REDCANN
RED AMERICANA DE ASOCIACIONES DE CANNABIS

REGIONAL VISION OF THE AMERICAN CANNABIS ASSOCIATIONS NETWORK – REDCANN

OPINION DOCUMENT FOR INFORMAL DIALOGUES WITH THE CIVIL SOCIETY OF THE COMMISSION ON NARCOTIC DRUGS (CND)

The American Cannabis Associations Network - REDCANN is an organization that brings together, through a mutual collaboration and cooperation agreement, different cannabis associations from the American continent (Brazil, Argentina, Colombia, Chile, Mexico, Paraguay, Peru, and Uruguay). Its objective is to strengthen and promote the development of the cannabis industry, regulatory harmonization, and promote the social and economic well-being of all countries in the region.

Given the current political discussion surrounding the uses of the cannabis plant in recent years, REDCANN has developed a document that seeks to contribute to the current debate on the regulation of cannabis at the international level, mainly focused on the public health of patients and consumers, respect for human rights, the sovereignty of countries, the social, environmental, and economic progress of the peoples and communities in the region.

International Context

The analysis and political discussion about the use of cannabis worldwide and drug control is framed in an international legal regime based on different treaties, which have been applied to most countries - Member States, who sovereignly and autonomously comply with them (The Single Convention on Narcotic Drugs of 1961, amended in 1972 ("Single Convention"), the Convention on Psychotropic Substances of 1971 ("1971 Convention"), and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 ("1988 Convention"). On the other hand, compliance with these treaties is supervised by the UN Commission on Narcotic Drugs and the International Narcotics Control Board.

Advances towards the flexibility of the plant's use at the international level have allowed more countries to take advantage of the benefits of cannabis, hemp, and their derived products and regulate certain uses internally. With milestones such as the removal of cannabis from Schedule IV of the Single Convention on Narcotic Drugs of 1961, trade in cannabis for medicinal and industrial purposes around the world has been extended, from countries that allow the cultivation and transformation of cannabis to those that allow its

commercialization for medical, scientific, and industrial purposes. Of course, this regulatory process has been accompanied by a discussion on the change in global drug policy to regulate the adult use of cannabis.

Regional vision on medicinal and scientific cannabis policy and adult-use regulation

1. International policy on medicinal and scientific cannabis

In 2020, the Commission on Narcotic Drugs (CND), following the recommendations of the World Health Organization, voted to remove cannabis from Schedule IV of the Single Convention on Narcotic Drugs of 1961, where it was listed alongside addictive and lethal opioids such as heroin. With a simple majority, the 53 States of the Commission on Narcotic Drugs have opened the door to recognizing the medicinal and therapeutic potential of cannabis[1].

Since this breakthrough, some of the Member States have been developing their regulatory frameworks to prepare productive sectors for the controlled cultivation, processing, and commercialization of cannabis for medicinal and scientific purposes and hemp for industrial purposes. Although cannabis no longer has the connotation of being a narcotic or strong drug, particularly in its therapeutic or medicinal uses, non-psychoactive substances such as CBD, CBG, and other cannabinoids are still treated restrictively and monitored by different regulatory or health surveillance agencies.

Additionally, access to cannabis medication in countries that allow it is limited in their healthcare systems, where the patient ends up assuming the cost of the medication and/or treatment.

Examples at the regional level, such as Colombia with the issuance of Decree 811 of 2021 and its regulatory resolutions, which allow the use of cannabis for medical, scientific, and industrial purposes; Brazil, with its regulation RDC 327/2019 which allows for the prescription of cannabis phytotherapeutics for compassionate use; Uruguay, Canada, or many of the US states that have prematurely developed their regulatory frameworks for medicinal uses and have opened up opportunities for many patients to find the right treatment, or from another point of view, have allowed for the construction of scientific evidence and clinical studies that allow new regulatory actors to have criteria based on comparative experiences.

[1] https://news.un.org/es/story/2020/12/1485022.

