The 7th World Forum Against Drugs Strategic Meeting

The 7th World Forum Against Drugs, "Strategic Meeting", Vienna March 1st 2020.

Every second year, the World Federation Against Drugs hosts a World Forum Against Drugs. This year, 2020, marks the 7th World Forum since the first World Forum Against Drugs, which was held in Stockholm in 2008 and resulted in the creation of the organisation World Federation Against Drugs (WFAD). The participants of the first forum united in the assessment that there was a need to have a global network for civil society active in the field of illicit drugs' prevention – and took initiative to create the WFAD (founded in 2009) with the main tasks to gather civil society and arrange a Forum every second year. Since the creation of WFAD, the members have rapidly increased, today the network is composed of over 260 member organisations worldwide, representing a wide range of civil society.

The 6th Forum, held in 2018, marked the ten-year anniversary of the WFAD. During the Forum and subsequent Annual Congress, it was decided that the organisation shall focus more on hosting Regional Forums throughout the world so to enable more members to partake. The Regional Forums aim to strengthen the network and capacity within our regional members. Since 2018, the WFAD has hosted five Regional Forums in different parts of the world. Due to the focus on Regional Forums, 2020's World Forum took on a smaller form than previous World Forums.

This year's World Forum was hosted in connection to the 63rd Annual Commission on Narcotic Drugs (CND), hosted by the United Nations Office on Drugs and Crime, and came about as a result of a strategic planning held prior to 2018's CND. Members saw the need to come together and prepare for the CND so to have a joint voice going forward. From the previous participants a group was created to plan the 7th World Forum Against Drugs as a Strategic Meeting.

On March 1st 2020, approximately 45 participants, from 21 different countries gathered in Vienna for the 7th World Forum Against Drugs: Strategic Meeting.

WORLD FEDERATION
AGAINST DRUGS

Acknowledgements
Thank you to all who partook in planning and participated in the meeting, a special thanks to our moderator, Dag Endal for his hard work and dedication - and to speakers who partook both in person and online.

WORLD FEDERATION
AGAINST DRUGS

Summary

The 7th World Forum Against Drugs 2020

International Strategic Meeting in Vienna, March 1st, 2020.

Every second year, the World Federation Against Drugs hosts a World Forum Against Drugs. This year, 2020, marks the 7th World Forum since the first World Forum Against Drugs, which was held in Stockholm in 2008 and resulted in the creation of the organisation World Federation Against Drugs (WFAD). The participants of the first forum united in the assessment that there was a need to have a global network for civil society active in the field of illicit drugs' prevention – and took initiative to create the WFAD (founded in 2009) with the main tasks to gather civil society and arrange a Forum every second year. Since the creation of WFAD, the members have rapidly increased, today the network is composed of over 260 member organisations worldwide, representing a wide range of civil society.

Since the 6th forum, held in 2018, which marked the ten-year anniversary of the WFAD, the WFAD has focused on hosting Regional Forums across the world. These Regional Forums aim to build the network and capacity within our regional networks, and offer more members the chance of participating. Thus due to the focus on regional forums, the 7th World Forum took form as a smaller event, and was named a Strategic Meeting, creating space to share best practices and gather a joint voice going into the 63rd CND.

This year's World Forum was hosted in connection to the 63rd Annual Commission on Narcotic Drugs (CND), hosted by the United Nations Office on Drugs and Crime, and came about as a result of a strategic planning held prior to 2018's CND. Members saw the need to come together and prepare so to have a joint voice during the CND. A working group consisting of 10 organisations from different areas of the world, working within different topics within the drug field, joined hands in planning the meeting. The date was set to Sunday, March 1st, one day prior to the inauguration of the 63rd CND.

Approximately 45 participants, from 21 different countries around the world representing each world region partook in the 7th World Forum. The Forum was held with the support of the Swedish organisation 'Förbundet mot droger'. Thanks to this support, members from all parts of the world were able to attend.

The Forum focused on youth and children in particular and highlighted the Convention on the Rights of the Child, Human Rights, treatment and recovery of youth. Furthermore, issues related to the CND were discussed including the rescheduling of cannabis, the Vienna NGO Committee (VNGOC), the CND at large and process of participation. Each topic was backed by a position paper, which had previously been sent to all registered participants, presented by one or more of the authors and then discussed by the group.

The Strategic Meeting received positive feedback, and participants voiced their happiness about being gathered prior to the CND week starting.

Table of Contents

Introduction

After a successful strategic meeting in 2019 leading up to the Ministerial Segment of the United Nations Commission of Narcotic Drugs (CND), it was decided that this year's World Forum Against Drugs will take on a similar shape – preparing members for the CND week ahead. Prior to the World Forum, speakers and other experts partook in creating position papers on each respective agenda point – so that participants could come prepared to discussions at hand. Each position paper was sent to participants and other WFAD members prior to the Forum took place, and can be found as attachments to this document.

The four thematic topics included: 1. Marijuana and Rescheduling of Cannabis; 2. Prevention and Human Rights; 3. Treatment and Recovery of Youth; and 4. Practicalities. The topic of practicalities focused on the CND week to come. Each of the other subjects were proceeded by a position paper.

Amy Ronshausen, Drug Free America Foundation, and WFAD Board Member opened the Forum with welcome remarks. After which Dag Endal, DPF Coordinator and FORUT Representative, and Moderator for the forum, opened the meeting by explaining the purpose of the meeting, the agenda and the programme for the day ahead.

Topic 1: Marijuana and rescheduling of cannabis

Introduction to the topic

The United Nations conventions of 1961 and 1971 list substances in four schedules, "which determine their controls for international trade. The schedules group substances according to their therapeutic value and risk to public health … In the 1971 Convention, substances are listed in schedules I-IV, on broadly inverse scales of 'risk to public health' and 'therapeutic usefulness'. Currently, 'tetrahydrocannabinol' (THC) is classified in Schedule I (especially serious risk to public health and limited if any therapeutic usefulness), while 'delta-9-tetrahydrocannabinol' is classified in Schedule II (substantial risk to public health and little to moderate therapeutic usefulness)."[1]

In January 2019, the Director General of the World Health Organization provided a letter to the Secretary General of the United Nations where the DG recommended, among other things, that cannabis and associated substances be reschedule in the International control framework.

At its 62nd regular session on 19th March 2019, the commission on Narcotic Drugs decided to postpone the voting on recommendations of the WHO on the scope of control of cannabis and cannabis-related substances, in order to provide States with more time to consider the recommendation. Prior to the beginning of this year's 63rd CND, it was decided that the vote was rescheduled to take place in December 2020.

