20 February 2020

English only

Commission on Narcotic Drugs
Sixty-third session
Vienna, 2–6 March 2020
Item 5 (a) of the provisional agenda*
Implementation of the international drug control treaties: changes in the scope of control of substances

Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances**

Note by the Secretariat

1. As stated in document E/CN.7/2020/14, pursuant to article 3, paragraphs 1 and 3 to 6, of the 1961 Convention and article 2, paragraphs 1, 4 and 6, of the 1971 Convention, the Director-General of WHO, in correspondence dated 24 January 2019 (received 28 January 2019), notified the Secretary-General of the outcome of the forty-first meeting of the ECDD, held in the Geneva from 12 to 16 November 2018.

2. In that connection, the Director-General notified the Secretary-General of the recommendations regarding the review of cannabis and cannabis-related substances, which were as follows:

(a) To delete cannabis and cannabis resin from Schedule IV of the 1961 Convention;

(b) To add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention; and to delete it from Schedule II of the 1971 Convention, subject to the Commission's adoption of the recommendation to add it to Schedule I of the 1961 Convention;

(c) To add tetrahydrocannabinol (THC) (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention, subject to the Commission's adoption of the recommendation to add dronabinol and its stereoisomers to Schedule I of the 1961 Convention; and to delete THC from Schedule I of the 1971 Convention, subject to the adoption of the recommendation to add it to Schedule I of the 1961 Convention;

(d) To delete extracts and tinctures of cannabis from Schedule I of the 1961 Convention;

* E/CN.7/2020/1.
** This document has not been edited.

(e) To add a footnote to the entry for cannabis and cannabis resin in Schedule I of the 1961 Convention to read “Preparations containing predominantly cannabidiol and not more than 0.2 per cent of *delta*-9-tetrahydrocannabinol are not under international control”;

(f) To add to Schedule III of the 1961 Convention preparations produced either by chemical synthesis or as preparations of cannabis that are compounded as pharmaceutical preparations with one or more other ingredients and in such a way that *delta*-9-tetrahydrocannabinol (dronabinol) cannot be recovered by readily available means or in a yield that would constitute a risk to public health.

3. In accordance with the provisions of article 3, paragraph 2, of the 1961 Convention and article 2, paragraph 2, of the 1971 Convention, on 1 February 2019, the Secretary-General transmitted to all Governments a note verbale, to which the notification dated 24 January 2019 and the information submitted by WHO in support of those recommendations were annexed. On 29 November 2019, the Secretariat in note verbale CU 2019/36/DTA/SGB asked States parties to the 1961 and 1971 Conventions to submit any comments on the WHO recommendations on cannabis and cannabis-related substances to be shared with the Commission. As at the extended deadline of 31 January 2020, the Governments of the following 16 States parties to the Conventions had provided comments considered to be relevant to the WHO recommendations on cannabis and cannabis-related substances: Belarus, China, Gabon, Ireland, Japan, Lebanon, Mauritius, Nigeria, Romania, the Russian Federation, Saudi Arabia, Singapore, State of Palestine, Tajikistan, Turkey and Turkmenistan.

4. The Government of Belarus communicated the following comments on the individual scheduling recommendations:

(a) The Government stated that given that dronabinol and tetrahydrocannabinol were active ingredients of the narcotic drugs obtained from plants of the genus Cannabis (marijuana, hashish and hashish oil), it would be appropriate to add all isomers of dronabinol to Schedule I of the 1961 Convention and to delete them from the schedules of the 1971 Convention in order to eliminate the inconsistency in the terminology used. However, it should be noted that an amendment of the national control regime of Belarus would become necessary, if the aforementioned substances were to be moved to the 1961 Convention;

(b) The deletion of cannabis and cannabis resin from Schedule IV of the 1961 Convention could reduce the scope for applying to them additional measures of control, currently in place in Belarus. The Government of Belarus noted that on the national level, cannabis and cannabis resin were regulated under the term marijuana, which had a substantially broader meaning that the term “cannabis” in the 1961 Convention. Furthermore, marijuana and hashish were listed as dangerous narcotic drugs not to be used for medical purposes;

(c) The Government of Belarus considered it premature and inappropriate to delete extracts and tinctures of cannabis from Schedule I of the 1961 Convention, because the deletion could lead to a substantial change in the control measure applicable to hashish oil in Belarus and because these preparations were not used for medical purposes;

(d) The lifting of control measures of cannabidiol preparations that contain no more than 0.2 per cent of dronabinol and the addition of synthetic and natural preparations based on cannabis to Schedule III of the 1961 Convention would be at odds with the national control regime.