Countries follow different guidelines to regulate and ensure safe access through:

a. Safety of cannabis for medical and scientific use

Medicinal cannabis for medical, scientific, and industrial purposes is being given under strict compliance with health standards. Therefore, countries have focused their regulations on the perspective of public health and the control and surveillance of health entities. Currently, cannabis or its derivatives and/or relatives are not prescribed for medical purposes without the prior approval of the health surveillance and control agencies of the countries in which the medicinal use of cannabis has been regulated.

b. Technical argument: medicinal and scientific uses of cannabis

Cannabinoids, especially the most characteristic and regulated ones such as THC, CBD, and CBN, are used in a wide range of medicinal applications, ranging from pain management, epilepsy or seizure disorders, inflammation of the central and peripheral nervous systems, refractory dystonia, anxiety, sleep disorders, and post-traumatic stress disorder. They also have applications in the care of terminal patients with anorexia, cachexia, weight loss, or nausea caused by Human Immunodeficiency Virus (HIV) infection[2]. It is important to note that the use of cannabis can be categorized for prescription, therapy, and clinical research in approximately 70 medical conditions, and approximately 15 jurisdictions[3].

Additionally, there is a list of registered medications with various concentrations of cannabinoids that are approved by health authorities in different member states, including Dronabinol, Nabilone, Nabiximols, Dried Flowers, Preparations, and Cannabidiol, in different regions such as the European Union, Europe, the Middle East, Oceania, and North America (see Annex 02).

---

[2] Technical document for the development of a Systematic Literature Review on the Effectiveness and Safety of Cannabis Group for Medical Applications and Cannabis-Derived Finished Products (2023). Colombian Institute of Health Technology Assessment - IHTA, Ministry of Health and Social Protection.

[3] *Velásquez Salazar P, García D, Patiño-Lugo DF, Marín IC, Vera C, Vélez V, Vélez CM, Flórez ID, Ramírez P. Resumen de evidencia. Consideraciones para el uso del Cannabis medicinal: Fiscalización, efectividad, seguridad y apoyo para pacientes, profesionales y comunidad. Medellín, Colombia. Unidad de Evidencia y Deliberación para la Toma de Decisiones, Facultad de Medicina, Universidad de Antioquia, 2022*. (Summary of Evidence. Considerations for the use of Medicinal Cannabis: Regulation, Effectiveness, Safety, and Support for Patients, Professionals, and the Community. Medellín, Colombia. Evidence and Deliberation Unit for Decision Making, Faculty of Medicine, University of Antioquia.) 77 p. (PDF) Resumen de Evidencia. Consideraciones para el uso del cannabis medicinal: fiscalización, efectividad, seguridad y apoyo para pacientes, profesionales y comunidad (researchgate.net)

From another perspective, the removal of cannabis from the Single Convention on Narcotic Drugs of 1961 List IV, without systematic imposition by the CND, allowed Member States, their regulatory entities, and their health monitoring and control institutions to issue regulations, technical standards, and technical guidelines for the inclusion of magistral preparations and cannabis-based phytomedicines within their healthcare system, as is the case in Colombia[4], Brazil[5], Mexico[6], and Argentina.

Therefore, both international and national policies should aim to facilitate and ensure patient access to cannabis-derived medications and/or products for therapeutic use that meet all quality, public health, and efficacy standards in different pathologies.

c. Technical arguments: the versatility and sustainability of hemp offer enormous economic opportunities that all countries can take advantage of

Due to its versatility and functional characteristics, the industrial hemp market has enormous potential in agriculture, textiles, recycling, automotive, furniture, food and beverages, paper, construction materials, and personal care. By exploiting all parts of the hemp plant, it is possible to build sustainable production chains that contribute to the growth and stimulate economic diversification.

The various possibilities offered by the plant go far beyond the specific consumption of its female flowering, where cannabinoids (including THC, CBD, CBN, CBC, etc.) are found in greater intensity. The most recognizable difference between marijuana and hemp is the higher THC content in the former - and its corresponding psychoactive effect - compared to lower CBD and vice versa.

