

Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria
Telephone: +43-1-26060, Telefax: +43-1-26060-5867 / 5868
E-Mail: incb.secretariat@un.org Internet Address: <http://www.incb.org/>

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**Statement by Mr. Cornelis P. de Joncheere, President,
International Narcotics Control Board (INCB)
Sixty-third session of the Commission on Narcotic Drugs,
Second intersessional meeting, 8 October 2020**

Mr. Chair, Excellencies, Ladies and Gentlemen,

I am pleased to address you on behalf of the International Narcotics Control Board. At the outset, allow me to congratulate you on your work over the past months considering and discussing the recommendations of the World Health Organization on the scheduling of cannabis. I am pleased that the secretariat of the Board has been able to be present for these discussions and provide technical clarifications on the implications of the recommendations, should they be adopted, on the control measures and reporting obligations.

As you know, some months ago INCB provided to Member States an analysis of the possible impact of the WHO recommendations on cannabis and cannabis-related products on the control requirements of the international drug control system. I will not go into the details again now. However, I will note just a few points:

On recommendation 5.1. If adopted, removing cannabis and cannabis resin from Schedule IV of the 1961 Convention *would not change the control measures* required at the international level. Both cannabis and cannabis resin would continue to be subject to the control measures of Schedule I of the 1961 Convention. Governments would continue to be required to submit estimates and statistics for cannabis and cannabis resin. The recommended deletion of cannabis and cannabis resin from Schedule IV would affect only the possible implementation of stricter control measures *at the national level*. However, States may still decide to adopt stricter control measures, as provided for in article 39 of the 1961 Convention.

On recommendation 5.2.1, which proposes to add dronabinol and its stereoisomers (delta-9-THC) to Schedule I of the 1961 Convention; and if that is endorsed, recommendation 5.2.2, to delete these from the 1971 Convention. Endorsement of the recommendation *would result in stricter control measures*, namely that instead of submitting voluntary assessments of requirements at least once every three years, governments would be required to submit annual estimates, which are then confirmed by INCB. Placing cannabis and its active principles under the same convention would facilitate control and reporting by governments as the same control system would apply to cannabis and the active principles of cannabis, bringing the control system in line with what already exists for other plant substances and their active principles, for example, opium and morphine and coca leaf and cocaine. By facilitating the work of governments through the possible adoption of this recommendation, it would be easier for them to report to the Board. As a result, the Board would be able to have a comprehensive overview of global production, consumption and trade in cannabis and its active components.

The same applies to recommendation 5.3.1 (subject to adopting the recommendation 5.2.1 to add delta-9-THC to schedule I of the 1961 Convention), to add THC (understood as the six isomers listed in Schedule I of the 1971 Convention) to Schedule I of the 1961 convention; and

recommendation 5.3.2, if recommendation 5.3.1 is adopted, to remove THC from the 1971 convention. Adoption of these recommendations would result in additional and stricter control measures under the 1961 Convention. Governments would be required to submit annual estimates for these isomers. As for the aforementioned recommendations on dronabinol and its stereoisomers, this should, if adopted, facilitate implementation of control requirements by governments and reporting to INCB.

Let me state very clearly to avoid any misunderstanding. It is the view of the Board that a move of THC and delta-9-THC from schedules I and II of the 1971 Convention on Psychotropic Substances to schedule I of the 1961 Single Convention on Narcotic Drugs would not represent a weakening of control measures, rather the contrary. In case the recommendations are not adopted, and delta-9-THC and its isomers remain under the 1971 Convention on Psychotropic Substances, the Board would continue to undertake its monitoring functions and assist those countries that require support in order to fulfil their reporting obligations.

On recommendation 5.4, to delete extracts and tinctures of cannabis from Schedule I of the 1961 Convention. If adopted this is not expected to have an impact on control measures or reporting obligations, given that this would be covered under 'preparations'.

On recommendation 5.5, that a footnote be added to schedule I of the 1961 Convention, to read "preparations containing predominantly cannabidiol and not more than 0.2 per cent of delta-9-THC are not under international control". From INCB's perspective, the main issue to consider relates to practical implementation at the national level, i.e. the challenges of carrying out chemical analysis to the required accuracy of 0.2 per cent of delta-9-THC. If this recommendation is adopted, it would give rise to an important question on the control of cannabis cultivated for the extraction of CBD to be used for such preparations. Here, I refer you to our impact analysis.

On recommendation 5.6, there is a need for a more specific definition of the preparations in question. Again, I refer you to INCB's impact analysis.

INCB has no role in the scheduling process for the 1961 and 1971 conventions and is providing its technical advice to Member States upon request. But – as requested by State Parties - the Board has outlined the implications and changes on control measures and reporting obligations, if the recommendations would be approved. These recommendations provide an opportunity to clarify and streamline the control requirements applicable to cannabis and cannabis-related substances.

In particular, the scheduling of specific cannabinoids under the 1961 Convention would assist the monitoring of the global production, trade and consumption of preparations derived from cannabis for governments. Scheduling of cannabis and all cannabis-related substances under the 1961 Single Convention would standardize the applicable control requirements, facilitating monitoring and reporting by competent national authorities.

At the same time, there is a need to establish accurate definitions to avoid discrepancies in the interpretation of control requirements. There is also a need to improve the knowledge of the composition of the various cannabis preparations available to patients for medical use, as a lack of such knowledge limits the ability of competent national authorities to furnish accurate estimates and statistics on cannabis to the Board.

Member States have shown a strong commitment to monitoring and controlling substances in accordance with the international drug control conventions. Three elements are necessary to ensure the same level of monitoring and control for cannabis and cannabis-related products:

1. a shared and common understanding of the control requirements for cannabis and cannabis-related substances;

2. a consistent approach with regard to imports and exports; and
3. realistic and uniform conversion factors to provide for effective monitoring.

Without a common understanding on the interpretation of control measures applicable to cannabis, governments are less able to control the availability and quality of cannabis and cannabis-related products for medical purposes.

As a result, the data available to INCB are incomplete, which affects our capacity to analyse the balance between supply of and demand for cannabis and cannabis raw material for medical and scientific purposes. Ultimately, this can lead to a heightened risk of diversion of cannabis into the illicit market and the associated misuse of cannabis and cannabis-related products with potentially devastating consequences.

Resolution 51/9 of the Commission, and many resolutions before it, have proved very important in enabling INCB, in cooperation with governments, to maintain a balance between the supply of opiate raw materials and demand for opiates for medical and scientific purposes. A similar approach could help the Board support Member States in ensuring the availability of cannabis and cannabis-related products for medical and scientific purposes and to prevent imbalances between supply and demand.

In closing, I wish you a successful meeting. INCB looks forward to continuing to support Member States in the implementation of the three international drug control conventions and in the practical application of scheduling decisions adopted by the Commission, to ensure availability of controlled substances, including cannabis and cannabis-related products, for medical and scientific purposes while preventing diversion and abuse. The Board looks forward to the outcome of the voting in December, and will be ready for the timely implementation of the decisions.

The Board will be pleased to provide any further technical clarifications that may be required.

Thank you.

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