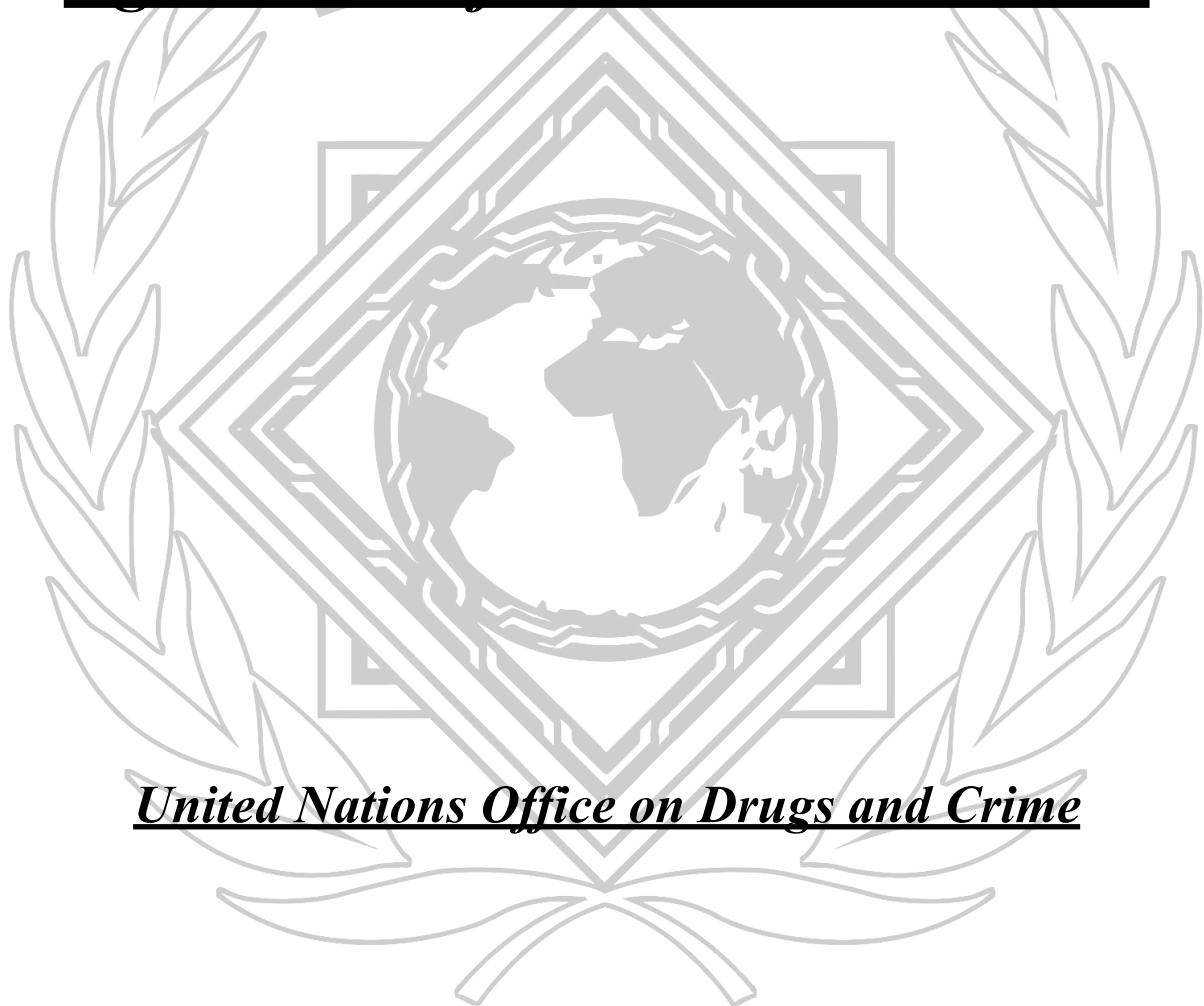


**Regulating the impact of growing  
legalization of Cannabis worldwide**



**United Nations Office on Drugs and Crime**



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## *I. Introduction to the topic*

A number of countries have legalized the use of cannabis for non-medical purposes or are considering doing so, and one of the key aspects is the supply and beyond who gets to supply and how it will be taxed. This legalization raises equally important questions, such as the issue of public health interest being both nuanced and in conflict with other stakeholder interests, such as companies' desire to maximize sales and profits and governments' desire for tax revenues. Perhaps the single most important design question is what kind of organization will be allowed to produce cannabis legally. There are many options. On the cautious end of the spectrum is only allowing home-growing for individual consumption or allowing (small) cannabis clubs to distribute to members at cost but not to supply non-members.

