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THE
WORLD**

MODEL UNITED NATIONS

BARCELONA



CONFERENCE BACKGROUND GUIDE

Regulation of the use of cannabis for non-medical purposes



The United Nations International Narcotics Control Board (UN INCB)

Board's background history

The International Narcotics Control Board (INCB) is the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions. It was established back in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961.

The UN INCB Functions & Principles



International Narcotics Control Board

Monitoring and supporting Governments' compliance with the international drug control treaties



The functions of INCB lay down in these treaties we do encourage you to have a quick look at before attending the Conference: the Single Convention on Narcotic Drugs, 1961; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

Broadly speaking, INCB deals with:

- a) the licit manufacture of, trade in and use of drugs, INCB endeavors, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;
- b) the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.
- c)

In the discharge of its responsibilities, INCB mainly administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, *inter alia*, a balance between supply and demand. The Board monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I, and II of the 1988 Convention.

It also analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a



Viroj Sumyai, Member of the International Narcotics Control Board (since 2010) [\[1\]](#). Member (2010-2016) and Chair (2012, 2014 and 2016) of the Standing Committee on Estimates. Chair of the Committee on Finance and Administration (2011 and 2013). Second Vice-President of the Board (2012, 2014 and 2016). President of the Board (2017).

view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures. According to one of the pillars of the UN, it keeps maintaining a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council (ECOSOC). As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.



INTERNATIONAL NARCOTICS CONTROL BOARD

Prevention of diversion and abuse

- Measures against illicit manufacture and diversion narcotic drugs and psychotropic substances;
- Improvement of information systems and data collection;
- Increase regional and inter-regional cooperation.



Dialogue first: the relationship between the INCB and the Governments

In order to further the aims of the treaties, the Board maintains ongoing discussions with Governments. Such dialogues are pursued through regular consultations and through missions arranged in agreement with the Governments concerned. As a result, for example, countries became parties to the conventions and have strengthened their legislation, particularly concerning psychotropic substances, or have improved coordination of national drug control efforts. (Pic. 1:



on your left: President of the International Narcotics Control Board, Iranian Hamid Ghodse (L) and the Bolivian Vice-Minister of Social Affairs, Felipe Caceres (R), talk during a demonstration on methods of eradication of coca plantations during a field trip in Bolivia.) The Board has repeatedly stressed that real and lasting progress in the fight against drug abuse and trafficking depends on the strong commitment of Governments, the establishment of priorities and the allocation of adequate resources by national authorities, since they and they alone are able to take the necessary measures within their countries. To achieve maximum impact, all such national endeavors must be coordinated at both regional and worldwide levels.

Training programmes

In order to enhance the functioning of national drug control administrations, the INCB secretariat conducts training programmes for drug control administrators, particularly from developing countries. These officials receive training in the implementation of treaty obligations, especially those that relate to cooperation between INCB and parties to the treaties. Regional training seminars have not only helped to improve cooperation from participating countries but have also served to enhance collaboration among countries within the regions. These seminars are organized in close cooperation with the United Nations International Drug Control Programme (UNDCP) and other competent international organizations, in particular World Health Organization (WHO) and the International Criminal Police Organization. National administrations also send officials to the INCB secretariat for training.



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Annual report

Based on its activities, INCB publishes an annual report that is submitted to ECOSOC through the Commission. The report provides a comprehensive survey of the drug control situation in various parts of the world. As an impartial body, INCB tries to identify and predict dangerous trends and suggests necessary measures to be taken.

The annual report is supplemented by technical reports on narcotic drugs and psychotropic substances, giving a detailed account of estimates of annual legitimate requirements in each country as well as data, the licit production, manufacture, trade and consumption of these drugs worldwide.

Furthermore, the report is supplemented by the report to the Commission on Narcotic Drugs on the implementation of article 12 of the 1988 Convention which contains an analysis of measures Governments have taken against the diversion of precursors and essential chemicals and trends in illicit trafficking in such substances.

