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**Commission on Narcotic Drugs**  
**Reconvened sixty-third session**  
Vienna, 2–4 December 2020  
Agenda item 5 (a)  
**Implementation of the international drug control**  
**treaties: changes in the scope of control**  
**of substances**

**Statements following the voting on the WHO scheduling**  
**recommendations on cannabis and cannabis-related**  
**substances\***

**Note by the Secretariat**

1. On 2 December 2020, during the reconvened sixty-third session, the members of the Commission on Narcotic Drugs voted on the scheduling recommendations on cannabis and cannabis-related substances, submitted by the World Health Organization in correspondence dated 24 January 2019.
2. This conference room paper complements the report of the reconvened sixty-third session of the Commission on Narcotic Drugs. It compiles the statements in explanation of vote by members of the Commission and national statements by other States members of the United Nations delivered after the voting on the WHO scheduling recommendations on cannabis and cannabis-related substances and submitted to the Secretariat to the Governing Bodies for publication by 11 December 2020. All statements have been included as received, in the original language of submission.

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\* The present conference room paper is being issued without formal editing.



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and national statements by other Member States****Contents**

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## **I. Explanations of vote by Commission members**

### **1. Turkey**

Mr. President,

Excellencies,

Ladies and Gentlemen,

I thank you, Your Excellency, for your wise Chairmanship and all your efforts, throughout this sensitive and difficult process.

I also express our appreciation to the UNODC Secretariat and to the INCB for all their efforts and assistance during this process.

Mr. President,

I reiterate that Turkey continues to be fully committed to the three international drug conventions, which are the cornerstones of the international drug control system. Their full and universal implementation is crucial for the effectiveness of the system and we all bear the responsibility of securing it together.

Today, the CND, took a decision to change the existing level of control on cannabis and cannabis resin. For the record of this meeting, I repeat that Turkey objected to all the recommendations. We continue to believe that there is a high risk to create a wrong public impression as if cannabis and cannabis resin are not dangerous for health.

Mr. President,

Adoption of 5.1 by voting today, without consensus, just with a majority of 27 countries and against the will of 25 member states and one abstention, created a situation, which should be carefully examined and assessed by my authorities. I therefore reserve our right to communicate later on our final assessment and national position regarding this decision taken today on cannabis and cannabis resin and whether it will be implemented by the Republic of Turkey.

Thank you.

### **2. United Kingdom**

Chair, Excellencies and distinguished guests.

Many thanks for giving me the floor.

Let me start by thanking you, Ambassador Khan, in your capacity as CND Chair, for your leadership throughout this process. We wish to acknowledge the important role of the Secretariat. We are grateful to the WHO Expert Committee on Drug Dependence for their work throughout, as well as for the constructive contributions from civil society.

It has been a lengthy process and although we would have preferred to have voted on these recommendations sooner, we are pleased that the CND has today implemented its important treaty mandate role.

Now that the votes on these recommendations have been cast, this process can be concluded. We continue to fully support the ongoing roles of the WHO, UNODC and INCB and remain fully committed to the international drug scheduling process.

The UK voted to accept recommendations 5.1, 5.2.1 and 5.4 and to reject 5.5. I wish to set out further thinking on the UK's vote on two recommendations in particular.

On recommendation 5.1, we are glad that the WHO has acknowledged the therapeutic benefits of cannabis. The UK voted in favour of recommendation 5.1 as it agrees that removing cannabis from Schedule IV is in line with the scientific evidence about its

therapeutic benefits. The criteria for a drug to be placed in Schedule IV does not apply to cannabis and cannabis resin: evidence presented to the WHO ECDD whilst conducting their review suggests that cannabis is less harmful than other drugs within this schedule in key areas, such as posing a significant risk of death. This recommendation broadly aligns with the UK's recent domestic legislative changes to allow access to cannabis-based products for medicinal use. For instance, a number of cannabis-based products have marketing authorisation in the UK, as well as in the EU and US.

However, it should be emphasised that the UK's vote in favour of this recommendation should in no way be understood to demonstrate support for the loosening of international control of cannabis. It remains clear that cannabis and cannabis resin continue to present serious public health risks, and this recommendation ensures these substances remain in Schedule I of the 1961 Convention.

Moving to recommendation 5.5, the UK voted to reject this recommendation as it conflicts with UK legislation. Our legislation makes clear that any product containing controlled cannabinoids (including THC) are currently controlled unless they qualify as "exempt products" under the Misuse of Drugs Regulations 2001. The recommendation suggests that preparations containing predominately CBD and not more than 0.2 per cent of delta-9-THC should be excluded from Schedule I of the 1961 Convention.

Whilst we understand the purpose behind this, the UK does not think that preparations containing not more than 0.2 per cent THC is the appropriate level to for international control, and would like further consideration to be given to any internationally controlled level of THC in the future.

Thank you.

### **3. Hungary**

Mr/Madam Chair,

Hungary voted "No" regarding the recommendations 5.1. and 5.4. of the World Health Organization on the rescheduling of cannabis and cannabis resin for the below reasons.

It is an indisputable fact and a sad reality that the international efforts on pushing back drug consumption have clearly failed.

This fact is especially true to cannabis-consumption, the rate of which has risen dramatically and constantly over the last decades.

I would also like to draw your attention to the fact that cannabis has a strong addictive potential which is being continuously proven by the sharp increase of cannabis use itself. There is no room for objection to the statistics.

We have no doubt that if the recommendations pass, they will result in a further high increase of consumption of cannabis.

In the light of all these clear facts, the attempt to reschedule cannabis is an extremely irresponsible act in our view.

In addition to all this, the attempt to reschedule cannabis is nothing more than a drastic step towards drug liberalization and, at the same time, a scandalous intervention in national drug policies.

I would like to make it clear that the use of any drugs in Hungary is illegal and punishable: we do not want to change this in the future and we sharply reject any intervention in our national drug policy, including the rescheduling of cannabis.

For the reasons above, Hungary voted against the rescheduling of cannabis and cannabis resin.

Thank you, Mr/Madam Chair.

#### **4. Germany (on behalf of States members of the European Union)<sup>1</sup>**

Mr. Chair, Excellencies, Ladies and Gentlemen,

It is an honour to be here today with you and to speak on behalf of the following states: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Germany, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden, which are all Member States of the European Union, to explain our vote.

1. We would like to thank you, Mr. Chair, and the World Health Organization, INCB, and UNODC for having given us the opportunity to exchange views over the past two years on the proposed scheduling recommendations on cannabis and cannabis-related substances. We reiterate that a full understanding, based on objective facts and evidence, by all Member States of the precise scope, content and consequences of the recommendations was the condition for the Commission on Narcotic Drugs to act upon these recommendations.

Mister Chair,

2. We had expert discussions about these recommendations with relevant actors, at national, EU and international level. During the last two years, we were able to consider the medical and scientific complexity of these recommendations, as well as to address questions with regard to economic, social, legal, administrative and other factors. We now voted in favour of some of the WHO recommendations as they reflect developments of the scientific knowledge and would not result in any weakening in the control of the substances concerned. They therefore contribute to ensure the enduring relevance of the international drug control regime, which aims at protecting public health and ensuring the well-being of society, while offering a high level of security.

3. We supported the adoption of recommendation 5.1 to delete cannabis and cannabis resin from Schedule IV of the Single Convention on Narcotic Drugs, considering that it would allow more research, in line with our evidence-based drugs policy, on the medical use of cannabis and cannabis resin. It should be noted however that these substances continue to be controlled under schedule I of the Single Convention on Narcotic Drugs.

4. In this regard, let me stress again that, according to our understanding, the WHO recommendations do not aim and should not be seen as a step towards a liberalisation of the use of cannabis or minimising the risks and dangers it represents for our society.

Mister Chair,

5. According to the assessment of the WHO Expert Committee on Drug Dependence, it is understood that the recommendations on delta-9-tetrahydrocannabinol and its active stereoisomer dronabinol as well as on tetrahydrocannabinol do not imply any change in the international control level of these substances. Rather, they facilitate the control measures in Member States. Therefore, we supported recommendation 5.2. And in this context, I would like to thank you, Mister Chair, for your guidance on the voting procedure in these cases.

Mr. Chair, Excellencies, Ladies and Gentlemen,

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<sup>1</sup> 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.

6. After the three topical meetings this year we have come to the conclusion, and are grateful in this regard for the clarifications provided by the WHO, INCB and UNODC, that recommendation 5.4 implies no change in the international control level of extracts and tinctures of cannabis nor is the recommendation expected to have impacts on the control and / or reporting obligations of Member States. Therefore, we now supported the deletion of extracts and tinctures of cannabis from Schedule I of the Single Convention.

In relation to recommendation 5.5 concerning CBD preparations, we considered that it would lower the current control level for those preparations. Moreover, the establishment of the 0.2 per cent THC limit is not supported by scientific evidence and the proposed wording does not exclude divergent interpretations concerning the calculation of that limit. In addition, we consider that there is no justification for the differentiated treatment of cannabidiol compared to other non-psychoactive cannabinoids. In general, we considered that the recommendation, as it has been drafted, does not offer the necessary legal certainty and does not constitute a proper solution for cannabidiol. Therefore, those of us who are also members of the Commission voted against the insertion of this footnote as this will preserve the current legal framework. However, we would welcome further consultation with all relevant stakeholders on a recommendation on the appropriate level of the international control for cannabis preparations with low THC content, while ensuring the protection of public health and welfare, taking into consideration the existing structure of the international drug control system for cannabis as well as technical and administrative capacity needed for its implementation.

Thank you for your attention.

## 5. Switzerland

Thank you for giving me the floor.

Mr. Chair, dear colleagues,

Switzerland would like to take this opportunity to thank UNODC for making this important vote possible today, despite the unprecedented pandemic, its restrictions and limitations. We also thank you, Chair, for your guidance in finding a consensus on the process for this vote.

During the last two years we were able to consider the medical and scientific complexity of the WHO ECDD recommendations, as well as to address questions with regard to economic, social, legal, administrative and other factors.

The World Health Organization is the treaty body mandated to carry out medical and scientific assessments of substances and we thank the organization and its experts for its scientific expertise. With its recommendation, WHO has given a sign of support for medical cannabis programmes and acknowledges with its assessment that there is sufficient scientific evidence that cannabis can be used as an effective and safe medicine for a number of medical conditions.

Switzerland voted for recommendation 5.1 to ensure that the international scheduling of cannabis and cannabis resin accurately reflects the state of science and cannabis' scheduling facilitates and further stimulates research on its medical use, including potential negative consequences for patients.

The Scheduling process foreseen in the conventions ensures that controlled substances that are indispensable for the relief of pain and suffering are available, while subjecting them to measures to prevent diversion and abuse. When it comes to recommendation 5.1, WHO, INCB and UNODC repeatedly confirmed that there would be no impact on the measures of control applicable.

According to the assessment of the WHO ECDD, the recommendations on delta-9-tetra-hydro-cannabinol, dronabinol as well as on tetra-hydro-cannabinol (5.2, 5.3) do not imply any change regarding the level of international control, but rather had an “administrative, technical” background. Switzerland therefore supported these recommendations as well.

The cannabis plant should be treated under the same convention as its active substance, as is the case for example for the coca plant. As it cannot be distinguished whether the delta-9-tetra-hydro-cannabinol originates from the cannabis plant or is of synthetic origin, discrepancies and uncertainties are created if treated under different conventions.