It is on the basis of these recommendations the topic of "Marijuana and rescheduling of Cannabis" was built. The first speaker, Katie Gallop, joined us online and presented the Smart Approaches to Marijuana (SAM) position paper (attachment 3). Followed by John Redman who dove into the history and issue of WHO's recommendation to the rescheduling of cannabis.

[1] https://www.emcdda.europa.eu/news/2019/who-recommends-rescheduling-of-cannabis_en

Katie Gallop, SAM, U.S. – SAM Position paper

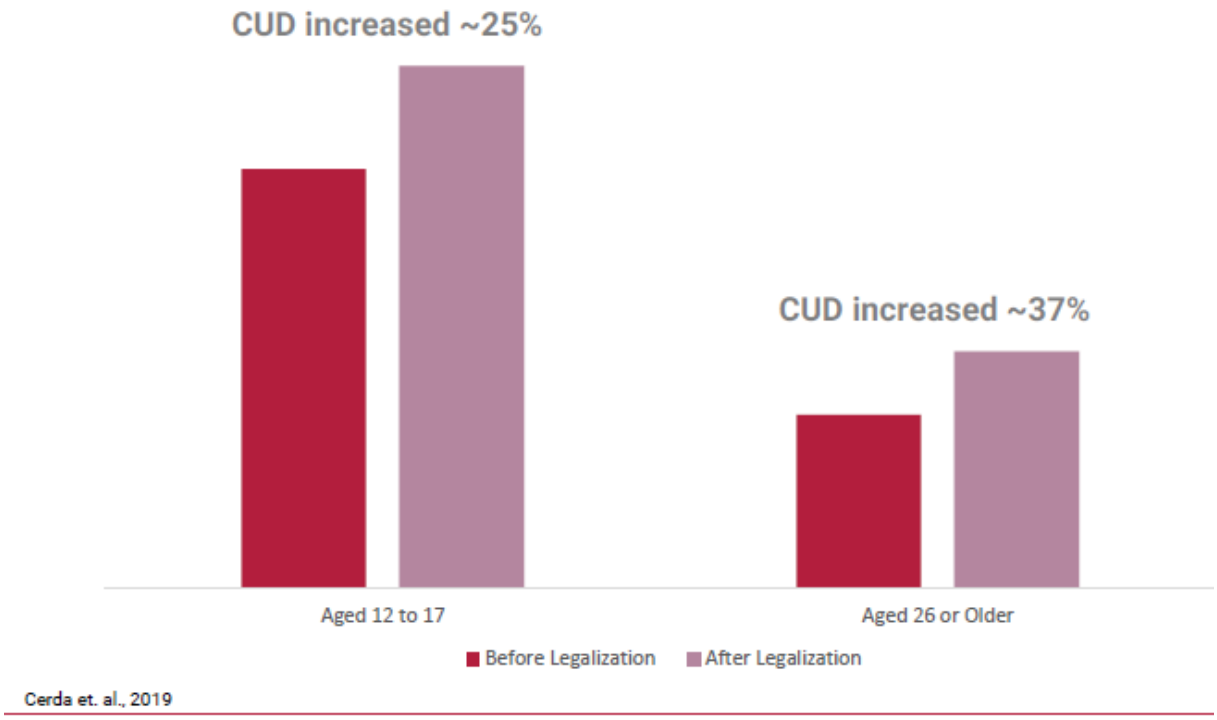
Katie Gallop from Smart Approaches to Marijuana (SAM) provided an introduction to SAM's statement on the legalisation of cannabis.

After the legalisation of marijuana in certain States in the United States, encouraged by the illegal marijuana market, an industry has popped up with advertisements that promote high potency marijuana. With billboards stating that "States that legalized marijuana had 25% fewer opioid-related deaths" or that marijuana is "delivering more joy than dogs & babies combined", both a commercialisation is visible whilst science is being manipulated within this process.

Recent studies show a significant change coinciding with marijuana commercialisation across the U.S., studies documenting the rise in potency have shown incredible jumps in plant potency as well as the potency of increasingly popular concentrates.

- The marijuana flower, which is often referred to as a harmless plant by the industry, is being engineered to pack a more potent punch.
- Concentrates deliver much higher levels of potency and are often advertised as containing between 70-99% THC. They also becoming more popular due to consumer demand.
- Even still, potency trends are understudied.

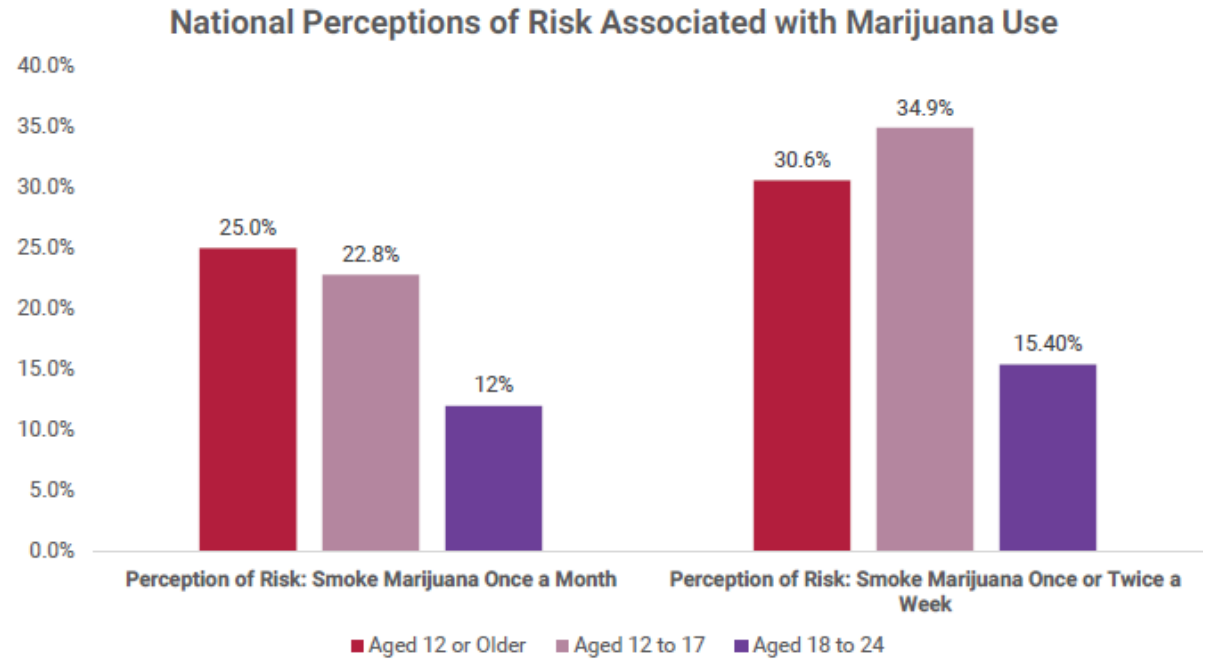
Potent forms of marijuana and highly potent products are beginning to dominate the commercial marijuana market and Association Between Recreational Marijuana Legalization in the United States and Changes in Marijuana Use and Cannabis Use Disorder from 2008 to 2016 show the following:



Cerda et. al., 2019

In some states, where the use of marijuana has been legalised, such as Colorado, a decreasing mental wellbeing is being reported. In Colorado for example, an increasing number of suicide victims have marijuana-positive toxicology reports according to the Colorado Violent Death

Reporting System, 2019. Even so, the perceptions of risk associated with marijuana use are low, particularly among young age groups, as shown in the below diagram (gathered from SAM's slideshow).



