**WHO recommends rescheduling of cannabis**

On 24 January 2019, the Director General of the World Health Organization sent a [letter](https://www.who.int/medicines/access/controlled-substances/UNSG_letter_ECDD41_recommendations_cannabis_24Jan19.pdf?ua=1) to the Secretary General of the United Nations recommending, among other things, that cannabis and associated substances be rescheduled in the international drug control framework. The changes are reported to facilitate the trade of these substances for medicinal and scientific purposes.

**How are drugs classified?**

How are drugs classified? The UN Conventions of 1961 and 1971 each list substances in four schedules, which determine their controls for international trade. The schedules group substances according to their therapeutic value and risk to public health. The WHO Expert Committee on Drug Dependence ([ECDD](https://www.who.int/medicines/access/controlled-substances/ecdd_41_meeting/en/)), an independent group of experts, may examine the evidence available for such substances and recommend their positions within these schedules. The UN’s Commission on Narcotic Drugs should then vote on whether to accept the recommendation.

**Where does cannabis fit?**

In the 1961 Convention, substances are listed in either Schedule I or Schedule II according to their liability of abuse and production of ill effects. Substances may also be listed in Schedule III if available in a medical preparation, or Schedule IV if particularly harmful and with few therapeutic properties. ‘Extracts and tinctures of cannabis’ are listed in Schedule I. ‘Cannabis and cannabis resin’, however, are listed in both Schedules I and IV; the inclusion in Schedule IV makes them very difficult to trade for medicinal purposes.

In the 1971 Convention, substances are listed in Schedules I-IV, on broadly inverse scales of ‘risk to public health’ and ‘therapeutic usefulness’. Currently, ‘tetrahydrocannabinol’ (THC) is classified in Schedule I (especially serious risk to public health and limited if any therapeutic usefulness), while ‘delta-9-tetrahydrocannabinol’ is classified in Schedule II (substantial risk to public health and little to moderate therapeutic usefulness).

The trading restrictions are different for each Schedule but they are also slightly different for each Convention. THC is therefore subject to different trading restrictions from the plant material in which it naturally occurs.

**What does the WHO-ECDD recommend?**

* Cannabis and cannabis resin: remove from Schedule IV (keep in Schedule I) as it is not ‘particularly harmful’ (for example: use is not associated with a significant risk of death).
* ‘Extracts and tinctures’: remove from the Conventions as it is a complicated term to interpret, covering preparations that have psychoactive properties as well as those that do not. Effectively this will be replaced by a new entry in Schedule III of the 1961 Convention referring to pharmaceutical preparations of cannabis that do not pose a risk to public health.
* Delta-9-THC/dronabinol: delete from the 1971 Convention Schedule II and move to the 1961 Convention, Schedule I (with cannabis and cannabis resin). Previously considered a pharmaceutical preparation, it primarily refers to the main psychoactive component of cannabis. This will be a similar approach as for coca leaf/cocaine and opium/morphine.
* THC isomers: delete from the 1971 Convention Schedule I and move to the 1961 Convention Schedule I, based on current knowledge.
* Cannabidiol (CBD): add a footnote that products containing predominantly CBD and not more than 0.2% Delta-9-THC are not under international control. They are explicitly excluded as there is no relevant risk to public health.

These proposals were to be voted on by the Commission on Narcotic Drugs at its March 2019 session, but the vote was postponed as the recommendations were delayed.