---

[4] *Resolución 2808 de 2022, por la cual se establecen los servicios y tecnologías de salud financiados con recursos de la Unidad de Pago por Capitación (UPC). *Artículo 111 parágrafo 3, que reconoce la financiación con recursos de la UPC a preparaciones magistrales a base de derivados de cannabis*. (Resolution 2808 of 2022, which establishes the health services and technologies financed with resources from the Capitation Payment Unit (UPC). *Article 111 paragraph 3, which recognizes financing with UPC resources for masterful preparations based on cannabis derivatives.)

[5] RDC 327/2019, *que elenca os requisitos necessários para a regularização de produtos de Cannabis para fins medicinais no Brasil. Com o objetivo de tornar transparente o processo de regularização, a Anvisa disponibilizou documentos orientativos.* (RDC 327/2019, which lists the necessary requirements for the regularization of Cannabis products for medical purposes in Brazil. In order to make the regularization process transparent, Anvisa has made guiding documents available.)

[6] *Reglamento de la Ley General de Salud en materia de Control Sanitario para la Producción, Investigación y Uso Medicinal de la Cannabis y sus Derivados Farmacológicos* - https://www.dof.gob.mx/nota_detalle.php?codigo=5609709&fecha=12/01/2021. (Regulation of the General Health Law on Sanitary Control for the Production, Research, and Medicinal Use of Cannabis and its Pharmacological Derivatives).

The agro-industrial interest in hemp lies in the productive reformulation that sectors such as construction, textiles, paper, food, and pharmaceuticals could execute. Thus, the uses, applications, and markets that hemp and marijuana respectively face are completely different.

According to a new report from UNCTAD, as awareness of the benefits of hemp increases, the global market could reach $18.6 billion in 2027, almost four times more than in 2020[7].

d. Reporting mechanisms for cannabis and related substances

The Member States of the CND must comply with the monitoring proposed by the INCB, and part of this involves providing traceable information through reporting mechanisms (forms) for medicinal and scientific cannabis.

In recent communications, the INCB has expressed that due to the increasing volumes of cultivation and the rise of international trade of cannabis, they will continue to work on "improving" reporting mechanisms for Member States[8]. However, as an expression of civil society, it is time for patients to truly be the focus of the system and not just a control on commercial activities that only leads to the increased administrative burden for companies.

Should reporting mechanisms be focused on the quantities that reach the patient? Wouldn't it be preferable to control the volume of cultivation and international trade of the plant? It should be emphasized that excessive controls on patients only lead to their stigmatization and consequently restrict access to cannabis-based medicines.

Despite this opening towards medicinal and scientific cannabis, and taking into account that this industry should be primarily dedicated to providing patients with access to cannabis treatments or therapies that can be prescribed for their pathologies, there are failures in the regulator's purposes when these patients do not effectively access the cannabis medications they request.

That is, any patient who has economic capacity could access buying the medications, but they may not necessarily have access to reimbursement by the system. In countries like Germany, where patients can access cannabis treatments available after obtaining a

[7] https://unctad.org/es/news/la-versatilidad-y-sostenibilidad-del-canamo-ofrecen-enormes-oportunidades-los-paises-en#:~:text=%22Por%20su%20versatilidad%20y%20sus,personal%22%2C%20dice%20el%20informe.
[8] https://www.incb.org/incb/en/news/press-releases/2023/international-narcotics-control-board-commences-136th-session.html.

medical prescription (including flower, phytomedicines, and magistral preparations), only 60% of the paid treatments are reimbursed. The same problem is observed in countries like Colombia, where magistral preparations of cannabis are only prescribed if they are cost-effective compared to other treatments (omitting that the truly cost-effective treatments with cannabis are others such as dried flower and phytomedicines).

