Annex A - Background on the CND and the WHO-ECDD

1. The CND is the main drug policy making body of the UN. It consists of 53 Member States with representation from the various regional groupings. While Singapore is a signatory to the international drug control conventions, it is not a voting member in the CND. Nonetheless, given the transnational nature of the drug problem, Singapore actively participates in international discourse on drug control, and in particular has been actively involved in discussions held by the CND to share our views on the WHO-ECDD's recommendations.

2. Among its roles, the CND oversees a number of international conventions on drugs, namely (i) the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol ("the 1961 Convention"), (ii) the Convention on Psychotropic Substances of 1971 ("the 1971 Convention"), and (iii) the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. (The details of the 1961 and 1971 Conventions are provided in **Annex C.**)

3. In the course of its work, the CND would consider recommendations to make changes to the international drug control regime. The CND would then vote on whether to accept or reject these recommendations, taking into consideration economic, social, legal, administrative and other relevant factors.

4. The WHO-ECDD consists of an independent group of experts in the field of drugs and medicine. This committee is convened by the WHO about once a year to review the public health impact of psychoactive substances and make recommendations to the international community. It assesses the health risks and benefits of the use of narcotic drugs and psychoactive substances based on the following: (a) evidence of dependence potential of the substance, (b) actual abuse and/or evidence of likelihood of abuse, and (c) therapeutic applications of the substance, and makes recommendations on the controls to be imposed on the substance.

Annex B - The WHO-ECDD's Recommendations on Cannabis and Cannabis-related Substances

1. In January 2019, the WHO-ECDD made six recommendations to change the international scheduling of cannabis and cannabis-related substances. These recommendations arose from a review that was carried out in relation to Resolution 52/5 of the CND, in which the CND requested an updated report on cannabis by the WHO-ECDD.

2. These recommendations were then presented to the CND, which facilitated discussions among Member States so that they could exchange views on the economic, social, legal, administrative and other implications and how to address them, if any of these recommendations are adopted.

3. The Singapore Government did not support the six recommendations. The scientific evidence presented on the safety and efficacy of cannabis for medical purposes was neither adequate nor robust. Contrary to the WHO-ECDD's views, there are no compelling justifications that the proposed rescheduling is required to reduce barriers to access cannabis and cannabis-related substances for medical and scientific purposes. The current international drug control system already provides adequate access to such substances for such purposes. Some of the recommendations, if accepted, would cause gaps in the implementation of control measures and undermine the integrity of the international drug control regime. In addition, the acceptance of the recommendations could create public misperception that cannabis is no longer considered harmful by the international authorities. (The list of recommendations and their potential implications are outlined in **Annex D.**)

4. Our concern is that the acceptance of these recommendations can lead to serious public health and safety consequences in societies and worsen the global cannabis abuse situation. According to the World Drug Report 2020, cannabis remains the most abused drug in the world with 192 million users globally. The harmful effects of cannabis on health, crime and the society are well documented; for example, the Lancet report released in March 2019 provided solid evidence of the harmful effects on mental health caused by the consumption of high potency cannabis.

Annex C - Details of the 1961 and 1971 Conventions[1]

Under the 1961 Convention, narcotic drugs and their preparations are listed in four Schedules according to their dependence potential, abuse liability and therapeutic usefulness.

a. Substances listed in Schedule I are highly addictive and highly liable to abuse;

b. Substances listed in Schedule II are less liable to abuse and to produce addiction than those placed in Schedule I;

c. Schedule III contains pharmaceutical preparations containing low amounts of narcotic drugs which are unlikely to be abused; and

d. Schedule IV lists the most dangerous substances already listed in Schedule I that are highly addictive and liable to abuse and rarely used in medical practice. For this group of drugs in Schedule IV, the Convention allows countries to impose stricter conditions on production, manufacture, export and import of, trade in, possession or use of any such drug, up to full prohibition, except for the amounts which may be necessary for medical and scientific research only.

The 1971 Convention on Psychotropic Substances is designed to control psychoactive substances via four Schedules, with Schedule I being the strictest and Schedule IV being the least strict:

a. Substances listed in Schedule I have a high risk of abuse and pose a serious risk and threat to public health with limited or no therapeutic value;

b. Substances listed in Schedule II have a risk of abuse and pose a substantial risk to public health with little to moderate therapeutic value;

c. Schedule III contains substances which have a risk of abuse and pose a substantial risk to public health with moderate or high therapeutic value; and

d. Schedule IV lists the substances with a risk of abuse and pose a minor threat to public health with a high therapeutic value.