UN INCB Missions around the globe

The UN INCB conducts successful missions around the world with the aim of strengthening the importance of drug control and its violations. Take a quick look at the most recent missions around the globe and try to find out more about these initiatives:

[Mission to Guyana](#)

[Mission to Russian Federation](#)

[Mission to Australia](#)

[Mission to Switzerland](#)

[Mission to the Arab Republic of Egypt](#)

[Mission to the Republic of Senegal](#)

[Mission to Canada](#)

[Mission to the Republic of South Africa](#)

[Mission to the State of Palestine](#)

[Mission to the Republic of the Union of Myanmar](#)

[Mission to the Republic of Argentina](#)

[Mission to the Islamic Republic of Afghanistan](#)

[Mission to the Socialist Republic of Viet Nam](#)

[Mission to the Sultanate of Oman](#)

Pic. 2 below: Meeting of the INCB mission with officials from the Ministry of Health in Russia: INCB President Viroj Sumyai (fourth from left), Deputy Minister of Health Dmitry Kostennikov (third from left)



I. Regulation of the use of cannabis for non-medical purposes

A long battle against the illicit use of cannabis

For over two decades, cannabis, commonly known as marijuana, has been the most widely used illicit drug by young people in high-income countries, and has recently become popular on a global scale. Epidemiological research during the past 10 years suggests that regular use of cannabis during adolescence and into adulthood can have adverse effects. Epidemiological, clinical, and laboratory studies have established an association between cannabis use and adverse outcomes. The scientific community has mostly focused its studies on adverse health effects of greatest potential public health interest—that is, those that are most likely to occur and to affect a large number of cannabis users. The most probable adverse effects include a dependence syndrome, increased risk of motor vehicle crashes, impaired respiratory function, cardiovascular disease, and adverse effects of regular use on adolescent psychosocial development and mental health.

The effects of cannabis depend on the dose received, the mode of administration, the user's previous experience with this drug, and the set and setting—ie, the user's expectations, attitudes towards the effects of cannabis, the mood state,



and the social setting in which it is used. The main reason why most young people use cannabis is to experience a so-called high: mild euphoria, relaxation, and perceptual alterations, including time distortion and intensification of ordinary experiences.

As for the health effects of cannabis, let's try to look for evidence: that an association exists between cannabis use and outcomes in case-control and prospective studies; that reverse causation was an implausible explanation of the association; from prospective studies that controlled for potential confounding variables; and that a causal association was biologically

plausible.

What is the difference between medical and non-medical cannabis?

