

Distinguished Chair, I speak here today as a representative for Students for Sensible Drug Policy International, a grassroots network with chapters in over 30 countries across the world.

**We salute** the international community for the key commitments to ensure active and meaningful participation of youth and youth-led organizations in the development, implementation and evaluation of drug policies and programs in the 2016 UNGASS Outcome Document, the 2019 Ministerial Declaration and Resolution 63/4.

**We appreciate** seeing youth welfare featured so prominently in resolutions and the speeches of member states and **we are grateful** for the long-standing commitment on behalf of the INCB to call for input from non-governmental organisations and allow this opportunity for active youth participation in the interpretation of drug conventions.

The main pillar of the conventions is the limit of « the use of all controlled substances to medical and scientific purposes. »

And despite strong support for this, the terms « medical and scientific purposes » are not in fact defined in the conventions.

In our intervention today, we are going to demonstrate how regulating non medical cannabis use is strongly backed up by social scientific evidence and proved to be beneficial for the health and safety of people who use drugs.

Former member of the INCB, Dr. Francisco E. Thoumi, says the idea that the policy maker can make decisions « only by using « hard » sciences & medicine. » is false. We have known since the 1990s that drug issues are complex. And since 2016 UNGASS, it has become common knowledge that social factors such as illegal drug production, trafficking, stigma and lack of appropriate treatment services affect outcomes more so than just the substances themselves.

Regulation of cannabis for non-medical use would address two key issues: 1. a safe, regulated product and 2. a safe, regulated method of purchase.

*Concerning the safe and regulated product:* Cannabis is one of the most widely consumed illicit drugs world wide. As referenced in the 2020 World Drug Report, there are 192 million people who use cannabis worldwide every year.

Under current conventions, cannabis for non-medical use must be produced illegally. In order to ensure the health and safety of those 192 million people who use cannabis, many of which are young people, we must establish access to a safe legal market rather than a

potentially unsafe illegal market. Furthermore, depending on the implementation of a legal market, this could allow for a safer work environment and life for those who produce cannabis.

In addition, efforts to reduce cannabis supply and demand have failed at reducing cannabis consumption or sale, as evidenced in countless World Drug Reports and civil society reports.

*Concerning safe and regulated method of purchase:* Oftentimes drug policies reference the safety of young people, and as a youth representative, I believe a legal framework would increase the safety and wellbeing of myself and my peers, whereas the illegality of cannabis guarantees that countless young people will purchase and use cannabis in an unsafe manner which can result in their arrest, unstable access to education, employment, housing & financial security.

The criminalisation of cannabis equally perpetuates stigma against those who use it. Particularly for young people, early age criminalisation can result in severe consequences such as being denied access to education, health services, financial stability and housing, alongside social and familial exclusion. In order to ensure young people's wellbeing and fruitful participation in society we must prevent early criminalisation. Stigmatization is widespread and has been noticed in health and drug treatment services. This prevents help seeking behaviors and promotes feelings of shamefulness and worthlessness, as evidenced by the 2010 UK Drug Policy Commission Report. By making room for countries to adopt regulatory frameworks we will begin to lower the stigma related to people who use cannabis by not branding them as criminals or delinquents. As a result, treatment services, general medical practitioners and social welfare services, become similarly less stigmatizing, resulting in more people who use drugs accessing such services.

Nevertheless, current international conventions remain inflexible and, in many ways, counterproductive to addressing issues of stigma, access to drug services and safe supply. This has been noted in evidence-based reports such as the 2022 "How to Regulate Cannabis: A Practical Guide" by Transform Drug Policy Foundation. INCB also noted on the occasion of the 60 years anniversary of the 1961 and 1971 Convention that new alternatives, agreements, instruments and forms of cooperation should be devised in response to the policy shifts witnessed in recent years.

**Given this context, it becomes imperative for the international community to embrace more flexibility and tolerance in order to prevent the international drug**

**policy control conventions from becoming irrelevant in practice and potentially causing harm rather than promoting global wellbeing.**

Our contribution here today is not about convincing you to support non medical use of cannabis. It is to convince you that by choosing a policy approach that condemns non medical cannabis use has a real negative impact on the people on the ground and their wellbeing.

It is time we accommodate human rights-driven, evidence-based regulatory frameworks to create a better, safer society for young people. In the spirit of cooperation, we are prepared to provide data & work together with members of the INCB, the civil society organizations present here and others towards implementing sensible steps to address the current challenges within the international drug policy regime.

May we find that the true spirit of the conventions is the health and safety of mankind, and that true spirit will best be fulfilled if we encourage states, should they endeavor in regulating non-medical use of cannabis, to pay special attention to the social scientific evidence we have highlighted so far.

Thank you for the attention. Thank you, Mr. Chair.