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Draft report

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Addendum

Implementation of the international drug control treaties

1. At the 1st, 2nd and 4th meetings of its reconvened sixty-third session, on 2 and 4 December 2020, the Commission considered agenda item 5, entitled "Implementation of the international drug control treaties: changes in the scope of control of substances".

2. For its consideration of item 5, the Commission had before it a conference room paper on the WHO scheduling recommendations on cannabis and cannabis-related substances, outlining the considerations of the recommendations by the Commission during its sixty-second and sixty-third sessions (E/CN.7/2020/CRP.19).

3. Statements were made by the representatives of Turkey, China, the United Kingdom, Hungary, Canada, Germany (on behalf of States members of the European Union),[1] Switzerland, Brazil, Chile, the Russian Federation, Colombia, Kyrgyzstan, the United States, Mexico, France, Pakistan, Libya, Australia, Thailand, Japan, Morocco, Cuba, El Salvador, Kazakhstan, Kenya, Algeria, Angola, Peru, Jamaica, Egypt, Nigeria, Ecuador, Afghanistan,[2] and the Russian Federation (on behalf of 29 Member States).[3]

4. Statements were made by the observers for Singapore, Cyprus, Iran (Islamic Republic of), Indonesia and Sri Lanka.

5. A statement was made by the President of the International Narcotics Control Board. Statements were also made by the observers for Smart Approaches to

[1] Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

[2] The statement was submitted in writing for posting on the Commission website.

[3] Algeria, Angola, Bahrain, Belarus, Burkina Faso, China, Cuba, Egypt, Indonesia, Iran (Islamic Republic of), Iraq, Kazakhstan, Kenya, Kyrgyzstan, Libya, Namibia, Nigeria, Pakistan, Philippines, Russian Federation, Singapore, Sri Lanka, State of Palestine, Sudan, Syrian Arab Republic, Tajikistan, Turkey, Turkmenistan and Venezuela (Bolivarian Republic of).

Marijuana, the Interdisciplinary Centre for Cannabis Research (ICCR), Rwanda Youth Impact and the Transnational Institute.

A. Deliberations

1. Changes in the scope of control of substances

(a) Consideration of the draft decision submitted by the Chair on the voting procedure on the scheduling recommendations of the World Health Organization (Expert Committee on Drug Dependence) on cannabis and cannabis-related substances at the reconvened sixty-third session of the Commission

6. The Chair introduced a draft decision entitled “Voting procedure on the scheduling recommendations of the World Health Organization (Expert Committee on Drug Dependence) on cannabis and cannabis-related substances at the reconvened sixty-third session of the Commission on Narcotic Drugs” (E/CN.7/2020/L.12), by which the Commission would alter the default voting procedure on those recommendations, bearing in mind the unprecedented circumstances resulting from the coronavirus disease (COVID-19) pandemic and related measures and taking into account the complexity and interconnectedness of the WHO recommendations on cannabis and cannabis-related substances.

7. The Chair recalled that rule 55 of the rules of procedure of the functional commissions of the Economic and Social Council provided that, “when a proposal has been adopted or rejected, it may not be reconsidered at the same session unless the commission so decides”. Hence, in accordance with rule 55, the Commission would need to vote a second time if it wished to reconsider a recommendation. Notwithstanding rule 55, the Commission, before it proceeded to vote on the WHO recommendations, adopted the draft decision, including the provision that, in the case that recommendation 5.2.1 is approved and recommendation 5.2.2 is rejected by the Commission, recommendation 5.2.1 will be deemed to be reconsidered and rejected, and in the case that recommendation 5.3.1 is approved and recommendation 5.3.2 is rejected by the Commission, recommendation 5.3.1 will be deemed to be reconsidered and rejected.

(b) Consideration of a proposal from the World Health Organization to delete cannabis and cannabis resin from Schedule IV of the 1961 Convention as amended (referred to as recommendation 5.1)

