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WHO cannabis rescheduling and its relevance for the Caribbean

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Executive Summary

Following its first-ever critical review of cannabis, in January 2019 the World Health Organization (WHO) issued a collection of formal recommendations to reschedule cannabis and cannabis-related substances. 53 member states of the Commission on Narcotic Drugs (CND), two of which are Caribbean states, are set to vote on these recommendations in December 2020.

Among the WHO's recommendations, two in particular appear to be the most urgent and relevant for Caribbean countries: namely recommendation 5.1 (concerning the acknowledgment of cannabis' medicinal usefulness) and recommendation 5.4 (concerning the need to remove the term 'extracts and tinctures of cannabis' from the 1961 Convention). Supporting these two recommendations presents an opportunity for Caribbean governments and civil society to decolonise drug control approaches in the region, as well as to strengthen the international legal basis for emerging medicinal cannabis programmes in several Caribbean countries. Also, it provides the historical opportunity to gain global recognition for two deeply rooted and unique traditions: the use of cannabis as sacrament in religious Rastafarian practise, and its use as traditional medicine, particularly but not exclusively by the Maroon community.

In this regard, the recommended principle 'asks' for Caribbean advocates and policy makers are to:

- Support the most urgent recommendations 5.1 and 5.4.
- Actively engage with CND members, in particular Jamaica, the only English-speaking Caribbean member of CND, emphasising the urgent nature of recommendations 5.1 and 5.4.
- Actively engage in relevant meetings and processes at the CND level, as well as emphasising the need for further follow-ups to the critical review.
- Actively engage and encourage support from other Caribbean governments and other key stakeholders such as CARICOM and OECS, as well relevant civil society organisations, experts, and affected communities.

Background: Cannabis and the UN drug scheduling system

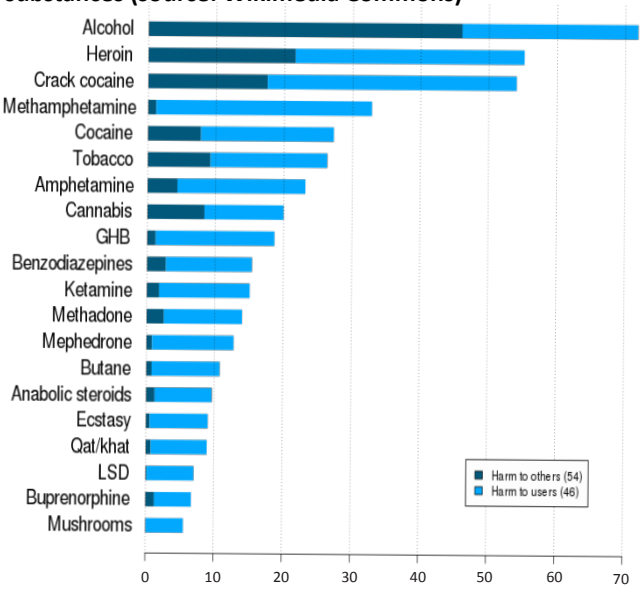
Around the world, most national legislations relating to the consumption, production, and distribution of cannabis and cannabis-related substances are rooted in the current global drug control system as institutionalised by the three main UN drug conventions.[1] Over 300 substances listed under these conventions are subject to varying degrees of control depending on the categories in which they have been scheduled, 'defined according to the dependence potential, abuse liability and therapeutic usefulness of the drugs included in them'.[2] It is thus crucial to note that these UN drug conventions exist to ensure the global (legal) trade in, production, and use of controlled substances for medical and scientific purposes, while aiming to prevent diversion to the illegal market which typically caters to non-medical and non-scientific needs.

* An adapted version of the TNI- IDPC briefing paper note for Africa by Dania Putri.

From the moment that the 1961 Convention was first negotiated, cannabis has been included in the most restrictive sections – Schedule I and IV – along with drugs such as heroin and fentanyl. Schedule IV in particular is designated – incorrectly, in the case of cannabis – for substances with limited 'therapeutic advantages'.[3] However, one of the essential chemical components of cannabis, dronabinol/Δ9-tetrahydrocannabinol (THC), is listed separately in the less restrictive Schedule II of the 1971 Convention.[4]

As reiterated by experts of various backgrounds, the manner in which substances are categorised and controlled at the UN level is largely based on cultural and political ideologies, rather than on impartial scientific assessment[5] of each substance's potential harm for its users and their surroundings. In fact, the level of health and social harms of cannabis (as well as other strictly controlled drugs such as LSD and MDMA) is proven to be lower than others currently placed in the same category (cocaine, heroin), and also lower than legally regulated substances like tobacco and alcohol (Figure 1).[6]

Figure 1: Relative harms of selected psychoactive substances (source: Wikimedia Commons)[7]



Furthermore, as articulated by the WHO, 'preparations of cannabis have shown therapeutic potential for treatment of pain and other medical conditions such as epilepsy and spasticity associated with multiple sclerosis'[8] – to name only a few. By early 2020, over 30 countries have developed some kind of legal framework for the legal use of medicinal cannabis.

