

Breaking news: WHO changes position on medical Cannabis after 60 years.

Geneva, Switzerland, January 31st, 2019.

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For the first time since *Cannabis* was included in the Single Convention drug treaty, the scheduling status of Cannabis within International law is being updated. The World Health Organization (WHO), the only agency mandated to do so, has officially assessed all available evidence and is issuing scientific recommendations on the therapeutic value and harms related to *Cannabis sativa* L.

The very positive outcome clearly acknowledges medical applications of *Cannabis* and cannabinoids, re-integrates them into pharmacopeias, balances harms, and *de facto* repeals the WHO position from 1954 according to which "there should be efforts towards the abolition of cannabis from all legitimate medical practice."

Such a move is a major breakthrough in international *Cannabis* policy, and a clear victory of evidence over politics. Policies will be affected globally and reform inspired at the national level. Many countries rely on the Treaty's schedules: changes will affect them directly. Countries that have their own schedules will be eased in their reforms. Also, other international bodies such as the INCB (International Narcotics Control Board) will now provide guidance to countries, and monitor access and availability of *Cannabis* and cannabinoids in our health systems globally. Their next report expected in February will give insights on their new position.

53 UN countries now have to approve these WHO recommendations, thus amending the Convention's schedules if the simple majority vote is positive. Initially planned for March 2019, it is entirely possible that the 2-months delay in the publication of the results postpones the vote until March 2020.

FAAAT think & do tank has been a driving force throughout this process and has served as a watchdog to ensure the independence, objectivity, and comprehensiveness of the assessment.

WHO has shown great resolve in delivering these strong recommendations: they now need to be understood, respected and implemented.

This international scheduling proposed by WHO provides a highly simplified and normalized international control as well as an increased possibility for countries to provide legal and safe access for medical use and research in a pragmatic, coherent, and rights-enhancing manner. This un-exceptionality of *Cannabis* should allow other UN programs to get more involved with *Cannabis* and cannabinoids.

Michael Krawitz (Global policy adviser, FAAAT), *"Today, the WHO has gone a long way towards setting the record straight. It is time for us all to support the World Health Organization's recommendations and ensure politics don't trump science. Advocates thank the WHO Experts for their work, and WHO leadership for consistently defending the medical needs of our world."*

Kenzi Riboulet-Zemouli (Head of research, FAAAT), *"This is the best outcome that WHO could possibly have come up with. This it's just a beginning of a new evidence and health-oriented cycle for international Cannabis policy"*

Our webpage compiling 5 years of work and monitoring of the process: www.faaat.net/cannabis

Our statements to the [ECDD39](#), [ECDD40](#) and ECDD41 ([1](#), [2](#), [3](#)).

[Our report outlining the history and details of Cannabis scheduling in the Treaties.](#)

Recommendations are attached below or available [at this link](#).



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refer to: ECDD41

Your reference:

His Excellency
Mr António Guterres
Secretary-General of the United Nations
New York, NY 10017
USA

24 January 2019

Dear Mr Secretary-General,

The forty-first meeting of the WHO Expert Committee on Drug Dependence (ECDD) convened from 12 to 16 November 2018 at WHO headquarters in Geneva. Following recommendations made by the fortieth ECDD in June 2018 regarding the pre-review of cannabis and cannabis-related substances, the forty-first ECDD carried out critical reviews of these substances to determine the most relevant level of international control for cannabis and cannabis-related substances and whether the World Health Organization (WHO) should recommend changes in their level of control.

In addition, the forty-first WHO ECDD reviewed ten New Psychoactive Substances (NPS), five of which are synthetic opioids; and two pain-relieving medicines, pregabalin and tramadol. The recommendations regarding these substances are communicated to you through a separate letter under the same date as this letter.

The review of cannabis and cannabis-related substances was carried out in relation to Resolution 52/5 of the Commission on Narcotic Drugs, in which the Commission stated that it looked forward to an updated report on cannabis by the Expert Committee.

With reference to Article 3, paragraphs 1, 3, 5, and 6 of the Single Convention on Narcotic Drugs (1961), as amended by the 1972 Protocol, and Article 2, paragraphs 1, 4, and 6 of the Convention on Psychotropic Substances (1971), I am pleased to submit recommendations of the forty-first meeting of the ECDD regarding the review of cannabis and cannabis-related substances as follows:

ENCL: (1)

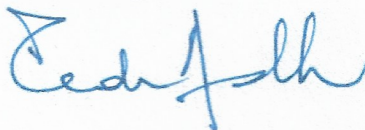
Cannabis and cannabis-related substances

- **Cannabis and cannabis resin**
 - To be deleted from Schedule IV of the Single Convention on Narcotic Drugs (1961)
- **Dronabinol (*delta-9-tetrahydrocannabinol*)**
 - To be added to Schedule I of the Single Convention on Narcotic Drugs (1961)
 - To be deleted from Schedule II of the Convention on Psychotropic Substances (1971), subject to the CND's adoption of the recommendation to add dronabinol and its stereoisomers (*delta-9-tetrahydrocannabinol*) to Schedule I of the Single Convention on Narcotic Drugs (1961)
- **Tetrahydrocannabinol (Isomers of *delta-9-tetrahydrocannabinol*)**
 - To be added to Schedule I of the Single Convention on Narcotic Drugs (1961) subject to the CND's adoption of the recommendation to add dronabinol and its stereoisomers (*delta-9-tetrahydrocannabinol*) to Schedule I of the Single Convention on Narcotic Drugs (1961)
 - To be deleted from Schedule I of the Convention on Psychotropic Substances (1971), subject to the CND's adoption of the recommendation to add tetrahydrocannabinol to Schedule I of the Single Convention on Narcotic Drugs (1961)
- **Extracts and tinctures**
 - To be deleted from Schedule I of the Single Convention on Narcotic Drugs (1961)
- **Cannabidiol preparations**
 - To give effect to the recommendation of the fortieth meeting of the ECDD that preparations considered to be pure cannabidiol (CBD) should not be scheduled within the International Drug Control Conventions by adding a footnote to the entry for cannabis and cannabis resin in Schedule I of the Single Convention on Narcotic Drugs (1961) to read "*Preparations containing predominantly cannabidiol and not more than 0,2 percent of delta-9-tetrahydrocannabinol are not under international control*"
- **Preparations produced either by chemical synthesis or as preparation 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 be added to Schedule III of the Single Convention on Narcotic Drugs (1961)

The assessments and findings on which they are based are set out in detail in the forty-first report of the WHO Expert Committee on Drug Dependence. An extract of the report is attached in Annex 1 of this letter.

I am very pleased with the ongoing collaboration between WHO, the United Nations Office on Drugs and Crime (UNODC) and the International Narcotics Control Board (INCB), and in particular, how this collaboration has benefited the work of the WHO Expert Committee on Drug Dependence (including through the participation of UNODC and INCB in the forty-first meeting of the ECDD), and more generally, the implementation of the operational recommendations of the United Nations General Assembly Special Session (UNGASS) 2016.

Yours sincerely,



Dr Tedros Adhanom Ghebreyesus
Director-General