

United Nations Commission on Narcotic Drugs

The question of legalisation of cannabis



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Introduction

The legalisation of cannabis has been an ongoing discussion, giving thought on whether to embrace this policy change by legalising cannabis or maintain strict prohibitions. The first major international effort to regulate cannabis came in 1925 with the International Opium Convention, which added cannabis to the list of controlled substances. This marked the beginning of cannabis prohibition on a global scale. There have also been many treaties, that followed after this convention, that have significantly influenced national drug policies worldwide with many countries implementing strict prohibition in line with treaty obligations (*Collins*). The issue on the legalisation of cannabis remains on the global agenda due to the growing recognition of the potential medical benefits of cannabis, shifting public opinion regarding the efficiency of prohibition, the economical potential of a regulated cannabis industry and concerns about the social and criminal justice impacts of strict prohibition. As more laws around the world legalise or decriminalise cannabis, the international community has to manage these developments with existing treaty responsibilities while also exploring future modifications to the global drug control system.



Definition of Key Terms

Legalisation

The process of making something legal when it was previously illegal.

Decriminalisation

The fact of changing the law so that something is no longer a crime. Decriminalization means a person will not face criminal penalties for being in possession of a substance, but the law may still allow police to confiscate it, and there is no structure in place to provide any legal, regulated supply. Legalization means people can now acquire and possess the drug freely under state law, although it can still be regulated.

Cannabis

The plant from which marijuana, hashish, and other psychotropic substances are derived. It contains numerous strains, including Cannabis sativa, Cannabis indica, and hybrids.

THC (Tetrahydrocannabinol)

The primary psychoactive compound found in cannabis. It is responsible for the "high" that users experience and is often a focal point in discussions about potency and regulation.

CBD (Cannabidiol)

A non-psychoactive compound found in cannabis that is often highlighted for its potential therapeutic benefits. It is commonly discussed in the context of medical marijuana.



The Gateway Drug Hypothesis

The gateway drug theory describes a pattern of substance use throughout adolescence in which legal substances such as nicotine and alcohol are used first, followed by escalating use of illicit substances such as cocaine and heroin. It is feared that the legalization of cannabis will have a similar effect.

General Overview

Cannabis is a noun that refers to both marijuana and hemp together. Despite being members of the same species (*Cannabis sativa*), hemp and marijuana are distinguished by the 0.3% THC threshold. Since ancient times, each has been used for numerous industrial, medicinal, and recreational purposes. The traditional definition of the cannabis industry as it exists now includes all businesses and professions directly and indirectly engaged in the legal cultivation, distribution, and use of hemp and marijuana for medical or recreational purposes. Depending on the jurisdiction, these products or actions may or may not be legal.

Cannabis and its History

The medicinal properties of the cannabis plant have been known for millennia. Cannabis has a lengthy and diverse history. Cannabis use originated in Central Asia or Western China. It has been utilized for millennia due to its supposed therapeutic effects. The first documented example of its use dates back to 2800 BC, when it was included in Emperor Shen Nung's (considered as the father of Chinese medicine) pharmacopoeia. Cannabis has therapeutic uses mentioned in literature by Indian Hindus, Assyrians, Greeks, and Romans. These books suggested that cannabis may treat a wide range of health issues, including arthritis, depression, amenorrhoea, inflammation, pain, loss of appetite, and asthma. In 1841 was when cannabis was introduced to the western world. William Brooke O'Shaughnessy introduced cannabis to Western medicine after living in India. He wrote of many therapeutic uses of cannabis, including a case where cannabis stopped convulsions in a child.

Cannabis became a medicinal remedy for royalty in Europe. Queen Victoria used cannabis to relieve excruciating menstrual cramps, and Empress Elisabeth of Austria used it as a natural cough



treatment. J. Russel Reynolds, Queen Victoria's physician, documented the effectiveness of cannabis in treating a variety of diseases, including facial neuralgias, migraines, dysmenorrhea, and nerve paresthesias. The majority of persons who use cannabis for therapeutic purposes suffer from chronic pain syndrome.

So how did this drug make its way to recreational use? The regulation of marijuana on a worldwide level was already in place in 1925, as evidenced by the League of Nations Opium Convention. Ireland made cannabis illegal in 1934, coinciding with the prohibition of the substance in other places around the United States. During the 1950s, several nations implemented stringent regulations or outright bans. As there are increasing regulations worldwide on the recreational use of marijuana, these regulations are mostly based on a lack of comprehension regarding the difference between hemp and marijuana plants. Hemp was classified as a narcotic by the United Nations Single Convention on Narcotic Drugs (1961), the initial installment in a sequence of International Drug Control Conventions (IDCCs) that continue to significantly shape drug policy at the national level worldwide. Exemptions were granted for research activities that were neither medical or scientific in nature. However, the atmosphere around hemp cultivation experienced a significant shift due to the IDCCs, resulting in a sharp decline in industrial hemp production. Consequently, hemp became stigmatised, much like marijuana. Gradually, nations worldwide began classifying various substances as both controlled and regulated drugs, resulting in the implementation of related criminalisation measures.