As reflected in global trends,[9] cannabis remains the most widely used illegal substance in the Caribbean region, and especially but not exclusively in Jamaica, where cannabis is grown by rural communities with few other viable alternative livelihoods.[10] In most Caribbean countries, the (restricted) status of cannabis corresponds to that prescribed by the UN drug conventions, and hence the continued punitive approach to cannabis consumption, trade, and cultivation. In recent years, however, a number of Caribbean countries have adopted different forms of legislative changes to regulate cannabis cultivation, with Jamaica leading the way as the first Caribbean country to decriminalise small-scale cultivation for personal use and ceremonial usage. Other countries have taken, or are taking, steps to allow cannabis production for medical, industrial, and/or research purposes, most notably St. Vincent and the Grenadines, which granted an amnesty to cannabis growers and designed a cannabis licencing system seeking the inclusion of traditional cannabis farmers.[11]

The WHO's first ever critical review of cannabis

As mandated by the UN drug conventions, the World Health Organization (WHO) Expert Committee on Drug Dependence (ECDD)[12] serves as a body whose task is to assess a substance's potential harm and medicinal usefulness, primarily from a public health perspective, and to provide scheduling-related recommendations for member states at the UN Commission on Narcotic Drugs (CND).

Being one of the first substances (together with coca and opium) scheduled under international control, cannabis was not subject to a WHO critical review until 2018. The results of this first-ever critical review of cannabis were published in January 2019, along with a list of recommendations for the rescheduling of cannabis and cannabis-related substances (Figures 2 and 3).

Figure 2: WHO recommendations on cannabis and cannabis-related substances (source: UNODC)[13]

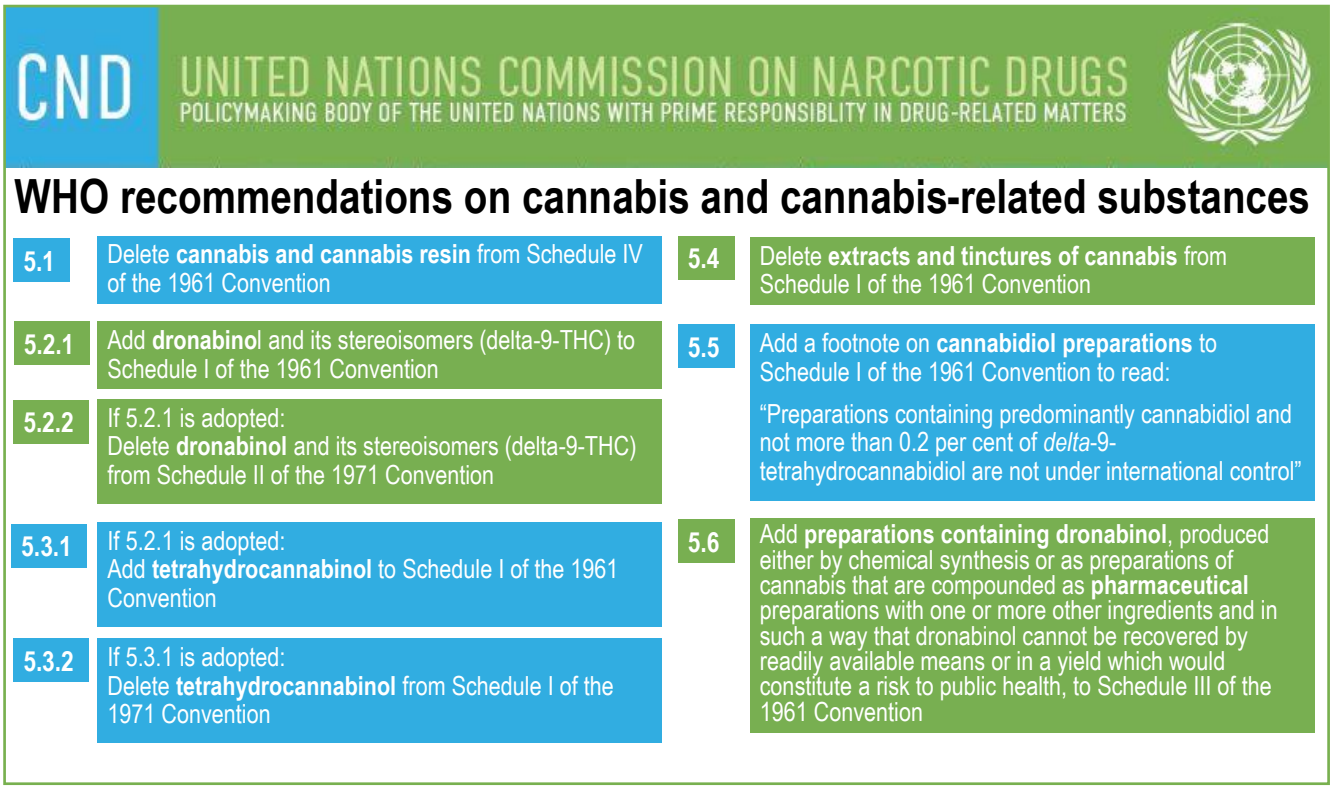
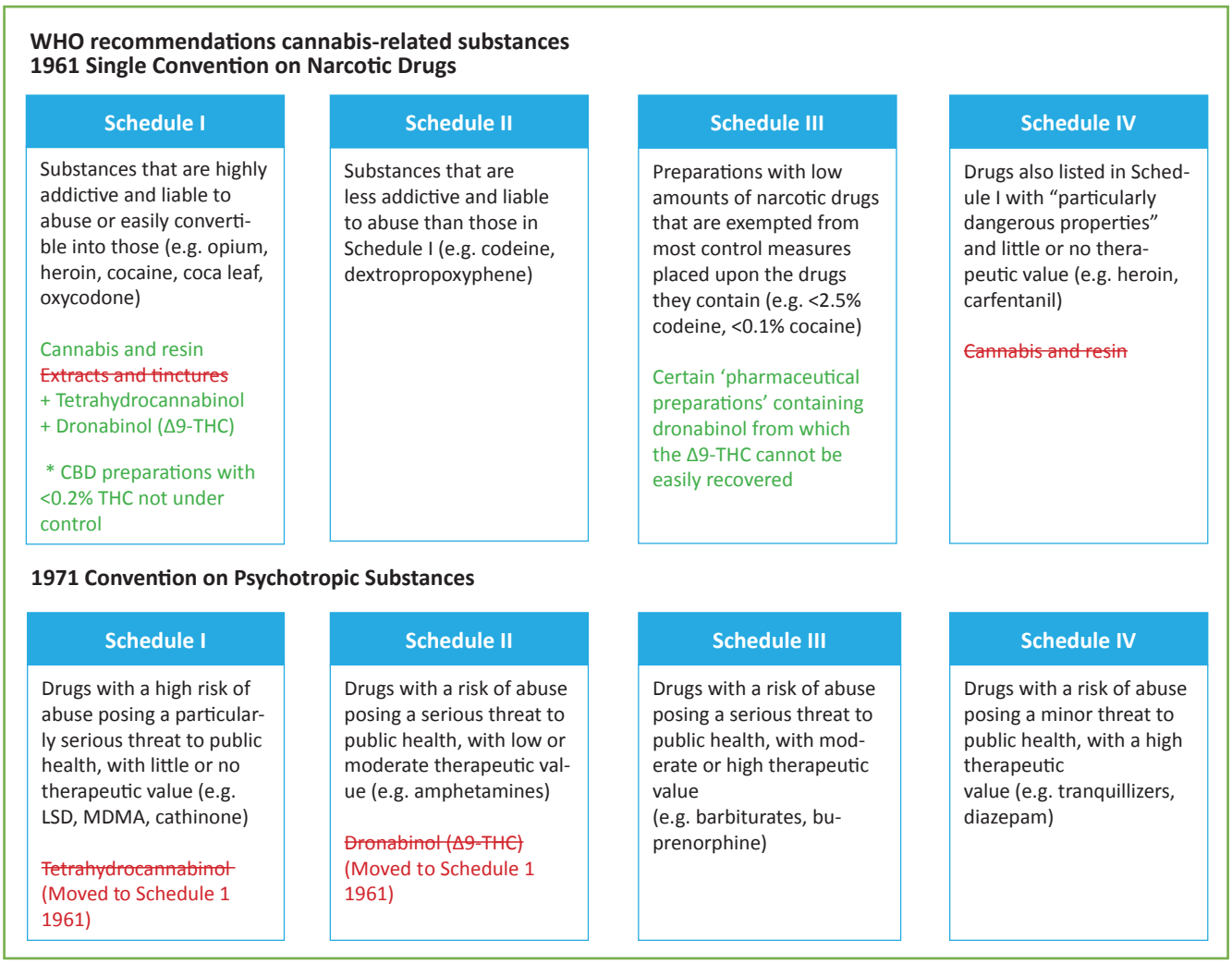