2. The new approach to drug policy - adult use of cannabis.

Within the established uses for cannabis in the 1961 Single Convention on Narcotic Drugs, the recreational use of narcotics is not contemplated. However, there are other alternative uses of cannabis, such as purely adult use, and even ancestral, indigenous uses that obey different religious, cultural, or idiosyncratic beliefs. While a maximum authority on drug matters is recognized in the CND or INCB, they cannot ignore Human Rights and minimum guarantees of public health and quality for consumers and users.

Currently, the international debate is taking place because many countries have decided to take the first step in changing the drug policy approach to avoid more harm than that generated by the marijuana drug trade as an illicit substance and put human beings first, before the fight against drugs, to achieve a focus on social and economic opportunities that allows the development of a free society.

In countries that already have broader regulations, such as Canada and Uruguay, both the medicinal and scientific use market and the adult-use market have been regulated, which still exists and grows but now has secure sources of access in pharmacies, dispensaries, or associations of consumers and/or producers, which can prevent some of the consequences of problematic and illegal use, such as lack of traceability, or even violence.

For the sovereignty of the States that make up the CND, it is within the faculties of each of the countries to change their drug policy approach and regulate, recognizing that there are people who do not access cannabis for medical and scientific uses and should not be criminalized or controlled as pharmaceutical producers but should be understood under a special regulatory framework that allows for the guarantee of the Human Rights mentioned above.

Therefore, at RedCann, we support the new vision of drug policy, whose landing gear should be the regulation of adult use of cannabis, mainly led by Colombia and Mexico in the region.

A change in drug policy approach, as proposed here, implies recognizing:

a. The risks of the illegal market

Exposure to illegal cannabis products is a valid concern for health regulatory or control and surveillance agencies. Also, and consistent with its functions, the INCB should ensure compliance with good practices and ensure that the use of cannabis as a narcotic is controlled in cases where such use is medicinal or therapeutic. This is why regulation of adult use of cannabis, which allows for the traceability of the product consumed and regulates the spaces and ways of consumption, would open the possibility of counteracting access to a black market that is, in all respects, much riskier for the health of consumers, as well as for States, with the risks that illegal trafficking entails.

b. Human Rights, the environment, and biological diversity approach

Different types of human rights could be hindered by provisions issued regarding drug control, such as the Right to Non-Discrimination, which is violated by the persistence of colonial policies on pre-colonial plants and their related products or practices, or by not providing effective access to small and medium cannabis plant producers through regulation. Additionally, the Right to Freedom of Religion or Belief could also be violated, as it is present in various religions such as Rastafarianism or Sadhu (Hinduism).

Table 1. Declarations of Human Rights that could be violated.

Right	*Included in:* Human Rights declarations	*Included in:* International legal instruments	Examples involving *Cannabis*
Right to non-discrimination	UNDRIP Art. 2, 46(3) UNDROP Art. 4 UN Declaration on the Right to Development Art. 6 Sustainable Development Agenda Goal 10	ICCPR Art. 2(1), 26 ICESCR Art. 2(2) ICEAR Arts. 2, 5 CEDAW Art. 2	Persistence of colonial policy and practice w.r.t. pre-colonial plants, products & practices. Access to legal schemes not possible for small stakeholders
Right of religion and belief	UNDRIP Art. 11, 12, 24, 35 UNDROP Art. 8	UDHR Art. 18 ICCPR Art. 18 ICERD Art. 5(d)(vii)	Rastafari (Caribbean), Sadhus (Himalayas), etc.

Source: Riboulet-Zemouli, K. and Krawitz, M. (2021). Voluntary contribution to INCB Guidelines on Medical Cannabis – due diligence, good faith, & technical concerns. Vienna: FAAAT editions. ISBN ebook: 979-10-97087-09-8. Available at: faaat.net/incb

If the use of cannabis is limited to medicinal and scientific purposes only, it denies regular consumers (problematic or non-problematic) access to the finished product, resulting in institutional discrimination. If the use of substances such as THC is illegal in a country, consumers will face cultural discrimination. And if consumers have to hide their use of the plant or access it through a black market dealer, it also represents a form of discrimination.

c. The sovereignty of Member States

It is important to remember that the sovereignty of Member States is the rule, allowing decisions made in the Commission on Narcotic Drugs (CND) and its related bodies to be democratic and based on deliberation and debate, rather than being imposed in a colonialist manner.