Mr. Chair,

it is important that the Commission can send a strong signal to the international community that the Commission’s scheduling decisions are based on evidence, take science and reality into consideration and are capable of keeping the international drug control system up to date.

Thank you, Mr. Chair.

## **6. Brazil**

Brazil is disappointed with the decision to remove cannabis plant and cannabis resin from the strictest Schedule IV of the 1961 Convention. The outcome of the voting clearly shows a substantive number of Members of the Commission is not convinced there were reasons for the proposed change.

However, there should be no doubts about the consequences of this decision. Cannabis plant and cannabis resin will remain included in Schedule I of the 1961 convention with strict level of control. The legalization of cannabis is contrary to the conventions and is not condoned by the Commission.

We would like to commend you, Ambassador Khan, for leading us through an important discussion process on the impacts of the ECDD recommendations on reviewing the scheduling of cannabis and related substances during the past year. During those opportunities a large number of countries were able to express their concerns on the adverse legal, social, economic, administrative and other implications of the recommendations.

Brazil firmly believes that the international drug control system is fundamental to enable us to address the illicit production of and trafficking in internationally controlled substances, and in this specific case, cannabis and related substances. Decisions on rescheduling of substances should be substantiated by clear benefits for the control system. International cooperation is dependent on common standards and procedures upheld by all Member States in the national legislation and regulations, so revisions cannot and should not be taken lightly.

Brazil, as well as a number of other delegations, have raised serious concerns about the adoption of the proposed changes of schedule on a number of dimensions. Cannabis and related substances are at least as harmful to health as when the drug control conventions were adopted. Cannabis remains the most abused drug in the world and the far more harmful to health cannabis products with a high THC content are increasingly common. The government of Brazil is not persuaded that the potential therapeutic uses of specific cannabis-based pharmaceutical preparations as well as scientific conducted research are impaired by the current scheduling, which provides sufficient flexibility to allow adequate access to these substances for medical and scientific purposes.

I kindly request that this statement be included in the report of this session.

Thank you, Mr. Chair.

## 7. Chile

Thank you Mr. President.

The Government of Chile decided to vote “against” recommendation 5.1 of the WHO, to eliminate cannabis and cannabis resin from Annex IV of the 1961 Convention, based on the following reasons:

One. The impact on health. National and international studies show that consumption of cannabis is a serious problem for public health, especially among young people, since there is a direct link between cannabis use and the increased chances of having depression, cognitive deficit, anxiety, and psychotic symptoms, among others. In Chile, 63.9 per cent of children and adolescents treated in specialized centres for drug use disorders are admitted for cannabis use.

Two. The high levels of consumption. In my country, 30.9 per cent of the school population aged between 13 and 18 declared, in 2017, to have used cannabis at least once during the previous year, which put us in first place in the Americas. That percentage rises to 50.4 per cent in high schools. Among the general population, marijuana use raised between 2010 and 2018 from 4.6 to 12.7 per cent, that is, an increase of 176 per cent.

Three. Recommendation 5.1 is not aligned with the main preventive public policy on alcohol and other drugs, called “Choose to Live Without Drugs”, whose main objective is to reduce the use of drugs and alcohol by children and youngsters, with the active participation of families, schools, communities, the public sector, and civil society, among others.

Four. The negative impact on risk perception. Mr. Chair, insufficient scientific evidence about the medical benefits of cannabis have a direct impact on reducing the perceived risks of adolescents when using this drug. Since 2011, the risk perception in Chile among the youngsters has dropped from 48 to 21.9 per cent. This dangerous symptom should alert the international community.

Five. Difficulties in applying adequate means of control. The approval of recommendation 5.1 will hinder the application of stricter control measures of Annex IV of the 1961 Convention, which will be detrimental to the health protection of children and adolescents.

Finally, Mr. Chair, international evidence. The recreational use of marijuana by children and adolescents directly affects their memory, thoughts, concentration, movements, and coordination abilities. Furthermore, cannabis continues to be the primary drug that brings people to the criminal justice system, causing more than half of drug-related crimes.

In the case of students, there is a direct link between using cannabis and poorer school performance.

As long as there is not enough scientific evidence to prove the “supposed medicinal or therapeutic effects” of cannabis, Chile will not be available to advance on its legalization. Thank you very much.

## 8. Russian Federation

Российская Федерация проголосовала против всех шести рекомендаций Комитета экспертов по лекарственной зависимости Всемирной организации здравоохранения. Отрадно, что такую позицию разделяют половина государств-членов Комиссии ООН по наркотическим средствам.

Наша страна последовательно выступает за укрепление и повышение эффективности действующего международно-правового режима контроля над наркотиками, основанного на трех профильных конвенциях ООН.

Это в полной мере относится и к глобальному контролю над каннабисом, который, согласно данным Управления ООН по наркотикам и преступности и Международного комитета по контролю над наркотиками, остается самым злоупотребляемым наркотиком в мире.

Экспертное обсуждение женеvских рекомендаций в Комиссии показало, что предложенные ВОЗ изменения в конвенциях не помогут усовершенствовать глобальную систему контроля над каннабисом. Напротив, их одобрение привело бы к негативным социально-экономическим и правовым последствиям, увеличило бы нагрузку на правоохранительные ведомства и органы системы здравоохранения, было бы неверно воспринято в обществе как поощрение мер по легализации и декриминализации данного наркотика.

Представленные ВОЗ отрывочные сведения не позволяют судить о том, насколько эти рекомендации могут быть полезны для медицинского использования каннабиса и поддержки научных исследований в этой области. Такая деятельность вполне законно осуществляется в настоящее время в нескольких десятках стран, и нынешний режим контроля над этим наркотиком никак не мешает развитию таких программ.

В этом контексте полностью разделяем мнение МККН о том, что национальные программы использования каннабиса в лечебных целях должны разрабатываться в строгом соответствии с положениями трех антинаркотических конвенций, чтобы не допустить утечки каннабисных препаратов в незаконный оборот и злоупотребления ими.

Эксперты ВОЗ также выбрали не лучшее время для внесения своих рекомендаций в Комиссию. Это произошло на фоне множающихся случаев легализации рекреационного применения каннабиса в различных странах в нарушение их конвенционных обязательств. Эксперты ВОЗ четко разъяснили, что они ни в коей мере не поощряют такие нарколиберальные эксперименты. Тем не менее, многие общественные организации неверно трактуют сегодняшнее голосование как первый шаг к его легализации. Это совершенно недопустимо.

Наша Комиссия вынуждена была потратить два года и значительный объем финансовых и иных ресурсов, чтобы разобраться в сути представленных предложений. Мы могли бы использовать это время для рассмотрения более срочных и важных вопросов, включая борьбу с новыми психоактивными веществами, пресечение наркопреступности в сети Интернет, обеспечение доступности анальгетиков для снятия боли и страданий. Призываем экспертов ВОЗ впредь более тщательно и более ответственно подходить к проработке и научному обоснованию рекомендаций о постановке веществ под международный контроль до их направления в Вену.

Российская Федерация продолжит на национальном уровне применять строгие меры контроля над каннабисом и его производными и активно взаимодействовать с другими странами по пресечению трансграничных каналов их незаконных поставок.

Призываем другие государства добросовестно соблюдать свои обязательства по антинаркотическим конвенциям. Справиться с мировой проблемой наркотиков можно только коллективными усилиями на основе международного права. Этого принципа Россия продолжит придерживаться и впредь.

## 9. Colombia

Mr. Chair,

After the numerous sessions that have been held at this 63rd session of the Commission on Narcotic Drugs, I want to express the gratitude of my delegation not only to you, Mr. Chair, but also to the Secretariat of UNODC, to WHO and to INCB

for their invaluable contribution in the discussions that have served as the basis for the voting decision of our delegations on these matters related to cannabis.

For Colombia, the essence of the voting decision on the WHO recommendations consists in the recognition of the existing scientific evidence on the therapeutic effects that some of these substances may have, while maintaining the international control measures oriented to the prevention of the illegality, harmful effects and abuse of narcotics in the framework of the World Drug Problem. An effective approach to this problem is a priority for my country, especially taking into account the need of ensuring the fulfilment of the commitments contracted by the international community and represented in the pertinent International Conventions.

In our opinion, the vote in favour on recommendations 5.1, 5.2, 5.3 and 5.4 guarantees international control and access to cannabis medicines in the world, since it clarifies the definition of the different narcotic drugs included in each Schedule, and with this, it promotes the research on cannabis and its derivatives. These objectives are in agreement with the activities that the control authorities and the Colombian Government in general, have been carrying out with the implementation of a regulation that allows safe and informed access to the medical and scientific uses of cannabis in Colombia.

With respect to recommendations 5.5 and 5.6, Colombia's negative vote is based upon the absence of a clear language in them, which goes against our interest in maintaining clear precedents and conceptual frameworks in the definition of the control of this type of preparations for their implementation at the national level, which do not increase the risk of emerging of mistakes and confusion in the control of these substances and in the report of their use.

In this scenario, we deem as necessary to emphasize that, invoking the terms of the Conventions, whenever we make reference to cannabis and its derivatives, we are referring to those products intended for medical or scientific purposes. For that matter, both the current conventional framework and the configuration of its Schedules, as well as the national legal framework in Colombia, ensure that the preparation of a medical product is subject, in addition to its inspection, to its sanitary control.

Thank you Mr. Chair.

## 10. Kyrgyzstan

Уважаемый Председатель!

Уважаемые дамы и господа!

Кыргызская Республика с сожалением констатирует, что Комиссией принято решение, затрагивающее ее национальные интересы.

Дело в том, что на территории Кыргызской Республики произрастает более десяти тысяч гектаров каннабиса из которого местное население изготавливает такие наркотические средства, как марихуана и гашиш.

Ежегодно из незаконного оборота в Кыргызстане изымается до 15 тонн каннабиса и его продуктов, что указывает на чрезвычайную опасность этого явления для 6,5 миллионного населения.

Более 80% лиц зависимых от наркотиков лиц в Кыргызской Республике потребляют продукты каннабиса. Ежегодно увеличивается число пролеченных случаев. Все это тяжелым бременем ложится на государственный бюджет, который покрывает эти расходы.

Продукты каннабиса афганского производства контрабандой завозятся на территорию Кыргызской Республики усугубляя и без того сложную наркоситуацию.

В этой связи из государственного бюджета значительные средства выделяются на обеспечение деятельности подразделений по борьбе с незаконным оборотом наркотиков в составе ряда правоохранительных структур, а также пограничной службы, прокуратуры, суда и пенитенциарной системы.

Полагаем, что любые действия, направленные на ослабление мер контроля каннабиса и его продуктов, могут оказать негативное влияние на состояние наркоситуации в Кыргызской Республике.

Информируем всех присутствующих, что в целях сокращения негативных последствий принятого Комиссией решения, Кыргызская Республика начнет обсуждение о возможности применения статьи 39 Единой конвенции о наркотических средствах 1961 года и статьи 23 Конвенции о психотропных веществах 1971 года, которые представляют право принимать более строгие или более суровые меры контроля, чем предусмотренные этими международными договорами.

Спасибо за внимание!