Figure 3: Implications of WHO recommendations on cannabis and cannabis-related substances (source: TNI)



Main implications of the WHO recommendations

Acknowledgement of cannabis' medicinal usefulness (recommendation 5.1)

The current status of cannabis in Schedule I of the 1961 Convention means that cannabis is considered 'highly addictive and liable to abuse'.[14] The additional mention of cannabis in Schedule IV of the 1961 Convention implies that cannabis contains 'particularly dangerous properties'[15] with little or no therapeutic value. The WHO recommends (5.1) the removal of cannabis from Schedule IV, which, if adopted, would mean that the medicinal usefulness of cannabis would be implicitly acknowledged under the UN drug control system. However, even if this recommendation is not followed by the CND, Caribbean countries could still move ahead with allowing medical cannabis, as the imposition of full prohibition for medical purposes has always been optional.[16] In this regard, it is important to note that the WHO recommends keeping cannabis in Schedule I of the 1961 Convention, even though the WHO's assessment shows that cannabis does not pose 'the same level of risk to health of most of the other drugs that have been placed in Schedule I'.[17]

Moving THC into the 1961 Convention (recommendations 5.2.1, 5.2.2, 5.3.1 and 5.3.2)

At present, dronabinol/Δ9-THC – either naturally obtained from plant materials or synthetically produced – is placed under Schedule II of the 1971 Convention. Following their critical review, the WHO now recommends (5.2.1) that dronabinol/Δ9-THC (and six other isomers of THC) is added to the stricter Schedule I of the 1961 Convention. This is one of the main consequences of the decision to recommend keeping cannabis in Schedule I: because of the 'similarity principle', THC should be included in the same schedule as cannabis, despite the fact that the ECDD in previous critical reviews of dronabinol/Δ9-THC recommended it to be scheduled in Schedule II and even III of the 1971 Convention that require substantially less strict controls.[18] Only if these recommendations (5.2.1 and 5.3.1) are adopted would CND members then vote on whether dronabinol/Δ9-THC and the isomers should be deleted from the 1971 Convention (recommendations 5.2.2 and 5.3.2).[19]

Exempting preparations containing cannabidiol (CBD)[20] with <0.2% THC from international control (Recommendations 5.4 and 5.5)

Following recommendations to keep cannabis in and add dronabinol/Δ9-THC into Schedule I of the 1961 Convention, the WHO also recommends (5.4) deleting the term 'extracts and tinctures of cannabis' from Schedule I of the 1961 Convention. In this regard, the WHO recommends (5.5) including a footnote stating that non-psychoactive CBD-containing preparations (which technically cover 'extracts and tinctures') with not more than 0.2% THC[21] are not under international control.[22] Such CBD-containing preparations[23] could range from medicinal oil to food and wellness products. However, psychoactive 'extracts and tinctures' which typically contain higher levels of THC, such as butane hash oil and edibles, would still be subject to the same control as other substances listed in Schedule I of the 1961 Convention.