Both the 1961 and 1971 Conventions have a different set of specific control measures for each of their defined Schedules. Rescheduling of substances across these different Schedules and Conventions may lead to gaps in control measures, particularly for the preparations of these substances, arising from the differences in the classifications, that could have an adverse impact on public health.

[1] More information on the 1961 and 1971 Conventions can be found here: https://www.who.int/medicines/access/controlled-substances/ecdd/work-on-ecdd/en/

Annex D – The WHO-ECDD's Recommendations on Cannabis and Cannabis-related Substances and their Potential Implications

- **Recommendation 5.1:** Cannabis and cannabis resin to be deleted from Schedule IV of the 1961 Convention.

Implications if accepted:

a) Cannabis and cannabis resin would no longer be listed with the most dangerous drugs in Schedule IV under the 1961 Convention;
b) Schedule IV allows countries to impose stricter conditions on production, manufacture, export and import of, trade in, possession or use of any such drug, up to full prohibition, except for the amounts which may be necessary for medical and scientific research only;
c) International control measures for cannabis and cannabis resin remain unchanged as they will still continue to be listed in Schedule I of the 1961 Convention;
d) However, deletion from Schedule IV could fuel public misperception that cannabis is no longer considered to be as harmful as before, despite strong evidence showing otherwise.

- **Recommendation 5.2:** Dronabinol and its stereoisomers to be added to Schedule I of the 1961 Convention and then to be deleted from Schedule II of the 1971 Convention.
- **Recommendation 5.3:** Tetrahydrocannabinol and its stereoisomers to be added to Schedule I of the 1961 Convention, subject to adoption of Recommendation 5.2, and then for tetrahydrocannabinol to be deleted from Schedule I of the 1971 Convention.

Implications if accepted:

a) Important control measures, such as the requirement to obtain periodical permits for the manufacture of such preparations, or to control under licence the establishments and premises in which trade or distribution of such preparations takes place, would no longer be applicable to preparations containing dronabinol and tetrahydrocannabinol even where, in the case of preparations of dronabinol, these preparations present a high risk of abuse;
b) It would be important to maintain strict regulations and oversight over preparations containing dronabinol and THC, given that consumables would naturally fall under this category.

- **Recommendation 5.4:** To delete extracts and tinctures of Cannabis from Schedule I of the 1961 Convention.

Implications if accepted:

a) The WHO-ECDD called for the deletion as it said that "extracts and tinctures of cannabis" may already be covered as "preparations" of cannabis;
b) Based on the definitions of the terms in the Conventions, "extracts and tinctures of cannabis" cannot be subsumed under "preparations" as there are substantive differences between these two categories;
c) The acceptance of this recommendation would potentially reduce the extent of controls over products that may fall under the category of "extracts and tinctures"; and
d) This would lead to the proliferation and abuse of such products posing significant public health risks and social problems.

- **Recommendation 5.5:** Footnote to be added to Schedule I of the 1961 Convention that cannabidiol preparations predominantly cannabidiol and not more than 0.2% of *delta*-9- tetrahydrocannabinol are not under international control.

Implications if accepted:

a) There is no scientific basis to show that the recommended 0.2% *delta*-9-tetrahydrocannabinol threshold is safe;
b) Any cannabidiol preparation containing less than 0.2% *delta*-9-tetrahydrocannabinol, whether intended for pharmaceutical or other purposes, will not be subject to the controls under the 1961 Convention;
c) The recommendation creates a backdoor for companies to manufacture products with *delta*-9-tetrahydrocannabinol levels ostensibly below the 0.2% threshold to circumvent international controls; and
d) It would be a laborious endeavour for authorities to obtain accurate chemical analysis so as to ensure strict compliance with the 0.2% threshold.

- **Recommendation 5.6:** Preparations containing *delta*-9-tetrahydrocannabinol (dronabinol), produced either by chemical synthesis or as a preparation of cannabis, that are compounded as pharmaceutical preparations with one or more other ingredients and in such a way that *delta*-9-tetrahydrocannabinol (dronabinol) cannot be recovered by readily available means or in a yield which would constitute a risk to public health, to be added to Schedule III of the 1961 Convention.

<u>Implications if accepted:</u>

a) Could result in loosening of control measures over a wide range of products without scientific evidence proving the safety of liberalising controls over such products;
b) There is ambiguity and uncertainty over the products to which the recommendation could apply due to the unclear terms and the lack of indication of the safe dosage of the preparations intended to be covered;
c) As such, there is a risk that the recommendation could be exploited, and open the floodgates to all kinds of products, including unsafe products, entering the market, without having been robustly tested for their efficacy and safety; and
d) This would lead to a negative impact on public health and welfare.