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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, a non-governmental organization in 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.7/2020/1/Add.1.

** Issued without formal editing.



Statement

Support patient access to medicine, vote yes!

Cannabis has been a mainstream medicine since the dawn of civilization. In 1902 and 1929 cannabis medicines were discussed at the International Conference on the Unification of Pharmacopœial Formulas for Potent Drugs which provided guidelines to harmonize cannabis medicines and provide patients with safe and standardized drugs for their treatments. By that time cannabis was well-accepted in clinical practice and reported in the Pharmacopœias of Austria, Belgium, France, Hungary, Italy, Japan, Netherlands, Switzerland, United Kingdom, United States of America¹ as well as Mexico and Spain.

In 1958, the United Nations reported that cannabis was additionally in the Pharmacopœias of Argentina, Brazil, China, Egypt, Finland, India, Portugal, Romania, the USSR, and Venezuela.²

Many cannabis preparations are in ancient texts that compose the Ayurvedic Pharmacopœia (Charaka Samhita, Sushruta Samhita, Shargandhara Samhita) and in traditional Mediterranean Pharmacopœias of *Umdat at-tabîb*, *Jami' al-mufradat*, *Hadîqat al-azhâr* or *Tuhfat al-ahbâb*. Cannabis is also present in traditional Chinese medicine since 神農本草經 (Shennong Bencaojing) and is an ancient medicinal plant of Russia and central Asia.³

A 1997 WHO report recalls: “*Traditional healers in Tanzania have also been known to use an extract from the cannabis plant for the treatment of ear-ache. Cannabis is a traditional psychoactive substance in sub-Saharan Africa, mainly used for ritualistic or medical purposes [...] In some Asian countries cannabis is also added to food as a condiment and used in herbal medicines.*”⁴

Cannabis and its derivatives have proven useful for many citizens worldwide who suffer from anxiety, depression, post-traumatic-stress-disorders, glaucoma, pruritus, asthma, ADHD, Crohn’s-disease, epilepsy, and is particularly useful for relief of unremitting neurological pain.

When cannabis is used as a pain treatment, “given as an adjunct to opioids for chronic pain,”⁵ one of its best known characteristics is a “pill sparing effect,” which can help reduce the risk of opioid overdose and death. It is unacceptable that so little research has been done to further explore these capabilities. The current treaty placement of cannabis has stifled research: many Member States, that took the floor recently to support WHO recommendations because they would “promote research”, are implicitly agreeing with this premise.

Perhaps the greatest tragedy is that those countries most firmly opposed to WHO recommendations are undergoing “opioid overdose crises” that research into the cannabinoid-opioid interaction could help. Ironically, the countries that oppose the evidence-based outcome of WHO have shortages in medications to treat some of the very conditions cannabis has been proven useful for. Further tragedy is that many of the countries who oppose these recommendations, from Eurasia to the Americas and Africa, do so at the detriment of their own traditional use, and undermine their own sovereignty by simultaneously disrespecting their own culture, heritage, history and economic development.

Given that the use of medicinal cannabis is expanding despite the hurdles created by the Convention, a failure to implement the recommendations would trivialise the Conventions by showing they are neither fit to purpose of ensuring access to

¹ UNOG Archives Docket 12B/36019/36019 Document N°1, p.100.

² E/CN.7/341, p.111.

³ J Herbs Spices Medicinal Plants 2005;11(1-2)191-222. DOI: 10.1300/J044v11n01_07.

⁴ WHO/MSA/PSA/97.4.

⁵ WHO ECDD, Forty-first report.

medicines nor are they able to adjust based upon compelling evidence. The treaty, lacking an evidence base, would become unable to protect the health and wellbeing of humankind.

Patients around the world are counting on you to seize the opportunity offered by WHO to update the treaties, doing all you can to ensure access to all useful medicines. Including cannabis medicines. Adopting WHO's recommendations would lead to better medications being developed and more tools for doctors to alleviate suffering while simultaneously reinforcing the UN's relevance. Since the recommendations are of optional national enforcement, and since even the INCB concluded that the recommendations will "*clarify and streamline control requirements*,"⁶ provoking no legal or administrative disruption, opponent countries might want to show the common and shared responsibility they often mention, by abstaining instead of obstructing the international community. **Political doubts about a medical treatment can in no way justify rejecting science.**

Cannabis remains "*indispensable for the relief of pain and suffering and adequate provision must be made to ensure the availability of narcotic drugs for such purposes*"⁷ just as the Single Convention boldly proclaimed back in 1961.

Patients in pain and suffering, struggling for their health, for access, and against the weight and the force of unfair and outdated laws are urging you to support these recommendations. The WHO acknowledged that cannabis is now well known to provide relief not available from other medications and with less negative side effects. Accepting these recommendations will support medicinal access and enable research that will benefit us all. A failure to accept these recommendations is not only a rejection of science but is an abandonment of the most vulnerable of our citizens.