Less control and restrictions for 'pharmaceutical preparations containing THC' (Recommendations 5.4 and 5.6)

The WHO's last recommendation is based on the growing legitimacy of approved pharmaceutical products such as Sativex and Marinol, which 'are not associated with problems of abuse and dependence and they are not diverted for the purpose of non-medical use.'[24] According to the WHO, these pharmaceutical preparations – which may contain naturally obtained or chemically synthesised THC – should be moved into Schedule III of the 1961 Convention, though it remains unclear what the implications of this recommendation (5.6) would be for other 'natural cannabis extracts with medicinal properties'[25] – many of which may not necessarily qualify as 'pharmaceutical preparations'[26] as mentioned by the WHO.

The relevance of these recommendations for Caribbean countries

Out of the 193 UN member states, 53 are selected at any one time to be 'members' of the CND;two of them are currently from the Caribbean region. At the moment, these countries are Jamaica and Cuba.[27] Although all governments are able to participate in CND meetings and discussions, only these 53 member states are able to vote on the WHO recommendations on scheduling. In December 2020, the CND is set to vote on the aforementioned recommendations on cannabis and cannabis-related substances – having already delayed a vote in both March 2019 and March 2020 to allow for further consideration. The vote outcomes would be legally binding for all signatories of the 1961 and the 1971 Conventions (including Jamaica and all other Caribbean states[28]), requiring states to amend relevant national drug laws and scheduling accordingly. However, it should be made clear that adopting these recommendations would not necessarily *obligate* national governments to initiate legal medical cannabis programmes in their respective countries.

Nevertheless, as we move forward, several questions arise. How relevant are the WHO's recommendations for Caribbean countries? What would rescheduling cannabis at the UN level mean for Caribbean countries, especially considering the origins, historical use and transformation of cannabis-related policies in the Caribbean? And could they in the future offer benefits and legal alternatives for the thousands of traditional small farmers in countries like Jamaica, Saint Vincent and the Grenadines, Antigua and Barbuda, Saint Lucia and other Caribbean states, who are currently still dependent on the unregulated market for cultivating cannabis?

Decolonisation of drug control

The WHO recommendation to remove cannabis from Schedule IV of the 1961 Convention (5.1) may serve as an opportunity for Caribbean civil society and governments to further decolonise drug control approaches in the region and recognize the cultural right of groups such as the Maroons and Rastafarians, which has not been claimed at a global level yet, by challenging the discourse that has long undermined the medicinal potential of cannabis and reclaim the cultural and traditional use of the plant.

In most Caribbean small island states, cannabis has a long history of restriction and prohibition. It is argued by some scholars that the prohibition of cannabis is mainly due to social factors and historical and racial prejudices. A study by Rubin and Comitas on *ganja* (cannabis) in Jamaica highlighted that the Evangelical Churches in 1912 raised the concern that *ganja* smoking was resulting in serious social upheaval, because it made people behave immorally and without any mental control.[29] It was argued then that this type of behaviour was mainly from East Indians who had been brought to the island as indentured labourers. The study showed that the laws relating to cannabis became severely and increasingly prohibition-oriented between 1913 and 1961. The severity of the laws outlawing *ganja* in Jamaica was also influenced by legislative changes and the global social and economic challenges experienced because of the Great Depression of 1938. In 1937 the Marihuana Tax Act was adopted in the USA, bringing with it an increased public campaign against *ganja*, which as stated before was already associated with deviant behaviour.[30]

Literature shows that historically cannabis laws in the Caribbean sought to discuss how cannabis regulations impacted the lives of persons in the region, by highlighting the number of cases that were brought before the courts in the various countries.[31] It is also notes that the societies in the Caribbean did not view the use of *ganja* as a major social problem, and it was not until after the Opium Conference at The Hague in 1912, that colonial governments in the region decided to prohibit the cultivation and use of the plant. Countries that had a strong East Indian culture, such as Guyana and Trinidad and Tobago, regulated the cultivation, sale and possession of *ganja* under a licensing system. In the case of Trinidad and Tobago, the "Ganja Ordinance", which was in place until 1928, allowed for the cultivation, possession and selling of *ganja* by granting a licence to those who paid an annual fee to the colonial authority.[32] The "Ganja Ordinance" also required the premises from which the *ganja* would be traded to be registered with the

authorities, and outlined several parameters under which the product could be traded. This signalled an existing legal structure within the cultural fabric of these Caribbean societies with a strong East Indian component. However, continued debate at the international level caused a number of Caribbean countries, such as Guyana, Trinidad and Tobago, and Jamaica to change their approach to *ganja,* even though it was culturally accepted.[33]

Medicinal cannabis programmes

Indeed, the colonially rooted discourse that disregards cannabis' medicinal usefulness has slowly faded in the Caribbean, as more and more countries are eyeing the socioeconomic prospect of legally regulating cannabis for medicinal, industrial and scientific purposes. Even though the current institutional framework of the UN drug control regime does not serve as a barrier for such efforts,[34] transforming the status of cannabis within the UN drug scheduling system would strengthen the international legal basis for these emerging medicinal cannabis programmes. In accordance with this development, the CARICOM report '*Waiting to Exhale – Safeguarding our Future through Responsible Socio-Legal Policy on Marijuana*', completed and presented in 2018, advocates for not only a medicinal framework, but has also noted in its recommendations that cannabis policies in the region should likewise focus on 'human rights, social justice and development perspectives'.[35]

