



World Health
Organization

41st Expert Committee on Drug Dependence

Recommendations on Cannabis and Cannabis related substances

Dr Gilles Forte



WHO role within the International Drug Control Conventions

- The 1961 Single Convention on Narcotic Drugs (Article 3)
- The 1971 Convention on Psychotropic Substances (Article 2)
 - **Mandate WHO** to undertake assessment of most prevalent and harmful psychoactive substances
- The WHO Expert Committee on Drug Dependence (ECDD) assesses:
 - the risks of **abuse, dependence and harm to health**
 - the importance of **therapeutic use** (where relevant)
- The ECDD recommends to the CND whether or not these substances:
 - should be placed under **international control**
 - if their **level of control** should be changed

The WHO Expert Committee on Drug Dependence (ECDD)

Composition:

- Recognised scientific experts on substance evaluation
e.g. toxicology, addiction, pharmacology
- Scientific independence
Clear of COI - not representing government or commercial entity
- Geographic and gender balance
- Observers: UN agencies: INCB & UNODC

The Expert Committee follows the procedures outlined in the approved publication titled:

- 'Guidance on WHO review of psychoactive substances for international control'
 - WHA 33.27 (1980);
 - Revisions approved by WHO Executive Board in 2010

Guidance on the WHO review
of psychoactive substances
for international control



Rationale for ECDD review of cannabis and cannabis-related products

- A continued response to CND Resolution 52/5 and 50/2 that requested WHO to update reports on cannabis & review dronabinol when additional information became available
- In recent years, more robust scientific research has been conducted into the harms and therapeutic use of cannabis and cannabis preparations. WHO ECDD considered the amount of new evidence to be sufficient for a formal review of cannabis
- A number of countries have requested WHO to collect and analyse scientific evidence on harms and therapeutic use for review by ECDD, as more countries are embarking on regulated access to cannabis and cannabis preparations for medical use
- Cannabis has never been subject to a formal review by the WHO Expert Committee on Drug Dependence (ECDD) since its original placement within the international drug control conventions

A stepwise approach

- Update at the 36th ECDD meeting, 2014
- Update at the 37th ECDD meeting, 2015
- Update at the 38th ECDD meeting, 2016
- Update at the 39th ECDD meeting, 2017

- Special session for pre-review of cannabis and cannabis-related substances, 40th ECDD meeting, June 2018

- Critical review of cannabis and cannabis-related substances, 41st ECDD meeting, November 2018

Robust information is central to ECDD review process

Cannabis reviews produced in May and October 2018

- Scientific published and unpublished data
- Hundreds of publications reviewed and referenced
- Peer reviewed by ECDD Members

Member States Questionnaires in May 2018

- Member States' data for substances reviewed

Other sources of data

- Early Warning Advisory System (UNODC & INCB)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- Uppsala Monitoring Centre on adverse medicines reactions (WHO)
- Global Surveillance and Monitoring System on Substandard and Falsified Medicines (WHO)

Disclosure of information

- A special website was established to publish cannabis reviews for 40th & 41st ECDD and collect comments

Cannabis and cannabis-related review process

- WHO issued an open call for authors for critical review reports on cannabis and cannabis-related substances, in line with UN procurement procedures
- An expert panel was established for the assessment and the selection of authors of these cannabis review reports
- A total of 31 applications were received and a group of 5 external experts were selected, with recognized scientific expertise in the fields of chemistry, toxicology, pharmacology, epidemiology, and therapeutic use; and specialist knowledge pertaining to cannabis and cannabis-related substances;
- All DOIs were scrutinised according to WHO current rules and no interests were considered to present conflicts at that time.

Consultation process on the review of cannabis and cannabis-related substances

- Pre-review and critical review reports were posted on ECDD website in May & October 2018 for public comments
- Comments were received from Member States, civil society, private sector and scientific organisations
- ECDD Open sessions, June & November 2018
- Regular consultations with UNODC & INCB to discuss the Committee's final scheduling recommendations
- Member States briefings, at WHO Executive Board meetings and CND Reconvened.