## 11. United States

### Explanation of Vote for Recommendation 5.1

- Thank you chair, for your skilled leadership over the past year that has brought us to the conclusion of this important process.
- Today's votes were not taken lightly. They followed a lengthy, two-year-long process in which the Commission carefully considered each of the recommendations, their effects and impacts, and the rationale behind them. The participation of a wide array of stakeholders in these consultations was helpful for informing the Commission's deliberations, and we would like to thank them for their assistance.
- The CND is charged by the three international drug control treaties to make scheduling decisions that appropriately balance the public health risks of drugs with access to those drugs for medical and scientific purposes. The placement of cannabis in Schedules I and IV when the Single Convention was drafted reflected the high degree of negative public health effects and lack of accepted medical use of cannabis preparations, as well as an understanding that if future well-controlled clinical trials identified a legitimate medical use of those preparations, cannabis could be removed from Schedule IV.
- In recent years, well-controlled clinical trials have identified therapeutic uses for certain isolated cannabinoids, most notably the product Epidiolex, which contains highly purified cannabidiol extracted from the cannabis plant and which was approved by the U.S. Food and Drug Administration in 2018 for the treatment of two rare seizure disorders in children. As a result, the legitimate medical use of a cannabis preparation has been established through scientific research, and cannabis no longer meets the criterion for placement in Schedule IV of the Single Convention.
- Nevertheless, it is clear that cannabis and cannabinoids are not benign substances. There is robust scientific evidence of negative and lasting health effects, especially to pregnant women and adolescents. Cannabis use can result in addiction, and its use appears to also increase the subsequent risk of addiction to other drugs. The cannabis plant has not been approved as a safe and effective therapeutic for any indication.
- The scientific assessment of cannabis and cannabis resin by the World Health Organization's Expert Committee on Drug Dependence highlighted these public health risks, reaffirming the decision at the time the Single Convention was

adopted to subject cannabis to the strictest set of international controls under that convention.

- The vote of the United States to remove cannabis and cannabis resin from Schedule IV of the Single Convention while retaining them in Schedule I is consistent with the science demonstrating that while a safe and effective cannabis-derived therapeutic has been developed, cannabis itself continues to pose significant risks to public health and should continue to be controlled under the international drug control conventions.
- Further, this action has the potential to stimulate global research into the therapeutic potential and public health effects of cannabis, and to attract additional investigators to the field, including those who may have been deterred by the Schedule IV status of cannabis.

#### Explanation of Vote for Recommendation 5.5

- Thank you chair, for your leadership as the CND has worked diligently over the past two years to consider social, economic, administrative, and legal factors relevant to the WHO's cannabis-related recommendations.
- The United States was unable to vote in support of recommendation 5.5 on legal and procedural grounds. We do not dispute the scientific basis for the recommendation. Cannabidiol has not demonstrated abuse potential, and it is not our position that cannabidiol should be or is under the control of the international drug conventions.
- Notably, the recommendation before the Commission for a vote today was in fact the second recommendation from the Expert Committee relating to cannabidiol preparations, and was explicitly designed – quote: “to give effect to the recommendation of the fortieth ECDD that preparations considered to be pure cannabidiol should not be scheduled within the international drug control conventions” end quote.
- As a matter of past practice, when the ECDD recommends that a substance should not be subject to international control, no CND action is required to give effect to that recommendation; substances are presumed to be outside the scope of the conventions unless explicitly included in a Schedule. This recommendation to give effect to a state of affairs which already exists therefore breaks from past procedure and intrudes on the treaty-based mandate of the CND to make recommendations for the implementation of the aims and provisions of the drug control conventions.
- Additionally, adoption of the proposed footnote would have in effect amended the Single Convention by creating a new category of preparations wholly excluded from control. This recommendation would have contravened the Single Convention by amending the treaty while sidestepping the amendment process outlined in the treaty itself. Proposals to amend the treaty are reserved exclusively to Member States, and are wholly outside the scope of the scheduling process.
- The treaties give significant flexibility to allow Member States to design drug control policies that reflect their national realities. We believe the Member States are capable of determining for themselves what should be considered a “pure” cannabidiol preparation for domestic enforcement purposes, based on analytical capacity, abuse liability, and prioritization of prosecutorial resources. Indeed, many countries, including the United States, have already instituted legal measures to adopt thresholds for purity and residual delta-9-THC impurities in cannabidiol preparations.

- If the Commission determines that standardization of these thresholds would improve the application of international drug control requirements, it is empowered by Article 8 of the Single Convention and Article 17 of the Convention on Psychotropic Substances to issue recommendations for that purpose, without amending the conventions or misusing the scheduling system. We look forward to continuing the conversation around this important issue within the CND

## 12. Mexico

Mr Chairman, distinguished members of the Commission, Ladies & Gentlemen,

On behalf of the Government of Mexico I would like to express my deepest gratitude to you, Mr Chairman, the UNODC officers and all delegations for their active and constructive participation which has allowed the Commission, despite the difficulties imposed by the global spread of the COVID-19 pandemic, to fulfil today one of its main tasks: to take action on proposals for improving the international control regime on controlled substances, in this particular case, the Cannabis and its derived substances.

WHO, through its Expert Committee on Drug Dependence, and in compliance with the text of the 1961 and 1971 Conventions, have conducted a critical examination, which by itself constituted a recollection on the scientific, medical and contextual basis for the uses and therapeutic possibilities of the Cannabis and its derived substances, while underlining the need to continuously supporting and deepening the research on this issue.

When establishing the current international drug control regime, the international community foresaw that the world drug situation would not remain static; not only because new substances would appear, but also because knowledge and understanding about their uses and effects would increase and evolve.

Aware of the new realities and of the need to prioritize the challenges it faces; Mexico calls on the Commission to continue advancing not only in listing new substances but also on the revision of the validity of or adjustment needs on the current listings.

Mr Chairman,

I would like to emphasize that during the thematic consultations on these recommendations, which took place throughout this year, my country made an in-depth technical analysis of the merits of each Recommendation, while seeking also to bring the positions closer to making and taking decision that were coherent with the Drug Conventions, as well as with recent advances and developments.

With the votes expressed today as a member of this Commission, Mexico echoes the continuous call to materialize a more balanced and comprehensive international drug control policy that gives first and foremost consideration to the health and well-being of individuals and their rights over substances.

For the Government of Mexico, today's action does not conclude a process but rather opens a new chapter for a critical and substantive deliberation by the CND and the United Nations bodies mandated by the international treaties, based on arguments and evidence and not on prejudices. The Commission and the supervisory bodies must focus their attention on substances that really pose a threat to human life, health and well-being. We trust that in the future there will be an even greater willingness to update what does not respond to global reality anymore, to change what has not yielded the expected results and to discard those inertias that have resulted on generating more damage than the substances that they intend to control.

The decisions that we have taken on the recommendations of the WHO will have implications for the operation of the international control system and the international

monitoring of substances, an obligation to which Mexico continues to be fully committed, but always aiming at reaching a balance with the need for improving access to these substances and the possibilities that they offer to have a wider, tested and extended use for medical, therapeutic and scientific purposes.

Mr Chairman,

I would like to finally state that the votes expressed in favour by Mexico for recommendations 5.1 and 5.4, and the votes against on recommendation 5.2 (and 5.3 & 5.6) and 5.5 have been based on the following considerations:

- Trusting Multilateralism as the formula for making and adopting decisions, and in the role of the United Nations bodies.
- Observing international law, the international human rights law and the evolution of national norms, as living and not static sources.
- Jointly assessing the evidence on the uses of cannabis and its derivatives for medical and therapeutic purposes, without losing sight of its psychoactive potential and its potential for generating abuse and dependence.
- Avoiding double controlling of substances, which could duplicate the monitoring and reporting obligations of our national control bodies.
- Ensuring that non-scheduling substances are needlessly added to the international control schedules; nor getting involved with technical aspects related to amounts or quality that could bequeath the imposition of arbitrary determinants.
- Promoting the elimination of barriers on scientific research on potential new uses.

To finish, Mr Chairman, Mexico would like to acknowledge the work and inputs given throughout the deliberative process by all the experts coming from Governments, Academia, Civil Society Organizations, Private Sector and other International Organizations. The voice of all these sectors must continue to be heard by this Commission.

Thank you.

### 13. France

Monsieur le Président,

Mesdames et Messieurs,

La France souscrit pleinement à la déclaration prononcée par l'Allemagne au nom de l'Union européenne.

Nous remercions la Présidence d'avoir organisé les intersessions thématiques concernant la classification du cannabis. Elles ont permis à tous les membres de la Commission de mieux appréhender les implications nationales des recommandations de l'OMS, que ce soit sur le plan sanitaire, sécuritaire ou social. Ces débats, nourris par l'expertise scientifique la plus rigoureuse, nous ont permis de parvenir à une décision informée, en toute objectivité.

Nous devons résister à la tentation de politiser ces recommandations. Car l'enjeu est de taille : il s'agit de préserver la crédibilité et la pertinence du système international de contrôle des stupéfiants, face à un monde en profonde évolution dans lequel la situation critique en matière de drogues reste, malheureusement, une constante.

Pour cela, ce système doit continuer à faire la preuve de son efficacité, en assurant la sécurité et la santé de nos populations face aux dangers liés aux drogues. Il doit également continuer à nous aider à mener une approche équilibrée en matière de

drogues, fondée sur le combat sans merci contre les trafics, sur la prévention de la consommation et sur les soins à prodiguer aux usagers, dans le respect des droits de l'Homme. Ce sont ces considérations qui ont guidé la définition de la position commune de l'UE quant aux recommandations de l'OMS.

Nous sommes convaincus que la meilleure manière de protéger le système international de contrôle des drogues, auquel nous réitérons notre attachement, est de lui permettre de s'adapter aux évolutions déjà à l'œuvre et que nous serions coupables de chercher à ignorer, en particulier s'agissant des potentialités thérapeutiques du cannabis.

Dans le même temps, il nous faut rester inflexibles sur les fondamentaux, qui ne souffrent aucune concession: la santé et la sécurité de nos populations. A cet égard, la légalisation du cannabis doit rester une ligne rouge: elle est contraire aux traités internationaux. De même, nous continuerons d'alerter sur les dangers liés à la consommation de cannabis et des autres drogues, qui ne sont plus à démontrer.

C'est seulement ainsi que nous pourrons continuer à agir, collectivement et efficacement, contre le problème mondial des drogues.

Je vous remercie./.

#### **14. Pakistan**

Mr. Chair,

It's a matter of honour to see you steering this process effectively and successfully. Allow me to join all the other delegations in commending you for your prudent and dynamic leadership.

We would also like to express our deep appreciation of UNODC secretariat and INCB for providing constant support and valuable inputs during the expert deliberations on these recommendations. We are also grateful to WHO for its consistent engagement with the process and deliberations in the Commission.

As all of us aware, the Commission is mandated by the three international drug control conventions to make scheduling decisions. The most important factor in making such decisions is to ensure appropriate balance between public health risks and advantages of ensuring access to the drugs for medical and scientific purposes. The Commission deliberated upon each of the recommendations, their effects and impacts, and the rationale behind them. The participation of stakeholders and experts helped the Commission's deliberations and also played an important part in the discussions.

Mr. Chair,

The Commission has always pursued its work based on Vienna spirit of building consensus and avoiding vote. I am confident that today's vote, which was undertaken after prolonged discussions and heated debates, will not undermine Vienna spirit in our future work.

I would like to reiterate that arguments put forth in support of the recommendations to change the international control of cannabis and its related substances were not convincing. WHO's ECDD pointed out some hurdles that allegedly impede scientific research of therapeutic benefits of cannabis. In contrast, as we are fully aware, many countries are already successfully conducting research on therapeutic uses of cannabis with increasing but well-regulated trade of cannabis raw materials and production of pharmaceutical products from them.

