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Implementation of the international drug control treaties: challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations

Statement submitted by the European coalition for just and effective drug policies (ENCOD), a non-governmental organization in special consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* [E/CN.7/2024/1](#).

** Issued without formal editing.



Shifting Perspectives on Novel and Traditional Drugs: ENCOD's Remarks Around Rethinking Drug Control¹

Since its establishment in 1993, ENCOD has been advocating for fairer drug policies that uphold the rights of users while promoting education and information dissemination. Our approach encompasses societal, informational, and regulatory dimensions, guided by our manifesto for just and effective drug policies.²

We recognize the profound impact of drug policies, shaped by historical injustices and contemporary challenges. Focusing on human rights, harm reduction, and policy reform are the only interventions that will benefit public health. Outdated, moralist, and racist policies perpetuate a system that affects the health and safety of marginalized communities.

Prohibitions have inadvertently fuelled the demand for increasingly hazardous drugs, in particular synthetic formulations. This trend underscores the urgent need to shift our focus back to traditional herbal drugs: They offer potential mitigation strategies, have well-known, better safety profiles, and opportunities for harm reduction and substitution.

ENCOD invites the Commission to reflect on these goals and how we can work towards their achievement by looking at the bigger picture when it comes to drug policy. Aligned with the Sustainable Development Goals (SDGs), civil society engagement is paramount in shaping evidence-based policies. A good first step is to read and implement the Sustainable Cannabis Policy Toolkit available on www.cannabis2030.org.

We should not forget that it is the arbitrary classification of plants such as poppy, coca, and cannabis that has led to the emergence of these NPS which pose significant challenges to global health.

Working alongside the cannabis, coca, and opium growing and using communities, our NGO has experienced first hand the effects of the criminalization of drug users. Our perspective is historical and twofold:

1. The effects of prohibition and colonial capture of cannabis, coca, and many other traditional and sacred plants and fungi. This threatens to drive people away from these traditional, relatively safe natural products;
2. The effects of the infiltration of synthetic drugs amidst vast legal and regulatory uncertainty.

These two perspectives are inextricably linked.

About History

The prohibition of traditional herbal intoxicants began with the Opium Wars of the 19th century. 20th century geopolitical issues saw the increase in prohibitionist approaches against the “scourge of drugs” and nowadays we are seeing tentative efforts to address the wrongs of the past.

What would have happened if herbal drugs, used by humankind for millennia, had not been banned 100 years ago? Would young people use synthetic neo-cannabinoids if cannabis access had not been destroyed? Who would use fentanyl today if opium was available?

There is a pattern emerging that could read like this banning-chain:

- Ban opium, morphine pops up,

¹ ENCOD's partners of the Cannabisembassy.org.

² ENCOD (1998) *Manifesto for Just and Effective Drug Policies*, encod.org/app/uploads/2007/01/manifesto.pdf.

- Ban morphine, heroin rises,
- Ban heroin, fentanyl floods,
- Ban fentanyl, carfentanyl appears

We people who use drugs are afraid of the next unintended consequence of these policies.

Today

Valuable resources are being spent on keeping the original sources of synthetic drugs illegal or, at best, severely limited in access. Cannabis is an example of such as we see synthetic neo-cannabinoid products being sold on the street while indigenous people and local communities are facing increasing challenges with their herbal crop.

In the US, studies show higher use of synthetic cannabinoids in states where herbal cannabis is still prohibited.³ This strongly suggests that the prohibition of herbal drugs unintentionally promotes synthetic drugs use.

Continued criminalization, victimization and stigmatization of the users, cultivators and traders of herbal drugs is particularly prevalent in developing countries.

This repression also affects grassroots activists and collectives – the very same people who are formulating and experimenting with sustainable drug policy alternatives for the future of all. Prohibition and stigma keep these activist organizations with little funding, censoring and uprooting the possibilities for future change. Continued criminalization also seriously threatens the valuable cultures and traditional knowledge of local communities working with cannabis, coca, opium, fungi, kratom, ibogaine – to name but a few – in both rural and urban settings.

A look at the Way Forward: Rethinking Drug Control

We know everything about traditional herbal drugs. By making them legal, we divert users away from novel and synthetic drugs, of which we know nothing. Legalizing cannabis, coca, opium, and fungi, and their well-known derivatives, is the most efficient strategy to reduce demand for synthetic drugs.