Historical Regulation and International Treaties

Cannabis was readily accessible and utilised for therapeutic reasons in several regions of the world throughout the early 20th century. Nevertheless, perspectives faced a rapid transformation. During the 1920s and 1930s, several nations started to make cannabis illegal, mostly motivated by cultural and social factors rather than scientific proof. The United States played a key role in this transition, as the Marihuana Tax Act of 1937 effectively rendered cannabis illegal at the federal level. A succession of international treaties ratified the global prohibition of cannabis. The 1925 International Opium Convention was the inaugural global agreement aimed at regulating cannabis. It included cannabis extract and remedies in the official list of restricted drugs. The 1961 Single Convention on Narcotic Drugs is a significant convention that laid the foundation for the contemporary structure of global drug regulation. Cannabis was categorised as a Schedule I and IV



substance, resulting in the implementation of stringent regulations on its cultivation, distribution, and utilisation. The 1971 Convention on Psychotropic Substances was also implemented. Although its main focus is on synthetic narcotics, this pact strengthened the global restriction on cannabis. The 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances is an international agreement. This pact enhanced the implementation of more rigorous measures to combat drug trafficking, including targeting the trade of cannabis.

The United Nations has made many efforts within this topic of debate and has played a vital role in shaping the global cannabis policy. The United Nations has many entities dedicated to actively addressing the legislation and regulations surrounding cannabis. The organisations involved in drug-related concerns at the United Nations include the Commission on Narcotic Drugs (CND), the United Nations Office on Drugs and Crime (UNODC), the World Health Organisation (WHO), and the International Narcotics Control Board (INCB). Collectively, they offer suggestions on the timing of substances being placed under global regulation, execute the United Nations' program for managing drug control, and oversee adherence to international treaties on drug control. The UN Drug Control Treaties, namely the 1961 Single Convention on Narcotic Drugs, with amendments from the 1972 Protocol, categorised cannabis as a Schedule I and IV substance, resulting in the implementation of rigorous regulations. In December 2020, the CND made a decision to reclassify cannabis by removing it from Schedule IV of the 1961 Convention. This decision was based on the recognition of cannabis's potential medical benefits. Despite being reclassified, cannabis is still categorised as a Schedule I substance, and the United Nations insists that its non-medical usage should be forbidden.

In general, there are numerous factors that contribute to the different perspectives of individuals regarding the legalisation of cannabis. Cannabis dependence is also a significant factor to consider for individuals who are contemplating the legalisation of cannabis for medical purposes. These factors are also linked to mental and physical health, as well as social and cultural factors that are influenced by the cultures of different countries.



Major Parties Involved

Canada

Canada has emerged as the global pioneer in cannabis legalisation, becoming the first G7 and G20 country to completely legalise cannabis for recreational and therapeutic use in 2018. This bold action has propelled Canada to the forefront of the global cannabis discussion, with its complete approach acting as a model for other nations considering similar regulations. The Canadian government has put in place a comprehensive legal and regulatory structure to oversee all elements of cannabis production, distribution, sale, and possession, while also monitoring the social, health, and economic implications through significant data collecting and research. As the cannabis industry has developed into a multibillion-dollar business, Canada has had to strike a balance between economic interests and public health concerns, addressing issues like impaired driving and teenage usage. The country's experience has shown both the potential benefits of legalisation, such as reduced criminalisation and greater tax revenues, as well as areas that require improvement, as outlined by recent expert panel reports. Canada's laws continue to develop, with topics like as pardons for previous cannabis crimes and rules being adjusted depending on observed outcomes.

Uruguay

The country of Uruguay has been at the forefront in the advocacy for cannabis legalisation globally especially since 2013, making it the first nation to legalize recreational marijuana completely and regulate its sale. Under President José Mujica, the country of Uruguay was able to adopt a state monopoly regulatory approach that enables citizens and residents aged above 18 to legally access cannabis through three avenues – private use, cannabis social clubs and licensed pharmacies. This courageous move from the Uruguayan government was done mainly on the grounds of busting the drug related criminal enterprises and public health issues. Uruguay's approach differs significantly from commercial models seen elsewhere, as it emphasizes government control over production, distribution, and pricing while prohibiting advertising. The country however has had to grapple with problems internally and internationally at the onset of the program with some sections of the public opposing the policy and tensions with treaties on drug control. But still, Uruguay has been able to address such challenges by continuously improving its policies based on the evidence obtained on the social, health and economic effects.