We also cannot ignore the fact that cannabis remains the most abused drug in the world. There exists well established scientific evidence of negative and lasting health effects, especially to pregnant women and adolescents. Cannabis use also results in addiction and its use increases the risk of addiction to other drugs.

Pakistan is of the view that the focus should now be on helping Member States effectively implement the control measures and prevent misuse of cannabis and cannabis related substances. Provision of technical support by UNODC and will play an important role in this regard especially to member states who lack the necessary means for detection, monitoring and enforcement capabilities to efficiently implement the provisions of the convention. It also warrants close collaboration between the Member States.

There is a strong need for clear elaboration of guidelines to ensure coherent application of provisions of the Conventions related to licit production, trade, medical and scientific use of cannabis as well as for the control of emerging high-potency cannabis products. We should also be further streamlining and strengthening the reporting mechanisms on legitimate cultivation, production and trade in cannabis related substances to avoid any discrepancies.

Mr. Chair,

Supported by international partners, Pakistan has a strong political will to work towards “Drug Free World”. Passing of dedicated legislation, establishment of federal ministry, formulation of National anti-narcotics policy, oversight mechanisms at parliamentary and judicial levels, establishment of an inter-agency task force on counter narcotics and implementation of a robust and stringent precursor control regime are some of the measures manifesting our strong resolve against illicit drugs.

In the end, I would like to reiterate that Pakistan remains fully committed to its international obligations under the Conventions and would like to reaffirm that the Government of Pakistan is committed to eradicate the menace of illicit drugs.

## 15. Libya

Mr. Chairman,

While we appreciate the efforts exerted and are still being made by the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the Commission on Narcotic Drugs and the World Health Organization to confront the drug problem that has seriously affected the public health and safety around the world, and my Country has always supported and continues to support the international organizations concerned with confronting the phenomenon of drugs, and is committed to the international conventions in this regard, but my Country voted (NO), being certain that the drug problem is closely related to crime of all kinds, and has dire effects on the economic, security and social conditions, as well as that it conflicts with national legislation, and the countries that undergo exceptional circumstances due to instability have no capacity to address such recommendations and change the existing scheduling process, especially for Cannabis and its related substances. This is evident from the voting process that took place that there is no consensus among the Members of the Commission in this regard.

In conclusion, we wish the competent authorities all success in fighting drugs for the sake of drug-free societies.

## 16. Australia

- Thank you Chair. On behalf of the Australian delegation, we express our sincere thanks to you Ambassador Khan for your able leadership and to the Secretariat for your tireless efforts to arrange today’s vote in ongoing challenging circumstances.
- Australia is committed to protecting and strengthening the international rules-based order:
  - The international drug control framework and scheduling system is a critical part of the rules-based order.

- And the recommendations we are voting on today are part of our broader, collective effort to address the world drug problem.
- The treaty-mandated role of the WHO’s Expert Committee on Drug Dependence is important:
  - Conducting medical and scientific reviews of substances help us to make informed scheduling decisions.
  - And help maintain the currency of – and ongoing public support for – the international drug control framework.
  - So it is important that the CND does its job in making decisions in a timely manner. After having discussed these recommendations at length, it is good that we have voted today.
- We would like to be clear and explicit upfront – Australia does not support the legalisation of cannabis for recreational use. That is not what this vote is about.
- We recognize the substantial risks that cannabis use carries. We also recognize the potential therapeutic benefits of cannabis. This assessment is based on medical and scientific evidence, which is evident from the review conducted by the WHO.
- On this basis, Australia supported recommendation 5.1 which recognizes that cannabis and cannabis resin are unlikely to produce ill-effects similar to other Schedule IV substances, and that some parties have enacted laws to enable the medical use of cannabis and cannabis resin.
  - Australia considers this approach strikes an appropriate regulatory balance and simply recognizes that there is a legitimate medical use quite separate to the use of cannabis for research purposes.
- Australia supported recommendation 5.2 and 5.3 Australia’s strong preference is for dronabinol, THC and its stereoisomers to be managed consistently with cannabis and cannabis resin under Schedule I of the 1961 Convention. This would remove ambiguity and complexity, especially as it applies to trade between member states.
- Australia supported recommendation 5.4 which will improve consistency and remove ambiguity in the regulation of cannabis extracts and preparations.
- Australia supported recommendation 5.5 on the basis that predominantly cannabidiol preparations with low concentrations delta-9 THC are of less risk of harm than those which contain greater than 0.2 per cent. This recommendation assists improving consistency and trade and reporting discrepancies.
- In closing Chair, Australia takes seriously its responsibility as a member of the CND. We strongly support a scientific and evidence-based approach to scheduling substances under the international drug control framework. And we acknowledge and thank civil society and academia for their important contributions to the consideration of these recommendations. Thank you.

## 17. Thailand

Let me start by thanking you Mr. Chairman for your tireless effort, guidance, and leadership. Our thanks also go to the Secretariat for their work and dedication as well as to all delegations for their constructive participation throughout this entire process. We would like to explain our vote as follows:

Thailand is committed to all three international conventions on drug control, as they are important frameworks in addressing the global drug problem. Thailand

acknowledges the valid concerns of some member states regarding the risk of increased abuse and illicit use following the adoption of the WHO recommendations. We therefore, strongly reaffirm that cannabis is an illegal narcotic crop that must be subjected to strict control under relevant international conventions and regulations as well as the domestic laws of the respective countries. In this regard, raising public awareness on strict control of cannabis should be continued at all levels.

At the same time, we are of the view that cannabis and its related substances also possess benefits for medical treatments and scientific research under proper controls by experts. Thailand voted therefore, to support the WHO recommendations, but only as they pertain to items 5.1, 5.2.1 and 5.5 and we continue to pledge our commitment to making certain that cannabis will not be used for illicit purposes nor recreational activities.

Thailand is well aware that cannabis is still widely misused and that it remains part of the global drug problem. Our considerations today should therefore not be misinterpreted or taken to mean that cannabis control measures will be relaxed in any way. Each country must continue to enforce its domestic laws and measures in accordance with its unique context. Thailand remains committed to a zero-tolerance approach to drugs. Our vote does not alter our shared commitment in achieving a drug-free ASEAN.

## 18. Japan

Mr Chairman, distinguished guests,

On behalf of the Government of Japan, I would like to express our sincere gratitude to you, Chair and to all members of the Secretariat for your hard work in making the reconvened meeting of the Commission on Narcotic Drugs possible given the extraordinary circumstances. I would also like to greet fellow participants joining us here today from all corners of the globe.

Ladies and Gentlemen, after much deliberation, we are pleased to have finally concluded our discussions on WHO's recommendation on cannabis and cannabis related substances through our historical vote today. I would be remiss if I did not express our sincere gratitude to WHO, INCB, UNODC, and to all of the distinguished delegates and experts who offered their valuable contributions and time to this discussion.

The scheduling of Cannabis proved to be a unique and complex endeavour, deserving of a thorough assessment of its impact by CND. As a member of the Commission and of the global community, Japan is pleased to have participated in a reflective and constructive process with other States Parties, which has not only led to the results of today's vote but also demonstrated the effectiveness of the Commission.

Japan recognizes that some medicinal products derived from cannabis and cannabis related substances have indicated some therapeutic benefits for the treatment of certain conditions and that more robust and conclusive scientific evidence proving the safety and effectiveness of these products is still needed.

We also acknowledge that the non-medical use of Cannabis might give rise to negative health and social impacts, especially among youth, considering it is particularly liable to abuse and is the most used drug in the world, as indicated in the latest World Drug Report and according to WHO's 2016 publication. For this reason, Japan believes Cannabis should be subject to the strictest control under the International Drug Control Conventions.

It is our firm belief that all controlled substances including Cannabis should only be used for medical and scientific purposes in line with the original intent of the Convention, and we would like to stress the importance of preserving the integrity of the Conventions.

If we are to advance our collective fight against the world drug problem and improve the health, safety and well-being of our societies, we must turn our focus to bolstering

international cooperation and to implementing our international commitments by turning our words into actions. Only then can we make progress in tackling the current world drug crisis including the illicit cultivation, trafficking and abuse of cannabis.

Japan, will continue to support effective implementation of the international drug control treaties and strengthen countermeasures against illicit drugs by strengthening our relationships with WHO, INCB, UNODC and all respective countries to ensure the health and welfare of all of our societies.

It is only through our collective efforts that we can truly make a difference.

Thank you, Mr. Chair.

## **19. Morocco**

Mr. Chair,

1. The vote conducted today by the Commission on Narcotic Drugs on the recommendations issued by the World Health Organization on the rescheduling of Cannabis and cannabis related substances concludes a long process which has been going on for some two years now.
2. Throughout this process, we have had the opportunity to debate in length on various aspects relevant to this issue. In this regard, we thank WHO and INCB for the valuable clarification they have presented us with. We also heard a wide range of views and positions. These clarifications enabled us to understand fully and properly this issue and decide in full and deep knowledge of the facts.
3. Today, the Commission has acted upon the WHO recommendations. These are, it must be underlined, recommendations that are based on sound scientific evidence and are intended to take advantage of the therapeutic virtues of certain substances derived from cannabis.
4. The deletion of cannabis and cannabis resin from Schedule IV is therefore motivated, first and foremost, by scientific knowledge which was not available in 1961. It is also motivated by the will to serve the right to health and access to medication for some categories of patients, on the basis of duly established scientific data.
5. Morocco has elaborated its national position after having duly examined all the facts and data available. The National Commission on Narcotics has properly debated the issue, taking into due consideration national public health and the domestic anti-drug strategy.
6. Morocco wishes therefore to highlight that the adoption of Recommendation 5.1 vote can by no means be construed as a vote in favour of a decriminalization of cannabis which continues to be prohibited under Moroccan domestic Law.
7. Morocco reaffirms the importance of upholding the integrity of the three Conventions pertaining to the international control of drugs and supports the scientifically guided updating of the international control system, as recommended by the World Health Organization.
8. In this regard, it must be underscored that the deletion of cannabis and related substances from Schedule IV does not place them outside the scope of the international control regime.
9. Accordingly, cannabis and derived substances remain under the international control system.
10. In closing, my delegation would like to congratulate you and to commend your laudable efforts, your strong commitment and your efficient guidance that enabled you to lead us through this process with a lot of wisdom and mastery.

## 20. Cuba

Señor Presidente,

Excelencias, distinguidos delegados:

Asistimos a esta reunión con grandes expectativas, y con la esperanza que de ella emerja fortalecido el sistema de control y fiscalización de las drogas, para poder abordar con mayor efectividad el Problema Mundial de las Drogas, que lejos de atenuarse, se profundiza y recrudece cada día.

¿Cómo no preocuparse, cuando no se ha logrado reducir la demanda, producción y tráfico de drogas? ¿Cómo no inquietarse, al saber que más de 192 millones de personas consumen cannabis en el mundo según se ha estimado en el Informe Mundial de 2020?

El flagelo de las drogas se extiende a todas las regiones geográficas, genera y reproduce ciclos de pobreza, violencia, exclusión social, delicadas situaciones sanitarias y diversas conductas criminales.