Medical patients are particularly shocked and in deep distress with the statements expressed by some Member States that adopting WHO's recommendations would "send the wrong message" about cannabis. Those comments seem to avoid considering what kind of message the perpetuation of a failed policy sends when it is directly undermining the rule of law, complicating the work of medical professionals, and constitutes an attack against the value of scientific evidence in our world.

These recommendations do not promote "legalization," however, their rejection would certainly do just that. We would like the opponents of cannabis to consider that, if they succeed in undermining the adoption of these recommendations, they are not preserving the multilateral system.

Governments need to understand these recommendations balance the need for fighting abuse with the need to reduce suffering. Both worthy goals are connected: favouring one over the other will yield success with neither. It would be tragically ironic if a failure of the CND to implement these recommendations sets back advances in drug abuse treatment due to the difficulty in studying cannabis as it is currently scheduled. Certainly, the opiate reductions that patients have reported when using cannabis medicines as an adjunct pain treatment compels serious consideration.

On 2 December the CND will make **a decision of historical and universal relevance**. The United Nations system must assist CND members during this time of pandemic to ensure all votes can be cast and all voices heard. Patients are citizens of the world, we live on every continent and we are watching this vote with great interest and hope.

These WHO cannabis recommendations represent the first chance in our lifetime to correct the record. As we endeavour to protect human rights, ensure peace, security, health, prosperity and reverse the damage we have visited upon our environment we must be ready to admit our mistakes as well as commend our accomplishments. Cannabis was entered into the treaty system based upon misinformation and an absence of a rigorous scientific assessment and now that we have had a critical review

⁶ INCB, Analysis of the impact of WHO recommendations on cannabis..., 15 June 2020.

⁷ Preamble, 1961 Single Convention on narcotic drugs.

of cannabis the system has now been made aware of the vast medical value and minimal risk of this age-old medicine; this truth compels action.

Support patient access to medicines!

Supporting the statement:

DRCNet Foundation; Grupo de Mujeres de la Argentina – Foro de VIH Mujeres y Familia; Law Enforcement Action Partnership; National Advocates for Pregnant Women, NGOs in consultative status with the ECOSOC;

Additionally, 178 NGOs, from 49 countries and 2 autonomous territories, endorsed this statement:

National-Albanian-Hemp-Industry-Association (Albania)
Cultivadores-Argentina; Cultivando-ConCiencia; Cultivemos (Argentina)
CommonUnity-Foundation; Coolbellup-community-school; Help-Lindsay-Beat-This-Brain-Tumour; MCUA; Queensland-Council-for-Civil-Liberties (Australia)
ARGE-CANNA; Elternkreis-Wien-Verein, zur-Förderung-der-Selbsthilfe-für-Angehörige-von-Suchtkranken (Austria)
MS-Society-of-Belarus (Belarus)
European-Industrial-Hemp-Association; Mambo-Social-Club; Mu-Sic-Foundation; Tire-Ton-Plant (Belgium)
Latin-American-Industrial-Hemp-Association (Brazil)
Restart-Bulgaria (Bulgaria)
Clinique-la-Croix-Verte; Moms-Stop-The-Harm; NORML-Canada; Patient-Access (Canada)
ASOMEDCCAM; ProCannaCol (Colombia)
ACEID (Costa Rica)
CzecHemp; Legalizace.cz; Konopa; KOPAC (Czech Republic)
Cáñamo-Industrial-Ecuador (Ecuador)
APAISER-S&C; Cannabis-Sans-Frontières; Club-Confluence; ECHO-Citoyen; Espoir-(im)patient; FAAAT; #jusquabout; Le-sourire-de-Wael; NORML-France; Police-Contre-la-Prohibition; Principes-Actifs; SOS-Addictions (France)
Institut-Polynésien-du-Cannabis; Tahiti-Herb-Culture (French-Polynesia)
Arbeitsgemeinschaft-Cannabis-als-Medizin; Global-Marihuana-March-Freiburg; Gruene-Hilfe-Hessen; Grüne-Hilfe-Netzwerk; Hanf-Museum; Hanfparade (Germany)
Iliosporoi-Network; MAMAKA-Mothers-for-Cannabis (Greece)
Hungarian-Medical-Cannabis-Association (Hungary)
Medicinal-Cannabis-Foundation-of-India; Wildleaf (India)
Help-Not-Harm (Ireland)
Green-Leaf-Party (Ireland)
Cannabis-Cura-Sicilia-Social-Club; Osservatorio-sulla-cannabis-CBD (Italy)
Kazakhstan-Union-of-People-Living-with-HIV (Kazakhstan)
Korea-Medical-Cannabis-Organization (Republic of Korea)
Lao-Medical-Cannabis-Group (Lao People's Democratic Republic)
Cannamedica-Luxembourg; Ligue-Luxembourgeoise-de-la-Sclérose-en-Plaques (Luxembourg)
Malaysia-Society-of-Awareness (Malaysia)
Releaf-Malta (Malta)
PILS (Mauritius)
Cannapeutas (Mexico)
Cannabis-and-Hemp-Association-of-Namibia (Namibia)
Dristi-Nepal (Nepal)
Cannabinoid-Association-Netherlands; Drugs-in-Debat; Drugs-Peace-Institute; Dutch-Drug-Policy-Foundation; Foundation-Patienten-Groep-Medicinaal-Cannabis-Gebruikers; Legalize!; Netherlands-Drug-Policy-Foundation; Piratenpartij; Tree-of-Life-Medical-Cannabis-Society; VOC-Nederland; Suver-Nuver (Netherlands)
Auckland-Patients-Group; Green-Fairies; Integrative-Medicine-Otago; CCNZ; Medicinal-Cannabis-Awareness-New-Zealand; New-Zealand-Medical-Cannabis-Council; NORML-New-Zealand; NZ-Hemp-Industries-Association; The-Hemp-Foundation (New Zealand):

