'. Their activist styles were complementary, Ames preferring to work behind the scenes and Suzman accustomed to a visibly public role and with vast media experience. In preparation for her broadcasts, Suzman would contact Ames to go over certain points. Ames regularly suggested further reading to Suzman.

In 1998, Don Bayley wrote up the story of the UNGASS in a piece for the *Sunday Independent*, and Tim Ryan wrote a report for the *Mail & Guardian*, fuelling local publicity. As he had promised her, Ethan Nadelmann sent Suzman a summary of press conference talking points, representing the position of the Lindesmith Centre and its allied US drug policy reformers. Simon Jenkins, of the *Times London*, faxed her three news articles he had authored on the UNGASS event and Suzman expressed relief that they were 'on the same side on this [decriminalisation] issue!' She added: 'It seems to me absurd to burden thousands of people with criminal records which they get even if they get suspended prison sentences, and indeed incarceration for the use of dagga, which does not result in violence, unlike alcohol... [but] I can't say I am making much headway here'.¹³⁸

^{133.} T. Zabow, 'Cannabis sativa: "Deceptive Weed?"', South African Medical Journal, 85, 12 (1996), 1270.

^{134.} Frances Suzman Jowell commented on the changing nature of communications technologies as shaping her mother's correspondence: 'My mother's detailed letters didn't continue in the 1990s after her retirement - partly because we used the telephone more, or we met frequently, or faxed.' Email correspondence with Thembisa Waetjen, 10 May 2022. Suzman kept copies of her replies to Ames, but the WHP is likely incomplete as a record of their exchanges.

^{135.} WHP, Suzman Papers, A2084/HC8.1.2.001, Frances Ames to Helen Suzman, 17 June 1998.

^{136.} WHP, Suzman Papers, A2084/HC8.1.2.001, Helen Suzman to Frances Ames, 24 June 1998.

^{137.} J.P. de V van Niekerk, 'The Power of One Good Person', SAMJ, 93, 1 (2003), editorial.

^{138.} WHP Suzman Papers, A2084/Hc8.1.3.001, Suzman to Jenkins, 14 September 1998. Suzman reminded Jenkins that though she was 'still at it', she was 'older than Mandela'. Articles included S. Jenkins 'Hooked on an Unworkable Law', *Times London*, 27 August 1998.

Input from such contacts helped to inform Suzman's own position, as she again began to engage the media, appearing on radio and television and in newspapers. It was in preparation for a June 1998 interview that she first contacted Frances Ames. She did so by telephone and the handwritten notes based on their conversation show it to have been lengthy and wide-ranging: from myths about violence, to prohibition's role in forming a criminal trade, and the importance of treating cannabis use as a public health, and not a criminal justice, issue. Suzman typed out six main points from the nine pages of her jottings, reminding herself also about the sequence of 1970s legislative events which she believed formed an important context. She wrote:

Dr Frances Ames, Emeritus Prof of Neurology at UCT who is a strong supporter of the proposal to decriminalise dagga calls the parent hemp plant 'green gold' and adds 'If the hemp industry took off in rural areas, it would ensure employment, stop the drift to the towns and enhance prosperity and decrease crime.' 139

On 30 June 1998, Suzman faxed a note to her California-based nephew, telling him about the media appearances lined up. 'I have got some very firm supporters, including Professor Frances Ames', she explained.¹⁴⁰

The year 1998 was also when South Africa's Social Welfare Ministry commissioned a Five-Year National Drug Master Plan, prepared by the Drug Advisory Board. The plan acknowledged that 'there ha[d] been much debate' about 'legalising' possession or use of cannabis. It advised that 'the issue of decriminalisation needs to be researched thoroughly to establish whether this is the way the matter should be dealt with in South Africa.'141

The courts proved a livelier testing ground. In 1998, Rastafarian and qualified law graduate, Garreth Anver Prince, challenged the constitutionality of cannabis prohibition following the Cape Law Society's decision to bar him from practising law. His exclusion was based on two convictions for cannabis possession and his declared intention to continue consuming cannabis for religious purposes. Ames's and Zabow's 'Great Debate', along with further affidavits from each contributor, figured in the evidence submitted to his case. Judges chose to interpret Ames's 'Plea for Decriminalisation' narrowly, as pertaining to medical use only, despite her more general points. Prince lost that case, as well as a Supreme Court appeal in 2000. 143

^{139.} WHP, Suzman Papers, A2084/Hc8.2.3.001, Typed, undated notes, preparation for a public appearance.

^{140.} WHP, Suzman Papers, A2084/Hc8.1.2.001, H. Suzman to S. Suzman, 30 June 1998.

^{141.} Drug Advisory Board, *Drug Master Plan*, Section VI: Decriminalisation and Harm Reduction.