The perception of low risk is somewhat interlinked with high use rates. This is particularly true among younger age groups, where marijuana is being used more frequently. After modest declines for several years, near daily marijuana use is increasing in the United States among 8th, 10th and 12th graders and near daily use of marijuana among these grades outpaces near daily cigarette use and near daily alcohol use. It is evident that youth "past year" and "past month" use is higher in states where marijuana is "legal".

SAM makes clear that the future of marijuana policy must be coordinated such that the focus remains on science-based answers and the approach must be global, Katie Gallop stresses the following points:

- There is no reason for the commercialization of marijuana that supersedes the harms it poses.
- More fact-based and scientifically motivated research must be conducted to understand the medicinal qualities of certain components of marijuana.
- There must be a greater effort to educate the public on the scientifically-settled facts of the harms of marijuana use.
- Efforts to curb growing youth use rates must be prioritized.
- Legalisation cannot be permitted until more is known about the consequences of marijuana use.

John Redman, CADFY, U.S. - Comments on the WHO recommendations.

The World Health Organization (WHO) has proposed recommendations on cannabis and cannabis-related substances for the rescheduling of cannabis within the United Nations Conventions on Narcotic Drugs.

At its 62nd regular session on 19th March 2019, the commission on Narcotic Drugs decided to postpone the voting on the scope of control of cannabis and cannabis-related substances. The postponement was suggested by the WHO in order to provide States with more time to consider the recommendation.

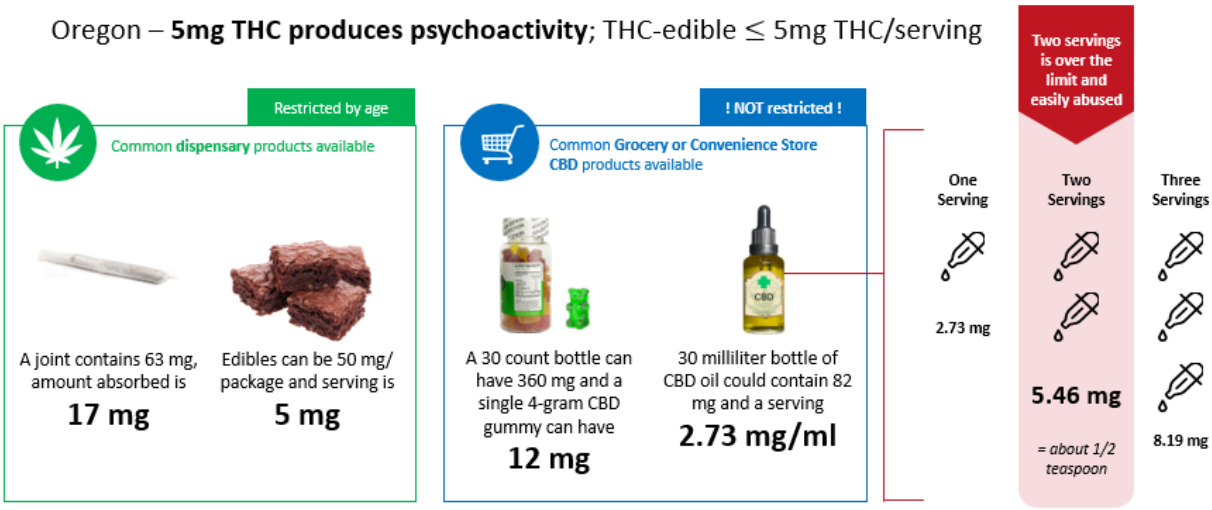
Based on this background, Community Alliances for Drug Free Youth (CADFY) and Drug Free America Foundation (DFAF) wrote a response to the WHO recommendations, which was presented by John Redman, CADFY, at the Strategic Meeting. Each participating organization was able to sign the response prior to it being distributed during the CND.

John Redman provided a background to the challenges posed by CBD products manufactured for widespread public consumption. As written, the WHO's proposed recommendation for limiting THC levels in CBD products could still allow for intoxicating amounts of THC. Based on scientific evidence showing that THC (tetrahydrocannabinol) is a public health threat, especially among children and adolescents, CADFY voiced the following concerns:

- Availability and consumption of products containing THC is steadily rising;
- Illicit, recreational and therapeutic usage is increasing
- At higher concentrations and doses shown to induce dependence and addiction
- Without the public's awareness of health concerns or amounts contained in products consumed
- Rampant promotional activities for both regulated and unregulated products, some targeted at vulnerable populations.

CADFY's concerns on THC's harmful effects are grounded in the latest scientific evidence:

- **THC consumption can result in dependence/addiction**
  Amount of consumption matters, as does potency.
- **THC use associated with structural and functional brain changes, particularly in those under 25y**
  Dramatically lower IQ scores (6-10-point drop); Diminished ability to compete academically; Lower median income; Increased likelihood of requiring public aid.
- **THC is associated with serious mental illness**
  Psychosis, schizophrenia, bipolar disorder, anxiety.
- **Maternal consumption of THC during pregnancy may cause developmental changes to foetal brain initiating a cascade of deficits across the lifespan.**
- **Vulnerable populations cannot be protected by age-related restrictions on marketing and sales.**



The WHO has recommended that the THC content of CBD preparations be limited to 0.2% However, it is unclear whether the 0.2% limit refers to THC as:

1. **A percentage of the total weight/content of the Active Pharmaceutical Ingredient (i.e. weight by weight or "w/w")**
    a. For example, Epidiolex® is an oral solution containing 100mg of CBD per milliliter. Every 100 ml bottle of finished preparation contains 10,000mg of CBD. Since the THC content of the bottle is 0.1% w/w of the API weight (essentially the total crystalline CBD content), there would be 10mg of THC in the entire bottle.

