

CONTRIBUTION TO THE 41ST MEETING OF THE EXPERT COMMITTEE ON DRUG DEPENDENCE

FAAAT think & do tank

Geneva, November 12th, 2018.

Dear Dra. Simão, dear Dr. Hill,
Dear Dr. Forte,
Thank you for the opportunity to address this Committee.

Honorable Experts,
Dear participants,

I am making this statement on behalf of the think-tank FAAAT, a global non-governmental organization that has been supporting the review process of cannabis and related products since 2014, monitoring its independence and comprehensiveness.

We recognize the extreme complexity of this long-expected and highly scrutinized assessment process. For this reason, we wish to congratulate all the staff of the Secretariat that has been continuously seeking improvements in their protocols, increases in the transparency and in the inclusion of external inputs.

We are confident that the Secretariat and the members of the Committee will enable a multi-criteria assessment, based on evidence, and driven by the need for policy coherence.

However, the preparation process has sometimes diverted from the rules of the *WHO Guidance document*. Although this has been for the good sake of the process, it sometimes created negative outputs – such as the publication of the Pre-review documentation only 5 instead of 30 days ahead of the meeting.

These elements seem to point out at **a need to update the *Guidance document and its rules***, which could, by the way, upgrade methodology, broaden the scope to pharmacovigilance studies, remove biased language and include elements about the botanical characteristics of a number of controlled products.

But this is much less severe than another important issue of concern, not related to the work of the Secretariat. The disappointment relates to the important, repeated, unethical – and I tend to say surrealistic – bias in the documentation. This is particularly salient for the sections on Pharmacology and Epidemiology – which are key for the review. We already submitted to you [in June a contribution pointing out these bias](#) in the Pre-review, and we are publishing tomorrow a criticism of the Critical review documents (on faaat.net/cannabis#doc)

The pharmacology sections, authored by Dr. Jenny Wiley, contain dozens of methodological fallacies and terminological bias. Numerous missings, misinterpreted studies outcomes and even some presentation of false conclusions, seem to imply an intention to introduce bias.

Just three examples among dozens of inconsistencies:

- Dr. Wiley affirms that high THC content in herbal cannabis leads to up-titration by the users – which is refuted by at least 6 studies, including the one she refers to. Wiley explains the exact opposite of what the study finds.
- Terrible is the poor consideration of the entourage effect, central when it comes to understanding the complexity of the plant's pharmacology compared to other narcotic drugs. Entourage effect is hardly mentioned, and not defined. Dr. Wiley apparently does not “believe” in it.
- Dr. Wiley writes extensively on cannabis with a high-THC content, but does not even mentions the existence of low-THC cannabis, legally sold and widely consumed in many countries, like here, in Switzerland.

Still, we are confident that these bias will be overcome by additional data from the Secretariat, and by the collective intelligence of the Committee. However, in our opinion, **the importance and the exceptionality of these errors & bias deserve to be acknowledged in the minutes of this meeting.**

Part of these bias comes from a series of confusions that dates since 1961. They root in the poor terminology and insufficient definitions used in the Treaties.

- What is cannabis resin? And why is it not considered among the extracts?
- Where does the category extract end? Are the extracts of the fresh whole plant the same as extracts of the dried flowers?
- Are essential oil, hemp seed oil or bhang considered as extracts, although the Treaty exempts them?

All these questions need to be solved – but we understand it goes beyond the mandate of the ECDD, or that of the Secretariat.

As such **we believe the time has come for WHO, UNODC, WTO, WIPO and other relevant UN agencies to set-up a joint working group – that includes civil society and academics – in order to establish a clear international classification of the different extracts and preparations of cannabis and of the Cannabis plant.**

Next March, for the vote, the bias in the documentation could become a concern to some countries, if it is not acknowledged and addressed.

But besides this, there are not many worries to have regarding the way the ECDD outcome will be received by the Commission on Narcotic Drugs.

53 countries will have **the authority to accept or reject the recommendations that will flow from your work.**

Notably, 33 of these 53 countries provide some manner of access to medicinal cannabis or CBD. Among the 53:

- 4 countries have some legal non-medical adult use policy,
- 15 have herbal medical cannabis available,
- 22 allow access to some kind of extracts for medicine,
- and 30 allow CBD preparations.

In addition, since the UNGASS 2016, numerous countries, from all regional groups of the UN, have expressed their support for changing the scope of international control over cannabis. And one example, the more recent: 3 months ago, the 15 countries of the Caribbean Community reaffirmed this demand¹.

¹ Report of the CARICOM Regional Commission on Marijuana. *Waiting to Exhale – Safeguarding our Future through Responsible Socio-Legal Policy on Marijuana*. 2018. See *under Chapter 5.2* caricom.org/documents/16434/marijuana_report_final_3_aug_18.pdf

[To finish]

A significant portion of the people of this planet are **directly affected by the decisions taken in this room**, on a whole plant product which can produce harm – but has also a millenary ethnobotanical relation with humankind, and has served successfully in both industry and medicine.

Many cannot conceive that a *state of the art* review, based on current knowledge, takes any other step but recommending the withdrawal of herbal cannabis from the Schedules.

Noteworthy enough to be mentioned: such withdrawal would not generate a total absence of control, as the *Cannabis* plant would continue to fall under Articles 22 and 28 of the Treaty. Such a situation would also still allow controls to be applied to THC, making possible multi-speed national policies.

However, it seems to transpire from the Pre-review outcome that the Committee's discussions might point at a convergence of substances around the Schedule I of the Single Convention. Such an outcome would certainly go in the direction of policy cohesion and coherence.

Yet, the last and only recommendations by a WHO Expert Committee dates back the 5th meeting in 1954.

The outcome report relates ***“the feeling among the South African police of a relationship between cannabis addiction and crime, [and] evidence that cannabis abuse is very likely to be a forerunner of addiction to opiates.”*** No comment...

On this basis, the Committee concluded that *“not only can there be no abatement in control procedures but there should also be an extension of the effort towards **the abolition of cannabis from all legitimate medical practice.**”*

This outcome was the only input of WHO on cannabis during the preparation of the 1961 Convention.

This outcome has justified the prohibition of all uses in many countries (including medical use, research, and indigenous uses).

This outcome contributed to the exceptionality of prohibitive laws, which have generated collateral violence, criminality, corruption, repression and countless violations of human rights and dignity. And, of course, this outcome has fundamentally hampered the right to health of millions of people affected by medical conditions for which cannabis can mean relief or treatment.

10 years after the 1954 outcome, THC was isolated. And in 1994, four decades later, the endocannabinoid system was described.

Yet, in 2018, 35 ECDD meetings later and 64 years later, this outcome is still standing.

Dear members of the 41st Expert Committee on Drug Dependence. Today, a month ahead of the 70th anniversary of the Universal Declaration of Human Rights, and whatever you decide to recommend, **we beg you to consider explicitly repealing the 1954 outcome, and correcting this historical record.**

I thank you for your kind attention.