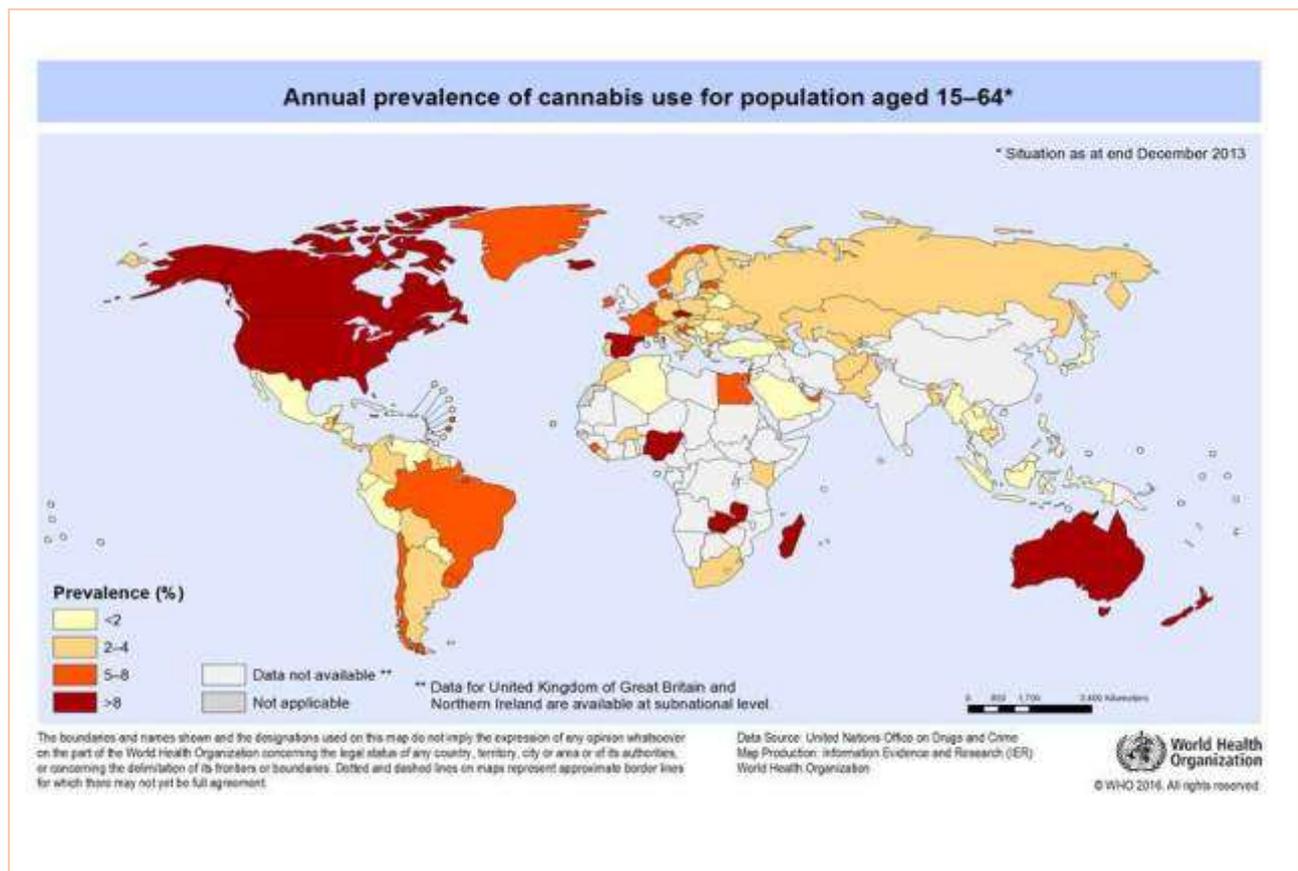
The legalization of marijuana is a controversial issue with implications for health care providers, policy makers, and society at large. The use of marijuana for medical reasons is accepted in many States. However, legal sale of the drug for non-medical use began for the first time on January 1, 2014, in Colorado, following a relaxation of marijuana restrictions that is unprecedented worldwide. News reports have indicated that sales of the drug have been brisk. Marijuana-infused food products have been unexpectedly popular, exceeding sales projections. Marijuana use is associated with numerous physical and mental disorders and could result in addiction. Evidence suggests its potency has increased since the 1980s. Colorado has established regulations regarding the sale of marijuana for non-medical use, but concerns still exist. The current article offers a discussion of the health, public policy, socioeconomic, and nursing implications of the legalization of marijuana for non-medical use.

If you have been considering the existence of non-medical use of cannabis, you have likely been wondering about the difference between medical and recreational marijuana. With more and more States legalizing the use of medical marijuana, there is never been a better time to find out more while we are asking you to change the world for good. You might be feeling a little apprehensive as, like most people, you associate the word "marijuana" with illicit activities. However, there is a great wealth of evidence to show that cannabis can help in a variety of chronic medical conditions. It is also been used for centuries by civilizations such as the ancient Egyptians. Medical cannabis, or medical marijuana, is cannabis and cannabinoids that are recommended by doctors for their patients. The use of cannabis as medicine has not been rigorously tested due to production restrictions and other governmental regulations.

While you ask yourself where its prohibition should start, there are few subjects that can stir up stronger emotions among doctors, scientists, researchers, policy makers, and the public than medical marijuana. Ask yourself this:

- Is it safe?
- Should it be legal?
- Decriminalized?
- Has its effectiveness been proven?
- What conditions is it useful for?
- Is it addictive?
- How do we keep it out of the hands of teenagers?
- Is it really the “wonder drug” that people claim it is?
- Is medical marijuana just a ploy to legalize marijuana in general?