2. **A percentage of mass to volume (i.e. grams/milliliter X 100 or "w/v)**
    a. Under this approach, a 100 ml bottle of CBD oil could contain up to 0.2g (200mg) of THC, enough for 30-40 intoxicating doses: ((0.2 g THC / 100ml oil) x 100 = 0.2% w/v).

3. **A percentage of the total weight of the finished product (w/w of the finished product)**
    a. Using this method, the weight of THC in the finished preparation is measured as a percentage of the total weight of the preparation (taking into account the specific gravity of the oil, such as sesame oil). Applying a 0.2% limit under this approach could result in significant amounts of THC in CBD preparations.
        i. For example, a user who ingested a small teaspoon (3ml) of CBD oil would be consuming an intoxicating dose of approximately 6mg of THC. A single CBD candy or chocolate weighing 4 grams could contain up to 8mg THC. To put that into perspective, the state of Oregon limits edibles to 5mg of THC per dose.

In the context of the WHO recommendations, CADFY looked at one of the most popular CBD products on the U.S. market, an oil that includes 4.3 milligrams of THC per dose, for a total of 84 milligrams of THC. That divided by 5 is "Charlotte's Web", and an adolescent could get high over 17 times. John Redman makes this point to show the dangers posed by the WHO recommendations in their current form. The results of these comparisons were shocking to CADFY, which then decided to take a closer look at the discussions surrounding these recommendations. For which reason, John Redman attended all intersessional meetings in 2019.

CADFY's request for action include:

- The CND should proceed with extreme caution and treat any levels of THC as unsafe, especially for vulnerable populations.
- To protect the public's health and safety, we urge the CND to prohibit THC in CBD-containing consumer goods.

The summary above is one of multiple concerns, which are stated in the response to the WHO recommendations. After the presentation, organisations could sign the letter which was later printed and handed out to Member States.

Remarks and comments from the floor.

- "It is good to remind ourselves that CND has to locate operation and work in two different ways: one is when whole committee of 195 countries are together and everyone can speak and influence. In such matters that John is talking about it is the formal CND of Member states, with some 53 member states discussing the convention issues, like scheduling of illicit drugs. During which only the 53 countries can vote – these representatives are selected on a rotation basis."
- "Some of use, or a majority will attend the CND: there will be common segment with WHO, my suggestion is that we prepare questions to be asked. If we are all well prepared and one of us is chosen to intervene, we can raise these concerns. Even more important that we have people from Africa that speak about these issues."
- "Data is not being interrogated at all. Suggestion that WFAD can set up interrogating team, a specific team that can rotate people in and out to look at data being delivered and used. Mechanism that continues to come through this data – evidence based so that we are ahead of it."

Topic 2: Prevention and Human Rights

Matej Košir, Institute Utrip (Slovenia) – Prevention and Human Rights: key facts & challenges for the future.

Matej begins the presentation by stating that he is a proud messenger and advocate for evidence-based prevention and minimum quality standards. In terms or Human rights, health and prevention are inherent. The WHO Constitution of 1946 states that the "highest attainable standard of health as a fundamental right of every human being" (WHO, 2017). Human rights and health are strongly interlinked, and it is a legal obligation to ensure access to timely, acceptable and affordable health care, including prevention programs and interventions of appropriate quality.

It also means to allocate maximum available resources for health care and prevention. This rights-based approach to health and prevention is echoed in the Agenda 2030 for Sustainable Development (SDGs).

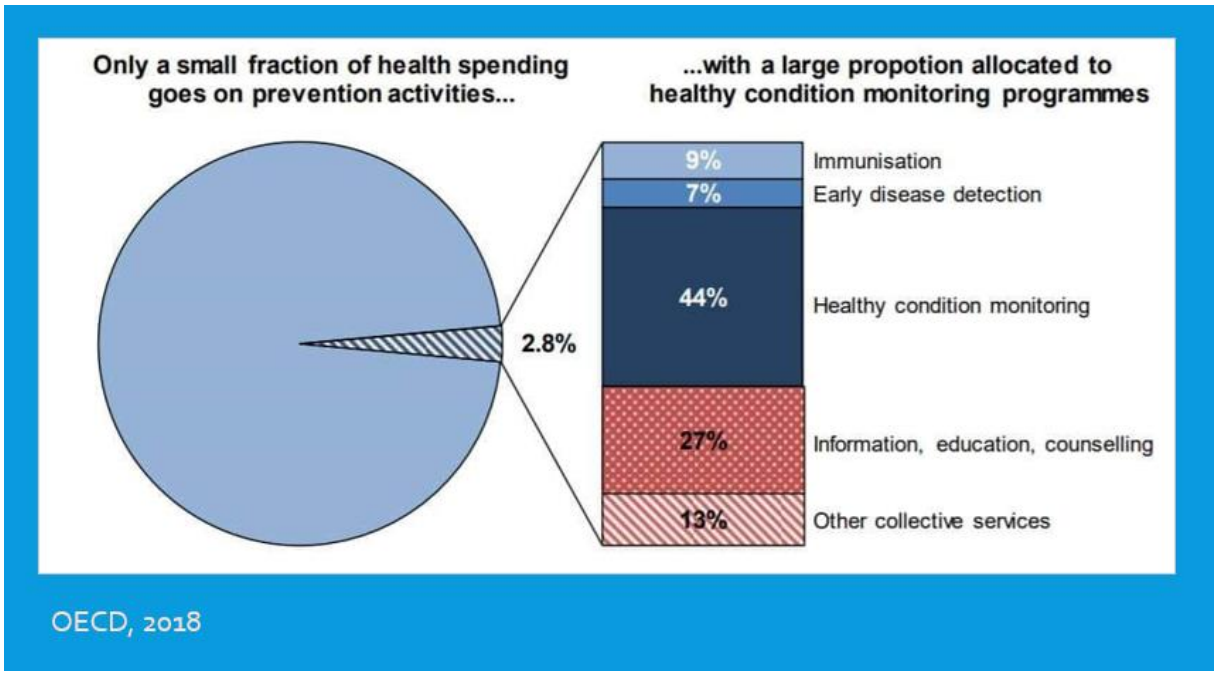
Agenda 2030 and Prevention is mirrored in the following picture from the power point:

In the picture, the SDGs that concern prevention are circled in red, including SDG 3, within which SDG target 3.5 specifically addresses the prevention of illicit drug use.

How do we understand prevention today? Some people connect prevention only to the use of illicit drugs. However, it is not only about substances but rather about risk and protective factors. That is, risk factors that may render a person in vulnerable situations, such as substance use disorders, and protective factors that protects a person from such situations through strengthening other factors in place around the person, family or community. Many risk behaviours (more than substance use) share risk and protective factors. Meaning that if we tackle these risk and protective factors we can prevent many risks simultaneously. For instance, many are connected to health, such as road safety and bullying, or fitness, suicide, binge eating.