The WHO's recommendation (5.1) to delete cannabis from Schedule IV of the 1961 Convention appears relevant as its adoption would further legitimatise the international status of cannabis as (a source of) medicine. Meanwhile, the WHO's recommendation to loosen control measures for certain medicinal preparations (5.4, 5.5, and 5.6) could in principle constitute another opportunity for Caribbean countries interested in developing a domestic (and potentially export-oriented) legal cannabis industry. However, governments and civil society need to remain cautious and ensure that the door for the more natural herbal preparations is not closed via these developments. Furthermore, the explicit reference to 'pharmaceutical preparations' and underlining of products like Sativex and Marinol in Recommendation 5.6 may pose challenges for countries with a long history of therapeutic use of cannabis preparations which are more herbal and traditional in nature,[36] such as the Maroons in Jamaica and Guyana. This seems to contradict the renewed importance the WHO is giving to promoting traditional medicines in general.[37]

Inevitably, the establishment of legal medicinal cannabis programmes in the Caribbean would yield considerable impact on thousands of rural working people currently dependent on illegal cannabis cultivation.[38] Such communities have so far been largely excluded from the emerging legal market, and would likely continue to be so should the UN drug control regime evolve into an institution that increasingly favours large corporations, many of which have enjoyed preferential treatment in licensing systems of medical cannabis production around the world,[39] including in Jamaica and Saint Vincent and the Grenadines. Given that, some recommendations of the WHO, particularly the transfer of THC from the 1971 to the 1961 Convention and 5.5 and 5.6, should be approached with caution. Approving them in their current form with the extremely low threshold of 0.2% and the phrasing 'pharmaceutical preparations' appears to give preferential treatment to big companies over more traditional cultivation techniques and herbal medicines. On the other hand, support for Recommendation 5.1 and 5.4 appears more urgent and potentially more fruitful, particularly in the context of scientific and policy development on medicinal cannabis that is based on public health and human rights principles. In support of this, Article 28 of the 1961 Convention requires countries to establish specialised government agencies responsible for maintaining control over production of and trade in medicinal cannabis.

Next steps: timelines and the 'advocacy asks' for Cariobbean governments

Given the early inclusion of cannabis in the international drug control regime, the WHO's critical review of cannabis had long been overdue. While fully respecting the independent and critically important role that the WHO ECDD plays, many feel that the recommendations could have been more far-reaching in nature. Critics have questioned the WHO's decision not to recommend deleting cannabis from Schedule I of the 1961 Convention, especially since the

WHO's own risk assessment shows that cannabis does not belong there.[40] Considering the rapidly advancing scientific research in cannabis, a more regular review of the plant would be advisable to update scheduling considerations with new scientific insights about the plant in order to preserve the integrity of the international scheduling system. Notwithstanding this, the political significance of the WHO's critical review of cannabis is not to be underestimated, nor are its' resulting recommendations, which represent an opportunity towards the modernisation of the UN drug control system (and, by extension, of national drug control policies in Africa and worldwide). In this regard, active engagement from civil society and governments is needed to encourage a positive outcome at the CND.

Timeline for advocacy

At the CND in early March 2020, member states agreed by consensus to delay a vote and 'continue… the consideration of the recommendations of the World Health Organization on cannabis and cannabis-related substances, bearing in mind their complexity, in order to clarify the implications and consequences of, as well as the reasoning for, these recommendations, and decides to vote at its reconvened sixty-third session in December 2020, in order to preserve the integrity of the international scheduling system'.[41]

Member states have continued discussions since March via informal (closed and unrecorded) consultations being held online (due to the global COVID-19 pandemic that has taken hold since the CND was held in March). A series of three so-called 'Topical Meetings' have also been scheduled to take place on 24-25 June (online again - with a focus on 'extracts and tinctures' and CBD), 24-25 August (on THC and preparations) and 16-17 September 2020 (on deletion from Schedule IV). These 'Topical Meetings' are a new structure, but disappointingly appear to remain informal in nature with no translation, no web-casting or recording, and no invitation for civil society observers (as would have been the case for a formal meeting, according to UN rules).[42] However, member states have been encouraged to include 'experts' on their delegations for the 'Topical Meetings', which can include experts from civil society. Member states have also been invited to make written submissions.

This series of 'Topical Meetings' will then be followed by a formal CND intersessional meeting on 18 September 2020, which should be possible for civil society to attend and request to intervene. On 12-16 October the WHO Expert Committee will hold its next meeting, opening the possibility that they could reconsider some of the recommendations if the CND discussions have given them convincing arguments of a social, legal or administrative nature to do so (the CND does not have a mandate to challenge the WHO's medical/scientific assessment).

The 63rd Reconvened CND is then scheduled for the 3rd and 4th December 2020 in Vienna,[43] where the 53 CND members should finally vote on the WHO's recommendations. It is possible for CND members to vote only on certain recommendations, and not on others. In this regard, priority should be given to the more obvious and urgent recommendations 5.1 (to remove cannabis from Schedule IV) and 5.4 (to remove the term 'extracts and tinctures of cannabis' from the 1961 Convention).