These are just a few of the excellent questions around this subject, questions that we are not going to answer for you so that you can focus on two specific areas: why do doctors/patients find it useful? Why is, on the other end, the



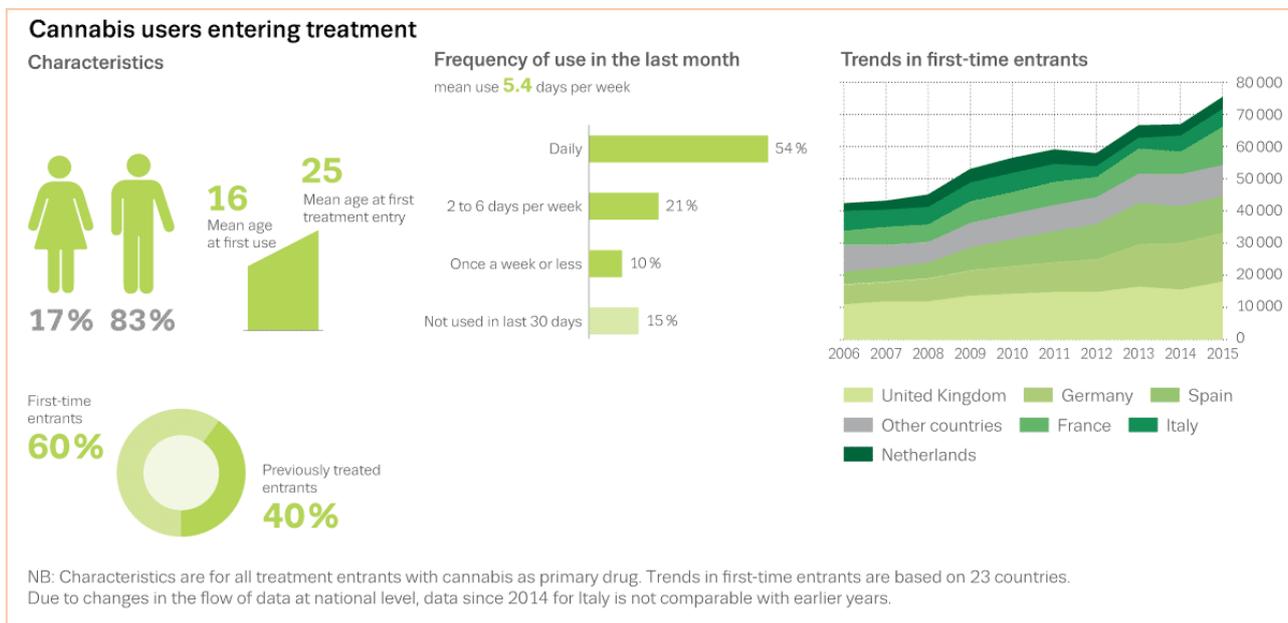
international community condemning those who use it?

UN INCB checks VS global and regional data

As revealed in Pic. 5, annual prevalence of cannabis use for population aged 15-64 years (Source: World drug report 2015. United Nations Office on Drugs and Crime) should let you reflect on how much dark colored this map is.

Historically cannabis use and cultivation has been prevalent in Africa, Central Europe, South Asia and China from prehistoric times. Today, there is still wide variation in the recorded prevalence of cannabis use within WHO regions. This in part reflects difficulties in collecting comparable data on illicit drug use. Some countries do not conduct surveys of drug use, some conduct surveys annually and others conduct them less frequently. Of those surveys that are conducted, there is variation between countries in assessing frequency of use, and age groups are divided differently or differ in the settings in which the adolescents and young adults are surveyed (e.g. schools vs. homes).

Nevertheless, there are some relatively good data on prevalence in some parts of the world. For instance, in the WHO European Region an estimated 14.6 million young Europeans (aged 15–34 years), or 11.7 % of this age group, used cannabis in the last year, with 8.8 million of these aged 15–24 years (15.2 % of this age group). Levels of lifetime use differ considerably between countries, ranging from around one third of adults in Denmark, France and the United Kingdom, to 8% or less than 1 in 10 in Bulgaria, Romania and Turkey. Last-year use in this age group varied between

