



## **Moving Global Cannabis Policy Forward: UNGASS 2016 Outcome Document**

On April 19-21, 2016, the United Nations General Assembly Special Session (UNGASS) will meet in New York City to discuss global drug policies. World leaders will be ratifying an Outcome Document that was prepared in Vienna March, 2016 that will set international priorities for drug policy. In order for the UN to meet the objectives of “ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes” *Cannabis* must be rescheduled. Policy makers can now take into account new clinical research, product safety protocols for *Cannabis* cultivation, manufacturing, and distribution, and global patient needs when forming international and domestic policies.

### **International Treaties and Cannabis**

Current international policies on medical use of *Cannabis* are outdated and are having a detrimental impact on patients worldwide. *Cannabis* is currently classified as a narcotic drug in Schedules I and IV of the UN Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol (the “Single Convention”), in the same way as heroin. Most governments consider this scheduling status of *Cannabis* as a request to prohibit its medical use. This scheduling was determined based on a report created by the Health Committee of the League of Nations in 1935.

The current classifications of *Cannabis* under the 1961 and 1972 conventions fails to consider the scientific and clinical evidence of the plant's medicinal properties. Medicinal benefits of the *Cannabis* plant have been known for centuries and scientific studies conducted over the past three decades have only helped to affirm the therapeutic value. Medical *Cannabis* treatments remain unavailable in most countries around the world in part due to the UN classification. Millions of patients who suffer from medical conditions for which *Cannabis* has shown to be an effective therapy face arrest and risk of criminal prosecution because of domestic policies based on these international policies. The Single Convention Treaty has been used by most governments across the globe, including the United States, to derail or greatly restrict attempts to reform national medical *Cannabis* laws and research.

However, in some countries, governments or state authorities enable access to medical *Cannabis* to their populations. Today over two-thirds of the population of the United States and its territories live in regions with medical *Cannabis* laws, and over 2.5 million individuals world-wide are legally using medical *Cannabis*. Canada, Israel, Netherlands, Czech Republic, Croatia, Mexico, Chile, Uruguay, Poland, Finland, Norway, Germany, Jamaica, Australia, Italy, Columbia, and Switzerland all allow access to medical *Cannabis* and many other countries are reviewing their legislation.

In the last two decades alone, medical *Cannabis* programs worldwide have begun to include robust regulations to address public health and safety issues, including diversion for non-medical use and abuse. Despite the positive impact of medical *Cannabis* laws, they are arguably in varying degrees of conflict with international treaties, in particular the Single Convention Treaty of 1961.

Our understanding of the therapeutic value and safety of *Cannabis* has changed dramatically since 1935. It is time for international medical *Cannabis* policies to be based on science rather than ideology, and to reflect the experience and input of patients, clinicians, and researchers.

## **Current Scheduling Status of Cannabis and Cannabis Resin under the Treaties Must be Changed**

The UNGASS 2016 should start a change in the scheduling status of *Cannabis*. The UN Commission on Narcotic Drugs (CND) makes decisions on scheduling of substances based on recommendations from the World Health Organization's (WHO) Expert Committee on Drug Dependence (ECDD).

To date, the ECDD has not conducted an updated review on *Cannabis* despite an increasing number of countries adopting medical *Cannabis* policies. The CND in its Resolution 52/5 from 2009 requested an updated review by the ECDD and in 2013, the International Narcotics Control Board, in its annual report, invited the WHO, in view of its mandate under the 1961 Convention, to evaluate "the potential medical utility of cannabis and the extent to which cannabis poses dangers to human health".

On November 16-20, 2015, the ECDD met in Geneva to discuss *Cannabis* policy as well as other substances. However, the ECDD did not produce the anticipated document. Instead, weeks after the meeting, they posted a paper by one of the ECDD members, Bertha Madras, with this disclaimer: "The author alone is responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization." The paper left out important requested information and was not officially reviewed by the ECDD. The ECDD did not make any other recommendation except to start collecting information for a pre-review at one of its future meetings.

However, any member state can create a pathway for a critical review by invoking their rights under Article 3, paragraph 1 of the Single Convention Treaty of 1961. Article 3, paragraph 1 states "Where a Party or the WHO has information which in its opinion may require an amendment to any of the Schedules, it shall notify the UN Secretary-General and furnish him with the information in support of the notification."

At the Americans for Safe Access (ASA) National Medical Cannabis Unity Conference 2016: A Conference on Harmonization of Global Cannabis Policy and Action, held on March 18-22, 2016, in Washington, D.C. global *Cannabis* stakeholders came together to create the "*Cannabis* and *Cannabis* Resin: Critical Review Preparation Document." This document was delivered to the WHO ECDD, as well as the CND. This document may also be utilized by any member state as the supporting information required under Article 3 of the Single Convention Treaty. [http://www.safeaccessnow.org/critical\\_review](http://www.safeaccessnow.org/critical_review)

## **Cannabis and UNGASS 2016 Outcome Document**

Governments should implement the request in the UNGASS 2016 Outcome Document to ensure the availability of and access to controlled substances for medical purposes. Therefore, they should initiate, as soon as possible, a review of the present scheduling status of *Cannabis* under the Single Convention Treaty of 1961. WHO should support governments in this regard, in conformity with its obligations under this treaty. The review should take into account all available scientific information and should lead to a situation when *Cannabis* will be available worldwide to all patients who need it for medical purposes.