^{142.} Law Reports Series/Constitutional Law Reports/Law Reports/1998 Vol. 5 August 1998, Prince v President of Law Society, Cape of Good Hope and Others (8) BCLR 976-995, (C), 988.

^{143.} *Prince v President, Cape Law Society, and* Others 2000 (3) SA 845 (SCA); 2000 (7) BCLR 823 (SCA).

In 1999, Ames sent a copy of 'Great Debates' to Suzman, and outlined possible avenues to leverage a Constitutional Court appeal for Prince. But it was clear, too, that a more radical proposal was now on her mind: 'Could you persuade the DP to take up the issue of decriminalising hemp and its products?' she asked. 'It would be a start to decriminalising all drugs.' Suzman promised to try. 145

It was again with reference to the Prince case that in January 2000, Frances Ames sought support for a Constitutional Court appeal. She applied to the South African Society of Psychiatrists (SASP) and the South African Medical Association (SAMA), requesting their backing. The SASP president was her debate rival, Tuviah Zabow, who replied also on behalf of SAMA. She must have anticipated his rejection: 'After careful deliberation the Committee felt that the Society could not appropriately support an application to the Constitutional Court.' 146

In 2001, Prince took his case to the Constitutional Court. Ames's 'Plea for Decriminalisation' was again submitted as evidence on behalf of the appellant. This time the court made note of Ames's 43-year experience in cannabis research, and her insistence on why it was 'essential to separate the facts from the myths about the harmful effects of cannabis'. Judges were divided on the ruling, and Prince lost narrowly, by one vote. 148

Private citizens wrote to Helen Suzman expressing their views on cannabis decriminalisation, some with support, others with anger. The media buzzed around Suzman once again in May 2001, when members of the South African cricket team were caught smoking cannabis while on tour in the West Indies. Suzman's dry, official comment on the matter: 'So?' – invited strong opinions. One admirer explained he had tried to phone in his support during her guest appearance on the Tim Modise Show.¹⁴⁹ Suzman regretted that his call did not get through to her since '[e]very call I had, as you noticed, was entirely hostile. Indeed, one woman screamed at me, "how dare you" when I suggested that her child was obtaining dagga illegally and maybe she should look to herself as having failed in parental guidance.'¹⁵⁰

^{144.} WHP, Suzman Papers, A2084/8c1.4.001, Ames to Suzman, 8 June 1999. It is unclear whether the pencilled-in underlining of 'all', was Ames's emphasis or, perhaps signifying her surprise or disagreement, Suzman's notation.

^{145.} WHP, Suzman Papers, A2084/8c1.4.001, Suzman to Ames, 14 June 1999.

^{146.} WHP, Suzman Papers, A2084/8c1.5.001, President of the South African Society of Psychiatrists to Ames, 26 January 2001.

^{147.} Judgement, Constitutional Court of South Africa, Case CCT 36/00 *Garreth Anver Prince v President of the Law Society of the Cape of Good Hope and Others*, heard May 2001 and decided January 2002, see footnotes 6.6, 7.7, and 9.9.

^{148.} Provision for medical cannabis appeared in the 1992 Drugs and Drug Trafficking Act, but the hurdles were widely recognised as prohibitive.

^{149.} This caller sent her a copy of E.J. Mishan, 'The Staggering Cost of Drug Criminalisation', *Economic Affairs* (March 2001), 37-42.

^{150.} WHP, Suzman Papers, A2084/Hc8.1.5.001, Suzman to Tren, 31 May 2001.

To a critic representing a Johannesburg 'policing partnership and drug forum', Suzman detailed her perspective. It demonstrated how her correspondence with Frances Ames had honed her own views, which had shifted from merely opposing punitive drug policy to an active advocacy towards decriminalisation:

I would totally decriminalise the use of marijuana, not only for medicinal purposes where it has been found to be very useful in controlling pain and the effects of nausea after chemotherapy, but also for recreational use. I believe it is far less dangerous than alcohol, which is freely obtainable. There are two positive additional advantages from decriminalisation of marijuana. It would enable the Police to devote their time to seeking out hardened criminals and violent persons committing crimes, rather than wasting their time chasing smokers of dagga, and it would permit the growing of hemp, which is a very valuable cash crop, easy to grow and a would be a great boon to the rural poor.¹⁵¹

In 2003, Ethan Nadelmann joined Suzman on a SABC radio show. The time zone difference meant that it was 1:45 in the morning, during a commercial break, when he sent Suzman an email: 'I just wanted to say: It's an honor and a pleasure to be teaming up with you on this debate right now on drug decriminalization.' What impressed (and also amused) him, was the matronly manner in which she responded to critical callers. To one mother, who said she supported prohibition because her own children had been in trouble with dagga, Suzman replied: 'But dear, marijuana is already illegal. How exactly were your kids better off as a result?' 153