8. The observer for WHO explained that in the 1961 Convention as amended, cannabis and cannabis resin were described, respectively, as the flowering or fruiting tops of the cannabis plant and as the separated resin obtained from the cannabis plant. The observer reported that the Expert Committee on Drug Dependence had noted that adverse effects of cannabis had been well documented. The immediate effects of consumption included impairment of movement and cognitive function, while long-term cannabis use was associated with increased risk of mental health disorders such as anxiety, depression and psychotic illness. Cannabis could cause physical dependence in people who use the drug daily or near daily; the withdrawal symptoms that occurred upon abstinence included gastrointestinal disturbance, appetite changes, irritability, restlessness and sleep impairment. The observer stated that the Expert Committee had also noted that there were medical uses for cannabis, in particular for cannabis preparations that were orally administered. He mentioned that a number of countries had registered and authorized the use of cannabis preparations for the treatment of medical conditions such as chemotherapy-induced nausea and vomiting, pain, sleep disorders, certain forms of epilepsy, and spasticity associated with multiple sclerosis. Cannabis and cannabis resin were included in Schedule I and Schedule IV of the 1961 Convention as amended. Substances included in both of those schedules were particularly liable to abuse and to produce ill-effects and had little or no therapeutic use. The observer for WHO concluded that the evidence presented to the Expert Committee did not indicate that cannabis and cannabis resin were particularly liable to produce ill-effects similar to the effects of the other

substances in Schedule IV of the 1961 Convention as amended, such as fentanyl analogues, heroin and other opioids.

(c) Consideration of a proposal from the World Health Organization to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended (referred to as recommendation 5.2.1)

9. The observer for WHO noted that the main psychoactive substance in the cannabis plant was one of the four stereoisomers of *delta*-9-tetrahydrocannabinol (Δ^9-THC). That substance was used medically and was sometimes known by its international non-proprietary name, dronabinol. At present, Δ^9-THC also referred to the principal compound in illicit cannabis-derived psychoactive products. It was currently placed in Schedule II of the Convention on Psychotropic Substances of 1971. The liability to abuse of Δ^9-THC was almost identical to that of cannabis and the adverse effects of Δ^9-THC were also almost identical to those of cannabis. The observer reported that the Expert Committee had noted that the risks of abuse and ill effects were particularly pronounced for those smoked cannabis-derived psychoactive products, such as butane hash oil, that contained very high Δ^9-THC concentrations. A substance liable to similar abuse and productive of similar ill-effects as that of a substance already scheduled within the 1961 Convention as amended, would, in accordance with the conventions, be scheduled in the same way as that substance. As Δ^9-THC was liable to similar abuse as cannabis and had similar ill-effects, it met the criteria for inclusion in Schedule I of the 1961 Convention as amended.

(d) Consideration of a proposal from the World Health Organization to delete dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) from Schedule II of the 1971 Convention, subject to the adoption by the Commission of the recommendation to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended (referred to as recommendation 5.2.2)

10. As the condition contained in the WHO recommendation that the Commission must have first accepted the addition of dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended was not fulfilled, the Commission did not consider the recommendation to delete dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) from Schedule II of the 1971 Convention.

(e) Consideration of a proposal from the World Health Organization to add tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended, subject to the adoption by the Commission of the recommendation to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended (referred to as recommendation 5.3.1)

11. As the condition contained in the WHO recommendation that the Commission must have first accepted the addition of dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended was not fulfilled, the Commission did not consider the recommendation to add tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended.

(f) Consideration of a proposal from the World Health Organization to delete tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) from Schedule I of the 1971 Convention, subject to the adoption by the Commission of the recommendation to add tetrahydrocannabinol to Schedule I of the 1961 Convention as amended (referred to as recommendation 5.3.2)

12. The condition contained in the WHO recommendation that the Commission must have first accepted the addition of tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended was

not fulfilled, as, owing to the conditionality outlined above, the Commission had not voted on and thus not accepted the addition of tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended. Therefore, the Commission did not consider the recommendation to delete tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) from Schedule I of the 1971 Convention.

(g) Consideration of a proposal from the World Health Organization to delete extracts and tinctures of cannabis from Schedule I of the 1961 Convention as amended (referred to as recommendation 5.4)

13. The observer for WHO noted that extracts and tinctures of cannabis were preparations that were produced by application of solvents to cannabis. They were currently placed in Schedule I of the 1961 Convention as amended. Extracts and tinctures included both medical and non-medical preparations, for example, those with high concentrations of Δ^9-THC such as butane hash oil. While the medical extracts and tinctures were administered orally, those produced and used illicitly were normally inhaled following heating and vaporization. The observer for WHO stated that extracts and tinctures of cannabis encompassed preparations that had psychoactive properties produced by Δ^9-THC, as well as those that did not, for example, those considered to be pure cannabidiol (CBD), such as Epidiolex. In line with the 1961 Convention as amended, preparations were defined as mixtures, solids, or liquids containing a substance in Schedule I or II and were generally subject to the same measures of control as that substance. The Expert Committee on Drug Dependence had noted that, under the definition of "preparation" in the 1961 Convention as amended, all products that were identified as extracts and tinctures of cannabis were considered to be preparations of cannabis.