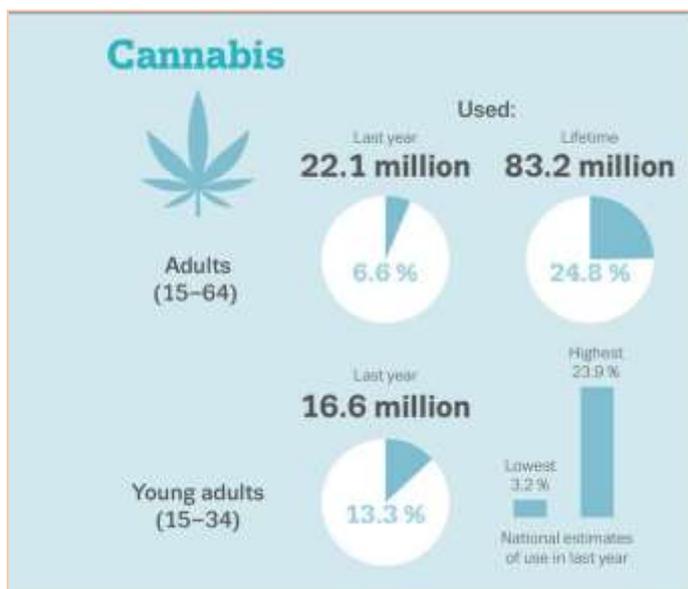


0.4 % and 22.1 %. Herbal cannabis is becoming more popular in many EU countries – a trend driven by domestic production.

In the USA, the percentage of people aged 12 years or older who were current illicit drug users (8.4%) rose every year between 2002 and 2013. The higher percentage in 2014 than in prior years appears to reflect trends in cannabis use.

Measuring prevalence of cannabis use is difficult and it is even more difficult to measure how much cannabis, and the potency of that cannabis, is typically used by daily or less than daily users. There are no standard measures of the quantity used, and the average THC content of cannabis in most countries and regions is unknown. Epidemiological studies have used daily or near-daily cannabis use as an approximate measure of heavy use.

In high-income countries, such as the USA, cannabis use usually begins in the mid-to-late teens. Heaviest use occurs in the early twenties and declines throughout the late twenties into the early thirties. About 10% of people who use cannabis become daily users and another 20-30% use it weekly.



What the United Nations has to say?

According to a UN report, legal recreational cannabis violates decades-old international drug control treaties and is dangerous for international relations. The INCB, which –as you know - monitors and supports global, governmental compliance with international drug control treaties, has recently issued its 2017 annual report. The report contains stern warnings to its member states to keep herb illegal.

According to decades-old international drug control treaties signed by most member states, they are supposed to prohibit the non-medical use of cannabis. However, countries like Uruguay have ended prohibition regardless. According to the INCB’s

report, “Governments and jurisdictions in North America have continued to pursue policies with respect to the legalization of the use of cannabis for non-medical purposes, in violation of the 1961 Convention as amended.” The board strongly cautioned Uruguay, which legalized cannabis nationally in 2013, and sells cannabis in pharmacies, that they are “acting in clear violation” of the drug treaties. “The limitation of the use of controlled substances to medicinal and scientific purposes is a fundamental principle to which no derogation is permitted under the 1961 Convention as amended,” INCB’s report states.

The U.N. Narco bureaucrats have also set their sights on Jamaica, for having legalized cannabis for “Religious Use” in 2015. Cannabis is considered a religious sacrament among adherents of the Rastafarian religion.



“I smoke herb because I am Rasta. Herb is a sacred, spiritual sacrament that Rastas use. We use it in prayer and when we’re reasoning, when we pray, when we are in meditation, spiritual reasons mainly. Any other reason is for food, clothing, shelter, and medicines. But our purpose is mainly for spiritual reasons. The herb is called the wisdom tree. Herb was found growing on King Solomon’s tomb. King Solomon was the wisest man in creation. If King Solomon was [the] wisest man on Earth, and herb was found growing on his grave, what does that show you?” says Julian Marley, the Rastafari musician, and son of Bob Marley (Pic. 3).

While the United Nations claims to promote global religious tolerance, the INCB is in disagreement on this particular issue. “The Board reminds the Government of Jamaica, and all other parties, that under article 4, paragraph (c), of the 1961 Convention as amended, only the medical and scientific use of cannabis is authorized, and that use for any other purposes, including religious, is not permitted,” the report states. Additionally, sternly worded admonishments were issued to North American member states, suggesting that their policies provided a gateway for drug traffickers.