Today's "mantra" of modern prevention is the multiple risk behaviours. These are visible in multiple quality standards of prevention, from the European drug prevention quality standards to the International Standards on Drug Use Prevention (UNODC).

Prevention measures, when well executed, may hinder certain risk behaviours including a decrease in substance use disorders. Even so, the overarching health spending on prevention remains low. While prevention is seen as an issue of health, the international expenditures do not mirror this concern. Alarmingly, 97% of health spending across Europe goes to Healthcare and Treatment, as compared to 2.8% on prevention, according to the OECD report 2018. Thus, only a small fraction of health spending goes on prevention activities, with a large proportion allocated to healthy condition monitoring programmes as illustrated in the photo below.

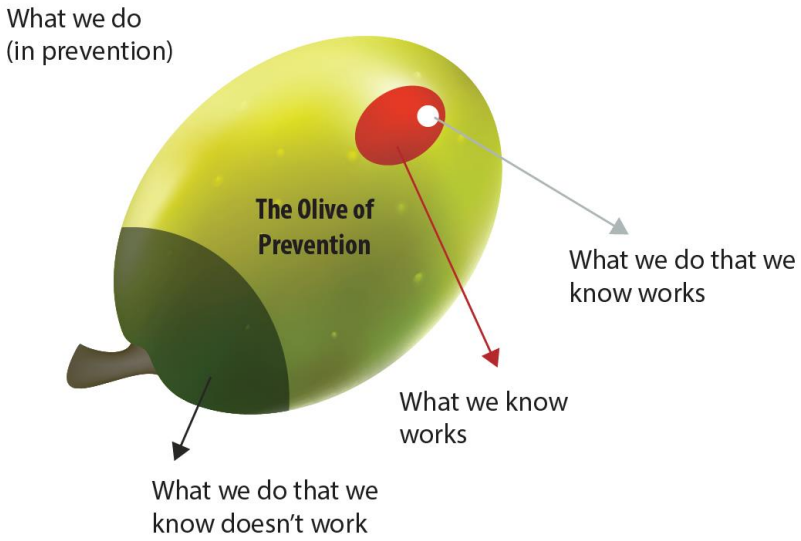


A large proportion of prevention spending goes to less cost-effective measures. The 2.8% of prevention spending is not going into schools nor communities, but rather primarily into the health sector – which sometimes is already too late.

For instance, in Europe, adverse childhood experiences can have lasting consequences, and 25% of harmful alcohol use is attributable to these adverse childhood experiences. Which consequently has a cost of $143 billion, due to substance use disorders, and consequently the anxiety, depressions, cancer, diabetes, and other diseases caused by these experiences in childhood. It is stated that a 10% reduction in adverse childhood experience prevalence could equate to annual savings reaching almost $50 billion. Similar trends are visible in the United States, where the same numbers are 28% with saving of 56 billion USD annually.

Why is prevention important, and what do we do in prevention? Well, the benefit-cost ratio for prevention varies from 4$ up to 56$ for 1 dollar spent on evidence-based prevention. There is an urgent need to increase spending to see impact.

As illustrated in the "Olive of Prevention" below, there is a lot being done which is not effective. Thus, it is of importance to increase knowledge, skills and the use of evidence based prevention.



A large proportion of prevention spending is on less cost-effective measures. The "Olive of Prevention" provides a valuable understanding on what we do in prevention, what we know works, what we do that we know works and what doesn't work. As one can see from the illustration, there is very little that we do that works, and still a lot that we do that does not work.

Key challenges

Disinvestment from ineffective & harmful interventions:

- Still many interventions, which are not being carried out in line with minimum quality standards
- More resources towards implementation of evidence-based & effective programmes and interventions with adequate geographical coverage to tackle health inequalities.

Education, training and continuing professional development:

- Gap in quality education & training for the prevention workforce
- Invest more resources into developing & maintaining quality (formal & non-formal) education and training

Monitoring and Evaluation:

- Evaluation culture is weak in Europe
- Very little demand by (funding) authorities for monitoring & evaluation
- Invest more in monitoring and evaluation

Sustainable funding related to the implementation of evidence-based prevention and standards:

- Almost no sustainable funding for prevention
- Relating funding programmes & schemes to the implementation of quality prevention
- More resources to improve the capacity of NGOs

Remarks from the floor

- In terms of evidence based information, it is interesting to see who is controlling evidence based practice. What funding is being put in? Who is driving the agenda.

- We have to divest from bad practices. People do what they want to do without looking at evidence base prevention.
- Discussion on scare tactics: some have proved to not work, some have proved to be strategic (such as using seatbelt), some have rather increased the risk behaviour. For such tactics, the target group matters. Scare tactics with adolescent and youth do not work (for biological reasons to do with development of consequence) whereas they may work with adults. Either way, it has to be intensive and long term, not a one off lecture and workshop. Many factors should be included.
- Always be mindful of context.
- Large challenge: how do we clarify prevention and those who we serve.
- Prevention systems, community, legislation.
- Child protection of importance, including prevention strategies outside of school as not all children attend school (these children are even more vulnerable).
- We have to fight inequality! To work with prevention! See prevention related to health inequality.
- Harm reduction measures can save lives, but still prevention can save even more lives. If we do better work in prevention, there will be less work in risk and harm reduction measures.
- Question of advocacy – we have to become more relevant to policy makers as advocates for evidence based prevention.
- WE need to focus on the VOICE OF THE CHILD. Children and youth understand prevention; they need to be included to add more value.
- Change the narrative! Framing of issue.
- When looking for funding for primary prevention, many believe it would mean taking money from treatment measures. We need to make this message clear, money spent on prevention will lessen the need for funding on harm reduction and treatment. We are asking for equal funding.

Topic 3: Treatment and Recovery of Youth

Introduction*

The phenomenon of drug use among children and young people is a growing problem which needs to be addressed at a global level and in a multidisciplinary way. According to the epidemiological studies, the number of youngsters who admit having tried drugs continues to grow, while the age of first use is decreasing. It is widely shared and demonstrate also by the scientific community that addictions most severely affect young people, compromising their mental health, their possibility to develop and grow, to build their future, to mature as adults and achieve their objectives. Thus depriving societies of their possible contributions as active members of it, especially in developing countries where the use of drugs threatens the achievement of Sustainable Development Goals.