(h) Consideration of a proposal from the World Health Organization to add a footnote to the entry for cannabis and cannabis resin in Schedule I of the 1961 Convention as amended to read "Preparations containing predominantly cannabidiol and not more than 0.2 per cent of *delta*-9-tetrahydrocannabinol are not under international control" (referred to as recommendation 5.5)

14. The observer for WHO recalled that, at its fortieth meeting, the Expert Committee had considered a critical review of cannabidiol and had recommended that preparations considered to be pure cannabidiol should not be scheduled within the international drug control conventions. Cannabidiol was found in cannabis and cannabis resin but did not have psychoactive properties and had no potential for abuse and no potential to produce dependence. Cannabidiol had been shown to be effective in the management of certain treatment-resistant, childhood-onset epilepsy disorders. It had been approved for that use in the United States and the European Union. Cannabidiol could be chemically synthesized or prepared from the cannabis plant. The approved medication was a preparation of the cannabis plant. The Expert Committee had noted that medicines without psychoactive effects that were produced as preparations of the cannabis plant contained trace amounts of *delta*-9-tetrahydrocannabinol (Δ^9-THC; dronabinol). The cannabidiol preparation approved for the treatment of childhood-onset epilepsy contained not more than 0.15 per cent Δ^9-THC by dry weight of plant-derived material and had no effects indicative of potential for abuse or dependence. The observer for WHO noted that the recommendation to add the respective footnote had been made in keeping with the recommendation that preparations considered pure cannabidiol should not be controlled, and recognizing that trace levels of Δ^9-THC may be found in such preparations, while acknowledging that chemical analysis of Δ^9-THC to an accuracy of 0.15 per cent might be difficult for some Member States.

(i) Consideration of a proposal from the World Health Organization to add preparations containing *delta*-9-tetrahydrocannabinol (dronabinol), 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 which would constitute a risk to public health to Schedule III of the 1961 Convention as amended (referred to as recommendation 5.6)

15. In its procedural decision (E/CN.7/2020/L.12), the Commission decided that if the recommendation to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended was rejected, the recommendation to add preparations containing *delta*-9-tetrahydrocannabinol (dronabinol), 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) could not be recovered by readily available means or in a yield which would constitute a risk to public health to Schedule III of the 1961 Convention as amended would be deemed to be rejected.

B. Action taken by the Commission

16. At its 1st meeting, on 2 December 2020, the Commission decided on the voting procedure on the WHO scheduling recommendations on cannabis and cannabis-related substances at the reconvened sixty-third session of the Commission. (For the text of the decision, see chap. I, sect. B, decision […].)

17. At the same meeting, the Commission decided by a roll-call vote of 27 votes to 25, with 1 abstention, to delete cannabis and cannabis resin from Schedule IV of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision […].) The voting was as follows:

In favour: Australia, Austria, Belgium, Canada, Colombia, Croatia, Czechia, Ecuador, El Salvador, France, Germany, India, Italy, Jamaica, Mexico, Morocco, Nepal, Netherlands, Poland, South Africa, Spain, Sweden, Switzerland, Thailand, United Kingdom, United States, Uruguay;

Against: Afghanistan, Algeria, Angola, Bahrain, Brazil, Burkina Faso, Chile, China, Côte d'Ivoire, Cuba, Egypt, Hungary, Iraq, Japan, Kazakhstan, Kenya, Kyrgyzstan, Libya, Nigeria, Pakistan, Peru, Russian Federation, Togo, Turkey, Turkmenistan;

Abstaining: Ukraine.

18. Also at the same meeting, the Commission decided by a roll-call vote of 23 votes to 28, with 2 abstentions, not to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision […].) The voting was as follows:

In favour: Afghanistan, Australia, Austria, Belgium, Colombia, Croatia, Czechia, Ecuador, France, Germany, Hungary, Italy, Jamaica, Morocco, Netherlands, Peru, Poland, South Africa, Spain, Sweden, Switzerland, Thailand, United Kingdom;

Against: Algeria, Angola, Bahrain, Brazil, Burkina Faso, Canada, Chile, China, Côte d'Ivoire, Cuba, Egypt, El Salvador, India, Iraq, Japan, Kazakhstan, Kenya, Kyrgyzstan, Libya, Mexico, Nigeria, Pakistan, Russian Federation, Togo, Turkey, Turkmenistan, United States, Uruguay;

Abstaining: Nepal, Ukraine.

