

2014 INCB Report (extract)

F. Special topics

1. Control measures applicable to programmes for the use of cannabis for medical purposes pursuant to the 1961 Single Convention on Narcotic Drugs

218. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol limits the use of narcotic drugs, including cannabis, to medical and scientific purposes. Like other narcotic drugs under international control, cannabis is subject to a variety of control measures aimed at preventing its diversion into illicit channels and its abuse. In recognition of the risks of cannabis abuse, the substance has been subjected to the highest levels of control under the Single Convention through its inclusion in its Schedules I and IV, the latter of which contains substances particularly liable to abuse and to produce ill effects.

219. The Single Convention allows States parties to use cannabis for medical purposes. Reflecting concerns about abuse and diversion, the Single Convention establishes an additional set of control measures, which should be implemented in order for programmes for the use of cannabis for medical purposes to be compliant with the Single Convention.

220. The Board reminds all governments in jurisdictions having established programmes for the use of cannabis for medical purposes, or considering doing so, that, in addition to reporting and licensing obligations applicable to all narcotic drugs, the Single Convention requires that States having such programmes comply with several specific obligations.

221. Pursuant to articles 23 and 28 of the Single Convention, States wishing to establish programmes for the use of cannabis for medical purposes that are consistent with the requirements of the Single Convention must establish a national cannabis agency to control, supervise and license the cultivation of cannabis crops. The obligations incumbent upon national cannabis agencies include the designation of the areas in which cultivation is permitted, the licensing of cultivators, and the purchase and taking of physical possession of crops; they also have the exclusive right of wholesale trading and maintaining stocks.

222. In addition, governments must work to prohibit the unauthorized cultivation of cannabis plants, and seize and destroy illicit crops, whenever the prevailing conditions in their territories render such measures the most suitable course of action, in order to protect public health and prevent illicit tra.c, in accordance with articles 2 and 22 of the Single Convention.

223. Finally, governments must adopt such measures as

may be necessary to prevent the misuse of, and illicit trafficking in, cannabis leaves, in accordance with article 28 of the Single Convention.

224. The Board has reviewed the issue of cultivation of cannabis for personal medical use and has determined that, in the light of the heightened risk of diversion it represents, such cultivation does not meet the minimum control requirements set out in the Single Convention. Accordingly, the Board has consistently maintained the position that a State which allows individuals to cultivate cannabis for personal use would not be in compliance with its legal obligations under the Single Convention.

225. In addition to the risks of diversion cited above, allowing private individuals to produce cannabis for personal medical consumption may present health risks, in that dosages and levels of tetrahydrocannabinol (THC) consumed may be different from those medically prescribed.

226. The Board reminds all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes, or that are considering doing so, about the aforementioned requirements of the Single Convention. The Board notes that the control measures in place under many existing programmes in different countries fall short of the requirements set out above, and encourages all governments in jurisdictions that have approved or plan to implement such programmes to take measures to ensure that these programmes fully implement the measures provided for in the Single Convention, which are aimed at ensuring that stocks of cannabis produced for medical use are reserved for the patients for whom they are prescribed and are not diverted into illicit channels.

227. The Board urges all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes to ensure that the prescription of cannabis for medical use is performed with competent medical knowledge and supervision and that prescription practice is based on available scientific evidence and consideration of potential side effects. The Board reiterates its invitation to WHO to evaluate the potential medical utility of cannabis and the extent to which cannabis poses a danger to human health, in line with its mandate under