5. The Government of China expressed its opposition to any form of relaxation of the controls on cannabis and cannabis-related substances. Cannabis and cannabis-related substances were extremely harmful to society. Any trend towards relaxing controls or towards legalization would sharply boost the spread of cannabis abuse and imperil drug control efforts in other countries as well as globally. Further, evidence supporting the medical use of cannabis was insufficient. The United Nations had an

obligation to maintain the stability of global drug control policy, exercise prudence when changing it with regard to the substances under control and preserve the original control frameworks when there was insufficient evidence of any need for major changes:

(a) The Government of China opposed the deletion of cannabis and cannabis resin from Schedule IV of the 1961 Convention, as the deletion would give people the mistaken impression that the control of cannabis and cannabis resin had been relaxed; would significantly reduce public awareness of the seriousness of the dangers of cannabis and cannabis resin; and would encourage more people, especially adolescents, to abuse cannabis. In contrast to opium, none of the phenolic components in cannabis plants had been found to be "irreplaceable" in clinical use. Further, it noted that keeping cannabis and cannabis resin in Schedule IV would not prevent the use of cannabis in scientific research and medicine and that the current value of cannabis and cannabis resin for medical use was not sufficient to support their deletion from Schedule IV;

(b) The Government of China stated that dronabinol should remain in Schedule II of the 1971 Convention. As a large number of synthetic cannabinoids were listed in Schedule II of the 1971 Convention, such as ADB-FUBINACA and FUB-AMB, the removal of dronabinol would create confusion. Further, the transfer from the 1971 Convention to the 1961 Convention would not reduce the possibility of abuse of this substance;

(c) Tetrahydrocannabinol should remain in Schedule I of the 1971 Convention, as WHO had not provided sufficient evidence to support the need to reassign tetrahydrocannabinol to Schedule I of the 1961 Convention, or evidence that the degree or likelihood of abuse or use of the substance in illicit drug manufacturing would be reduced as a result of that rescheduling. If the latest scientific research had not revealed substantial changes in the chemical properties or medical applications of a controlled substance, careful consideration should be given to any changes to controls on such substances; and changes to the existing control framework should not be lightly undertaken;

(d) The Government of China noted that cannabis extracts and tinctures should remain in Schedule I of the 1961 Convention, as the deletion would lead to the deregulation of cannabis and would further contribute to the development and spread of cannabis abuse;

(e) The Government of China noted that as cannabidiol, whether extracted from cannabis plants or chemically synthesized, inevitably contained trace amounts of *delta*-9-tetrahydrocannabinol, WHO had to provide additional sufficient experimental data, drug dependence research reports, etc., to prove that a standard of *delta*-9-tetrahydrocannabinol content not exceeding 0.2 per cent was scientific and insufficient to cause harm;

(f) Furthermore, the Government of China expressed that dronabinol should remain in Schedule II of the 1971 Convention, and it did not endorse the inclusion of dronabinol preparations in Schedule III of the 1961 Convention, as evidence supporting the medical application of dronabinol was very weak, especially when compared with the current new drugs.

6. The Government of Gabon informed that the recommendations on cannabis and cannabis-related substances had been brought to the attention of the Government.

7. The Government of Ireland submitted the following comments on the individual recommendations on cannabis and cannabis-related substances, subject to the coordinated position of the European Union:

(a) The Government of Ireland stated that it would have no objection to the deletion of cannabis and cannabis resin from Schedule IV of the 1961 Convention, as this would not have a significant impact on the activities of the regulators;

(b) The Government did not have any objections regarding the transfer of dronabinol and isomers of THC from the 1971 Convention to the 1961 Convention. The transfer would mean a change in reporting requirements but would only mildly impact the internal processes;

(c) From its consultations with external stakeholders, notably the cosmetics industry and those cultivating hemp, the Government of Ireland understood that there was a desire for more clarity on the legal status of extracts and tinctures of cannabis as well as the percentage of *delta*-9-tetrahydrocannabinol legally permitted in preparations containing predominantly cannabidiol. The Government of Ireland indicated that exempting preparations with less than 0.2 per cent THC from international control, might have an impact on the prosecution of cannabis-related offences. It was further noted that a number of countries already adopted 0.3 per cent has threshold.