The Global Coalition to Address Synthetic Drug Threats website states that synthetic drugs are “often more potent – and more lethal – than plant-based drugs”.⁴

In January 2024, the mayor of Amsterdam declared: “In addition to reducing stigmatization, responsible legal regulation can redirect government resources towards effective prevention, treatment and harm reduction services.”⁵

The legalization of herbal drugs with a focus on human rights and harm reduction are the only interventions that will benefit public health, with the potential to make most synthetic drugs simply irrelevant.

ENCOD with its global partners of the Cannabis Embassy, is intent on helping to resolve these complex issues by exposing the world to alternatives to prohibition that offer a sustainable future.

We wouldn't be here today if herbal intoxicants had never been prohibited.

In 2018, WHO completed its first-ever scientific review of cannabis. In 2024, WHO is in the process of evaluating coca for potential review. As a natural follow-up, and

³ As an example: Klein, T.A., et al. (2022) “Synthetic cannabinoid poisonings and access to the legal cannabis market: findings from US national poison centre data 2016–2019”, *Clinical Toxicology*, 60(9) www.tandfonline.com/doi/full/10.1080/15563650.2022.2099887.

⁴ Global Coalition to Address Synthetic Drug Threats: www.state.gov/globalcoalition.

⁵ City of Amsterdam (2024), *Dealing with drugs: Exploring the past, present and future of drug regulation*. www.amsterdam.nl/dealingwithdrugs.

aligned with what we have exposed in this statement, **we call for the launch of a scientific assessment of opium**, also a long overdue first-time review of a substance which should never have been listed in Schedule I in the first place; the opioid crisis makes it an emergency to withdraw it.

In its final analysis of cannabis, the WHO “did not consider that cannabis is associated with the same level of risk to health as [...] other drugs placed in Schedule I.”⁶ This statement technically required WHO to recommend a withdrawal of cannabis from Schedule I. WHO’s analysis and repeated statements in written and at CND inferred that they did not do so because they lacked the authority to issue such a scheduling recommendation.⁷

Withdrawing cannabis (but also coca or opium) from Schedule I would conflict with the foundation of the “three pillar drugs” of the Single Convention.⁸ Indeed, it considers cannabis, coca, and opium differently from other drugs, and subjects them to Schedule I controls regardless of WHO’s findings and recommendations.⁹

While we defend the scientific reviews of these three sacred plants, we also know that these provisions making cannabis, opium, and coca “pillar drugs” constitute a fundamental barrier to an effective and evidence-based Convention, but also amount to a discrimination of sacred indigenous plants.¹⁰

For evidence-based assessment to take effect, and for correcting the historical record for the three harmless sacred “pillar drugs”, it is time to reform the Convention.

⁶ P. 41 in: World Health Organization (2019) WHO Expert Committee on Drug Dependence: Forty-first report. Technical Report Series, No. 1018. Geneva: World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/325073/9789241210270-eng.pdf>.

⁷ P. 10 in: *History, science, and politics of international cannabis scheduling, 2015–2021*. <https://www.researchgate.net/publication/354905059>.

⁸ Article 2 paragraph 6 is the “3 pillar drugs” provision, submitting there 3 drugs to a Schedule I regime regardless of their actual listing in that Schedule: “In addition to the measures of control applicable to all drugs in Schedule I, opium is subject to the provisions of article 19, paragraph 1, subparagraph (f), and of articles 21 bis, 23 and 24, the coca leaf to those of articles 26 and 27 and cannabis to those of article 28.”

While other Schedule I drugs are only subject to its regime by virtue of their listing in the Schedule (in the annex of the Convention), coca, cannabis, and opium are subject to Schedule I twice: by listing, and by the wording of Article 2 paragraph 6.

⁹ See section “Recommendations” in: Riboulet-Zemouli, K. and Krawitz, M.A. (2022), “WHO’s first scientific review of medicinal Cannabis: from global struggle to patient implications”, *Drugs, Habits and Social Policy*, 23(1): 5-21. DOI: 10.1108/DHS-11-2021-0060, <https://kenzi.zemou.li/wp-content/uploads/2022/03/DOI-10-1108-DHS-11-2021-0060.pdf>.

¹⁰ As we recently recalled to the Committee on Economic, Social and Cultural Rights in a Joint Contribution of the Cannabis Embassy, see: <https://cannabisembassy.org/cescr>.