United States of America

At first, the United States was one of the leaders of global marijuana prohibition during the early 1900s. Although there has been a huge shift in the last few decades. Cannabis remains a federal crime and is treated as a Schedule I drug still under the Controlled Substances Act of 1970 however there has been variation in a state's approach towards reform. Following the year 1996 when California became the very first state in the U.S. to approve medical marijuana, most states joined in. Colorado and Washington reconstructed their state statute on recreational cannabis use in 2012 making them the first states to do this with several others coming on board after. This legalization on state level has clashed with the federal law but allowed creation of policies and implementation of practices that were not uniform. More recently, however, both democrats and republicans in the Congress have been supporting such initiatives as repealing "the Harris amendment", telecom services restriction and past record prohibition, even cannabis legalization. Nevertheless, there are still some pertinent factors that inhibit progress, especially adherence to international treaties and the political discourse revolving around public health and safety. The United States, as of the year 2024, is still in the process of normalizing its internal marijuana legislation with the historically assumed cannabis policy that it was promoting in the international arena.

The Netherlands

The Netherlands has a unique and complex approach to weed law. It is called the "tolerance policy" (gedoogbeleid). Cannabis is still officially against the law in the Netherlands, but the country has set up a system of decriminalisation and controlled tolerance. People can legally have small amounts (up to 5 grams) of marijuana on their person and grow up to five plants for their own use. The most unique thing about the Dutch way of doing things is their approved "coffeeshop" system, where cannabis can be bought and used under strict rules like no advertising, no sales to children, and limits on how much can be bought each day. It's a "back door problem," though, because while store sales are allowed, large-scale growing and wholesale selling are still against the law. In 2003, the Netherlands made medical cannabis legal. To fix supply problems, the country is now trying out a "closed coffeeshop chain" in some cities. The practical goal of this policy is to split the "hard" and "soft" drug markets, lower health risks, and regulate weed sales instead of outlawing them. This policy has made the Netherlands, especially Amsterdam, famous for weed tourism. It has also made the country an important example of alternative drug policies, which has had an impact on



discussions around the world about legalising and regulating cannabis. The Dutch government is always trying to find the best way to balance its long-standing policy of tolerance with worries about public health and safety, as well as its foreign responsibilities.

The United Nations Office on Drugs and Crime (UNODC)

The United Nations Office on Drugs and Crime (UNODC) has a big impact on how people talk about and make laws about cannabis around the world. As the UN's main drug-related body, UNODC is in charge of keeping an eye on global drug trends, such as cannabis use, production, and policy changes. It does this mostly through its yearly World Drug Report. This detailed book is an important resource for lawmakers and academics all over the world. Based on international drug control treaties, the office helps member states make policy decisions and also works to make sure that these treaties are followed. The UNODC does study and shares it on the health, social, and environmental effects of cannabis use and policy changes. It also keeps an eye on new trends, like how legislation affects different areas. It looks at the effects on public health, such as how daily use might go up in places where weed is allowed. The office helps countries work together on drug policy issues, gives technical help and builds up the skills of countries that are making and enforcing drug policies, and helps member states deal with problems connected to cannabis. While UNODC doesn't directly make policy, its work has a big impact on how cannabis is regulated around the world. It also sets the stage for international cooperation on drug-related issues, balancing its duty to uphold existing international drug control treaties with the need to adapt to changing global attitudes and policies towards cannabis.

Timeline of Key Events

Date	Description of event
Late 1800s	Cannabis was widely used in medicine and as a recreational drug in many parts of the world, including the United States and Europe, often included in over-the-counter medicines.
June 30 th 1906	The U.S. Pure Food and Drug Act was enacted, requiring labeling of over-the-counter medications containing cannabis and other substances.
February 19 th 1925	The International Opium Convention was expanded to include cannabis, introducing international control over the drug.