8. The Government of Japan stated that the vote on the scheduling recommendations should be postponed again by the CND until the consequences of rescheduling had been fully assessed and noted the following on the individual scheduling recommendations:

(a) The Government of Japan could not take a clear stance on the deletion of cannabis and cannabis resin from Schedule IV of the 1961 Convention, because of inadequate evidence on the efficacy of the medical use of cannabis, and because of the impact on public perception of cannabis use, which might lead to loosening of regulations and to posing a public health risk;

(b) The Government of Japan could consider accepting the addition of dronabinol and isomers of THC to Schedule I of the 1961 Convention and the deletion of these substances from the 1971 Convention, as long as new standards and guidelines on the implementation of control measures of the Conventions by Member States were developed first;

(c) Regarding the deletion of “extracts and tinctures” from the 1961 Convention, the Government of Japan could consider accepting the recommendation, but would first like to analyze its impact on the implementation and operation of the international drug control conventions;

(d) The Government of Japan stated that it could not accept the insertion of a footnote on cannabidiol preparations, as serious concerns remained. The term “preparations” applied also to non-medical products and could therefore impair the ability of law enforcement. Further, the recommendation entailed the risk of potentially loosening the control of THC, which could inadvertently increase the risk to public health. Also, the recommended 0.2 per cent threshold of THC could become a barrier for research and development of future CBD medicinal products. Therefore, the threshold should not be specified and should be delegated to the pharmaceutical regulation of each State party. There was a need for further clarification on the threshold, as WHO indicated that it was specified by dry weight as a proportion of the total weight of the cannabis plant material;

(e) At this time, the Government of Japan could not accept the addition of pharmaceutical preparations of dronabinol to Schedule III of the 1961 Convention, as it might contribute to the abuse of THC due to the ambiguous terms of “preparation” and “pharmaceutical preparations”.

9. The Government of Lebanon stated no objection to preparations considered to be pure cannabidiol not exceeding 0.2 per cent of *delta*-9-tetrahydrocannabinol not being under international control. It further indicated its support to the addition to Schedule III of the 1961 Convention of preparations produced either by chemical synthesis or as preparations of cannabis that are compounded as pharmaceutical preparations with one or more other ingredients and in such a way that *delta*-9-tetrahydrocannabinol (dronabinol) cannot be recovered by readily available means or in a yield that would constitute a risk to public health.

10. The Government of Mauritius commended the formal review conducted by the ECDD and stated that it was following closely the WHO recommendations and remained guided by the international treaties.

11. The Government of Nigeria noted with concern that the questions raised with regard to the recommendations on cannabis and cannabis-related substances had not satisfactorily been addressed by the World Health Organization.

12. The Government of Romania stated with regard to the addition of a footnote on cannabidiol preparations to Schedule I of the 1961 Convention that it had no objection to the use of medicinal preparations containing cannabidiol (such as Epidiolex) provided that the use complied with national and European regulations in force, regarding clinical testing, good manufacturing practices (GMP) and marketing authorization. Further, it noted that it did not support, nor encourage the consumption of preparations presented as foods / dietary supplements with properties beneficial to health, containing cannabidiol and THC in various concentrations, especially when not being controlled under the same conditions as medicines.The Government of Romania raised concerns regarding the addition of preparations containing dronabinol to Schedule III of the 1961 Convention, because as no maximum limit of concentration was provided, products with an indefinite concentration of *delta*-9-THC would be subject to the minimum control regime provided by Schedule III of the 1961 Convention.

13. The Government of the Russian Federation stated that a decision by the Commission to relax cannabis control would indirectly encourage the liberal experiments in a number of countries on full or partial legalization of the recreational use of marijuana in violation of their obligations under the international drug control conventions. The removal of cannabis and cannabis resin from Schedule IV of the 1961 Convention would inevitably be perceived by society, especially young people, to mean that the drug was harmless. Diminished awareness of the risks associated with cannabis abuse would in turn lead inevitably to an increase in drug abuse among young people and entail serious social consequences. Further, the deletion of cannabis and cannabis resin from Schedule IV would mean that the parties to the Convention would be limited in their ability to apply stricter national control measures to cannabis according to their specific circumstances.

