My delegation wishes to express its thanks to the Chair of the CND for the successful conclusions of the intersessional meeting, which has provided Member States the opportunity to consider the various ramifications of the WHO’s recommendation on control measures for cannabis and cannabis resin.

Nigeria associates herself with the Statement delivered by the Russian Federation on behalf of Like Minded Countries.

From the three topical meetings, we have observed a lack of cohesion in the application of the convention to the control measures for cannabis and it has become obvious that the WHO’s Recommendations is not a one-size-fits all in addressing any identified gaps in the current control regime. We believe there are boundless opportunity to explore other alternative course of action in the light of the controversies, lack of cohesiveness and ambiguities that have trailed the 6 recommendations for the rescheduling of cannabis and related substances.

Mr. Chair
We are not under any illusion that the Recommendations are a receipt for legalization of cannabis, but we understand how the perception of our actions may influence public attitude to non-medical use of cannabis and related substances. Cannabis has remained readily available and continued to dominate the chart as the most abused drug in the world. In addition, the perception that the quest for liberalization of cannabis is driven by commercial and economic considerations as opposed to science, public, welfare and safety is a very dangerous development.

Narcotic drugs and substances are controlled because they pose great risk to public health, safety and welfare. Drugs and substances do not become harmful as a result of the control measures applied to them. The risk factor and other considerations determine the schedule in which a drug is placed. Cannabis is placed in Schedule I and IV of the 1961 Convention as a deliberate effort to ensure adequate protection of public health and welfare. Drugs placed in schedule IV are first listed in Schedule I. The additional protection in schedule IV provides Member States the opportunity to consider and apply stricter control measures for such drugs taking into account public health, welfare and the prevailing circumstances within their country. We
believe there must be very strong and unambiguous reasons supported by robust medical evidence and facts to change the current regime, and in our humble view, this has not been the case with these recommendations. Let us consider, for example, Resolution 5.1

In its assessment of Recommendation 5.1 on deletion of cannabis from Schedule IV of the 1961 Convention, the international Narcotic Control Board concluded that the discretion available to Member States to apply stricter measures for substances listed in Schedule IV is protected by Article 39 of the same Convention. We do not consider this an accurate interpretation of the Article, which clearly referred to measures Member States may take to bring only preparations in Schedule III and Drugs in Schedule II to the same level of control provided in Schedule I. For ease of reference, Article 39 reads

“Notwithstanding anything contained in this Convention, a Party shall not be, or be deemed to be precluded from adopting measures of control more strict or severe than those provided by this Convention and in particular from requiring that preparations in schedule III or drugs in Schedule II be subject to all or such of the measures of control applicable to schedule I as in its opinion is necessary or desirable for the protection of the public health or welfare.”
From the reading of this provision, it is obvious that the level of domestic measures envisaged in Article 39 must be limited to the control measures applicable to drugs in Schedule I. Cannabis is already listed in Schedule I and this provision does not apply. It is only the listing of cannabis in Schedule IV that actually provided special protection for Member States to apply stricter control measures in addition to those already in Schedule I in order to protect public health, welfare and safety. This is the clear provision and intendment of Article 2 paragraph 5, sub paragraphs (a) and (b) of the 1961 Convention. This special protection for Member States who may have special domestic situation will be lost if Cannabis is deleted from Schedule IV. For emphasis, Article 39 only allows Member States to apply strict measures to bring preparations in Schedule III or drugs in Schedule II to the same level of control as drugs in Schedule I.

Mr Chair

It follows that an adoption of Recommendation 5.1 would mean a loss of the special protection giving to member States to apply stricter measures in addition to those already in Schedule I. This will amount to a radical and fundamental departure from the current legal regime for the control of cannabis and related substances. It is an illusion to argue
that the deletion would not affect the current control regime as Article 39 of the 1961 is not a replacement of Article 2 paragraph 5 sub paragraph a and b. Assuming the argument is correct, as proffered, also, by some Member States, why do we bother about deleting cannabis in Schedule IV. Why are we having this conversation if it would not impact the current control regime? We, therefore, urge Member States to take another careful consideration of these key provisions and their implications before voting on Recommendation 5.1, and indeed, the other recommendations.

The findings of the 2020 WDR on the increase in non-medical use or abuse of cannabis is similar to the outcome in the 2019 World Drug Report. Cannabis remains the most abused drug in the world. We are therefore concerned about the timing of this recommendation. Furthermore, cannabis remains the most abused drug in Nigeria. Our National Drug Use Survey launched in January 2019 indicated that over 10 million people abused cannabis in one year. There is also a growing concern about the linkage between cannabis abuse and rate of violent crimes in the country.

In conclusion, we believe that the current control measures for cannabis and its related substances provides sufficient flexibility to allow adequate access to these substances for medical and scientific purposes. Nigeria is open to having a conversation to address the gaps within the current control regime.

Thank you Mr. Chair