Será muy difícil resolver los problemas de la producción y tráfico masivo de drogas desde el Sur sin eliminar la demanda mayoritaria en el Norte. Hoy es más importante que nunca antes reconocer y aplicar el principio de responsabilidad común y compartida.

No se solucionará este flagelo, en todas sus facetas, si se siguen militarizando países, arrasando a campesinos, irrespetando las soberanías nacionales y obviando las particularidades de cada región.

Tampoco se resolverá a través de la flexibilización de los sistemas de control internacional y mucho menos con la legalización, o asumiendo las drogas como sustancias inofensivas. Entender esto como una solución podría implicar aceptar que los Estados no pueden o no quieren cumplir con sus obligaciones de combatir el delito y proteger la salud de sus ciudadanos.

Por esta razón, Cuba no favorece ese enfoque, que abre espacios de mayor peligro para la estabilidad de nuestras naciones y que puede incidir en otros crímenes transnacionales igualmente complejos.

Es injusto generalizar al afirmar que el abordaje con rigor al problema de las drogas es responsable de la magnitud actual de este flagelo. Se requiere de un análisis más objetivo y profundo que incluya la forma en que las políticas antidrogas se han interpretado y aplicado en algunos países y regiones.

Es necesario sobre todo analizar las causas raigales y no olvidar, en este contexto, la incidencia de un orden internacional desigual, injusto, egoísta e inequitativo, y de un modelo político, económico y social, impuesto universalmente, donde prevalece el poder corruptor de quienes buscan ganancias a toda costa. Estos factores constituyen un caldo de cultivo básico del problema mundial de las drogas y sus flagelos conexos.

Señor Presidente:

Existen experiencias que demuestran que sí es posible un abordaje efectivo contra las drogas cuando se desarrollan y aplican políticas integrales, preventivas y educativas, conducidas por el Estado. También cuando hay inclusión social, participación popular comunitaria, con sistemas de salud universales, inclusivos, que ofrezcan tratamientos y rehabilitación accesibles, sin discriminación de ningún tipo, complementadas con un firme enfrentamiento al delito, mediante sistemas legales eficientes, con funcionarios bien preparados y una amplia cooperación internacional.

Bajo estos preceptos y con mucho esfuerzo, nuestro país ha logrado que la producción, tráfico o consumo de sustancias ilícitas no sean un problema social significativo, y ha impedido que su territorio constituya plataforma de criminales para el tráfico de drogas y sus delitos conexos.

La Revolución cubana, sin abundantes recursos y bajo un férreo bloqueo económico, comercial y financiero, de los Estados Unidos de América ha tenido éxito en el abordaje al problema mundial de las drogas, por la firme voluntad política de su gobierno y el apoyo del pueblo.

Sr. Presidente:

Este es el momento para reafirmar el compromiso político de los Estados y otros actores con el Marco Jurídico Internacional para el control de las drogas, del cual las dos Convenciones y el Convenio de Naciones Unidas sobre drogas son la piedra angular.

Cuba está sumamente decepcionada por el resultado de la votación sobre la recomendación 5.1 de excluir la planta de cannabis y la resina de cannabis de la Lista IV, la más estricta de la Convención Única de 1961 sobre Estupefacientes. Aunque, apreciamos que esta recomendación fue adoptada por solo 2 votos de diferencia.

Nuestro país no favorece el cambio del sistema de regulación actual, estamos plenamente convencidos que el cannabis es por mucho la droga más consumida a nivel mundial y que además es una droga portera que marca la iniciación en el consumo de drogas más potentes y dañinas.

Concluyo reiterando también el compromiso absoluto de Cuba con el logro de sociedades libres de drogas ilícitas, un elemento vital para alcanzar un desarrollo sostenible y el bienestar de nuestros pueblos.

Muchas gracias.

## **21. El Salvador**

Señor Presidente

El Salvador votó a favor de la recomendación 5.1 porque coincide con la evaluación realizada por el Comité de Expertos de la OMS en Farmacodependencia, que reconoce el uso terapéutico del cannabis y la resina de cannabis y porque considera que la eliminación de ambas de la lista IV de la Convención de 1961 contribuirá y permitirá el estudio y la investigación con fines científicos y medicinales.

El Salvador considera que con la eliminación de la lista IV no se modificará el sistema de control internacional del cannabis y la resina de cannabis, ya que permanecerán en la lista I de la Convención de 1961 y por tanto continuarán bajo un control estricto. La aprobación de esta recomendación no significa que se está liberalizando el cannabis para fines recreativos.

El Salvador reafirma su compromiso con la aplicación de los tratados de fiscalización internacional de drogas y manifiesta su categórico rechazo a cualquier intento de legalizar el cannabis con fines recreativos.

El Salvador votó en contra de las recomendaciones 5.2.1 y 5.5 por su complejidad y falta de evidencia científica.

Señor Presidente

Finalmente mi delegación desea reconocer su liderazgo, dedicación y esfuerzo para concluir este proceso, así como el trabajo de la Secretaría

## **22. Kazakhstan**

Хотел бы выразить признательность Вам и Секретариату за качественную и эффективную организацию работы Комиссии.

Разрешите озвучить позицию Республики Казахстан как члена КНС по вопросу изменения конвенционных подходов в отношении ослабления мер контроля над каннабисом.

Мы проголосовали против всех 6-ти Рекомендаций, вынесенных сегодня на повестку дня.

Это обусловлено следующими обстоятельствами.

В Казахстане оценочная площадь территорий, охваченных произрастанием дикорастущего каннабиса, равняется 140 тысячам гектаров.

Более половины наркопотребителей страны зависимы от марихуаны, гашиша и других производных каннабиса. Ежегодные объемы изымаемых наркотиков каннабисной группы порой превышают 30 тонн.

На этом фоне в последние годы мы отмечаем в нашей стране активные попытки лоббирования производства наркосодержащих компонентов и его экспорта за рубеж в качестве сырья.

Исходя из национальных интересов, мы рассматриваем это в качестве фактора, несущего серьезную угрозу наркоситуации в стране и генофонду нации – прежде всего, детям и молодежи.

Поэтому мы с озабоченностью воспринимаем итоги голосования по Рекомендации 5.1 повестки дня.

Исходим лишь из понимания, что данный факт стал возможным по тем причинам, что в голосовавших сегодня странах слишком уж разные ситуации, связанные с незаконным оборотом каннабиса и ущербом от него.

Именно поэтому в Казахстане установлен строгий запрет на оборот каннабиса и его производных (марихуана, гашиш, ТГК и др.), а равно производство наркосодержащих лекарств, кроме как в учебных и научных целях.

Это требования Конвенции ООН «О наркотических средствах» 1961 года, других международных обязательств и любое отклонение от них противоречит принципам реализуемой государственной антинаркотической политики.

Международная система контроля относит каннабис, наряду с опийным маком и кокой, к наиболее опасным видам наркотиков.

В этой связи, Казахстан и впредь продолжит последовательно придерживаться очень взвешенных и продуманных подходов в части изменения мер контроля в отношении каннабиса на национальном уровне.

Благодарю за внимание!

## 23. Kenya

Excellencies,

Distinguished Delegates

Ladies and Gentlemen,

On behalf of the delegation of Kenya, I applaud you Amb. Mansoor Khan for the diligent and excellent leadership you have demonstrated throughout your tenure as Chair of the Commission on Narcotic Drugs (CND).

My delegation associates itself with the statement delivered by the Russian Federation on behalf of the Like-Minded Group.

Mr. Chair,

The world drug problem is an ever-present challenge that continually undermines national development and attainment of the Sustainable Development Goals (SDGs).

In this regard, Kenya reaffirms its commitment to the three international drug control conventions, which are the cornerstone for the global combat against the world drug

problem. The approach adopted by Kenya in tackling the drug problem is in line with the Political Declaration and Plan of Action of 2009, the 2016 UNGASS Outcome Document and other International Resolutions and Commitments.

The war on drugs comes with a high cost. Drug-related challenges threaten people's health and national development and the nexus with other transnational organized crime remains a major concern.

This points to the complexity of the world drug problem that calls for shared responsibility from all States and relevant actors to resolve. All our efforts should culminate in attaining the health and wellbeing of the people.

Mr. Chair,

Kenya did not support any rescheduling as the current international drug control regime ensures balanced supply and demand for controlled substances for medical and scientific purposes.

Cannabis and cannabis products are the most abused narcotic drugs with the most devastating effects on the health and socio-economic development of the people. During the engagement process, Kenya advocated the retention of cannabis plant and cannabis resin in both Schedules I and IV of the 1961 Convention respectively, in cognizance of its potential for abuse and the obvious health risks.

My delegation registers its disappointment at the outcome of today's voting on Recommendation 5.1. The vote negates the letter and spirit of the international drug control regime. Kenya is still not persuaded on the need for the rescheduling.

Cannabis and cannabis resin were placed under strict international control due to their harmful nature and potential for abuse. To therefore go against the 1961 arrangements required 2/3rds majority of the votes.

My delegation sadly notes that the vote may serve the purpose of sanitizing the legalization of cannabis and related substances for recreational use and abuse. Further, the vote is likely to be interpreted by the public that cannabis no longer poses harmful side-effects to the health of individuals contrary to scientific findings.

Mr. Chair, the gaps created by this vote are major. They include enforcement challenges as not all Member States have the capacity in determining the permissible thresholds. It is incumbent upon the Commission to address all the gaps, with a view to generating an amicable environment whose ultimate goal is to safeguard the health and wellbeing of humanity.

My delegation welcomes the rejection of recommendations 5.2.1, 5.4 and 5.5. Recommendation 5.5 which proposed to permit the recreational use of products containing 0.2 per cent of Delta 9- THC) would have heightened abuse.

The vote against these recommendations sends a strong message to the world that cannabis is, and remains, a harmful substance and should be handled with utmost care and precaution.

In conclusion, Mr. Chair, my delegation calls on all member States to align their national legislation to ensure strict measures on the illicit cultivation, trafficking and use of on cannabis while at the same time ensuring access for medical and scientific purposes.

Thank you.

#### **24. Algeria**

While preparing this statement, we realized that three minutes wouldn't even be enough to thank you Mr. Chair the way you deserve. So, please allow me, on behalf of the Algerian delegation, to express our sincere thanks and our warm

congratulations to you Ambassador Khan for your excellent leadership as Chair of the 63rd session of the CND, and in particular, for conducting masterfully this long and sensitive process.

Algeria associates herself with the Statement delivered by the Russian Federation on behalf of Like-Minded Countries.

Today's voting and the rejection of Recommendation 5.1, by almost half of the Member States of the Commission as well as the refusal of all the other WHO's recommendations, confirms that for the past 60 years, the international drug control system has been effective in addressing the illicit production of and trafficking in cannabis and cannabis-substances.

Today's voting reflects also the vast acceptance that the current control regime is effective in ensuring access and availability of cannabis and cannabis related substances for medical and scientific purposes, while restricting their diversion for non-medical use.

In fine, today's voting outcome just proved that any change was neither necessary nor even needed and has no merit other than exposing us to such an unprecedented divisive situation.

Mr. Chair;

According to the last years World Drug reports, cannabis remains the most abused drug in the world with almost 200 million people abused cannabis per year. Cannabis also remains the drug that most brings people into contact with the criminal justice system. We are afraid the outcome of today's voting will make the situation worse. We are further disturbed that the decision of the Commission in Recommendation 5.1 could be perceived as a relaxation of international control for cannabis and related substances.