Observatorio-Paraguay-de-Cannabis (Paraguay)
 Cannabis-Gotas-de-Esperanza (Peru)
 Sensible-Philippines (Philippines)
 apcanna; CannaCasa; CASOrganizados; Observatório-português-de-Canábis-Medicinal
 (Portugal)
 Asociația-Națională-a-Produsătorilor-de-Cânepă-Industrială (Romania).
 Roots-Foundation (Sint-Eustatius)
 Why-Not-Hemp? (Slovakia)
 CannaGIZ; Društvo-AREAL; Društvo-zeliščarjev-Pomurje; FIST-human-rights-association;
 Institut-ICANNA (Slovenia)
 Fields-of-Green-for-ALL (South Africa)
 ARSU; Asociación-Cannabio-Medicina-y-Adicción-La-Aldeilla; Dosemociones; APDO;
 CATNPUD; FEDCAC; Flecha-Verde; Fundación-Renovatio; Los-Mejores-Humos; OECCC;
 Pla-d'Accions-sobre-Drogues-de-Reus; Unión-de-Pacientes-por-la-Regulación-del-Cannabis
 (Spain)
 Spindoctor-Facilities (Suriname)
 IG-Hanf-Schweiz (Switzerland)
 Caribbean-Collective-for-Justice (Trinidad-and-Tobago)
 Athena-Women-Against-Cancer; Cannabis-Freedom-March-Kyiv; HPLGBT; Korolivskiy-lis;
 Ukrainian-Association-of-Medical-Cannabis; Urban-Initiatives-and-Social-Transformations;
 Veterans-Pro-Medical-Cannabis (Ukraine)
 Be:eyond-Green; British-Hemp-Alliance; CANCARD; Cannabis-Trades-Association;
 CCGUIDE; Faircann-International; Hemp-Think-Tank; Northern-Ireland-Hemp-Association;
 Seed-our-Future-Campaign; UK-Medical-Cannabis-Clinicians-Society (United Kingdom)
 Academy-of-Cannabis-Education; A-Therapeutic-Alternative; Americans-for-Safe-Access;
 Anishinaabe-Agriculture-Institute; Association-of-Patient-Advocates; Balanced-Veterans;
 Berkeley-Patients-Group; California-NORML; Cannabis-for-Children-International;
 Cannabis-Health-Advocates; C.A.R.E.; Center-for-the-Study-of-Cannabis-and-Social-Policy;
 Decriminalize-Nature-Tucson; Drug-Policy-Forum-of-Texas; Ethical-Data-Alliance; Family-
 Council-on-Drug-Awareness; Full-Spectrum-Veteran; Hemp-for-the-Future; International-
 Medical-Cannabis-Patients-Coalition; Last-Prisoner-Project; Louisiana-Veterans-for-
 Medical-Cannabis; Marijuana-Policy-Project; Mendocino-Cannabis-Alliance; National-
 Cannabis-Industries-Association; New-England-Veterans-Alliance; National-Organization-
 for-Reform-of-Marijuana-Laws; Oaksterdam-University; Patients-Out-of-Time; Project-PC;
 Raha-Kudo-Design-for-Dying; Seattle-Hempfest; Society-of-Cannabis-Clinicians; Texas-
 Veterans-for-Medical-Marijuana; The-Grateful-Veteran; The-Veterans-Action-Council;
 TRUCE; Veterans-Alliance-for-Compassionate-Access; Veterans-Chapter-Pro-Cannabis-
 Medicinal-Inc.; Veterans-Ending-the-Stigma; Veterans-for-Medical-Cannabis-Access;
 Veterans-Initiative-22. (United States)
 Zimbabwe-Civil-liberties-and-Drug-Network (Zimbabwe)