“The situation pertaining to cannabis cultivation and trafficking in North America continues to be in flux, owing to the widening scope of personal non-medical use schemes in force in certain constituent states of the United States,” the report said. “The decriminalization of cannabis has apparently led organized criminal groups to focus on manufacturing and trafficking other illegal drugs, such as heroin.”



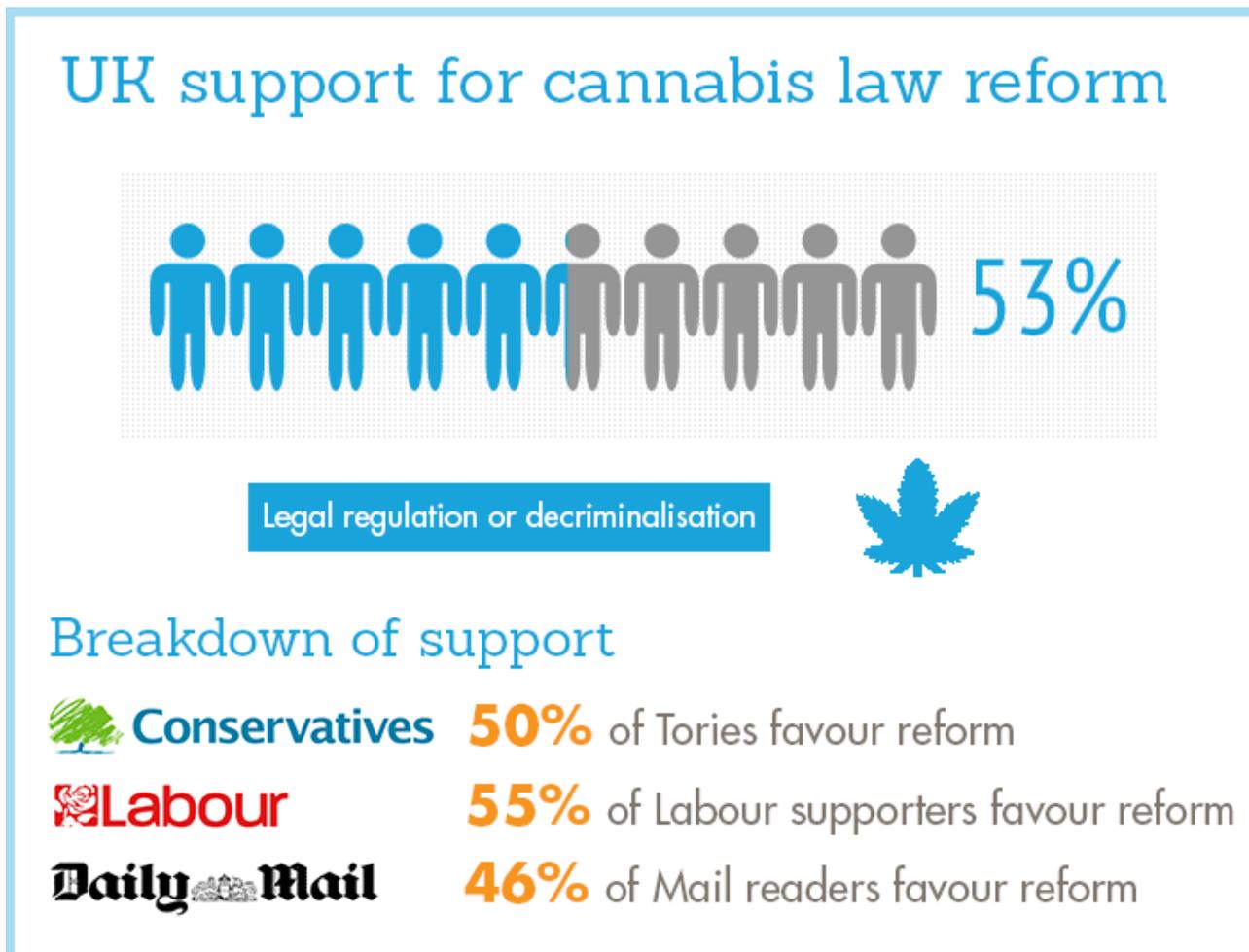
The INCB report elucidates that medical marijuana is permitted under the international conventions. However, member states are expected to keep a tight lid on their medical marijuana programs to “ensure that cannabis is prescribed by competent medical practitioners according to sound medical practice, and based on sound scientific evidence.” The Board argued that medical marijuana patients are not allowed to cultivate the plant for personal use. The Board’s issue, like any governing, patrolling body, appears to be about retaining control of the populace. According to the latest report, Pic. 4: Hernandez, an associate at the Cornerstone Collective medical marijuana dispensary, serves customers from behind the stainless steel counter. Tall mason jars contain various kinds of dried marijuana buds that are sold only to qualified patients with a doctor’s prescription. The patient at the right reads the menu.



