

## Expected changes in Cannabis treaty scheduling.



Complementary to the *Crimson Paper #1 (The Schedules - Schedules of the international drug control conventions), #2 (The Committee - Basics about the Expert Committee on Drug Dependence of the World Health Organization),* and *#3 (The review - Pre review and Critical review: the two legs of the WHO scientific abuse liability assessment procedure)* this fact sheet presents all updated information on the review processes on Cannabis currently undertaken by the WHO, that are expected to lead to a change in the scheduling status of Cannabis under the international drug control Conventions.

Read the Crimson Paper #1 on <a href="www.faaat.net/think-tank-en/crimson-paper-1">www.faaat.net/think-tank-en/crimson-paper-1</a> and the Crimson Paper #2 on <a href="www.faaat.net/think-tank-en/crimson-paper-2">www.faaat.net/think-tank-en/crimson-paper-2</a>

The *Crimson papers* and *Crimson fact sheets* are series of information documents on the general functioning of the international drug scheduling process (the *papers*) and on the present and expected changes regarding Cannabis and its derivatives (the *fact sheets*).

Explore the web portal with all you need to know about Cannabis international scheduling, future steps, and action taken, on <a href="https://www.faaat.net/towards-descheduling">www.faaat.net/towards-descheduling</a>

Brno, March 2018



## Background.

The Commission on Narcotic Drugs is dependent upon recommendations from the World Health Organization (WHO) on a possible change in cannabis schedule placement under the Conventions. WHO recommendations come specifically from a "critical review" process by its ECDD committee (Expert Committee on Drug Dependence).

The process can be summarized as follows:



No Critical Review of Cannabis has ever been undertaken by the WHO, which lead to a listing in both schedule #1 and #4 of the 1961 Single Convention without any scientific assessment nor any evidentiary process.

However, THC (Cannabis' main active compound) has been critically reviewed by the ECDD several times, which lead to a recommendation to move it from schedule #1 of the 1971 Convention to the lowest-control Schedule #2, where THC is listed nowadays, after the CND adopted the WHO recommendation in 1991.

CBD, the second most important active compound in quantity, but very different by nature (non-intoxicating, no possible recreational use) has been pre-reviewed in November 2017.

The Committee concluded that theoretically, in its pure state, CBD does not appear to have abuse potential or cause harm. As such, there is no justification for scheduling the substance. However, the tangible existence of CBD happens only when an extraction process from the cannabis plant is undertook: therefore, CBD-products might fall under the 1961 treaty control measures, not because of their pharmacological or chemical-linked effects of harms, but because of their very obtention process that involved the plant.



Webpage of the ECDD on the WHO website:

who.int/medicines/access/controlled-substances/ecdd/en/



Information document by the WHO relating Cannabis scheduling history:

who.int/medicines/areas/quality\_safety/8\_2\_Cannabis.pdf



Info page of the WHO on the ECDD meeting of November 2017:

who.int/medicines/access/controlled-substances/ecdd 39 meeting/en/



## Next steps.

The ECDD has convened an extraordinary meeting in the Geneva offices of the WHO June 2018, and committed to undertake at that time several steps: (1) the **Critical review of CBD** under its tangible form, *i.e* extracts & tinctures with major CBD profile or 1:1; and (2) the **Pre-review of Cannabis**, sub-divided in 4 different items (see the 2 tables below), *i.e*:

- "Herbal cannabis and Resin",
- "Any extraction of cannabis that is not hashish, with more THC than CBD",
- "THC (Dronabinol and its stereochemical variants)",
- "The isomers of THC".

Such a pre-review is expected to result in a recommendation to undertake a critical review. It is unclear if the ECDD will try to reconvene in June, carry out such a critical review in their next regular meeting in November 2018, or convene another special meeting dedicated to critically reviewing cannabis.