Globally, cannabis has by far the highest prevalence, especially among young people between 15/16 and in some area it is also the primary drug of concern in the majority of treatment admissions*. Also the use of opioids, cocaine, NPS and amphetamine-type drugs are spread among youngsters. Worldwide, drug use and associated social and health consequences are highest among young people and most vulnerable group. In many countries, lack of early detection strategies and prevention initiatives cause a quick development toward severe addiction among the youngster and contemporarily they are easily involved in drug dealing and street crimes. In the case of incarceration, the situation only gets worse, as drugs are largely diffused in jail: strategies to help children and youngsters with addiction issues in jail need to be identified and implemented worldwide.

In many countries stigma toward people with drug use disorders is still very strong and particularly affect women and girls, who in turn suffer the worst consequences: girls facing addiction are detected much later than their male peers, double stigma concerning their role as carers hinder many women from seeking treatment. Furthermore, the lack of gender sensitive, culturally appropriate treatment facilities options hinder many women and girls from seeking and receiving treatment. According to the UNODC World Drug Report 2019 "For people with drug use disorders, the availability of and access to treatment services remains limited at the global level, as only one in seven people with drug use disorders receive treatment each year."

It should be a common goal, shared by all those who have at heart the future of our next generation, the idea of providing them with the best opportunity to overcome these issues and regaining control on their lives. Recovery offers this opportunity. Prevention is of course the first choice, and should be implemented as widely as possible, but when it is not enough, treatment at its best should be offered as soon as possible.

*Based on the position paper for the subject (attachment 2).

Rogers Kasirye, UYDEL, Uganda - Convention on the Rights of the Child

On the continent of Africa, 70% of the population is made up of youth. This means that whatever we talk about when discussing drug abuse we need to bear in mind how we position children and what type of generation do we want to raise. The United Nation Convention on the Rights of the Child (UNCRC) stands out by providing a human rights perspective to protect children.

The United Nation Convention on the Rights of the Child (CRC), article 33, stands out among the core UN human rights treaties in setting out a human right perspective to protect children. Article 33 provide that "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to **protect** children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances."

Article 33 contains two clauses: one relating to drug use and one to involvement in the drug trade. The second clause is connected via Article 33 to the three UN drug control conventions: The Single Convention on Narcotic Drugs 1961 ("Single Convention"), the Convention on Psychotropic Substances 1971 ("1971 Convention"), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 ("Vienna Convention").

In relation to an earlier topic: rescheduling cannabis, the question where we position children is also of importance. This is where we need to raise this question. Are the WHO aware of the dangers imposed on children, and do they take this into account when opting to reschedule cannabis? There is a need to be careful when opening up space, especially as most adolescents do not do drugs. Instead, need to focus on and emphasise protective factors. If cannabis is rescheduled, how are these young people going to be protected? We need to be mindful of the next generation.

Coming back to the CRC Article 33, states have an obligation to protect children from drugs.

- To control those drugs in certain ways.
- The drug supply chain imperils children at each stage, from production to use.
- Harmed through drug use, parental drug dependence, drug-related violence, exploitation in trafficking, and a range of other ways

Article 33 is an important check on state actions in drug control.

- Protecting children from drugs will be carried out in the context of drug policies.
- States parties have consistently provided periodic reports to the Committee on the Rights of the child, and the
- Committee has welcomed and encouraged such laws.
  States parties must take appropriate measures to prevent the use of children in the illicit drug trade.
- Article 33 and the drugs conventions are complementary to the Vienna Convention.

The guiding principles of the Convention include non-discrimination; Adherence to the best interest of the child; Right to life; Survival and development; and the right to participation. In terms of Rights: ´

To be protected from drugs, children and young people should be taught about their effects. Teaching of this nature should take the views of young people into account, and should be carried out at both primary and secondary level; If a child or young person is affected by drugs

they shouldn't be judged for taking them, but should be treated in a way that helps them get better. Furthermore, children and young people should be protected from the effects of a parent's drug use and that their lives shouldn't be made more difficult because of it.

The reality is that drug use can harm teenagers in several ways through: Contribute to poor judgment and making bad decisions; Poor performance in schools; Increasing the chances to get into fights, accidents and other dangerous situations; Damage the growing body and developing brain; Lead to addiction during adolescence.

Risk factors for using drugs include: Home environments; Lack of parent child attachments and nurturing; Poor social coping skills; Affiliation with peers displaying deviant behaviours; Perception of approval of drug –using behaviours in the environment; Adolescents in transaction sex, may use drugs as a way to cope with the cold sleepless nights, male clients, courage and confidence, peer influence/socializing, lessen hunger, forget negative thoughts/feelings

Reasons why not all teenagers use drugs:

- Disapproval of drug use by significant people in their lives
- Fear of legal consequences
- Has a strong interest in being responsible and a good role model
- Develop future career goals
- Uses spare time e.g. several hobbies, a part-time job, voluntary work
- Has negative prior experience with drugs
- Fear for addiction
- Concern about losing control.
- Has several alternatives sources for excitement e.g. sports, theatre, music and other school interests.

Protective factors:

- Strong and positive family bonds.
- Parental monitoring of children's activities and peers.
- Clear rules of conduct that are consistently enforced within the family.
- Involvement of parents in the lives of their children.
- Other alternatives like MDD, sports, scripture union.

Ways forward:

- We need to avoid or be careful when legislating about narcotics.
- Legalisation and users point of view (market users, export, medical and billion) as children defenders. Similar experiences with Tobacco, Alcohol, safeguard Violation of child protection of rights and international law and its narcotic laws.
- Keeping children free from harm and be healthy Safety of our children.

Asia Ashraf, Peace Inn, Pakistan – Position Paper on the topic

The position paper was compiled by Monica Barzanti (San Patrignano, Italy), Asia Ashraf (Peace Inn, Pakistan) and Rogers Kasirye (UYDEL, Uganda).

Asia Ashraf presented the Position paper on the Treatment and Recovery of Youth, which highlighted the following points: Early Detection being fundamental; Mandatory Treatment; Needs Assessment; Gender issues; A welcoming environment; Professional staff and activities; Individual Educative plan; Net set of values; Families; and Life and Work skills. Last but not least, a meaningful way to spend free time should be part of the daily routine, thus helping young people to learn how to tackle with possible difficult moments on a daily basis.

In Pakistan the age of onset drug use is decreasing, we are even seeing nine year olds with heroin dependence in Pakistan. Drugs effects the brain and mental capabilities; young people are most vulnerable. Alcohol and drug dependence among youth is a great threat to achieve sustainable development goals.

It is important to bear in mind the social and culture aspects, which make it difficult for women and young girls to seek help. Furthermore, treatment is frequently not available for women and girls. Thus, it is of importance to have culturally sensitive, gender specific treatment options.

