

November 6, 2016.

To:

Margaret Chan,
Gilles Forte,
Suzanne Hill,
Eda Lopato.

In a few days, the Expert Committee on Drug Dependence, to which the World Health Organization handles the secretariat, will meet and discuss the case of "cannabis and cannabis resin". The Experts from the 2012, 2014 and 2015 panels successively recommended that a pre-review of cannabis and cannabis resin be undertaken.

I am however surprised to note that the provisional agenda of the 38th meeting of the Expert Committee on Drug Dependence(1) only lists cannabis and cannabis resin as an "Update", while this item was already on the agenda of last year's 37th meeting. Reiterating this preliminary step seems unnecessary, even more considering that the current scheduling of cannabis and cannabis resin dates 1935, and that the collection of data needed to start the process of pre-review is available.

Since that date, apart from the creation of the WHO, both the social context of cannabis use and the science of drug dependence have dramatically changed. Yet, cannabis and cannabis resin remain under the strictest control regime possible under the 1961 Single Convention on narcotic drugs, without any valid scientific re-assessment.

That current scheduling is in marked divergence with the Convention's principle that the scheduling of substances should be based on an adequate scientific assessment by the WHO. A treaty-mandated role that was recently reaffirmed in the outcome document of the Special Session of the United Nations General Assembly dedicated to the world drug problem(2), who recalls to "enhance collaboration among Member States and the treaty bodies with scheduling responsibilities, leading to informed and coordinated scheduling decisions by the Commission on Narcotic Drugs that take due account of all relevant aspects to ensure that the objectives of the conventions are met."

Therefore, deeply concerned by the need of grounding the scheduling of substances on up-to-date and solid scientific evidences, I firmly request the World Health Organization to act in a responsible, transparent, unbiased and neutral way by amending the agenda of the 38th meeting of the Expert Committee on Drug Dependence and changing its agenda item "Update of Cannabis and cannabis resin" to "Pre-review of Cannabis and cannabis resin".

The Brazilian Association of Medicinal Cannabis Patients (AMA + ME) has 178 associated patients distributed in 17 states of Brazil. Ninety-eight (55.1%) were refractory epilepsy, 19 (10.7%) neuropathic pain, 16 (9.0%) cancer, 14 (7.9%) autism, 4 (2.2%) Parkinson's disease. Since 2014, the Brazilian Sanitary Surveillance Agency (ANVISA - corresponds to the FDA / USA) issued more than 1,500 authorizations to import cannabis oil for Brazilian patients. The import comes from countries that have legalized medical marijuana. Only part of the patients can import due to the high price. We intend to change the Law in the Supreme Court to decriminalize medicinal cultivation in Brazil.

Please consider my best regards for the actions undertaken by the WHO on this issue and the crucial importance of your work,

yours sincerely.

Leandro Ramires
President