

Commission on Narcotic Drugs, Sixty-third session
Second intersessional meeting
8 October 2020, United Nations Office at Vienna
Statement of Dr. Joel Wren, MBBS, Adelaide, Australia.

Ambassador KHOKHER,

Excellencies,

Ladies and gentlemen,

I commend the Secretariat for this opportunity to take the floor and I wish the new Chair well.

I am Dr Joel Wren, a general practitioner from Adelaide, Australia. In my practice I see a wide variety of patients and pathologies.

I prescribe medicinal cannabis and actively participate in the discussions on the right to health and palliative care.

I am a member of the Society of Cannabis Clinicians, an NGO founded in 2000, comprising hundreds of physicians from 23 countries educating and researching medical use of cannabis. We are at the frontline ensuring access and availability of medicines while addressing diversion and use disorders, fully aware that the world drug problem remains a common and shared responsibility requiring effective cooperation in a multidisciplinary and balanced approach.

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As a physician my practice is evidence-based so I am impressed by the ECDD scientific reviews. Such measured medical advice should not be disrespected in a time of pandemic.

As a doctor I recommend medicines very carefully. Similarly, WHO's recommendations are medical directives, a prescription for responsible policy and should be adopted as written for best results just as you would do at your own doctor's office.

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Two years of discussions, the INCB analysis in June, WHO and UNODC's answers have all provided meaningful legal and administrative clarifications.

A clear point arose: this is a change in international scheduling, NOT in national laws. There is *no mandatory* change nationally, as per Article 39.

Instead of voting no, delegations opposing the recommendations could rather abstain and just not-implement any change in their country.

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Mr Chair,

- Recommendations 5.1 and 5.4 are common sense, and a clear correction of the historical record.
- Similarly, 5.2 and 5.3 would contribute to policy coherence and simplification.
- I am pleased that 5.6 reflects the existing régimes of medical cannabis in place in the dozen countries on all continents that have championed the right to access these herbal medicines. I am therefore surprised that some of these countries oppose 5.6, even though it would harmonize their medical cannabis access policies with the Conventions.
- Finally, CBD is not a “drug” in the meaning of the Convention. This will not change. Same goes for the other non-scheduled components of cannabis. 5.5 does not affect the status of CBD and does not affect hemp; rather it provides a handy guidance for trade in medicines containing trace-amounts of THC. 5.5 would be a precedent to apply for any future non-intoxicating compounds. It wouldn't create any new régime, but clarify the existing one in an implementable way.

Most opposition directed at the *form* rather than the *content*. Perhaps CND could request WHO and particularly the ECDD to provide supplementary written information serving as official guidance interpreting the recommendations – just like there is a Commentary for the three Conventions.

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The use of Cannabis as a palliative treatment has been well known for Centuries by indigenous and traditional healers so these recommendations are not revolutionary. We can only discuss medical cannabis today thanks to the knowledge of our ancestors and the plants they left us.

Almost all CND members have native Cannabis varieties with untapped medical potential but at risk of extinction. These are not only the heritage of humankind they're assets for developing countries amidst a pandemic.

Adopting the recommendations will help tackle plant biopiracy and misappropriation of traditional knowledge.

Governments should realize international law does not end with drug control, invoke intellectual property treaties to protect traditional knowledge & the Convention on Biological Diversity or FAO Treaties to preserve genetic biodiversity.

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Mr Chair,

Member states call for evidence based policy – Now is the time to ratify it.

The INCB concluded that the recommendations will – and I quote – “clarify and streamline control requirements,” provoking no legal or administrative disruption.

Policy coherence is one of the sustainable goals your governments committed to. Updating scheduling on the basis of science is part of it.

The Convention provides strong and exhaustive controls. The recommendations would maintain high levels of Schedule I controls, while enabling medicinal access and promoting research.

Given that medicinal cannabis has made a come-back independent of the Convention: Wouldn't rejecting the recommendations trivialise the Conventions? Wouldn't it give a mandate for medical cannabis to continue unfolding outside of treaty control?

This is a test for the Conventions. Make them fit for purpose: accept the recommendations.

Mister Chair, Excellencies,

Phytotherapy and herbal medicine are widely used not only traditionally but also in Western pharmacy. Control and pharmaco-vigilance of herbal medicines do not merely depend on scheduling; well-trained medical professionals are the front line to tackle risks and abuse.

As a Cannabis Clinician, I am confident your Commission will respect the mandate of WHO, rejecting none of the recommendations. Abstaining and not implementing changes nationally is a way to voice your opposition without obstructing the international community, remaining committed to your common and shared responsibilities.

My patients count on me to provide them the best quality of care. I count on you to support my profession with responsible and evidence-based policy.

I thank you.

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