Cannabis Trades Association

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| *To* | **UNCND – Independent Expert Panel.** | Date | Saturday, 14 November 2026 |
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# Submission to the United Nations Commission on Narcotic Drugs

# Independent Expert Panel

**Established pursuant to CND Resolution 68/6**

**Submitted by:** Cannabis Trades Association (CTA)
**Legal entity:** Hemp Trades Association UK Ltd
**Country:** United Kingdom

## 1. Introduction and organisational expertise

The Cannabis Trades Association (CTA) welcomes the opportunity to contribute to the independent review of the international drug-control system.

The CTA represents businesses across medicinal cannabis, CBD and industrial hemp, working with regulators, policymakers, healthcare professionals and industry stakeholders in the United Kingdom and internationally. Our experience includes regulatory compliance, medicines policy, agricultural legislation, scientific evidence, patient access and enforcement. We support the objectives of the three international drug-control conventions: protecting public health, ensuring the availability of controlled substances for legitimate medical and scientific purposes, and preventing diversion into illicit markets. However, implementation must remain proportionate, scientifically justified and responsive to changing circumstances.

**International drug control should be assessed by its effectiveness in protecting people, not solely by the restrictions it imposes.**

Our submission identifies practical opportunities to strengthen implementation while maintaining the integrity of international obligations.

## 2. International conventions and regulatory proportionality

The 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances and the 1988 Convention Against Illicit Traffic establish the international drug-control framework. Their implementation involves national decisions concerning classification, licensing, prescribing, research, trade and enforcement.

However, inconsistent interpretation and disproportionate administrative requirements can create obstacles to legitimate activities without demonstrable public-health benefits. Cannabis provides a useful example because the same plant may be cultivated for industrial purposes, processed into pharmaceutical



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preparations or used in products subject to entirely different regulatory frameworks. These activities should not automatically attract equivalent controls. The 1961 Convention expressly excludes cultivation of cannabis exclusively for industrial purposes (fibre and seed) or horticultural purposes from its application under Article 28(2). Nevertheless, national approaches to other hemp applications, particularly flowers and leaves, remain inconsistent.

The Expert Panel should encourage clearer guidance distinguishing treaty obligations from additional restrictions imposed through national or regional legislation. This distinction is essential to achieving proportionate regulation without undermining controls against illicit production or trafficking.

## 3. Medicinal cannabis and equitable patient access

The 1961 Convention recognises that the medical use of narcotic drugs remains indispensable for relieving pain and suffering. Access to appropriate treatment should therefore be considered a core measure of successful treaty implementation.

In the United Kingdom, cannabis-based products for medicinal use in humans became available for specialist prescribing in November 2018. However, lawful prescribing has not eliminated barriers involving treatment costs, NHS access, professional understanding and continuity of care.

Internationally, inconsistent importation, prescribing and possession requirements can create further difficulties for patients receiving lawful treatment.

The CTA recommends that the Expert Panel encourage Member States to:

- Evaluate whether national controls unnecessarily obstruct legitimate prescribing and dispensing.
- Establish transparent, proportionate procedures for medical imports and exports.
- Improve professional education concerning controlled medicines.
- Facilitate continuity of treatment for patients travelling internationally, subject to appropriate safeguards.
- Monitor affordability, availability and equitable access as indicators of policy effectiveness.

These recommendations do not diminish the importance of clinical assessment, product quality, pharmacovigilance or diversion prevention.

They recognise that effective regulation must protect patients from both unsafe products and unnecessary barriers to treatment.

## 4. Scientific scheduling and evidence-based decisions

International drug scheduling must remain responsive to scientific evidence.

In December 2020, the Commission on Narcotic Drugs voted to remove cannabis and cannabis resin from Schedule IV of the 1961 Convention, following recommendations from the World Health Organization. Both remained subject to Schedule I controls. This decision recognised the need to reconsider aspects of the international classification of cannabis while maintaining international oversight. The process also demonstrated the importance of transparent scientific assessment and the timely consideration of emerging evidence.

We recommend regular evaluation of scheduling decisions, clearer communication of their regulatory implications and stronger cooperation between the WHO, CND, International Narcotics Control Board and national authorities. Classification should distinguish pharmacological risk, medical utility and intended use wherever the applicable legal framework permits. Scientific uncertainty should prompt proportionate investigation rather than unnecessary regulatory paralysis.

## 5. Industrial hemp and legitimate economic activity

Industrial hemp is an agricultural commodity with applications in textiles, construction, food production, manufacturing and other sectors. Its regulatory treatment should reflect its intended purpose, composition and diversion risk.

