

**Statement by Mr. Pavel Kubů MD, governing board member of  
International Medical Cannabis Patient Coalition (IMCPC)**

**Commission on Narcotic Drugs, 60th session  
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**Thematic discussions on the implementation of the UNGASS outcome  
document**

Mr. Chair, Excellencies, ladies and gentlemen,

It is a honour for me to address this meeting on behalf of the International Medical Cannabis Patient Coalition (IMCPC), which brings together organizations of medical cannabis patients from 39 countries in 5 continents. IMCPC was established in Prague in March 2015 where we also adopted a Declaration requesting all States taking part at the UNGASS on Drugs in 2016 to support the rights of patients that require medical cannabis preparations for their treatment.

As you know, the access of patients to cannabis as medicine is prohibited in most countries and severely curbed in many others. In our Declaration we have identified that the obsolete scheduling status of cannabis under the 1961 Single Convention represents the main obstacle for its medical and scientific use. We have requested that UNGASS addresses this problem.

We very much welcomed that the document confirmed the commitment of States to adequate access to controlled substances for medical and scientific purposes and expressed the wish of States to address all existing barriers including legislation and regulatory systems. Patients in need of cannabis for their medical treatment should be included among these medications.

Some Governments have already acted accordingly and opened or extended the access to medical cannabis to their patients. We are happy to note the recent legislative changes in Germany and we invite other countries to follow such progress.

A major step in the right direction, in line with requests in our Declaration of March 2015 and the CND's Resolution 52/5 from 2009, was also the decision of the WHO Expert Committee on Drug Dependence at 38th meeting in November 2016 to pre-review cannabis at ECDD meeting dedicated to cannabis to be held within the next

eighteen months from the decision. It is important that this pre-review process is followed promptly by a critical review. This can happen before UNGASS 2019.

Most information that WHO needs for the objective evaluation of cannabis is already available. In March last year, with the support of our co-founding member organization the "Americans for Save Access", a group of international experts prepared [Cannabis and Cannabis Resin Critical Review Preparation Document](#) which was peer-reviewed and adopted at the International Conference on Harmonization of Global Cannabis Policy, in Washington D.C., in March 2016. IMCPC provided this document to the Director-General of WHO and to the ECDD.

Mr. Chair, under agenda item in chapter 5 of the outcome document, we encourage the Commission to explore cannabis treatments as a strategic tool to combat misuse of strong opioids in countries such as the US. As the practical experience from some US states implicates, the access to medical cannabis significantly lowers the levels of medical use and misuse of opioids.

Mr. Chair, a revision of the current scheduling status of cannabis under the 1961 Single Convention would be a major step towards implementation of the UNGASS outcome document. We request the WHO to address this issue as priority and we invite all States and international bodies, such as CND, INCB and UNODC, to support WHO in this regard. We would like to assure Governments and WHO that IMCPC members are ready to provide all information at our disposal to WHO and Governments, in order to facilitate and speed up this process.

Thank you for your attention.