Some countries were pioneers in the legalization of cannabis, and some are still restrictive: [https://en.wikipedia.org/wiki/Legality\\_of\\_cannabis](https://en.wikipedia.org/wiki/Legality_of_cannabis)

The public interest is best served if regulatory systems are designed to maximize health and social welfare by facilitating lower-risk consumption that produces hedonic and other benefits while minimizing, to the extent possible, both harmful consumption and the amount and noxiousness of black market activity. This powerful conceptual idea gets challenged by the practical politics of policy making. As legalization plays out in the political arena and media, public health messaging is often overshadowed by promises of economic growth and prosperity that the cannabis industry will bring.

## *II. Definition of Key Terms*

### **Adult-Use Cannabis:**

Used to refer to legal non-medical cannabis. Each legal market has unique rules around adult use, including the legal age, purchase limits, and dispensary requirements.

### **Blunt:**

When dried, ground-up cannabis flowers are rolled into a tobacco leaf for smoking, or a hollowed-out cigar that has been filled with ground cannabis.

### **Broad-Spectrum:**



Describes a type of cannabis extract or product that contains various cannabinoids and terpenes, but typically without THC. It offers some entourage effect benefits without the psychoactivity associated with THC.

**Delta-8 THC:**

A cannabinoid that produces psychoactive effects (feeling of being "high") and is not permitted to be sold or manufactured in the New York State Cannabinoid Hemp Program. Many Delta-8 THC products available on the market today are not regulated and can pose a serious risk to consumers.

**Tetrahydrocannabinol (THC):**

One of the most prevalent cannabinoids in cannabis, tetrahydrocannabinol (or delta-9-tetrahydrocannabinol), causes a high/altered mental state.

**Cannabinoid Hyperemesis Syndrome (CHS):**

"Hyperemesis" means severe vomiting. CHS happens when an individual experiences cycles of nausea, vomiting, and abdominal pain after using cannabis for a long time. Symptoms of CHS typically come on several years after the start of chronic cannabis use and resolve with cannabis cessation. Not everyone who uses cannabis long-term experiences CHS.

**Seed-to-Sale:**

A phrase that refers to the entire lifespan of a cannabis plant, from the time the plant is grown until the final product is sold to the customer. Many jurisdictions now require a digital seed-to-sale tracking to ensure products are being legally produced and distributed.

**Vape Pen:**

A smaller, more portable version of a vaporizer. This handheld device heats flowers or oils that activate cannabinoids and turns them into a vapor that can be inhaled.

More key terms defined: [https://www.health.ny.gov/community/cannabis/key\\_terms.htm](https://www.health.ny.gov/community/cannabis/key_terms.htm)

**III. Background Information**

Over the last 20 years, the general trend in national laws in Europe has been to reduce, or even remove, prison penalties for minor cannabis possession offenses, although in a minority of countries the penalties for these offenses have increased. In some countries there have been experiments with tolerating a restricted supply of cannabis for recreational use by adults, sometimes at the city level. As a result, legislation of Cannabis becomes more and more



outdated and the need for fulfilling important health factors that must be addressed, as the UN states, particularly about informing the young people about the risks and understanding factors such as safe recreational usage, is growing.

The United Nations Office on Drugs and Crime has addressed this issue in recent years and has raised awareness about the social and consumption on a daily basis. UNODC has issued reports<sup>1</sup> in which they state that it has been proven that legalization of cannabis has led to increased daily use of potent cannabis products, especially within the younger population. In Africa and Latin America, people under 35 represent the majority of people being treated for drug use disorders.