The CTA is particularly concerned by inconsistent approaches to low-THC hemp, including restrictions affecting cultivation, harvesting, processing, whole-plant utilisation and cross-border trade.Some restrictions arise from domestic agricultural, food or controlled-drug legislation rather than directly from international treaty obligations.

Conflating these frameworks creates legal uncertainty and may discourage investment in legitimate agricultural development. The Expert Panel should recommend clarification of the international conventions' application to industrial hemp, including the boundaries of the Article 28(2) exclusion.

National authorities should be encouraged to adopt transparent licensing systems, proportionate testing requirements and predictable procedures for lawful trade. Where flowers, leaves or extracts remain subject to applicable controls, regulatory pathways should be clearly defined rather than left to inconsistent administrative interpretation.

## 6. Cannabinoid products and appropriate regulatory classification

Cannabinoid-containing products should be regulated according to their composition, intended use and applicable legal status.  Medicinal preparations, non-medicinal consumer products and agricultural materials are not interchangeable regulatory categories. For example, CBD products may fall within food, medicines or other product legislation depending on their presentation, composition and jurisdiction.

The international control status of a preparation must be distinguished from the national regulatory requirements governing its sale. The CTA recommends greater international clarity concerning cannabinoid preparations, including how treaty controls interact with pharmaceutical, food-safety and consumer-protection systems.

Regulatory consistency would improve compliance, product safety and legitimate trade while reducing opportunities for misleading claims and unlawful marketing.

## 7. Removing barriers to scientific research

Scientific research is necessary to establish therapeutic benefits, identify risks and improve regulatory decision-making. Researchers investigating controlled substances may encounter complex licensing, procurement, storage and international transportation requirements. Appropriate security measures are necessary, but administrative burdens should remain proportionate to actual risk.

The Expert Panel should recommend simplified research authorisations, internationally compatible documentation and improved cooperation between regulators and scientific institutions. Independent clinical research, observational evidence and long-term safety monitoring should be encouraged. Regulatory systems should facilitate the generation of evidence required to support sound policy decisions.

## 8. Enforcement, human rights and public safety

Effective drug control requires enforcement that is lawful, proportionate and informed by relevant scientific and medical evidence.

The CTA's experience with medicinal cannabis highlights the importance of distinguishing lawful possession and prescribed treatment from illicit activity. In the United Kingdom, inconsistent understanding of medicinal cannabis can create difficulties during police encounters, including roadside stops. The CTA has developed practical guidance for patients concerning driving, legal responsibilities and interactions with enforcement officers. Road safety remains paramount. However, officers must understand the legal framework governing prescribed medicines, applicable statutory medical defences and the distinction between drug presence and impairment.

We recommend that Member States establish consistent enforcement training, accessible verification procedures and mechanisms for reviewing disproportionate enforcement. International drug policy should also be evaluated against human rights obligations, access to healthcare and the prevention of avoidable harm.

## 9. Accountability and measurable outcomes

The success of international drug control cannot be measured adequately through arrests, seizures or enforcement activity alone.

The Expert Panel should recommend a framework incorporating measurable indicators for:

- Availability and affordability of controlled medicines.
- Prevention of diversion and organised criminal activity.
- Drug-related mortality and other preventable health harms.
- Human rights and proportionality of enforcement.
- Scientific research access and regulatory efficiency.
- Legitimate agricultural and commercial activity.

UNODC, WHO and other competent international bodies should coordinate within their respective mandates to develop appropriate indicators and support consistent national reporting.

Member States should be encouraged to evaluate unintended consequences and publish evidence supporting regulatory decisions.

## 10. Recommendations and conclusion

The CTA asks the Expert Panel to recommend:

1. **Treaty clarity:** Publish practical guidance distinguishing international obligations from additional national regulatory restrictions.
2. **Medical access:** Establish measurable indicators for availability, affordability and continuity of legitimate controlled medicines.
3. **Scientific integrity:** Strengthen evidence-based scheduling review and facilitate proportionate research licensing.
4. **Industrial hemp:** Clarify the scope of treaty provisions affecting legitimate agricultural production and trade.
5. **Regulatory consistency:** Improve coordination between drug-control, medicines, food and agricultural authorities.
6. **Proportionate enforcement:** Promote appropriate training, human rights safeguards and accountability.
7. **Transparent evaluation:** Assess outcomes using public-health, safety and regulatory-effectiveness indicators.

The international drug-control framework must protect society while enabling legitimate medicine, science, agriculture and commerce.

**Effective control is not demonstrated by restriction alone, but by evidence that regulation delivers better health, greater safety and proportionate outcomes.**

The CTA encourages the Expert Panel to place these principles at the centre of its recommendations to the Commission on Narcotic Drugs.



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