August 2 nd 1937	The U.S. passed the Marihuana Tax Act, effectively banning cannabis by imposing strict regulations and taxes on its sale and possession.
March 30 th 1961	The United Nations Single Convention on Narcotic Drugs was signed, classifying cannabis as a Schedule I drug under the strictest global control measures.
October 27 th 1970	The U.S. Controlled Substances Act was signed into law, classifying cannabis as a Schedule I drug.
1972	The Netherlands introduced its policy of tolerance ("gedoogbeleid") for cannabis, leading to the establishment of the first cannabis "coffee shops" in Amsterdam during the 1970s.
October 1 st 1976	The Netherlands formally decriminalized the possession of small amounts of cannabis for personal use.
July 1 st 2001	Portugal decriminalized the possession of all drugs, including cannabis, focusing on treatment rather than punishment for drug users.
July 30 th 2001	Canada became the first country to legalize cannabis for medical use at the federal level with the passage of the Marihuana Medical Access Regulations.
January 29 th 2004	The United Kingdom reclassified cannabis from a Class B to a Class C drug, reducing the severity of penalties for possession.
November 6 th 2012	Colorado and Washington became the first U.S. states to legalize cannabis for recreational use through voter-approved initiatives.
December 10 th 2013	Uruguay became the first country in the world to fully legalize cannabis for recreational use, with government control over production and distribution.
February 24 th 2015	Jamaica decriminalized small amounts of cannabis and legalized it for religious, medicinal, and scientific purposes.
June 19 th 2017	Mexico legalized the medical use of cannabis.
October 17 th 2018	Canada became the first G7 country to legalize cannabis for recreational use nationwide.
December 14 th 2021	Malta became the first European Union member state to legalize the possession and cultivation of cannabis for personal use.
October 26 th 2022	Germany announced its intention to legalize cannabis for recreational use, making it the largest European country to pursue such a policy.
June 9 th 2023	Thailand legalized the cultivation and use of cannabis, becoming the first Asian country to do so.



UN involvement, Relevant Resolutions, Treaties and Events

- Declaration on the Critical Economic Situation in Africa, 3 December 1984 (A/RES/39/29)
- Single Convention on Narcotic Drugs, 1961
- Convention on Psychotropic Substances, 1971
- United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988
- Special session of the General Assembly on the world drug problem, 8 January 2016 (A/RES/70/181)
- Exploration of all aspects related to the use of cannabis seeds for illicit purposes (https://cdn.who.int/media/docs/default-source/controlled-substances/cnd-res-52-5.pdf?sfvrsn=aaaa3509_2&download=true)

Previous Attempts to solve the Issue

The first attempts were mostly based on strict ban, which was prompted by international agreements like the 1961 Single Convention on Narcotic Drugs, which put cannabis in the same tight category as drugs like heroin and called it a "Schedule I substance." This treaty, along with others like the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, made it illegal for countries that signed them to make, sell, or use cannabis for any reason other than medical. But as people's views and scientists' knowledge of weed changed, some countries started to look into other options. In the 1970s, the Netherlands made a policy of tolerance that let cannabis be sold in approved coffee shops. This was a big change from the usual policy of ban. In the late 20th century and early 21st, things changed even more. In 2001, Portugal decriminalised all drugs, including cannabis. In 2013, Uruguay became the first country to fully legalise cannabis for adult use, with the government controlling production and delivery. In 2018, Canada did the same thing, making it legal for both medical and recreational use across the whole country. This set an example for the other G7 countries. Also, many U.S. states, beginning with California in 1996, have legalised cannabis for medical use and later for



recreational use, even though the federal government still doesn't allow it. The World Health Organisation (WHO) made a big suggestion in 2019 to reclassify cannabis under the 1961 Convention, recognising its medical potential. This led to the UN Commission on Narcotic Drugs (CND) voting in 2020 to take cannabis out of Schedule IV, which is the strictest classification, but keep it in Schedule I. This choice was a big step towards a more complex approach to cannabis regulation around the world. It means that cannabis will no longer be strictly illegal, but will instead be controlled for medical purposes and for recreational use. Even with these improvements, the problem is still controversial, and different countries and regions have taken different methods. This shows how hard it is to balance public health, safety, and individual rights when cannabis is legalised.

Possible Solutions

1. Participate in international negotiations to evaluate and maybe change the 1961 Single Convention on Narcotics Drugs, which lists cannabis as a Schedule I drug—the most restricted category. Given the changing knowledge of cannabis—both scientifically and culturally—it is imperative to match international treaties with modern data. Working with other signatory nations, this procedure would reclassify cannabis, therefore lowering international legal obstacles to legalisation and enabling studies on its medical and therapeutic applications.
2. Create public awareness programs with cultural sensitivity that handle the many points of view on cannabis usage across other societies. To guarantee that the message is respectful and connects with many cultural values, these efforts ought to require cooperation among religious groups, cultural organisations, and community leaders. Apart from resolving any cultural issues or misunderstandings, the aim is to inform the public about the possible advantages and hazards of cannabis usage.
3. Select a small number of geographically scattered sites to act as trial zones, therefore implementing a gradual process to cannabis legalisation. Under tight rules, these locations would legalize cannabis under which thorough data collecting on many facets like public health, crime rates, economic effect, and social behaviour might be possible. This information



would guide a more general conversation on the possibility for national legislation. Before thinking about federal legislation, the results of these pilot projects might be applied to modify regulations, handle unanticipated problems, and improve the regulatory structure.

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