Now it is therefore a key time for civil society advocacy across the continent to raise awareness of this 'live' process and its importance for Caribbean countries. It is important that as many Caribbean governments as possible are engaged in these discussions, and not just the two CND members from the region who are able to actually vote. Below we propose some of the 'advocacy asks' which NGOs can bring to their government representatives:[44]

Substantive asks:

- Support the more obvious and urgent recommendations: 5.1 (to remove cannabis from Schedule IV, thereby acknowledging its medical usefulness) and 5.4 (to remove the term 'extracts and tinctures of cannabis' from the 1961 Convention).
- Question the potential implications of the other recommendations for the recognition and regulation of traditional and herbal cannabis-based medicines, and request the WHO to amend some details accordingly in the upcoming ECDD meeting or to reconsider them at a later stage.

Process asks:

- Emphasise the need for follow ups to the critical review, as scientific research continues to shed new light on the risks and benefits of cannabis, especially in response to the WHO recommendation to keep cannabis in Schedule I of the 1961 Convention.
- Participate and engage at the CND meetings related to the WHO's recommendations on cannabis and cannabis-related substances, especially in order to support recommendations 5.1 and 5.4, to ensure clear voting mechanisms, and to improve clarity about the WHO's recommendations and their implications.
- Facilitate the participation of civil society, and in particular of ECOSOC-accredited NGOs, in the forthcoming 'topical meetings' on the WHO's recommendations.
- Engage with other governments to discuss these issues, particularly with the two Caribbean CND members: Jamaica and Cuba
- Engage with CARICOM on this issue to encourage their involvement and coordination, in line with the 2018 report on the Cannabis Commission.
- Actively consult and engage with relevant civil society organisations, experts, and representatives of affected communities in Caribbean countries.

References and endnotes

1. The three main UN drug conventions guiding today's global drug control system include the UN Single Convention on Narcotic Drugs (1961) as amended by the 1972 Protocol, the UN Convention on Psychotropic Substances (1971), and the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). The different categories of controlled drugs are defined under the 1961 and the 1971 Convention.
2. United Nations Office on Drugs and Crime (2016), *Terminology and Information on Drugs: Third Edition*, https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-E_3rd_edition.pdf
3. United Nations (1961), *Single Convention on Narcotic Drugs, as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961*, https://www.unodc.org/pdf/convention_1961_en.pdf
4. Six isomers of Δ9-THC are currently placed under Schedule I of the 1971 Convention, which is more restrictive than Schedule IV of the 1961 Convention. However, in the 41st meeting, the WHO's Expert Committee on Drug Dependence stated: 'While these six isomers are chemically similar to Δ9-THC, there is very limited to no evidence concerning the abuse potential and acute intoxicating effects of these isomers. There are no reports that the THC isomers listed in Schedule I of the 1971 Convention induce physical dependence or that they are being abused or are likely to be abused so as to constitute a public health or social problem. There are no reported medical or veterinary uses of these isomers'. Source of citation: World Health Organization (2019), *Annex 1: Extract from the Report of the 41st Expert Committee on Drug Dependence: Cannabis and cannabis-related substances*, p. 4, https://www.who.int/medicines/access/controlled-substances/Annex_1_41_ECDD_recommendations_cannabis_22Jan19.pdf
5. Government of India (1895), *Report of the Indian Hemp Drugs Commission. Finance and Commerce Department*, https://digital.nls.uk/indiapapers/browse/archive/74908458. See also: Bewley-Taylor, D., Blickman, T. & Jelsma, M. (2014), *The Rise and Decline of Cannabis Prohibition: The History of Cannabis in the UN Drug Control System and Options for Reform* (Amsterdam: Transnational Institute). https://www.tni.org/files/download/rise_and_decline_web.pdf
6. Global Commission on Drug Policy (2019), *Classification of Psychoactive Substances: When Science Was Left Behind*. https://www.globalcommissionondrugs.org/reports/classification-psychoactive-substances
7. Wikimedia website, File:HarmCausedByDrugsTable.svg, https://commons.wikimedia.org/wiki/File:HarmCausedByDrugsTable.svg (Accessed: 22nd June 2020). Data sourced from: Nutt, D., King & L., Phillips, L., 'Drug harms in the UK: a multi-criteria decision analysis', *The Lancet*, 376:9752, DOI: https://doi.org/10.1016/S0140-6736(10)61462-6
8. World Health Organization (2019), *Annex 1: Extract from the Report of the 41st Expert Committee on Drug Dependence: Cannabis and cannabis-related substances*, https://www.who.int/medicines/access/controlled-substances/Annex_1_41_ECDD_recommendations_cannabis_22Jan19.pdf
9. United Nations Office on Drugs and Crime (2019), *World Drug Report 2019*, https://wdr.unodc.org/wdr2019/
10. The Jamaica Gleaner (2018), *Cannabis Cultivation And Consumption Pattern In Jamaica 2017 – 2018*, http://jamaica-gleaner.com/article/news/20180926/briefing-cannabis-cultivation-and-consumption-pattern-jamaica-2017-2018