” Cannabis legalization in North America appears to have increased daily cannabis use, especially potent cannabis products, and particularly among young adults. Associated increases in people with psychiatric disorders, suicides, and hospitalizations have also been reported. Legalization has also increased tax revenues and generally reduced arrest rates for cannabis possession. ”

[Legalizing cannabis fails to address health risks: UN drugs control board | UN News](#)

[UNODC World Drug Report 2022 highlights trends on cannabis post-legalization, environmental impacts of illicit drugs, and drug use among women and youth](#)

There have been attempts to teach people about cannabis, such as informational courses as well as articles, especially published by the Office of Cannabis Management of New York but they have not reached their potential mediatization, nor have they reached enough of the vulnerable groups: the youth

<https://cannabis.ny.gov/medical-cannabis-program-and-cannabis-101-fact-sheet>

“The International Narcotics Control Board (INCB) is warning in its Annual Report 2022 that legalizing the non-medical use of cannabis, which contravenes the 1961 Single Convention on Narcotic Drugs, seems to result in higher consumption and a lower perception of risk.”

<https://unis.unvienna.org/unis/pressrels/2023/unisnar1469.html#:~:text=VIENNA%2C%209%20March%20>

In reviewing a series of World Health Organization (WHO) recommendations on cannabis and its derivatives, the Commission on Narcotic Drugs (CND) zeroed in on the decision to remove cannabis from Schedule IV of the 1961 Single Convention on Narcotic Drugs—where it was listed alongside specific deadly, addictive opioids, including heroin, recognized as having little to no therapeutic purposes.



After voting, some countries made statements on their stances. Ecuador supported all of WHO's recommendations and urged that cannabis production, sale, and use have "a regulatory framework that guarantees good practices, quality, innovation, and research development."

Meanwhile, the United States voted to remove cannabis from Schedule IV of the Single Convention while retaining it in Schedule I, saying it is "consistent with the science demonstrating that while a safe and effective cannabis-derived therapeutic has been developed, cannabis itself continues to pose significant risks to public health and should continue to be controlled under the international drug control conventions."

Voting against, Chile argued, among other things, that "there is a direct relationship between the use of cannabis and increased chances of suffering from depression, cognitive deficit, anxiety, psychotic symptoms, among others." while Japan stated that the non-medical use of the plant "might give rise to negative health and social impacts, especially among youth."

Complete statements from members of the commission explaining their respective votes can be found [in this link](#).

Cannabis has become legalized for different uses, and its legislation is very different from country to country, which leads to very different points of view around the world. Regarding its medical use, the evidence is mixed, and the world is divided. There hasn't been a lot of funding going into testing cannabis in a rigorous way. There is more evidence for certain indications than for others, like CBD for seizures—one of the first indications that cannabis was approved for. And THC has been used effectively for things like nausea and appetite for people with cancer.

There are other indications where the evidence is a lot more mixed. For example, pain—one of the main reasons that people report for using cannabis. Some patients say cannabis improved their quality of life. In the big studies that have been done so far, there are some indications from animal models that cannabis might help with pain. When we look at human studies, there is no universally accepted result.

#### **IV. Important documents**

##### **1. 1961 Single Convention on Narcotic Drugs**

- Establishes the International Narcotics Control Board
- Under the auspices of the USA, a system of regulations was concluded, including licenses and measures for usage in medical and scientific field of certain narcotics



- It is an international treaty that controls supply, cultivation, transportation, etc of specific narcotics
- as amended in 1972, had been ratified or acceded to by 186 states. Only Chad remained party to the original 1961 Convention in its unamended form
- Article 28 CONTROL OF CANNABIS 1. If a Party permits the cultivation of the cannabis plant for the production of cannabis or cannabis resin, it shall apply thereto the system of controls as provided in article 23 respecting the control of the opium poppy. 2. This Convention shall not apply to the cultivation of the cannabis plant exclusively for industrial purposes (fiber and seed) or horticultural purposes. 3. The Parties shall adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant.