14. The Government of Saudi Arabia stated that cannabis and cannabis resin should remain in Schedule IV of the 1961 Convention. It expressed its support for the recommendations to move dronabinol and tetrahydrocannabinol from the 1971 to the 1961 Convention, as this recommendation would give more restrictions to this active component. The Government of Saudi Arabia expressed its opposition to the deletion of extracts and tinctures from Schedule I of the 1961 Convention. Concerning the footnote on cannabidiol preparations, the Government indicated that it needed more and clear evidences about its safety. Due to the worries about the preparations, it would be good to keep it in the same convention. The Government of Saudi Arabia expressed support for the addition of preparations containing dronabinol to Schedule III of the 1961 Convention.

15. The Government of Singapore recognized the wider ramifications of the scheduling recommendations on the international drug control regime. It stated that all six recommendations should be assessed as a whole, either put to a vote or deferred altogether for further study. The Government noted that it took into account two key considerations when examining the recommendations: the impact on public health and welfare, including the potential public signaling effect, and controls to limit access to narcotics drugs and psychotropic substances but permitting availability for legitimate scientific and medical use. Concerning the individual recommendations, the Government of Singapore stated that they could not be accepted and noted the following:

(a) With regard to the deletion of cannabis and cannabis resin from Schedule IV of the 1961 Convention, the Government stated that the evidence on the efficacy of cannabis and cannabis-related substances for medical purposes was neither adequate

nor robust enough to outweigh the incontrovertible evidence on their harms. Furthermore, there were no barriers to access to cannabis and cannabis resin for scientific and medical use in their current scheduling, and therefore no reason from this perspective for the recommendation. The recommendation would also lower the risk perception of cannabis use;

(b) The Government of Singapore noted that the implications of transferring dronabinol and its stereoisomers from the 1971 Convention to the 1961 Convention on "preparations" of dronabinol and its stereoisomers remained unclear;

(c) Concerning the transfer of tetrahydrocannabinol, the Government stated that tetrahydrocannabinol should be placed under the same Convention and Schedule as dronabinol and its stereoisomers, but it remained unclear for now which Convention and Schedule were most appropriate;

(d) The Government of Singapore opposed the deletion of "extracts and tinctures" from the 1961 Convention, in order to maintain existing control measures on products which did not fall under "preparations";

(e) On the addition of a footnote on cannabidiol preparations, the Government of Singapore noted that there was a lack of supporting evidence as well as a lack of consideration given to the impact on public health and welfare. Further, it raised concerns with regard to the definition of "preparations" which covered all preparations whether for pharmaceutical or other purposes;

(f) As there was no common understanding on "preparations containing dronabinol, produced either by chemical synthesis or as preparations of cannabis that are compounded as a pharmaceutical preparation with one or more other ingredients" nor on "recovered by readily available means", including dronabinol preparations in Schedule III of the 1961 Convention as recommended would create ambiguity about the controls that Member States were required to implement for THC preparations in general, and would result in their inadvertent loosening. Further, there was a lack of evidence to substantiate safety of liberalizing controls over a broader and undefined range of pharmaceutical products, and to substantiate the need of liberalization in order to facilitate access for medical and scientific purposes.

16. The Government of the State of Palestine stated that it could not endorse the recommendations, as the legalization of cannabis and cannabis-related substances was currently not a possibility in the State of Palestine.

17. The Government of Tajikistan expressed support to the recommendations to delete cannabis and cannabis resin from Schedule IV of the 1961 Convention, to transfer dronabinol and tetrahydrocannabinol from the 1971 Convention to the 1961 Convention and to add preparations containing dronabinol to Schedule III of the 1961 Convention. The Government objected the deletion of extracts and tinctures from Schedule I of the 1961 Convention in the light of seizures in States members of the Commonwealth of Independent States of hashish oil, a steamed extract of cannabis that was obtained using various solvents.

18. The Government of Turkey stated that it did not support the recommendations on cannabis and cannabis-related substances, because cannabis was not an irreplaceable substance for medical purposes, and changing the scheduling resulted in an increase in the use of narcotics, as it was being observed in some countries which had legalized the production of cannabis.

19. The Government of Turkmenistan considered the deletion of cannabis and cannabis related substances from the 1961 Convention inexpedient.