

IDPC statement on the pre-review of CBD and Tramadol at the 39th WHO Expert Committee on Drug Dependence

6th November 2017

Good morning,

I would like to start by thanking the ECDD Secretariat for offering me space to make this intervention.

My name is Marie Nougier and I am making this statement on behalf of the International Drug Policy Consortium (IDPC). IDPC is a global network of more than 170 NGOs that come together to promote drug policies grounded in the principles of public health, human rights, development, social inclusion, human security and civil society engagement.

As the ECDD is planning on conducting pre-reviews on CBD and tramadol, I will offer some insights and recommendations on behalf of IDPC on these two substances. I will also address some procedural issues over pre-reviews and critical reviews at the ECDD.

Firstly, then let me turn to tramadol. Tramadol is an analgesic which is used worldwide to treat acute and chronic pain of moderate to severe intensity. The tramadol market has grown rapidly over the past 20 years, with increasing levels of illicit use. However, there is also evidence that tramadol is playing a key role in filling a gap caused by over-restrictive controls on opioids and their resulting lack of access for pain relief.

Indeed, Tramadol plays a critical role in various countries for alleviating pain – both as legally prescribed and also as self-medication. And although the substance is not included in the WHO Model List of Essential Medicines, it is recognised in the list of essential medicines of 38 countries. The scheduling of tramadol would have a severe impact on its availability for medicinal purposes, especially in developing countries.

IDPC therefore calls on the ECDD not to request the scheduling of tramadol in the international drug control treaties to ensure tramadol's continued availability to treat moderate to severe pain.

I now turn to cannabis and CBD. The WHO ECDD has never conducted a review of cannabis. Cannabis and cannabis resin are currently listed under the strictest schedules of the 1961 convention, with little or no recognised therapeutic value. This level of international control over the substance represents a glaring historical anomaly, especially with the scientific and social shifts which have occurred in the past decades. Today, medicinal cannabis is at the forefront of discussions on drug policy reform, and over 40 jurisdictions worldwide, in 16 countries, have already moved to regulate the substance for medical purposes. The International Narcotics Control Board itself has recognised the medicinal properties of cannabis.

At its 38th session in 2016, the Expert Committee recommended the organising of a specific ECDD meeting dedicated to cannabis and its components. This scientific assessment is long-overdue, and IDPC welcomes the move from the ECDD to convene a special cannabis meeting in May 2018. The pre-review of CBD at this 39th session is a first step in this process.

CBD is not specifically listed in the schedules of either the 1961 or the 1971 drug conventions. The WHO pre-review report on CBD has found no abuse or dependence potential. It also concluded that CBD can be an effective treatment for epilepsy and other medical conditions, and that there is no evidence of recreational use, or any public health problems associated with the use of pure CBD. WHO

Expert Peer Reviews also concluded that scheduling the substance could impact its accessibility for scientific and medical research, and that there was no justification for international control.

IDPC agrees with these conclusions, and requests that, in May 2018, the ECDD considers a re-definition of the broad category of 'cannabis extracts and tinctures' to explicitly exclude CBD. This is to end the current ambiguity over the substance's status.

I would like to finish my intervention by raising a procedural concern over the 39th ECDD meeting. On the webpage dedicated to the 39th session, we have noticed a note which states that: depending on the outcome of the pre-review, the ECDD could proceed to a critical review at the same meeting. We are aware that there are specific circumstances under which such a process is possible. However, this note implies that, under any circumstance, the ECDD could now decide to treat a pre-review as if it were a critical review, and proceed to make recommendations for scheduling based on a pre-review only. This is highly problematic because such a move would undermine the scientific basis upon which the ECDD makes its scheduling recommendations.

This move would be particularly harmful for the review of tramadol and CBD. There needs to be a sufficient period of time for the ECDD to consider all available evidence on illicit use, associated harms, medical and scientific usage, as well as the potential impacts of international scheduling. We therefore call on the ECDD to refrain from this practice and ensure that a comprehensive review be conducted on these and future substances, following the ECDD standing rules of procedure.

Once again thank you very much for your attention. If you would like to get more information about the issues raised here, we have shared an advocacy note which includes more details, or feel free to get directly in touch with the IDPC team.