



# Economic and Social Council

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## Commission on Narcotic Drugs

Sixty-fourth session

Vienna, 12–16 April 2021

Item 5 of the provisional agenda\*

**Implementation of the international drug control treaties**

### **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.

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\* [E/CN.7/2021/1](#).

\*\* Issued without formal editing.



**Statement submitted by the European Coalition for Just and Effective Drug Policies (ENCOD), a non-governmental organization in consultative status with the Economic and Social Council of the United Nations on behalf of the Veterans Action Council of the USA.**

64th session of the United Nations Commission on Narcotic drugs  
Normative segment – 5. Implementation of the international drug control treaties:  
(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion; (e) Other matters arising from the international drug control treaties.

The Veterans Action Council is a group of venerated professionals in their respective fields, committed to setting higher standards of care for the military Veteran community in the United States. As equals, each member of the council brings a unique perspective and a wealth of experience both in and out of service. The purpose of this letter is to put on record what we feel are important details of our experience as military Veterans accessing medicine since the passage of the Single Convention Drug Control Treaty.

Then President of the United States, Richard Nixon, was the one who declared a “war on drugs” and the USA has played a major role in enforcement of the Single Convention Treaty. Ironically, despite the USA playing a big role in other countries making progress in national access to cannabis medicines we haven’t been able to access those treatments inside the USA. Since the early 1960’s, the USA - National Institutes of Health have been providing scientists in the member state of Israel with grants to research the cannabis plant, its compounds, and potential for medicinal use. United States taxpayers have paid for research which has led to the state of Israel becoming the world leader in cannabis science and many Israelis use cannabis on a regular basis which is supplied to them by their government. It is time for the United States to treat her citizens with the same respect and compassion.

We find ourselves looking at the history of the Opium Wars, 100 years or so ago and the start of our drug control treaties, and how they represented the end of a practice of colonial trade and it was in fact this colonial trade that the war fought to end. We identify with those who were looking to free themselves from the grip of opiates however a side effect of the eventual elimination of this imperial trade in mind altering substances would cause cannabis to be no longer seen as a widely accepted ancient traditional herbal remedy and instead a dangerous narcotic. As we understand, India, with a long, bold, important and fascinating cannabis culture stood up for cannabis access and were at least able to protect the long standing practice of consuming preparations made from the leaves.

As we begin to see more and more of the globe consumed by opiate overdoses and death we can’t help but imagine how many lives could have been already spared by access to cannabis medicines which not only have proven themselves impossible to cause a death by overdose but also known to have a “pill sparing effect” helping medical patients like us reduce our overall use of opiates and for some of us we are able to put the opiates aside completely. The cannabis plant has an ancient history, and its use among humans is well documented.

In the United States, we have inherited a long effort to create patient access to cannabis medicine. In the mid 1800’s Dr O’shaughnessy brought cannabis to the attention of the medical profession inside of the United States and by 1900 cannabis had undergone serious inquiry by some of USA’s most prestigious institutions and cannabis was enshrined in the US pharmacopeia and dispensatory. By the 1930’s the medical drug industry inside the USA namely Parke Davis and Eli Lilly had mastered cannabis cultivation within the USA and modern pharmacies boasted dozens of cannabis containing medicines. In the late 1930’s and 1940’s cannabis was removed from the pharmacy shelves inside the USA and erased from our formulary and other

reference books. This was done in contradiction to the available scientific evidence by hardline activists, abusing their public offices and power.

Citizens across our country have acknowledged the therapeutic potential of cannabis as witnessed by their voter initiatives and state legislation. Even still not all state programs are created equal, the federal government refuses to acknowledge the medical utility of cannabis, and our communities are inundated with pharmaceutical [opiate] narcotics.

For individuals who have lost their identities, careers, professions, and even spouses, children, and friends, these potentially destructive substances are too easy to abuse. We have lost more troops to suicide and accidental overdoses than from combat, many more. Death is an ever-present reality in combat environments. Through training, repetition, teamwork and accountability, the warfighter hardens themselves against this fact. To protect what they love, they knowingly enter into the fight. Nobody was ready for this epidemic. The status quo further aggravates hardships faced by all medical cannabis patients, not just the Veteran community.

Monopolizing patents, obstructing objective research, and working to subvert patient access to the healing properties of cannabis, are all themes played out time and again within the United States. This is not hyperbole. It is documented in myriad court cases spanning decades, leading right into the present moment. These difficulties include a lack of federal funding, a complex research approval process, and a shortage of government-approved cannabis for clinical trials. To put the process into perspective, it took the first rigorous clinical trial looking at cannabis as a treatment for post-traumatic stress disorder in Veterans seven years of applications and review boards just to get started.

We need to point out that we have been able to, as a grassroots voluntary association of patients, medical professionals and legislators, create over 31 modern state medical cannabis access programs delivering state of the art cannabis medicines that are quality controlled, have reliable reproducible dosage and reliable and noteworthy benefits to patients. This was only possible because we have been able to show real positive results of this treatment modality with comparatively very little negative side effects. While federal agencies adamantly maintain cannabis has “no accepted medical use in treatment in the United States,” the medical prohibition has come under increasingly strong legal and legislative challenges.

Among the victims of the government’s “war on drugs’ : The disabled, the sick, and the dying being denied treatment that is known to relieve suffering and inadvertently replace those herbal treatments with deadly alternatives.

Surely if physicians can be trusted to prescribe morphine, they can be trusted to employ cannabis in a safe, medically appropriate manner. Seriously ill Americans are suffering because of federal policies which prohibit the prescriptive medical use of cannabis. To maintain this irrational prohibition federal agencies have ignored the will of the people and the needs of seriously ill Americans, stifled research, obstructed the intent of state legislatures, blamed the treaty and refused to abide by administrative and judicial rulings. We want the world to know.

Making cannabis legally available for medical purposes may seem simple however creating a rational system of prescriptive medical access encompasses complex regulatory and legal issues. There are also concrete concerns of appropriate governmental control over, and involvement in, programs of research, cultivation, manufacturing and distribution. These questions require careful, public consideration.

No one is advocating that all patients with cannabis-responsive disorders be forced to use cannabis. Ultimately the decision to employ any medication is a profoundly personal decision which is best left to the patient and physician. In a more rational world natural cannabis and synthetic pharmaceutical drugs would all be medically available and patients and physicians would determine which drug was most appropriate for a particular treatment need.

About one hundred and eighty years ago the United States, British, French, and other world powers forced their will upon our Chinese brothers and sisters. Today we have a plea to the world to repair the damage caused by colonial control of the trade in ancient medicines, recognize the complete mess we have made with our efforts to prohibit drugs and refresh our pledge to ensure medicinal access. Let's abandon prohibition, a cure that adds more dis-ease and less control with each passing year and work together to prepare future generations for the challenges ahead.

Due to word-count considerations for this letter, for further reading we humbly refer you to our "[Green Paper](#)" which we have included. It expounds upon our position regarding medical cannabis in greater detail.

Thank you for your time, and consideration.

The Green Paper: <https://www.veteransactioncouncil.com/the-green-paper-1>

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