States must take measures to prohibit the unauthorized cultivation of cannabis plants, to seize and destroy illicit crops, and to prevent the misuse of and trafficking in cannabis. Similarly, the Board wishes to draw the attention of all Governments to its previously stated position that personal cultivation of cannabis for medical purposes is inconsistent with the 1961 Convention as amended because, *inter alia*, it heightens the risk

of diversion.

The Board also warned Canada, who have announced intentions to legalize cannabis nationwide later this year. The Board notes with concern that, in Canada, draft legislation intended to authorize and regulate the nonmedical



consumption of cannabis was introduced in the House of Commons in April 2017, states the report. As the Board has

repeatedly stated, if passed into law, provisions of Bill C-45, which permit the non-medical and non-scientific use of cannabis would be incompatible with the obligations assumed by Canada under the 1961 Convention as amended.

In the past the INCB has taken aim at Great Britain for rescheduling of Cannabis, claiming it would have “worldwide repercussions.” The reclassification of cannabis by the Government of the United Kingdom would undermine the efforts of the Governments of African countries to counter illicit cannabis cultivation, trafficking, and abuse. The INCB warned, one more time. These actions are sending the wrong message, and could lead to the increased cultivation of cannabis destined for the United Kingdom and other European countries. Like several other United Nations “governing bodies,” the INCB does not have the manpower to enforce their directives. They function in a mostly advisory, quasi-judicial capacity. Regardless of their condemnation, global legalization marches on, to the beat of the U.N.



Peacekeepers’ drums.

As recommended by the UN as a whole body, Governments should estimate the anticipated consumption of cannabis for these purposes and submit an estimate, together with supporting details such as the expected number of persons using cannabis for medicinal purposes, to the INCB. If there are plans to cultivate the plant, even for scientific trials, the estimate should also include information on the area and the geographical location of such cultivation. Statistical reports on the consumption, stocks and production of cannabis should be furnished to the INCB annually, information on exports and imports of the drug on a quarterly basis.

As with other drugs scheduled under the 1961 Convention, Governments should require export and import authorizations. In addition, it is recommended that Governments only accept imports of cannabis from countries where there is an approved estimate from the INCB.

Pic. 6: Vienna/Bangkok. February 27th 2017 - INCB-UNODC third international conference. The conference was opened by the Minister of Justice of Thailand, Suwaphan Tanyuvaradhana, the Second Vice-President of INCB, Dr. Viroj Sumyai, and the UNODC Regional Representative for South East-East Asia and the Pacific, Jeremy Douglas. The conference brings together high-level Government officials, as well as technical experts, from 36 countries and 10 international and regional organizations worldwide concerned with the diversion of precursors and the emergence and abuse of old fashion drugs as well as new psychoactive substances (NPS).