While Suzman's combative manner made for lively debate, she was not leading any formal movement. She had Ames in her court, but was in the familiar position of weathering heavy moral criticism as well as some light public ribbing. White, female, octogenarian and not herself a dagga smoker, Suzman appeared an unlikely advocate of dagga decriminalisation. Political cartoonists lampooned her. During national elections Peter Mascher portrayed a dagga smoke-filled 'Rasta Party' meeting with off-stage voices shouting 'Helen for President'. On a later occasion, Zapiro portrayed a stoned-looking, dread-locked Suzman who, puffing on an oversized dagga joint – labelled 'decriminalisation' – was asking: 'Want a hit? ... It's goood stuff!' In the background, Lady Justice, holding her scales, peeks out quizzically from behind her blindfold (see Figure 1).

^{151.} WHP, Suzman Papers, A2084/Hc8.1.5, Suzman to Mr J Odendaal, 25 June 2001.

^{152.} Nadelmann personal archive, email to Suzman, 5 March 2003.

^{153.} Nadelmann personal archive, email from Suzman, 10 March 2003.

^{154.} Peter Mascher, *The Citizen*, 24 October 2000, WHP, Suzman Papers, A2084/Hc8.3.1.001.



Figure 1. Zapiro cartoon originally published by *Mail & Guardian*, 18-24 May 2001, reprinted with the artist's kind permission.

In July 2004, Suzman emailed Ethan Nadelmann after he sent his *Economist* cover story article. She suggested it could be reprinted in *Focus* magazine, the publication of the Helen Suzman Foundation. She then raised the matters that were more firmly holding her political attention: unemployment, AIDS denialism, Robert Mugabe, crime and the emigration of skilled South Africans. There was a personal note too: 'Healthwise', she said, 'I'm not too bad considering I am now 86 years of age. My major complaint is reduced mobility because of a spinal problem, but otherwise I'm as nasty as ever!' 155

Frances Ames had died two years earlier, in November 2002. Her wish to have cannabis seeds scattered with her cremated remains was fulfilled at a riverine site near the Valkenberg Hospital in Cape Town.

^{155.} Nadelmann Personal Archive, email from Suzman, 12 July 2004; also in WHP, Suzman Papers, A2084/Hc8.1.6.001.

Conclusion

The stories of Ames and Suzman stand out as somewhat anomalous in a broader historical picture of drug reform. The gendered work of women in that domain of activism has, overwhelmingly, been leveraged to advocate for stricter controls on intoxicants. In the late nineteenth and early twentieth century, for example, British and American women mobilised collective action as wives and mothers in temperance campaigns, to uphold the sobriety of breadwinners and thus promote family livelihoods and respectability.¹⁵⁶ Their efforts often overlapped with missionaries across empire to restrict drug substances produced for commercial and governmental profits.¹⁵⁷ Conservative mid-twentieth century American women became vanguards in a backlash against policy liberalisation, to 'keep kids off drugs'.¹⁵⁸

Ames's and Suzman's position also ran counter to widespread local support for tough drug control policies, vocalised among teachers, social workers, nurses, drug treatment staff and other civic professionals, many of them women, from within diverse communities across the country.¹⁵⁹

Born a decade before the vote was extended to white women in South Africa, Ames and Suzman worked their way into male-dominated professions, occupying roles that pushed against gendered traditions. Their opposition to apartheid helps explain their search for alternatives to punitive policy, and their openness to 'countercultural' positions on cannabis and to the evidence-based positions of peers overseas. They enjoyed relative economic independence, racial and educational privilege and moved in progressive circles that helped to cushion a sense of entitlement to holding dissenting views on principled grounds.

Assessing their influences on later legal developments is difficult. Neither lived to see the Cape High Court's ruling in 2017 in a further case brought by Garreth Prince, this time vindicating his position. Judge Dennis Davis ruled that sections 4(b) and 5(b) of the 1992 Drug Act and section 22A(9)(a)(i) of the Medicines and Related Substances Control Act of 1965 were unconstitutional. A year later the South African

^{156.} See for example, B.L. Epstein, The Politics of Domesticity: Women, Evangelism and Temperance in Nineteenth Century America (Middletown: Wesleyan University Press, 1981).

^{157.} See for example, I. Tyrrell, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930*, (Chapel Hill: The University of North Carolina Press, 1991).

^{158.} See, for example, E. Dufton, 'PRIDE International and Drug War Diplomacy: The Parent Movement's Global Battle against Marijuana in the United States, ca. 1970–1985', in *Cannabis: Global Histories* edited by L. Richert and J.H. Mills, 297-319. (Cambridge: The MIT Press, 2021).

^{159.} Evident throughout the twentieth century, from numerous archives, in newspaper opinion and the various instances when government solicitation for public responses.