Once a recommendation has been made by the Expert Committee the leadership of WHO must sign off on the recommendations, before they are then submitted to the Commission on Narcotic Drugs for vote. Depending on the agenda adopted, it is likely that such recommendations would be made to the CND during either its 2019 or 2020 session. The table on next page summarizes these possible agendas. The range of possible recommendation that the ECDD can submit to CND for a vote are as follows (scarce data does not allow for a forecast on the sub-item *THC isomers*):

	Cannabis plant & cannabis resin.	Pure THC /dronabinol (-)-trans-delta-9- tetrahydrocannabinol	Extracts & tinctures with major THC profile.	Extracts & tinctures with major CBD profile or 1:1.	
Current inter- national status	Schedules I and IV (1961 Convention)	Schedule <b>II</b> ( <b>1971</b> Convention)	Schedule <b>I</b> ( <b>1961</b> Convention)	Unclear: either not scheduled, or <b>I</b> ( <b>1961</b> )	
Possible options of scheduling recommendation from the WHO:	Removal from both Schedule I and IV (Withdrawal).	Removal from Schedule II (Withdrawal).	Removal from Schedule I (Withdrawal).	Acknowledge absence of justification for scheduling (Non-inclusion /withdrawal).	
	Removal from Schedule IV, and moving it from Schedule I to Schedule II.	Placing on Schedule IV.	Combine placing on Schedule II with an exemption for certain preparations by placing these preparations on Schedule III.	Inscription on Schedule II with an exemption for certain preparations placed on Schedule III.	
	Removal from Schedule IV, and combine placing on Schedule I or II with an exemption for certain preparations by placing these preparations on Schedule III.	Placing on Schedule III.	Placing on Schedule II.	Inscription on Schedule II.	
	Removal from Schedule IV, while maintaining it on Schedule I.		No change in status.	Inscription on Schedule I (that can theoretically also be understood as "No change in status").	
Strictest control measures	No change in status.		Inscription of the whole, or certain preparations, on Schedule IV.	Inscription on Schedule I combined with placement of the whole or certain preparations on Schedule IV.	

			Planned WHO review timeline:					
Original treaty language category	Current categorification by the ECDD	The actual products as found in real life	ECDD 39 Nov. '17	ECDD 40 June '18	ECDD 41 Nov. '18	CND 62 March '19	Special ECDD along '19	CND 63 March '20
↓ ↓ ↓		to an inte	Done or planned  ↓ ↓ ↓ ↓ ↓ ↓		HYPOTHESIS A ↓↓↓↓↓↓		HYPOTHESIS B $\downarrow \downarrow \downarrow \downarrow \downarrow \downarrow$	
Cannabis & cannabis resin.	Cannabis plant & cannabis resin.	Cannabis plant & hashish.	No action taken.	Pre review	Critical review	Vote	Critical review	Vote
[none]	Pure cannabidiol.	Pure cannabidiol.	(Non-inclusion conclusion: CBD as pure substance is irrelevant to fall under international drug control measures)					
Cannabis extracts & tinctures.	Extracts & tinctures of cannabis that contain almost exclusively cannabidiol / extracts or preparations containing cannabidiol.	Any extraction of cannabis that is not hashish, with a ratio CBD>THC.	Pre review	Critical review	No action expected.	Vote	No action expected.	No action expected.
		Any extraction of cannabis that is not hashish, with a ratio 1:1.			No action expected.	Vote	No action expected.	No action expected.
	Extracts & tinctures of cannabis.	Any extraction of cannabis that is not hashish, with a ratio THC>CBD.	No action taken.	Pre review	Critical review	Vote	Critical review	Vote
Dronabinol + Δ-9- tetrahydrocan nabinol.	Pure Delta-9-tetrahydr ocannabinol.	THC, (-)-trans-Δ9- tetrahydrocannabinol and stereochemical variants.	No action taken.	Pre review	Critical review	Vote	Critical review	Vote
[none]	Isomers of delta-9-tetrahydr ocannabinol.	Isomers of THC.	No action taken.	Pre review	Critical review	Vote	Critical review	Vote

Besides the FAAAT think & do tank that closely follows up this process since 2014, many organizations have weighed in during this process including DrugScience, International Association for Hospice & Palliative Care, Veterans for Medical Cannabis Access, PorGrace, IDPC, Americans for Safe Access, EIHA, HIA and the NYNGOC that has contributed to spread information and knowledge. Below are listed the most relevant civil society documents on this process:



Our complete webportal on cannabis scheduling issues:

faaat.net/towards-descheduling



A joint TNI-IDPC paper on the international scheduling system:

tni.org/files/download/dlr25\_o.pdf



A self-mandated Academics review of Cannabis, by Drug Science:

drugscience.org.uk/assets/files/WHOcannabisreport.pdf