Rationale for issuing recommendations on scheduling

- ECDD recommendations seek to prevent harms caused by the use of cannabis and cannabis preparations and ensure they are available when and where they are needed for medical and scientific purposes
- To ensure a coherent and relevant level of international control that adequately considers current information about the harms and therapeutic uses of cannabis
- The levels of international control as recommended by WHO ECDD should be considered as a minimum requirement; it is at the discretion of Member States to implement more stringent levels of control, depending on the specific country context

Cannabis and cannabis-related substances

Cannabis and cannabis resin

- Includes preparations of cannabis

▪ **Current scheduling status:**

Schedule I of the 1961 Single Convention on Narcotic Drugs and Schedule IV of the 1961 Single Convention on Narcotic Drugs

▪ **Recommendation:**

Delete from Schedule IV of the 1961 Single Convention on Narcotic Drugs

▪ **Rationale for change in Schedule:**

- Cannabis less harmful & not similar to other Schedule IV substances
- Proven medical use of cannabis preparations
- Maintain strict control of Schedule I of the 1961 Single Convention on Narcotic Drugs

Cannabis and cannabis-related substances

Dronabinol (delta-9-THC)

- **Current scheduling status:**

Schedule II of the 1971 Convention on Psychotropic Substances

- **Recommendation:**

- Add to Schedule I of the 1961 Single Convention on Narcotic Drugs (same as cannabis)
- Delete from the 1971 Convention on Psychotropic Substances, Schedule II

- **Rationale for change**

- Delta- 9-THC, main active component of cannabis, was unknown in 1961 so not included in Schedule I of the 1961 Single Convention
- Placing cannabis and its active component in same Convention and Schedule because of similarity in liability to abuse and to produce ill effects to cannabis and preparations of cannabis (same as opium and coca leaf)

Cannabis and cannabis-related substances

Tetrahydrocannabinol (isomers of THC)

- **Current scheduling status:**

Schedule I of the 1971 Convention on Psychotropic Substances

- **Recommendation:**

Add to Schedule I of the 1961 Single Convention on Narcotic Drugs

Delete from the 1971 Convention on Psychotropic Substances

- **Rationale for change**

- The isomers of THC are substances not easily differentiated from delta-9-THC with normal chemical analysis
- Placing them in the same Convention and Schedule as delta-9-THC will facilitate international control of delta-9-THC

Cannabis and cannabis-related substances

Extracts and tinctures

- **Current scheduling status:**

Schedule I of the 1961 Single Convention on Narcotic Drugs

- **Recommendation:**

Delete from Schedule I of the 1961 Single Convention on Narcotic Drugs

- **Rationale for change:**

- 'Extracts and Tinctures' was originally included because the active cannabis component (delta-9-THC) was not known
- However, this entry is not necessary, as preparations of cannabis are covered under the 1961 Convention
- Allow greater certainty of control of illicit substances in particular high purity illicit THC products that are neither tinctures nor extracts.

Cannabis and cannabis-related substances

Cannabidiol preparations

- **Current scheduling status:**

Schedule I & IV of 1961 Single Convention on Narcotic Drugs

- **Recommendation:**

The Committee recommended that a footnote be added to Schedule I of the 1961 Single Convention on Narcotic Drugs to read:

“Preparations containing predominantly cannabidiol and not more than 0.2 percent of delta-9-tetrahydrocannabinol are not under international control.”

- **Rationale for change:**

- Cannabidiol is used to treat childhood epilepsy. It is not psychoactive and there is no evidence of dependence or abuse
- However, trace amounts of THC can be detected in pharmaceutical preparations.
- This change will ensure that pharmaceutical preparations of cannabidiol with less than 0.2% of delta-9-THC are not controlled

Cannabis and cannabis-related substances

Pharmaceutical preparations containing dronabinol (delta-9-tetrahydrocannabinol)

- **Current scheduling status:**

Schedule II of the 1971 Convention (as dronabinol preparations) and Schedule I & IV of the 1961 Convention (as a preparation of cannabis)

- **Recommendation:**

Added to Schedule III of the 1961 Convention on Narcotic Drugs

- **Rationale for change:**

- Pharmaceutical preparations of delta-9-THC (dronabinol) taken orally are not liable to abuse
- Lower level of control is proposed for preparations from which delta-9-THC can't be recovered
- This lower level of control will increase international access to pharmaceutical preparations of dronabinol while protecting from their harm