11. Jamaica Observer (2018), *St Vincent Parliament approves legislation decriminalising marijuana*, http://www.jamaicaobserver.com/news/st-vincent-parliament-approves-legislation-decriminalising-marijuana_152072?profile=1373; Loops News (2018), *Antigua & Barbuda moves to decriminalise marijuana for personal use*, https://www.looptt.com/content/antigua-decriminalises-marijuana-personal-use
12. The ECDD is 'an independent group of experts in the field of drugs and medicines. The ECDD assesses the health risks and benefits of the use of psychoactive substances according to a set of fixed criteria. These criteria are: evidence of dependence potential of the substance, actual abuse and/or evidence of likelihood of abuse, therapeutic applications of the substance'. Each year in December, '[t]he ECDD recommendations are presented by the Director General of the WHO to the UN Secretary General and the United Nations Control Narcotic Board (CND)' for consideration by the CND every March. See: World Health Organization website, *WHO Expert Committee on Drug Dependence*, https://www.who.int/medicines/access/controlled-substances/ecdd/en/ (Accessed: 22nd June 2020).
13. United Nations Commission on Narcotic Drugs & United Nations Office on Drugs and Crime (2020), *WHO recommendations on cannabis and cannabis-related substances*, https://www.unodc.org/documents/commissions/CND/Scheduling_Resource_Material/Cannabis/Backdrop_status_16_January.pdf
14. Bewley-Taylor, D., Blickman, T. & Jelsma, M. (2014), *The Rise and Decline of Cannabis Prohibition: The History of Cannabis in the UN Drug Control System and Options for Reform* (Amsterdam: Transnational Institute), p. 23, https://www.tni.org/files/download/rise_and_decline_web.pdf.
15. United Nations (1961), *Single Convention on Narcotic Drugs, 1961: As amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs 1961*, p. 3.
16. A Party to the Convention is only required to follow the recommendation 'if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare'. (United Nations (1961), *Single Convention on Narcotic Drugs, 1961: As amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs 1961*, p. 3.) In other words, if a Party was of the opinion that this was not the most appropriate way, it could still decide to permit the cultivation and use of cannabis for medical purposes, as many countries indeed have done in spite of its Schedule-IV status.
17. Walsh, J., Jelsma, M., Blickman, T. & Bewley-Taylor, D. (2019), *The WHO's First-Ever Critical Review of Cannabis: A Mixture of Obvious Recommendations Deserving Support and Dubious Methods and Outcomes Requiring Scrutiny* (Amsterdam: Transnational Institute), pp. 7-9, https://www.tni.org/en/publication/the-whos-first-ever-critical-review-of-cannabis,
18. Ibid, pp. 9-10.
19. Meanwhile, questions have been raised with regard to the possible repercussions of having dronabinol/Δ9-THC and its six isomers in both the 1961 and the 1971 Convention. See: United Nations Office on Drugs and Crime website, *Decision tree depicting the conditionalities of the WHO recommendation on cannabis and cannabis-related substances*, https://www.unodc.org/documents/commissions/CND/Scheduling_Resource_Material/Cannabis/Decision_tree_depicting_the_conditionalities_of_the_WHO_recommendation_on_cannabis_and_cannabis.pdf (Accessed: 22nd June 2020).
20. CBD or cannabidiol is one of the principal chemical compounds found in the cannabis plant. CBD can also be chemically synthesised. In its 41st meeting, the WHO ECDD stated that 'Cannabidiol is found in cannabis and cannabis resin but does not have psychoactive properties and has no potential for abuse and no potential to produce dependence'. Source of citation: World Health Organization (2019), *Annex 1: Extract from the Report of the 41st Expert Committee on Drug Dependence: Cannabis and cannabis-related substances*, p. 4, https://www.who.int/medicines/access/controlled-substances/Annex_1_41_ECDD_recommendations_cannabis_22Jan19.pdf
21. Critics have questioned the WHO's decision to limit the THC quantity threshold to only 0.2%, which may pose issues for countries who have set higher THC quantity thresholds for CBD and/or hemp products, including Ghana (0.3%) and many European countries such as Switzerland (1%).
22. World Health Organization (2019), *Annex 1: Extract from the Report of the 41st Expert Committee on Drug Dependence: Cannabis and cannabis-related substances*, https://www.who.int/medicines/access/controlled-substances/Annex_1_41_ECDD_recommendations_cannabis_22Jan19.pdf
23. At its 40th meeting, the ECDD stressed that, '[t]here are no case reports of abuse or dependence relating to the use of pure CBD. No public health problems have been associated with CBD use' and that 'CBD has demonstrated effectiveness for treating at least some forms of epilepsy, with one pure CBD product (Epidiolex®) found effective in clinical studies of Lennox-Gastaut syndrome (a severe form of epileptic encephalopathy that produces various types of seizures) and Dravet syndrome (a complex childhood epilepsy disorder that has a high mortality rate), which are often resistant to other forms of medication'. See: World Health Organization (2018), 'WHO Expert Committee on Drug Dependence: Fortieth report', *WHO Technical Report Series 1013*, pp. 15-17, https://apps.who.int/iris/bitstream/handle/10665/279948/9789241210225-eng.pdf?ua=1
24. World Health Organization (2019), *Annex 1: Extract from the Report of the 41st Expert Committee on Drug Dependence: Cannabis and cannabis-related substances*, p. 7, https://www.who.int/medicines/access/controlled-substances/Annex_1_41_ECDD_recommendations_cannabis_22Jan19.pdf
25. Walsh, J., Jelsma, M., Blickman, T. & Bewley-Taylor, D. (2019), *The WHO's First-Ever Critical Review of Cannabis: A Mixture of Obvious Recommendations Deserving Support and Dubious Methods and Outcomes Requiring Scrutiny* (Amsterdam: Transnational Institute), https://www.tni.org/en/publication/the-whos-first-ever-critical-review-of-cannabis, p. 11.
26. The term 'pharmaceutical preparations' (with regard to cannabis) is not mentioned or explained in the UN drug conventions, which mainly use the term 'preparations'.
27. This year, 2 Caribbean States are included and they are Cuba and Jamaica. 'In accordance with Council resolution 845 (XXXII), and 1147 (XLI), members are elected (a) from among the States Members of the United Nations and members of the specialized agencies and the Parties to the Single Convention on Narcotic Drugs, 1961, (b) with due regard to the adequate representation of countries that are important producers of opium or coca leaves, of countries that are important in the field of the manufacture of narcotic drugs, and of countries in which drug addiction or the illicit traffic in narcotic drugs constitutes an important problem and (c) taking into account the principle of equitable geographical distribution'. See: United Nations Office on Drugs and Crime website, *CND: Membership and Bureau*, https://www.unodc.org/unodc/en/commissions/CND/Membership/Membership.html (Accessed: 22nd June 2020).
28. International Narcotics Control Board, (2020), *Report of*