Mr. Chair,

It's important to underline that cannabis plant and cannabis resin will remain under strict level of international and national control in Schedule I of the 1961 Convention. Recreational use of cannabis continues to be illegal and remains a violation of the Drug Control Conventions and therefore should be deplored.

It's also important to underline that despite the adoption of the recommendation 5.1, Member States still have the right to continue to impose strictest domestic control measures for cannabis and cannabis-related substances, in accordance with Article 39 of the 1961 convention. This legal position has been reinforced by the INCB, in its Assessment Paper on the WHO's recommendation, and the UNODC, in response to the request for interpretation of Article 39.

We spent two years discussing this complex and interconnected set of recommendations and their possible implications. We spent... Or I would say we wasted two precious years for what?...For almost nothing. We believe it is crucial for us to draw the right conclusions from this experience to avoid its repetition in the future. We believe there is a need for closer coordination between WHO / ECDD and Vienna-based entities – INCB, UNODC prior to the submission of scheduling recommendations to ensure their smooth consideration by the Commission.

Thank you for your kind attention.

## 25. Peru

Señor Presidente, en nombre de mi delegación quiero agradecerle y felicitarle por su conducción y por el liderazgo que ha demostrado en este largo proceso.

El Perú ha seguido detenidamente el debate en torno a las recomendaciones de la OMS respecto a la reclasificación del cannabis y sus derivados de las listas de control de las convenciones internacionales de fiscalización de estupefacientes.

Al respecto, mi país considera fundamental tener en cuenta en dicha discusión las eventuales repercusiones que su adopción pueda tener en el ámbito sanitario, de la seguridad pública y la aplicación de la ley.

En ese sentido, con relación a la recomendación 5.1, el Perú estima conveniente mantener la restricción universal respecto al cannabis y sus resinas, a fin de evitar que se elimine la base jurídica para el control del cultivo de la planta de cannabis; teniendo en cuenta no alterar su uso legal para fines medicinales y terapéuticos.

Tampoco el Perú puede acompañar la recomendación 5.4, pues considera que los extractos y tinturas del cannabis deben mantener la categoría de estupefaciente (Lista D). Lo contrario supone un alto riesgo de generar su tráfico ilícito, al no poder ser objeto de control y de persecución penal, agudizando la problemática de las nuevas sustancias psicoactivas; siempre teniendo en cuenta no alterar el uso legal del cannabis para fines medicinales y terapéuticos. En el caso del Perú la comercialización del cannabis para fines medicinales se realiza a través de los extractos y tinturas como preparaciones magistrales.

Muchas gracias.

## **26. Jamaica**

Chair,

Today's vote marks a seminal moment in the history of the global drug control framework governing cannabis and its related substances.

Jamaica places on record its appreciation to the WHO's Expert Committee on Drug Dependence for its first- ever scientific review of cannabis and cannabis resin, and the accompanying recommendations. We also thank the WHO, INCB and UNODC for their continued engagement with Member States in facilitating greater clarity on the recommendations and their possible implications.

The review served as reaffirmation of what Jamaica has always known given its long historical and intimate connection with the plant, as a source of traditional medicine. It was on this basis that we voted in support of majority of the WHO's recommendations.

Chair,

For Jamaica, the results of today's vote are not the end of the journey but rather the beginning as we maintain that the current international drug control architecture does not allow for the requisite policy space to design appropriate domestic policies suited to address national realities, and unique circumstances.

As a matter of context, cannabis is not only embedded in the national discourse on access to medicines, but it is also at the core of discussions on criminal justice reforms and Human Rights, in particular freedom of religion.

Chair,

Jamaica would like to express its appreciation to those Member States who have voted in support of recommendation 5.1 in particular.

It is also hoped that as additional scientific and medical data becomes available that Member States will further explore improving access to cannabis and cannabis related substances for medicinal and therapeutic purposes.

Jamaica wishes to emphasise that this is an important issue on our economic growth and sustainable development agenda.

Chair,

In closing, we reiterate our recognition of the CND as the principal policymaking body in the United Nations system for drug-related matters and our commitment to its work.

We look forward to broader discussions on how to further strengthen the global drug control architecture.

## 27. Egypt

Mr. Chairman,

Excellencies and dear Colleagues

At the outset, I would like to express our appreciation to the chair Ambassador Khan for his wise leadership that guided the work of the CND over the past year especially that the chair encountered enormous challenges during this critical period. Our gratitude also goes to the Secretariat who worked in such exceptional circumstances to convene this session.

Egypt aligns itself with the statement delivered by Russia on behalf of LMG. Egypt has strong confidence in the international regime for drug control, based on our cognizance of the transboundary nature of the world drug problem that has a devastating impact on communities. Egypt attaches great importance to the three international drug control conventions and their full and effective implementation as the main pillar to counter global drug problem.

Mr. Chairman,

We have carefully examined the WHO's recommendations on cannabis and its related substances during the past two years, and actively participated in the three topical meetings organized to give the member states in the CND a broad explanatory oversight on the recommendations to reach a common understanding between Member states. However, it is our conviction that after all these discussions, cannabis and its related substances might be harmful to health, and might have substantial negative economic, social and security repercussions on our communities.

The results of the voting reflect, beyond any doubt, that recommendation 5.1 is so divisive. It was one vote which decided the difference between what is acceptable and what is not.

Egypt is deeply concerned that the outcome of today's voting may be interpreted that these substances are no longer harmful to health which consequently defies the purpose of the scheduling regime. Moreover, it might act as a catalyst for more illicit production and trafficking of cannabis and cannabis related substances.

Having said that, in order to protect the health and welfare of our people especially our youth and in line with our commitment to prevent and combat drug abuse and addiction, Egypt reserves its right to continue to take the necessary control measures on cannabis and cannabis related substances in accordance with Article 39 of the 1961 convention.

To conclude, Egypt respects the primary and leading role of the CND in ensuring the world drug control regime, and underscores the shared responsibility of the Member States to maintain the effectiveness of this control regime.

I Thank You.

## 28. Ecuador

Señor Secretario, Presidente, estimados delegados presentes, reciban un cordial y afectuoso saludo de la República del Ecuador. La razón que el día de hoy nos convoca

se remite a un importante análisis respecto al sustento técnico que ha sido requerido para lograr una nueva postura global frente al cannabis medicinal.

El Ecuador valora los esfuerzos realizados por la Comisión de Estupefacientes de las Naciones Unidas, sobre los cambios en el ámbito de la fiscalización del cannabis y sustancias relacionadas con el cannabis. Sobre la base del trabajo técnico generado por las instituciones del Estado Ecuatoriano, donde nuestros equipos han participado activamente en sesiones temáticas, mesas redondas y debates técnicos a lo largo de 2019 y 2020, tanto desde el ámbito de la salud pública, como en los organizados desde la Comisión de Estupefacientes.

En el Ecuador, a partir del año 2007, la política pública respecto al tema de las drogas logró un nuevo matiz. La generación de normativa legal enmarcada en el sujeto, alejándose del marco sobre el objeto “droga” generó un cambio de paradigma en el abordaje. El trabajo del país continuó durante el año 2015, con la emisión de la “Ley Orgánica de Prevención Integral del Fenómeno Socioeconómico de Drogas”, documento normativo que permitió trabajar en la prevención y, con ello, incluir actores del ámbito social como: educación, inclusión social, deportes y recreación, cultura, etc. El cambio de una ley de control de drogas hacia una que enmarque la prevención facultó el accionar en estricto apego de los derechos humanos y garantizando las libertades fundamentales.

Actualmente, el Ecuador se encuentra trabajando en el “Reglamento para el uso Terapéutico, Prescripción, y Dispensación de Cannabis y Productos Farmacéuticos que contienen Cannabinoides”. Este instrumento propone una línea de acción que favorece la investigación, garantizando la soberanía del conocimiento y la interculturalidad, buscando los beneficios que los compuestos de Cannabis pueden prestar a un número importante de personas que necesitan aliviar condiciones y malestares que no podrán ser tratadas con otros medicamentos.

En concordancia con la experiencia internacional y el accionar de otros países, el Ecuador, en el ejercicio de su soberanía, considera favorable alinearse a las recomendaciones – resoluciones: 5.1, 5.2.1, 5.2.2, 5.3.1, 5.3.2, 5.4, 5.5 y 5.6 realizadas por la OMS.

Cabe señalar, que esta decisión además se sustenta en lo relacionado a la política pública de Salud, que en el caso de Ecuador ésta, se ha referenciado en nuestra Constitución y demás normativa vigente, propendiendo a facilitar la transición al uso de cannabis medicinal.

Ecuador ratifica su compromiso de apoyar a la Comisión de Estupefacientes en su misión y objetivos, que pretendan un consenso internacional entre los estados miembros e insta a que el uso de la Cannabis medicinal se enmarque en el ejercicio democrático, no polarizado y con una estructura horizontal, en donde la producción, expendio y uso de la planta cuente con un marco normativo que garantice las buenas prácticas, calidad, innovación y desarrollo en la investigación, como ha sido pensado en nuestro país, determinando la relevancia del conocimiento y la soberanía de nuestros pueblos y nacionalidades.

Muchas gracias señor Secretario, Presidente y estimados delegados de los países presentes.

## 29. **Afghanistan<sup>2</sup>**

Mr. chairman, honourable representatives and destitutioned participants, Aslam-u-Alikum Wa Rahmatullahe WA Barakato!

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<sup>2</sup> Submitted to the Secretariat.

On behalf of people and government of Islamic republic of Afghanistan, I would like to express my sensor gratitude to you all.

I hope this forum will provide bases for fruitful discussions and tangible outcome to tackle the problem of narcotics down.

Ladies and Gentlemen!

Understanding the concerns of international communities, about poppy cultivation in Afghanistan; and recognizing the principle of shared responsibilities, I would like to call upon the countries of the region and glob to tackle this phenomenon in a partnership approach and balanced responsibilities. On behalf of the Afghan government I would like to reassure you of Afghanistan full commitments to fight and overcome this challenge.

Struggling against drugs requires the political will of the governments, and all countries must fight honestly to eradicate this sinister phenomenon.

In 2019, the Deputy Minister of Counter Narcotics of the Ministry of Interior had Good achievements in different field such as: operations, arrest of suspects, confiscation of various drugs and equipment carrying drug trafficking, destruction of processing laboratories, warehouses of various drugs, fight against money-laundering, control delivery, seizures at airports, the eradication of narcotics farms; had good achievements.

Operations conducted in 2019 show a three percent increase over the previous year, while a 4 percent increase in suspect arrests compared to the previous year; 13 percent increase in the seizure of various drugs compared to the previous year.

Poppy cultivation and drugs production in Afghanistan has been related to several factors. Specially, internal war and lack of sovereignty of state caused that drug laboratories, drug storages and all other people worked with mafia, are in farther points of our country and have activities in these fields.

Factors of poppy cultivation in Afghanistan:

Drug production in Afghanistan depends on several factors, the most important of which is the lack of the government in some parts of the country. Since the cultivation, production and processing of narcotics is legally a crime, drug depots, laboratories and drug dealers are usually located in remote areas, out of sight of the government and ruled by the opposition. They are engaged in the production and processing of drugs.

On the other hand, the high quality of narcotics in Afghanistan is another reason that has kept the supply and demand chain of narcotics alive, which is supplied based on the demand of narcotics markets in Europe, Russia, Turkey and other Central Asian countries.