19. Following the decision not to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended, the

Commission, in line with the conditionalities set out in the WHO recommendations, did not vote on the recommendation to delete dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) from Schedule II of the 1971 Convention, the recommendation to add tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended, and the recommendation to delete tetrahydrocannabinol (isomers of *delta*-9-tetrahydrocannabinol) from Schedule I of the 1971 Convention.

20. Also at its 1st meeting, the Commission decided by a roll-call vote of 24 votes to 27, with 2 abstentions, not to delete extracts and tinctures of cannabis from Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision […].) The voting was as follows:

In favour: Australia, Austria, Belgium, Canada, Chile, Colombia, Croatia, Czechia, Ecuador, El Salvador, France, Germany, Italy, Mexico, Morocco, Netherlands, Poland, South Africa, Spain, Sweden, Switzerland, United Kingdom, United States, Uruguay;

Against: Afghanistan, Algeria, Angola, Bahrain, Brazil, Burkina Faso, China, Côte d'Ivoire, Cuba, Egypt, Hungary, India, Iraq, Jamaica, Japan, Kazakhstan, Kenya, Kyrgyzstan, Libya, Nigeria, Pakistan, Peru, Russian Federation, Thailand, Togo, Turkey, Turkmenistan;

Abstaining: Nepal, Ukraine.

21. At the same meeting, the Commission decided by a roll-call vote of 6 votes to 43, with 4 abstentions, not to add a footnote to the entry for cannabis and cannabis resin in Schedule I of the 1961 Convention as amended to read "Preparations containing predominantly cannabidiol and not more than 0.2 per cent of *delta*-9-tetrahydrocannabinol are not under international control". (For the text of the decision, see chap. I, sect. B, decision […].) The voting was as follows:

In favour: Australia, Canada, Ecuador, Peru, South Africa, Thailand.

Against: Afghanistan, Algeria, Angola, Austria, Bahrain, Belgium, Brazil, Burkina Faso, Chile, China, Colombia, Côte d'Ivoire, Croatia, Cuba, Czechia, Egypt, El Salvador, France, Germany, Hungary, India, Iraq, Italy, Jamaica, Japan, Kazakhstan, Kenya, Kyrgyzstan, Libya, Mexico, Netherlands, Nigeria, Poland, Russian Federation, Spain, Sweden, Switzerland, Togo, Turkey, Turkmenistan, United Kingdom, United States, Uruguay;

Abstaining: Morocco, Nepal, Pakistan, Ukraine.

22. Following the decision not to add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention as amended, the Commission decided by consensus not to add preparations containing *delta*-9-tetrahydrocannabinol (dronabinol), 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 which would constitute a risk to public health to Schedule III of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision […].).

23. Statements in explanation of vote were made by the representatives of Turkey, China, the United Kingdom, Hungary, Canada, Germany (on behalf of States members of the European Union), [4] Switzerland, Brazil, Chile, the Russian Federation, Colombia, Kyrgyzstan, the United States, Mexico, France, Pakistan, Libya, Australia, Thailand, Japan, Morocco, Cuba, El Salvador, Kazakhstan, Kenya, Algeria, Angola,

[4] Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

Peru, Jamaica, Egypt, Nigeria, Ecuador, Afghanistan[5] and the Russian Federation on behalf of 29 Member States.[6] Statements were also made by observers.

24. Statements in explanation of vote by Commission members and statements by Member States that are not members of the Commission will be made available in conference room paper E/CN.7/2020/CRP.19.

[5] The statement was submitted in writing for posting on the Commission website.

[6] Algeria, Angola, Bahrain, Belarus, Burkina Faso, China, Cuba, Egypt, Indonesia, Iran (Islamic Republic of), Iraq, Kazakhstan, Kenya, Kyrgyzstan, Libya, Namibia, Nigeria, Pakistan, Philippines, Russian Federation, Singapore, Sri Lanka, State of Palestine, Sudan, Syrian Arab Republic, Tajikistan, Turkey, Turkmenistan and Venezuela (Bolivarian Republic of).