[https://www.unodc.org/pdf/convention\\_1961\\_en.pdf](https://www.unodc.org/pdf/convention_1961_en.pdf)

[https://en.wikipedia.org/wiki/Removal\\_of\\_cannabis\\_and\\_cannabis\\_resin\\_from\\_Schedule\\_IV\\_of\\_the\\_Single\\_Convention\\_on\\_narcotic\\_drugs,\\_1961](https://en.wikipedia.org/wiki/Removal_of_cannabis_and_cannabis_resin_from_Schedule_IV_of_the_Single_Convention_on_narcotic_drugs,_1961)

## **V. Major parties involved**

### **1. Canada**

1923 Cannabis became illegal, and despite repeated efforts over the years to decriminalize or legalize it, the plant remained strictly prohibited for nearly a century. In 2001 Canada was one of the earliest nations to legalize the use of cannabis for medical purposes and established legislation as a result. On October 17, 2018, the federal government came up with the Cannabis Act, legalizing the use of cannabis for recreational purposes by adults nationwide, regulating this way so as to prevent illicit trafficking and use, being a pioneer in this field as Canada became the second country in the world (after Uruguay) to legalize recreational use. A major goal of legalization was to tackle the illegal cannabis trade, which had dominated the market for generations. Regulation aimed to ensure product safety, redirect profits to legitimate businesses, and boost tax revenue

### **2. Malta**

In 2015, Malta legalized the possession of small quantities (up to 3.5 grams) for personal use in order to decriminalize the recreational use of cannabis. The punishments became more permissive as first-time offenders faced fines instead of criminal charges, while in repeated cases rehabilitation was being prioritized over punishment. In 2020, Malta suddenly became



the first European nation to completely legalize the recreational use of cannabis. Adults were now legally allowed to possess up to 7 grams, cultivate four plants at home, and store 50 grams of dried cannabis, a shift in perspective and legislation.

Central to Malta's framework are **Cannabis Social Clubs**. These member-only nonprofits operate under tight regulations, distributing no more than 7 grams daily (50 grams monthly) to registered users. Location restrictions apply: clubs cannot open near schools or areas frequented by minors, ensuring youth protection remains a priority.

### 3. Uruguay

In December 2013, Uruguay became the first-ever country to legalize and create legislation in order to regulate recreational use of Then, they authorized three major pathways, such as personal home cultivation, nonprofit *Cannabis Social Clubs*, and state-run dispensaries. By placing the entire market under government oversight, Uruguay showed the world a shift in perspective by prioritizing regulation and control over prohibition.

The 2013 law rolled out in phases. Starting in 2014, residents could grow up to six plants at home or join groups cultivating cannabis collectively. Commercial sales, however, lagged behind. It wasn't until 2017 that pharmacies became the sole legal retailers, with registered users allowed to purchase up to 40 grams monthly. Every step was strictly monitored, ensuring state control over production and distribution.

### 4. International Narcotics Control Board

- 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 in 1968 in accordance with the Single Convention on Narcotic Drugs, in 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.
- “The International Narcotics Control Board (INCB) is warning in its Annual Report 2022 that legalizing the non-medical use of cannabis, which contravenes the 1961 Single Convention on Narcotic Drugs, seems to result in higher consumption and a lower perception of risk.” (-UN <https://unis.unvienna.org/unis/pressrels/2023/unisnar1469.html#:~:text=VIENNA%2C%209%20March%20> )

### 5. UN Commission on Narcotic Drugs





- Has recognised the medical use and purposes of Cannabis and set the legal base for legalization of Cannabis for medical purposes
- removes some international procedural barriers to research and development of cannabis-based medical products according to national regulatory frameworks
- this does not change the view upon its use for non-medical purposes or promote legalization, still under strict international control
- Cannabis and cannabis resin were then classified as having a similar degree of abuse and dependence potential as medicines such as morphine and oxycodone

## **VI. Possible Solutions**

- Adopting international regulatory frameworks defined status of Cannabis and recognized its medical use while establishing health protocols
- Funding research and studies to prove and discover its risks, properties, benefits, etc, to formulate proper results recognised worldwide

## **VII. Bibliography**

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