Poverty, unemployment, illiteracy, lack of knowledge of the law ... are among the factors that lead people to trade and produce drugs illegally.

Trafficking routes:

It should be mentioned that only 5 per cent is used for domestic consumption and smuggling by airports. And 19 per cent drug trafficked through Iran, 32 per cent through middle Asia and 44 per cent through Pakistan to International markets.

Importing precursors:

What important is here, the role of precursors in converting opium to heroin and morphine; Some calculations show that to convert Afghan opium to heroin and morphine, along with precursors such as acetone, ammonium chloride, potassium permanganate, alcohol, etc., a large amount of acetic anhydride, which is one of the most widely used precursors in drug production. It should be noted that Afghanistan

and even neighbouring countries are not allowed to produce this chemical and generally enter our country from abroad.

Hundreds of tons of this chemical are smuggled to Afghanistan from neighbouring countries and from the western and southwestern borders in a situation where the Afghan government has officially informed INCB that our country does not need this chemical at all in the current situation.

Achievements:

In 2019, the importance of the fight against drugs was 3661 operations with the arrest of 4235 suspects, including 12 major smugglers, and the seizure of 1169 tons of drugs that successfully carried out. In the operations carried out, 95 narcotics processing laboratories and 33 narcotics warehouses and laboratories for the production of narcotics were destroyed, 455 weapons of various types, 604 vehicles and 140030 140030 Ammunition fire was seized.

In the field of destruction of narcotics farms in 2019, the CNPA during 46 operations has eradicated 436 hectares of land from poppy seeds; there have also been achievements in the areas of drug money-laundering, seizure, control delivery. In two deliveries to India and Dubai, three Indians, three Afghans and a Pakistani were arrested and seven kilograms of heroin, 18 litres of liquid amphetamine and 1.5 kilograms of solid amphetamine were seized.

By carrying out the mentioned operations along with the achievements of 2019, the number of casualties of the anti-narcotics police will reach 20 and the number of wounded will reach 60 by the end of 2019.

Based on article 7th of Afghan constitution law, each type of terrorist act, cultivate, traffic, produce and use of drug is avoided. And deputy ministry of counter narcotics according and the counter narcotics law and the strategy of ministry of interior, we prepared the road map of countering narcotics. Its objective is to destroy drug durability.

Though, Insecurities and lack of rule of law in area of under cultivations, we have 20 per cent decreasing of drug, in 2017, 328000 hectares cultivated, while in 2018, we have 263000 hectares. In 2019, we have 163000 hectares that shows a decreasing amount those two last years.

The producing of poppy in 2017 was 9000 metric ton, while in 2018 it was 6400 metric ton that shows tangible decrease of producing of poppy. At the end of 2019 the producing of poppy was also about 6400 metric ton.

- Programs have taken for counter narcotics and law enforcement section:
- Intensify operations to eradicate poppy fields
- Intensify operations to destroy laboratories and warehouses of various drugs
- Arrest of traffickers and their supporters
- Establishment of a training dog training centre

Establish a free telephone hotline to inform people about drug cases

Challenges:

- The formation of the counter narcotics police is not commensurate with the major problem that narcotics has created for Afghanistan.
- Lack of commitment and non-adherence of some countries to their counter-narcotics commitments
- Opposition support for cultivation; manufacturing; Drug processing and trafficking

- Transfer the geography of poppy cultivation to insecure areas and under the influence of the opposition
- Involvement of some opposition countries in the region; in the direction of Afghanistan's insecurity, which itself increases and widens the drug problem in Afghanistan.

Solution:

- Convincing the international community to accept the drug problem as the second global threat after the threat of terrorism.
- Strengthen regional and international cooperation in the field of counter-narcotics.
- Prevent preachers from entering Afghanistan from neighbouring countries and the region.
- Reducing global demand, with the imposition of restrictions in foreign countries by governments can reduce the level of demand, and as the level of drug demand decreases, the supply graph will be limited and reduced.
- Provide facilities for farmers, including creating markets for farmers' products and increasing cold storage for their products.
- Exchanging bilateral information on drug shipments and precursors and conducting simultaneous and joint operations along borders.
- Tracking drug shipments to get their route, origin, destination and reserves to drug traffickers.
- Prevent money-laundering and money-laundering.
- Activate and strengthen the relationship between BLOs and DLOs.
- Completion of standard check and control equipment in airports and ports.
- Provide medium- and long-term training for counter-narcotics police.

Honourable Audience:

In my opinion, success in this difficult struggle depends on understanding the challenges and working more closely together to address them.

In conclusion, I once again thank the international community for its efforts to support the fight against narcotics, especially the generous assistance of the United States, the United Kingdom, the European Union, and UNODC technical support, and emphasize that drug trafficking, addiction, and organized crime Related to them, they have crossed the national borders of countries and become global threats. It is not possible to fight them sporadically, and it needs a strong political will, proper planning, coordination and mobilization of all countries.

Thank you.

### **30. Russian Federation (on behalf of 29 Member States)<sup>3</sup>**

We are extremely disappointed at the outcome of the voting on the recommendation 5.1 to reschedule cannabis plant and cannabis resin from the strictest Schedule IV of the 1961 Single Convention on Narcotic Drugs. Cannabis remains the most abused drug globally. For the past 60 years, the international drug control system has been effective in addressing and countering the illicit production of and trafficking in

<sup>3</sup> 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).

cannabis and cannabis-related substances whilst ensuring their availability for medical and scientific purposes. There is limited evidence that justifies any changes to the scheduling system for cannabis and its related substances, which remains relevant today in curbing the worsening global drug situation.

The outcome of the voting clearly shows that there is no consensus on such an important decision and nearly half of the Commission does not see sufficient reasoning for the proposed change. We express deep concern that the decision to change the existing scheduling status for cannabis and its related substances may be interpreted as the Commission finding that these substances are no longer regarded as harmful to health, in sharp contrast to the recent scientific findings.

Notwithstanding the outcome of the voting, there should be no ambiguity about the implications of this decision. The Commission does not condone the legalization of cannabis, which is contrary to the conventions.

We are concerned that the change in the control system will result in an increase in the illicit use and production of cannabis and cannabis-related substances, as we have seen in some State Parties that eased the control measures long before the official decision of the CND and contrary to the conventions. In addition, this change will not improve access to cannabis for medical and scientific purposes considering that access for such purposes is not restricted within the current legal framework. This change will cause planting more cannabis for its economic benefits and will result with an increase in drug trafficking. Also, replacing the cultivation of agricultural products with cannabis will have adverse effects on food security.

Deliberations on the recommendations over the past two years clearly illustrate that there is no agreement as to their need and that there is no clear understanding of their possible implications. We rejected these recommendations because they will cause uncertainties and gaps in the implementation of control measures, which will weaken the integrity of the international drug control regime.

Cannabis plant and cannabis resin will remain included in Schedule I of the 1961 convention with strict level of international and national control. We call upon the Parties of the conventions to fulfil their obligations to prevent and combat drug addiction in order to protect the health and welfare of mankind and encourage the international community to support these efforts.

Member States maintain the right to impose the strictest domestic control measures for cannabis and cannabis-related substances, which in their opinion are necessary having regard to their particularly dangerous properties, in accordance with Article 39 of the 1961 convention.

The focus should now be on helping Member States effectively implement the control measures for cannabis and cannabis-related substances. Technical assistance will need to be provided, including through the UNODC, to Member States who lack the necessary detection, testing, monitoring and enforcement capabilities to implement them.

We call upon the Commission to elaborate in close cooperation with the INCB, UNODC and WHO clear guidelines to ensure coherent application of the provisions of the conventions related to licit production, trade, medical and scientific use of cannabis as well as control of emerging high-potency cannabis products. We are concerned that cannabis cultivation might expand further without proper control measures, which could lead to diversions to illicit market and result in weakening of the international drug control system.

The Commission spent two years discussing this complex and interconnected set of recommendations and their possible implications. We believe there is a need for a closer and more coherent coordination between the WHO/ECDD and Vienna-based entities – the INCB and the UNODC – prior to the submission of scheduling recommendations in order to avoid such unfortunate situations in the future, as these

recommendations might have very serious implications for the present and future generations.

Finally, we commend the CND chair Ambassador Mansoor Ahmad Khan for his prudent and strong leadership throughout the process of consideration of these recommendations, despite the unprecedented challenges posed by the COVID-19 pandemic. We appreciate the valuable input provided by the UNODC and the INCB during the expert deliberations on the WHO/ECDD recommendations and underline the leading role of the CND as the policy-making body of the United Nations system with prime responsibility for drug control matters and mandated by the three drug control conventions, which constitute the cornerstone of the international drug control system, to amend the schedules of those conventions.

### 31. Ukraine<sup>4</sup>

Ukraine emphasizes the necessity to strengthen international cooperation aimed at developing a balanced drug control policy and addressing socio-economic issues.

The Ukrainian Side wishes to involve actively the competent authorities of Ukraine to strengthen the international collaboration in the fight against illicit trafficking on the illegal drug market of new psychoactive substances.

Under international drug control conventions, the United Nations Commission on Narcotic Drugs is to decide on the control of substances by scheduling them in the conventions. The system of schedules is very important. Each convention includes a number of schedules that provide different control regimes. The Commission takes decisions, as a rule, once a year based on the recommendations from the WHO, the International Narcotics Control Board and States Parties.

On December 2, 2020, the Commission on Narcotic Drugs adopted a number of decisions on the international control of cannabis and cannabis-related substances. The Delegation of Ukraine abstained during voting on the recommendations of the World Health Organization regarding the change of control over cannabinoids and considers it necessary to provide the Secretariat with clarification on some factors that prevented the Ukrainian Side from supporting these recommendations.

Concerning paragraph 5.1, which excludes cannabis and cannabis resin from Schedule IV of the Single Convention on Narcotic Drugs, 1961: Ukraine is concerned that attitudes towards cannabis and cannabis resin will be changed as to non-hazardous for health. In its turn, this can lead to a weakening of control methods at both the international and national levels.

Regarding recommendations 5.4, 5.5, and 5.6: Ukraine indicates the absence of pharmacopoeial dossier articles on methods of quality control of such drugs.

In addition, these recommendations apply to drugs with a high concentration of tetrahydrocannabinol, which have no medical use, such as butane oil. Medicines and tinctures are taken orally, while illicit drugs are consumed by inhalation of heat-secreted vapours.

In determining the position of Ukraine, the unpreparedness of laboratories to determine the percentage of delta-9-tetrahydrocannabinol is also taken into account, including due to the lack of approved research methods.

Reagents and solvents that do not allow the removal of controlled substances in quantities that may pose a risk to human health may become easily available in the near future.

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<sup>4</sup> Submitted to the Secretariat.

## **II. National statements by Member States, non-members of the Commission**

### **1. Singapore**

Thank you, Mr Chair, for giving Singapore the floor.

2. We appreciate your leadership and efforts to steer the CND on this important issue.

3. Singapore respects the WHO's treaty mandated role to conduct reviews of substances and provide its recommendations on the global controls to be imposed on them, and the principal role of the CND as the policy-making body in the United Nations with prime responsibility for drug control matters.

4. We are disappointed that recommendation 5.1 has been accepted. The voting outcomes today demonstrate clearly that there is no international consensus on the WHO-ECDD's recommendations on cannabis and cannabis-related substances, despite the many discussions before the vote to reach a common understanding.