The self-determination of people is the right of all peoples, including the Member States of the CND, to decide on their forms of government or regulation, rather than being subjected to external interference.

It is reiterated that while the International Narcotics Control Board (INCB) is within its jurisdiction to control the use of narcotics and urge health surveillance entities to control cannabis, it should not exceed the decisions made by state regulatory bodies that may recognize alternative uses of the plant.

Conclusions

In conclusion, REDCANN recognizes that the CND Member States have treated cannabis for medical and scientific purposes in regulations that promote good cultivation and production practices, based on scientific evidence and the safety and efficacy that cannabis medicines can offer to patients.

As the American Network of Cannabis Associations, we call for harmonization of regulatory frameworks so that healthcare systems cover the costs of cannabis-based medicines so that not only patients with resources can access them.

Similarly, controls and traceability should focus on production and commercialization, not patients, as stigma is a clear access barrier that is preventing the treatment of pathologies with safe, effective, and low-cost medicines.

Finally, we recognize the realities of the industry and the advances that have been made in research and clinical studies. The fundamental premise should be that no patient is left

behind, and for that, requirements that do not respond to the reality of the industry that produces the medicines cannot be demanded.

In addition, it must be asserted that other realities in the world cannot be ignored, such as the alternative uses of cannabis, including adult use, which due to its lack of regulation, has led to an illegal market that risks the integrity and public health of consumers. This is compounded by the violation of Human Rights and the fight against drugs (drug trafficking and all its relative consequences).

Therefore, countries must continue towards a change in the focus of their drug policy, where advances in medical and scientific uses are not ignored but serve to reconsider all forms of discrimination and violence mentioned above. The adult-use cannabis market exists in all our countries, what REDCANN is requesting is its regulation to protect public health and safeguard the human rights of all inhabitants of the continent.

REDCANN
RED AMERICANA DE ASOCIACIONES DE CANNABIS

DocuSigned by:
5B8A3DA6EB10416...

Pablo Fazio
Presidente de REDCANN

DocuSigned by:
Erick Ponce
E04AB39A56B140A...

Erick PONCE
Vice Presidente de REDCANN

REDCANN
RED AMERICANA DE ASOCIACIONES DE CANNABIS

DocuSigned by:
48A81A2EA9A54CC...

Miguel Samper
Presidente Ejecutivo de Asocolcanna

Asociación Colombiana de Industrias de Cannabis
asocolcanna

DocuSigned by:
50CBFDA5896B4BF...

Nathalie Vanegas
Vice Presidente de ABICANN

ABICANN
ASSOCIAÇÃO BRASILEIRA DAS INDÚSTRIAS DE CANNABIS

Felipe Varas
Presidente Eiecutivo de ACCI

ACCI
Asociación Chilena de cáñamo industrial

DocuSigned by:
E04AB39A56B140A...

Erick Ponce
Presidente Ejecutivo de GPIC

GPIC Grupo Promotor de la Industria de Cannabis

DocuSigned by:
255318731A8E4D2...

Ricardo Paez
Presidente Ejecutivo de CECAM

CECAM
CÁMARA DE EMPRESAS CANNABIS MEDICINAL

DocuSigned by:
F99D89434FA74CD...

Juan Carlos Fischer
Presidente Ejecutivo de CANNAPY

CAMARA PARAGUAYA CANNABIS INDUSTRIAL

ArgenCann
Cámara Argentina del Cannabis

DocuSigned by:
5B8A3DA6EB10416...

Pablo Fazio
Presidente Ejecutivo de ARGENCANN

Curt Schwarz
Presidente Ejecutivo de ASOPECANNA

ASOPECANNA
Asociacion Peruana de Industrias de Cannabis