the International Narcotics Control Board for 2019, https://www.incb.org/documents/Publications/AnnualReports/AR2019/Annual_Report_Chapters/English_ebook_AR2019.pdf

29. Rubin, V., and Lambros C. (1975). *Ganja in Jamaica: A Medical Anthropological Study of Chronic Marihuana Use* (The Hague: New Babylon).
30. Ibid.
31. Fraser, H. A. (1974). 'The Law and Cannabis in the West Indies', *Social and Economic Studies* **23**(3):361-385
32. Ibid
33. Ibid.
34. The overarching goal of the UN drug conventions is to help regulate the licit trade in, production, and use of controlled substances (including cannabis) for medical and scientific uses only. Governments must create and implement regulatory policies in compliance with specific articles of each of the three drug conventions, as mapped in this table: United Nations Commission on Narcotic Drugs (2019), *Questions and answers relating to WHO's recommendations on cannabis and cannabis-related substances*, pp. 96-100, https://www.unodc.org/documents/commissions/CND/Scheduling_Resource_Material/Cannabis/Consultations_with_WHO Questions_and_Answers_26_November_2019.pdf
35. See: CARICOM Regional Commission On Marijuana (2018), *Waiting To Exhale – Safeguarding Our Future Through Responsible Socio-Legal Policy On Marijuana*, https://caricom.org/documents/report-of-the-caricom-regional-commission-on-marijuana-2018-waiting-to-exhale-safeguarding-our-future-through-responsible-socio-legal-policy-on-marijuana/
36. 'Cannabis as an herbal medicine poses serious challenges to modern medicine, which operates according to the "single compound, single target" paradigm of pharmacology'. See: Hazekamp, A. & Fischedick, J. T. (2012), 'Cannabis - from cultivar to chemovar*', Drug Test. Analysis* (New Jersey: John Wiley & Sons), https://bedrocan.com/wp-content/uploads/2012-cannabis-from-cultivar-to-chemovar_hazekamp.pdf
37. World Health Organization (2013), *WHO Traditional Medicine Strategy 2014–2023,* https://apps.who.int/iris/bitstream/handle/10665/92455/9789241506090_eng.pdf
38. Jelsma, M. (2018), *Connecting the dots… Human rights, illicit cultivation and alternative development*, (Amsterdam: Transnational Institute). https://www.tni.org/en/publication/connecting-the-dots
39. Jelsma, M., Kay, S. & Bewley-Taylor, D. (2019), *Fair(er) Trade Options for the Cannabis Market. Cannabis Innovate*, (Amsterdam: Transnational Institute) https://www.tni.org/en/publication/fairer-trade-cannabis
40. In its 41st report, the WHO Expert Committee on Drug Dependence states that '[w]hile the Committee did not consider that cannabis is associated with the same level of risk to health as that posed by most of the other drugs placed in Schedule I, it noted the high rates of public health problems arising from cannabis use and the global extent of such problems. For these reasons, it recommended that cannabis and cannabis resin continue to be included in Schedule I of the 1961 Single Convention on Narcotic Drugs'. See: World Health Organization (2018), 'WHO Expert Committee on Drug Dependence: Fortieth report', *WHO Technical Report Series 1013*, p. 41, https://apps.who.int/iris/bitstream/handle/10665/279948/9789241210225-eng.pdf?ua=1, p. 41.
41. United Nations Commission on Narcotic Drugs (2020), *Draft decision submitted by the Chair: Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organisation on cannabis and cannabis-related substances*, UN Doc. E/CN.7/2020/L.8, https://undocs.org/E/CN.7/2020/L.8
42. For more information on the 'Topical Meeting' format, see: International Drug Policy Consortium (2020), *Closing doors: the exclusion of civil society at the 'topical meetings' of the UN Commission on Narcotic Drugs*. https://idpc.net/publications/2020/08/closing-doors-the-exclusion-of-civil-society-at-the-topical-meetings-of-the-un-commission-on-narcotic-drugs
43. United Nations Office on Drugs and Crime (Website), *Events*, https://www.unodc.org/unodc/en/commissions/CND/CND_Meetings-Current-Year.html (Accessed: 22nd June 2020).
44. If you want to learn which government officials and agencies are already engaged in CND discussions from your country, you can view the official list of participants from the March 2020 meeting here: United Nations Commission on Narcotic Drugs (2020), *List of Participants: Members of the Commission on Narcotic Drugs*, UN Doc. E/CN.7/2020/INF/2, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_63/LoP_63_CND_Final_V2001716.pdf

About this Briefing Paper

This Briefing Paper provides an analysis of the recommendations on the rescheduling of cannabis issued by the World Health Organisation in January 2019, highlighting their historical context and their implications for Caribbean countries. The recommendations will be put up for a vote at the UN Commission on Narcotic Drugs in December 2020.

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About IDPC

The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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