Constitutional Court confirmed that ruling. In the intervening years, stalwart and new drug policy activists aired arguments in the press and through new vectors of social media. Some cited libertarian ideals, some cultural and religious values, and some – like Ames and Suzman had done – railed against prohibition as an irrational policy, negatively affecting medicine, justice and the economy.

In his tribute in January 2003, UCT Health Sciences professor, Dr JP de V van Niekerk, noted that Frances Ames was long 'at odds with what she regarded as the absurdity of the drug laws' and a 'lone voice'. By that year, the 'debate in South Africa ha[d] moved a long way, though still short of her viewpoints on the matter.'160 Eight years later, Van Niekerk put forth his own position, as managing editor of the SAMJ, asking whether it was 'Time to Decriminalise Drugs?'. 161 He elaborated similar points in a 2015 article published in *Focus*, co-authored with medical practitioner Dr Keith Scott, titled 'Legalising Illicit Drugs'. 162 In his editorial, the Suzman Foundation director, Francis Antonie, remarked that the article 'would have found great favour with the late Helen Suzman who had worked for many years with Prof. Frances Ames to decriminalise dagga, whose medical benefits are manifestly apparent to so many.'163 Today, the South African Drug Policy Initiative, which includes medical doctors, criminologist, community activists and others, advocates for 'humane, rational drug laws to reduce drug-related harms.'164 These channels indicate a legacy of Ames's and Suzman's advocacy, and of the wider influences and views they disseminated and helped to shape.

Yet it is significant that South Africa's path towards decriminalisation, from 2017, of limited, private cannabis use and cultivation, was opened up through arguments that never constituted a discourse for either Frances Ames or Helen Suzman. This concerned religious and cultural freedoms, premised on principles of civil rights of practice in a diverse, post-apartheid society and constitution. Ames and Suzman did not aspire, or pretend, to speak on behalf of smokers of cannabis who embraced it as a cultural or spiritual core of identity. The authority of their expertise, and the platforms they utilized to convey their views, on the one hand, ensured the audibility of their voices. Yet, simultaneously, and on the other hand, it also circumscribed the reach of their interventions. Their professions and positions nurtured specific perspectives and arguments, connected intellectually into overseas networks, while, within the deep social divisions in South Africa – linguistic, racial and cultural – their views remained insular in crucial ways. They did not align to the

^{160.} J.P. van Niekerk, 'Power of One Good Person', editorial.

^{161.} J.P. van Niekerk, 'Time to Decriminalise Drugs?', SAMJ, 101, 2 (2011), 79-80.

^{162.} K Stott and J.P. de V van Niekerk, 'Legalising Illicit Drugs', Focus, 77 (November 2015),

^{163.} F. Antonie, 'State and Nation', Focus, 77 (November 2015), 3.

^{164.} See https://www.sadpi.org/ The group displays a more cohesive, nuanced and inclusive agenda than the earlier activism of which Ames and Suzman formed part, but in some respects might be considered part of their general legacy.

concerns expressed in court by Garreth Prince, who notably disavowed the benefits of 'private' cannabis use, since – as he strongly testified – he consumed dagga precisely to 'communicate with "fellow citizens" and to be 'in the company of other humans'. 'What we are saying,' Prince stated, 'is that this is not just something that we should be allowed in private, as if it is something dirty or that you can only do within the confines of your four walls. We are very proud of what it is we are doing." ¹⁶⁵

This is not to suggest that race, culture and class precluded the impact of Ames's and Suzman's activities, but rather to point out how identity and identification shaped their scope of concern and imagination about dagga's social meanings. Although the 'private use' aspect prevailed in law, Prince's approach fell within a rights-based framework that the Courts could defend, against a government legislature that remained hostile to decriminalization.¹⁶⁶

Frances Ames and Helen Suzman were prominent public figures who advocated for liberalising cannabis policy across the latter half of the twentieth century, and indeed until they died. They helped to craft and to disseminate a language of public challenge to punitive dagga policy across two political regimes. The arguments they raised and championed – for example, about dagga's relative harms or medical benefits, and about the irrationality of dagga prohibition adjacent the indisputably more damaging alcohol and tobacco – remain powerful, and continue to be points of debate within South Africa's changing cannabis policy landscape.

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^{165.} Minister of Justice and Constitutional Development V Garreth Prince, CCT Case No. 108 /17 High Court Case No. 8760/13, in the Constitutional Court of South Africa, Applicants Heads of Argument. https://collections.concourt.org.za/handle/20.500.12144/34547?show=full (accessed 1 June 2022)

^{166.} See A. Kriegler, 'Balancing Harms and the Role of the Courts in Psychoactive Substance Policy Reform: Lessons from Cannabis Case' in *Opioids in South Africa: Towards a Policy of Harm Reduction*, edited by T. Waetjen (Cape Town: HSRC Press, 2019), 39-51.

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