5. There is clearly a lack of adequate and robust evidence to substantiate these recommendations, particularly on the safety and efficacy of cannabis and its related substances for medical purposes. In contrast, there is well-founded and incontrovertible research<sup>1</sup> that establishes several short-term and long-term adverse effects associated with cannabis use, including impairments to one's respiratory and cognitive functions. The adoption of recommendation 5.1 today, taken in spite of sharp disagreements between Member States and the dearth of robust and persuasive scientific evidence, fundamentally goes against our principles of consensus and evidence-based drug policy-making, and threatens to undermine our duty to protect public health and welfare.

6. The deletion of cannabis and cannabis resin from Schedule IV of the 1961 Convention carries a high signature, and will perpetuate the societal misperception that global authorities like the WHO and CND, no longer assess cannabis to be as harmful as it was once thought to be. This would encourage more abuse, especially among the youths, and create other social and safety problems. As such, we stress that the acceptance of recommendation 5.1 should not be viewed as an endorsement of recreational cannabis use and must not pave the way for further liberalisation of cannabis.

7. In conclusion, we reiterate our disappointment in the scheduling decision taken today. Cannabis is the most widely abused drug in the world and the acceptance of recommendation R5.1 may well compound this dire situation. Singapore remains firmly committed to our duty to our citizens to protect public health and welfare. We Will continue to keep cannabis and cannabis-related substances under robust control in Singapore, to ensure that Singaporeans are kept safe from their scourge.

8. Singapore remains committed to working with the CND, INCB, UNODC and the WHO to ensure that the recommendations are implemented appropriately. We Will continue our efforts to work together with all Member States, despite our differences in voting positions, to implement an integrated and balanced strategy to address and counter the world's drug problem.

### **2. Cyprus**

Thank you Mr Chair.

It is an honour to be with you today, even in virtual form, and to speak on behalf of the Republic of Cyprus.

At the outset, let me state that Cyprus fully aligns itself with the statement of the European Union, but I would like to add some remarks in my national capacity.

Firstly, I would like to thank you Mr. Chair, the World Health Organization, INCB and UNODC for providing us with the opportunity during the last two years to exchange views on the proposed scheduling recommendations on cannabis and cannabis related substances and assess all the available evidence on this important issue. The issue is both medically and scientifically very complex and raises economic, legal, administrative, and social questions.

Mr Chair,

The international control regime aims at protecting public health and ensuring the well-being of society. Cyprus believes that the WHO recommendations should not be seen as a step towards liberalization of the use of cannabis or minimizing the risks and dangers it represents for public health and the society.

Cyprus endorses a balanced and evidenced-based approach on drugs focusing on the individual, without neglecting the protection of the society as a whole. Against this background, drug policies in the Republic Cyprus encompass both supply and demand reduction measures, as well as measures aiming at the reduction of the harmful impact of the use of drugs.

Along these lines, and on the basis of the new National Strategy on Addressing Dependencies, which covers the period 2021- 2028, Cyprus is undertaking concerted efforts to reduce the use of licit and illicit substances, as well as gambling.

The Republic of Cyprus considers drug dependence as a health disorder with the concomitant implication that it has to be managed in an integrated, comprehensive manner. In this context, and whilst recognizing its complexity of the issue, my country puts special focus on the health aspect of the drug dependence phenomenon.

Cyprus National Strategy focuses on the provision of treatment to drug users and to a targeted approach tailored towards the needs of sub groups with specific vulnerabilities, such as migrants and patients with dual diagnoses. The gender dimension is not neglected, with a specific emphasis on female drug users. The main goals of the Strategy are to enhance treatment effectiveness, to increase retention rates of those undergoing treatment and to improve the delivery of treatment within the criminal justice system. We aim also and provide support to individuals in order to allow for their rehabilitation and reintegration into society also, and crucially, through efforts to reduce the social stigma attached to drug use. At the same time, the Strategy targets the elimination of criminal activity connected with the illicit trafficking of substances, to address the issue of the availability of drug precursors, pre-precursors and new psychoactive substances, and to counter the legalization of proceeds derived from drug related criminal activity. We also support, and are actively engaged in, efforts to enhance the effectiveness of international cooperation.

To conclude, I would like to reiterate our willingness to continue our work to achieve feasible and sustainable measures and policies in order to address the world drug phenomenon, as well as to find a common ground based on the international Treaties. We firmly believe that our efforts will benefit the lives of people who struggle with drug dependency as well as our societies as a whole.

Thank you Mr Chair.

### **3. Iran (Islamic Republic of)**

In the Name of Allah, the Most Compassionate, the Most Merciful

Mr. Chairperson,

Dear Colleagues,

At the outset, I would like to seize this opportunity to thank you, Ambassador Mansoor Ahmad Khan, the Chair of the Commission on Narcotic Drugs for your

efforts in leading the several CND sessions including regarding WHO/ECDD recommendations on cannabis and related substances.

My delegation associates itself with the statement delivered by the Ambassador of the Russian Federation on behalf of the Like Minded Group on the WHO/ECDD recommendations on cannabis and cannabis-related substances and would like to put on record the following comments in its national capacity.

Mr. Chairperson,

Since Cannabis is the most widely abused drug in the world with approximately 192 million users worldwide, although CND's decision to rescheduling cannabis and cannabis resin has not been approved by consensus and half of the Commission's Members voted against it, we are concerned that this decision, may send a false message as if these substances are not dangerous enough for the health and therefore lead to a significant increase in cannabis production and abuse.

Against this backdrop, cannabis is properly subjected to the full scope of international controls under Schedule I of the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol. This was especially due to the fact that cannabis and cannabis resin being particularly prone to abuse and to produce ill-effects and do not have therapeutic advantages that offset these effects.

Hence, to be cautious about the possible negative consequences of rescheduling of these substances, UNODC, INCB and WHO should constantly monitor and provide Member States with their assessment on the effects and consequences of the implementation of the adopted recommendation on public health throughout the world.

This decision should not be considered as a confirmation of non-scientific and non-medical use of cannabis or a justification for the legalization of its recreational use. It is our firm conviction that any legislative measure aimed at legalizing or regulating the use of substances under international control including cannabis and cannabis related substances for non-medical and non-scientific purposes, is incompatible with the international legal obligations of the State Parties under the Single Convention on Narcotic Drugs, 1961, as well as the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Finally, In accordance with its domestic law and in conformity with Article 39 of the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, the Islamic Republic of Iran continues its strict national control measures on the illicit use and production of cannabis and its related substances as it is necessary or desirable for the protection of the public health or welfare and at the same time ensures their availability for the medical and scientific uses.

I Thank you Mr. Chairperson.

#### **4. Indonesia**

Mr. Chair,

My delegation would like to express our appreciation for your leadership throughout the process of consultations in the Commission on Narcotic Drugs.

Indonesia appreciates the developments and progress of the discussions conducted in the Commission, leading up to the voting of the ECDD Recommendations today.

Nevertheless, our delegation must express disappointment at the outcome of the voting, particularly on Recommendation 5.1. Despite consistently expressing our concerns to the ECDD Recommendations, our position, intended to preserve the long-established consensus for drug control, has been ignored.

There is clear evidence that the use of cannabis and cannabis-related substances has brought more harm than benefit. For this reason, Indonesia calls upon all relevant parties to carefully decide the next measures after the decision of the Commission to accept the recommendations that have been voted in favour.

It should be clear that accepting the recommendations is not an attempt to legitimize the wider use of cannabis.

Each member state should maintain sovereignty to enact their respective domestic laws to control cannabis and cannabis-related substances, in order to protect their citizens from the implication of the narcotic drug.

As Indonesia has consistently advocated for the rights of vulnerable individuals and their families to good health and welfare, we remain committed to safeguard these rights and help our society remain healthy.

We must remain consistent.

We have committed ourselves to implementing the three international conventions on drug control to address the world drug problem.

This commitment has for decades been safeguarded by our Vienna-based community, and we call upon all member states to continue honouring this commitment.

Thank you.

## 5. Sri Lanka

Mr. Chair, distinguished experts, distinguished delegates, Ladies and Gentlemen,

The Government of the Democratic Socialist Republic of Sri Lanka is highly concerned about the extent of the global and regional drug problem and the extent of the drug problem in member states, emerging threats, and their devastating adverse consequences with special reference to the health and welfare of people which cause permanent physical and emotional damage, overdose deaths, drug associated illnesses and strained healthcare systems.

The Government of Sri Lanka, giving prime responsibility for drug prevention and control, reaffirms its political will and determination to create “a secure country free from drug abuse” in accordance to the policy frame work of the Government; “Vistas of Prosperity and Splendour”. The Government is of the view that the world drug problem should be addressed in a multilateral setting through effective and increased international cooperation and establishing an integrated, multidisciplinary, mutually reinforcing, balanced, coordinated, scientific evidence-based and through implementation of bio-psycho-social approach for treatment and rehabilitation of drug dependent persons.

On consideration of the current situation in the country, Cannabis is the most commonly used illicit drug, with a prevalence of 1.9 per cent of the total population of above 14 years and 0.6 per cent of total population are heroin users. Heroin use among male population (above 14 years) is 1.2 per cent. Nonmedical use of prescription drugs is becoming considerably high with 0.15 per cent of total population.

Initiative actions have been taken to increase the residential capacity of the treatment and rehabilitation programme with the support of UNODC. Further actions have been taken to shift from punitive to therapeutic approaches while promoting effective and efficient medical services for treatment and rehabilitation programme in residential, prison settings and in community based treatment programmes with the partnership of drug prevention and control agencies, health authorities, local governments and through community empowerment programmes.

Government of Sri Lanka has taken number of measures towards the implementation of international Conventions and policy documents, including review of the Sri Lanka National Policy and Development of a National Action plan. with respect to treatment and rehabilitation we have initiated new development programmes for;

- Identification and registration of all drug use individuals, drug dependent persons and problem drug users.
- Ensure counselling services to all drug use individuals by trained Government Officers.
- Ensure medical treatment services at outpatient clinics for drug dependents persons and referrals to appropriate treatment and rehabilitation programmes. Detoxification programmes in hospital settings under supervision of a psychiatrists, introduction of psychotherapies by counsellors/psychologists to enhance coping skills and cognitive strategies to prevent replace and dysfunctional behaviours and cognitions which supports abstinence from drug use.
- Expand the residential capacity of the treatment and rehabilitation programme under Government Control with the support of UNODC.
- Strengthen rehabilitation programme for prison settings in the designated treatment centres and private treatment centres.
- Incorporation of Vocational Training & Skill Development Programme with the rehabilitation programmes.
- Establish the community based treatment programme and aftercare services through trained Government Officers.
- Initiate drug screening and psychological screening of drug use individuals for the initial assessment of the level of dependence and associated behaviours
- Strengthening of institutional capacities.
- Establishment of volunteer task force for effective implementation of drug prevention activities at community level.
- Strengthening of usage of social media platforms for the prevention of drug abuse among youths and the general public.

Committing to the goals and the objectives of the international drug control treaties and the policy documents, the Government has recognized the need for empowering all sectors of the community for combatting against the drug problem and addressing their adverse health and other consequences.

In this context, we would like to express our gratitude to CND, INCB, UNODC, as the leading entities for scientific, technical and financial support extended to Sri Lanka so far and kindly request continued support with which we are confident that we will be able to uplift and strengthening the country's drug prevention and control programme.

Thank you very much for your kind attention.

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