When it comes to treatment, it will be a long process, caretakers should be prepared for this. Making sure how to spend quality leisure time in health activities.

Remarks from the floor

- When speaking about young people, it is important to include communal rights.
- In addition to what Asia presented, it is important that we also instil the right of children for their agency. To listen to them, to make them an integral part of decision making and their own rights. Today, decisions are being made without listening to children, that is why reintegration is difficult and empowerment of children is hindered – in these cases the children do not participate because they are in disagreement with what the adults are doing. If this happens, they are left behind. When we think a process is made for children, in may very well not be.
- Comments on the Position paper: Mandatory treatment should be changed to alternatives to treatment in incarceration

Topic 4: Practicalities

After the position papers, the meeting left thematic uses and discussed the week ahead: the 63rd CND.

Esbjörn Hörnberg, WFAD, Sweden – CND – process, what you can do, and how.

The Commission on Narcotic Drugs (CND) was established in 1946 as a functional Commission of the UN Economic and Social Council (ECOSOC). Functional Commissions are provided for under the UN Charter to carry out specific responsibilities to ECOSOC. The CND reports to ECOSOC and advises on all aspects of the control of narcotic drugs, psychotropic substances and their precursors. On the basis of advice from the World Health Organisation (WHO), the CND can add or remove drugs from the international control under the Single Convention (1961) and Psychotropic Drugs Convention (1971) – or can change the schedule(s) under which they are listed. Furthermore, on the advice of the International Narcotics Control Board (INCB), under the Illicit Trafficking Convention (1988), the CND can under international control bring in chemicals which are frequently used in the manufacturing of illicit drugs.

The CND includes Officers of the Commission, which are nominated by the Regional groups (Africa, Asia, Eastern Europe, Western Europe and other States, Latin America and the Caribbean). The CND meets annually to consider and adopt a range of decisions and resolutions, also Intersessional meetings of the CND are regularly convened to provide policy guidance to the UNODC[2].

Discussion held by Dag Endal, Coordinator Drug Policy Futures (DPF) and FORUT.

There are limitations to how much we as Civil Society can impact or change when coming to Vienna. However, there is a possibility to influence during the CND and the Intersessional Meetings. That being said, some of it happens openly, a lot of it happens in the corridors like all politics, as well as in side-events where influence can be made in regards to Member State delegates.

There have been cases in the past where NGOs have behaved poorly, and breaking the rules. This lead the Vienna NGO Committee (VNGOC) to produce a code of conduct.

During the CND, what we need to do going forward, is to be strong in our joint messages, moderate in words and to of course, behave correctly. We have a good menu for action in the UNGASS outcome document, our challenge is to make it into reality and action, such as ACTION NOW!

In the coming ten years of the CND will be years of implementation, not really trying to negotiate new documents but rather see how best to implement the UNGASS outcome document. Civil Society can support governments in implementing. We have an interest to protect the status of the UNGASS outcome document.

The DPF has produced 2000 post-cards with messages on Children and Youth First! There will be an exhibition on the second floor in the building in Vienna.

Read the DPF Core Message: Children and Youth First!

[2] https://www.unodc.org/unodc/en/commissions/CND/index.html

Media plugs from the DPF Core Messages

COMMUNITY ACTION

Governments must **empower** local communities to develop plans and strategies to mobilize and protect young people and assist them in reaching their **full potential**

DRUG POLICY FUTURES

EARLY INTERVENTION

Governments must have systems in schools to **identify and assist** vulnerable children and youth

DRUG POLICY FUTURES

SCHOOL PROGRAMMES

Governments must make **reducing** drug use **prevalence** rates and keeping them low a national priority and **regularly monitor** prevalence figures

DRUG POLICY FUTURES

LOW PREVALENCE

Governments must make **reducing** drug use **prevalence** rates and keeping them low a national priority and **regularly monitor** prevalence figures

DRUG POLICY FUTURES

SUPPORT PARENTS

Governments must implement **better parenting programmes** to help parents succeed

DRUG POLICY FUTURES

Amy Ronshausen, Drug Free America Foundation, U.S., World Federation Against Drugs - Future of the Vienna NGO Committee

"The Vienna NGO Committee on Drugs (VNGOC) was established in 1983 to provide a link between non-governmental organisations (NGOs) and the Vienna-based agencies involved in setting drug policy: the UN Commission on Narcotic Drugs (CND), the International Narcotics Control Board (INCB), and the United Nations Office on Drugs and Crime (UNODC). We also work closely with our sister New York NGO Committee on Drugs (NYNGOC) when working with other UN bodies such as the General Assembly (GA) and the Economic and Social Council (ECOSOC)"[3].

Our position has always been that the Board of VNGOC should reflect the membership, meaning that the Board should include members who can speak about prevention, harm reduction, treatment and recovery. At the moment, certain groups are over represented within the membership, this is not saying these groups are bad but rather that we need more organisations working on for instance prevention so to have a more balanced membership. Harm reduction, for instance, for us is a stepping stone towards treatment and recovery.

Discussions

There has been a discussion regarding the VNGOC and the New York Committee, which is a parallel group in existence. The discussion follows that VNGOC has its rules and constitution – our position is that these two bodies are two different bodies, meaning that the members of the VNGOC decides the future of the VNGOC, while the members of the New York committee does the same by its members.

The participants see the VNGOC as a global committee, and perhaps the name should reflect that position.

[3] vngoc.org/about-the-vngoc/welcome-to-the-vngoc-e-home/

The Annual Congress of the World Federation Against Drugs

After the 7th World Forum Against Drugs: Strategic Meeting was finalised, the participants proceeded to the Annual Congress of the World Federation Against Drugs. During which twenty-three members with voting rights participated in Vienna, while ten members with voting rights participated online. A further seventeen members participated both in person and online (each organisation holds one vote in the elections).

A new Board and International President was elected during the Congress (read more about the board on the WFAD website). Amy Ronshausen was unanimously elected International President of the WFAD.

Furthermore, the WFAD Ten-year Strategic plan was approved. The strategic plan sets the goals for the coming ten years. A short summary of the focal points is described in the following text.

To date, WFAD's approach to advocacy in prevention, treatment and recovery among the network of members has been widespread. This has been achieved via a series of World Forums:

- The 1st World Forum Against Drugs was organized in 2008. The most important outcome of the Forum was the creation of the organization World Federation Against Drugs in June 2009.
- As one of the first tasks as a new organization, WFAD organized the 2nd World Forum Against Drugs in May 2010.
- The 3rd Forum was held in May 2012
- The 4th Forum was held in May 2014.
- The 5th Forum was held in Vienna, Austria on the 12-13 of March, 2016.
- The 6th Forum was held in Gothenburg, Sweden on 14th May 2018
- The 7th Forum, 1 March 2020, with focus on prevention, treatment and recovery among youth.
- The 8th Forum is planned for 2020.