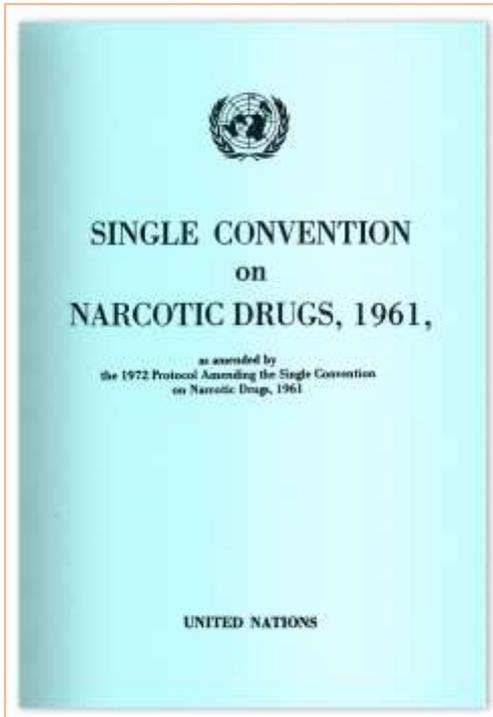
What should we expect from the future?

The President of the International Narcotics Control Board (INCB), Raymond Yans, has voiced grave concern about the outcome of recent referenda around the world that would allow the non-medical use of cannabis by adults in several states or in some cities. Mr. Yans stated that “these developments are in violation of the international drug control treaties, and pose a great threat to public health and the well-being of society far beyond those states”.



Noting that studies have shown that the abuse of cannabis can cause cognitive problems as well as contribute to mental disorders, the INCB President continued: “Legalization of cannabis within these states would send wrong and confusing signals to youth and society in general, giving the false impression that drug abuse might be considered normal and even, most disturbingly, safe. Such a development could result in the expansion of drug abuse, especially among young people, and we must remember that all young people have a right to be protected from drug abuse and drug dependency.”

The limiting of the use of cannabis to medical and scientific purposes is laid out in the 1961 Single Convention on Narcotic Drugs, which was agreed to by 185 States, who by consensus decided to place cannabis under control and limit its use to medical purposes. “Since the adoption of this Convention, very potent new forms of cannabis have appeared on the illicit market, and technological advances have been used to increase the content of the most ‘active ingredient’, so to speak, in cannabis, tetrahydrocannabinol (THC). The cannabis on the illicit market today is much more dangerous than that seen in the 60s and 70s,” stressed the President of INCB, which is the quasi-judicial body charged with monitoring the implementation of the international drug control conventions by Governments. He went on to further state that for the international drug control system to function effectively, to achieve its aim of ensuring availability of



drugs for medical purposes while preventing their abuse, the conventions must be universally adhered to and implemented by all States.

In this regard, Mr. Yans stressed that national laws, policies and practices in drug abuse prevention and control should be fully aligned with the conventions. He further emphasized that States Parties have an obligation under the Conventions to ensure their full compliance with the conventions within their entire territory, including federated states and/or provinces.

For example, Mr. Yans recognized the commitment of the Government of the United States to resolve the contradiction between the federal and state levels in the implementation of that country's obligations under the drug control conventions. The INCB President requested the Government of the United States to take the necessary measures to ensure full compliance with the international drug control treaties within the entire territory of the United States, in order to protect the health and well-being of its citizens.

Get the facts

While you are almost done reading this guide, I hope you now have a better understanding of what the topic is related to and how to deal with it. Ask yourself as many questions as you can and try to walk your Country's shoes in terms of decisions and future acts to take. Wrapping up, it looks like that while the UN INCB seems to be cohesive and strong on its missions, States around the world are taking decisions the other way around.

- ❖ What States should do?
- ❖ Should the INCB evolve according to people's opinions?
- ❖ Should the UN INCB be stronger?
- ❖ What are the risks associated with the use of cannabis for non-medical reasons?
- ❖ What would be the impact on the people of your Country and what you it mean for younger generations?
- ❖ What about a controlled medical use?
- ❖ Any side effect your Country should evaluate?
- ❖ What are the proposals you have in mind now that you know your Country's position?
- ❖ Good Countries and bad Countries, where is the truth laying?



I wish you to study wisely and act at the best of you while representing your Country's positions. Such big and delicate topic should be studies and discussed the same way you do care about your future. Think wisely, act more wisely. Protecting the wellness of your own people should be always on your top priority list however, it mostly depends on the policy of your Country. The world needs smart people like you; it is now your turn to give it a try. Put into practice your expertise trying to change the world in the next couple of days.

Have a good work, everyone!

The UN INCB Director