A part from the World Forums, Regional Forum take place throughout the year. In 2019, four such regional forums were held in the United States, India, Singapore and Serbia. Whilst an East African Regional Forum took place in February 2020.

Within the Strategy, it was agreed that, to gain momentum and have a clear international voice, it is important to focus on a few issues that are most important. There are two issues, (apart from the important areas of prevention and recovery), that should be concentrated on, because they can be 'game changers' to build more support and are in need of progressive change, in the international drug debate. They are:

- The rights of the child to be protected from illicit drugs; and
- The issues of women and drug abuse.

The 'Rights of the Child' is something we cannot overlook. WFAD's aim is to turn the focus of the debate from the adult user (most often a male person) to the non-using child, up to 18 years old. By doing so, the debate will be about prevention primarily, which is the way to diminish the problem long-term. Research indicates that teens between the ages of 12-17 who abstain from alcohol and drug use are less likely to have substance abuse issues as adults. Furthermore, the Convention on The Rights of the Child, article 33, sets the agenda for Member States to focus particularly on the rights of the child – as should WFAD and our membership.

Women and drug abuse: There are few organisations on the global level that specifically address the situation of women facing addiction. Therefore, WFAD has started to develop a 'Gender Working Group' initiative that specifically addresses the illicit drug use/addiction among women, gender-based violence and its correlation with illicit drug use and access to health care, treatment and recovery services for women, in order to advocate for women's rights and contribute to the global drug policy debate.

Thus, WFAD's focus areas continue to include, but are not limited to: Women and addiction, the Rights of the Child, Prevention – and the Recovery chain, as well as harm reduction, advocacy, and anti-legalization.

The Commission on the Status of Narcotic Drugs

Following the meeting, the 63rd CND took place. Where WFAD hosted and co-hosted four side-events. The 63rd Session was held in Vienna, In the framework of the 63rd session of the Commission on Narcotic Drugs, over 100 side events took place, as well as a Youth Forum and an Informal Scientific Network meeting. This report attempts to provide an overview of the broad variety of events organised.

Below follows a short summary of the different events, directly copied from the CND side-event report[4].

ELEMENTS OF THE (CHILD) RIGHTS-BASED POLICY Organized by CWIN-Nepal, Movendi International, the Slum Child Foundation, and the World Federation against Drugs provided testimonials from India, Nepal and Uganda.

BARRIERS TO ACCESS TO TREATMENT AND RECOVERY – ISSUES FACED BY WOMEN LIVING WITH SUBSTANCE USE DISORDERS Organized by EURAD, Proslavi Oporavak/Celebrate Recovery, Stand & the Western Cape Substance Abuse Forum, the Women's Organizations Committee on Alcohol and Drug Issues, and the World Federation Against Drugs

BARRIERS IN ACCESS TO TREATMENT AND RECOVERY – ISSUES FACED BY WOMEN LIVING WITH SUBSTANCE USE DISORDERS

Tuesday, 3 March, 9.10 – 10.00 a.m., Conference Room MOE100

Organized by EURAD, Proslavi Oporavak/Celebrate Recovery, Stand & the Western Cape Substance Abuse Forum, the Women's Organizations Committee on Alcohol and Drug Issues and the World Federation Against Drugs

Women living with and affected by addiction are a particularly vulnerable group. One out of three substance users is a woman, while only one out of seven people in treatment is a woman. Women using drugs are later detected than their male counterparts and are more likely to be subjected to violence, face greater stigma in society as well as barriers in access to treatment and recovery services. This side-event, hosted by the World Federation Against Drugs, covered the barriers in access to treatment and recovery, thereby offering an in-depth example of the Western Cape Province in South Africa. The side-event provided a unique platform highlighting the needs and common concerns, while re-visiting the demands made by the Convention on the Elimination of Discrimination against Women. With a wide-range of speakers, the side-event emphasised the need to focus on women and create gender sensitive approaches to prevention, treatment and recovery.

4 https://www.unodc.org/documents/commissions/CND_CCPCJ_joint/Side_Events/2020/CND_Side_Event_Report_2020.pdf

IMPROVING OUTREACH AND MULTIDISCIPLINARY APPROACH TOWARDS PEOPLE WHO USE DRUGS AND PEOPLE IN RECOVERY IN WESTERN BALKAN COUNTRIES Organized by the Government of Serbia, Association Izlazak, Preporod/Rebirth, Proslavi Oporavak/Celebrate Recovery and the World Federation Against Drugs

IMPROVING OUTREACH AND MULTIDISCIPLINARY APPROACH TOWARDS PEOPLE WHO USE DRUGS AND PEOPLE IN RECOVERY IN WESTERN BALKAN COUNTRIES

Tuesday, 3 March, 9.10 – 10.00 a.m., Press Room

Organized by the Government of Serbia, Association Izlazak, Preporod/Rebirth, Proslavi Oporavak/Celebrate Recovery and the World Federation Against Drugs

The side event was organized by the Office for Combating Drugs of the Government of the Republic of Serbia. Participants of the side event had the opportunity to hear about the ongoing Regional Balkan Project that has started back in 2015 and which is a joint cooperation between World Federation Against Drugs and three leading civil society organizations in the Balkan region: Izlazak from Serbia, Celebrate Recovery from Bosnia and Herzegovina, and Preporod from Montenegro, with the support of all 3 National Drugs Offices.

Throughout the project, they have established Community Counselling Centres with free helplines to be able to reach out to people affected by drug use and those who need social integration. The side event included presentations of the project activities in all three countries with a special focus on a multidisciplinary approach and building cooperation between institutions and civil society organizations, as well as addressing stigma as a major barrier to treatment.

BEYOND PREVENTION: EMPOWERING YOUTH TO BUILD UP THEIR FUTURE Organized by the Government of Italy, the Drug Free America Foundation, EURAD, Movendi International, the San Patrignano Foundation, the Turkish Green Crescent Society, and the World Federation Against Drugs

BEYOND PREVENTION: EMPOWERING YOUTH TO BUILD UP THEIR FUTURE

Tuesday, 3 March, 2.10 – 3.00 p.m., Conference Room MOE100

Organized by the Government of Italy, the Drug Free America Foundation, EURAD, Movendi International, the San Patrignano Foundation, the Turkish Green Crescent Society, and the World Federation Against Drugs

Opening remarks were made by Ambassador Cortese, Permanent Representative of Italy, who underlined that prevention should be effective and scientific based: Youngsters are the most vulnerable, to improve the future they represent, they need empowerment through providing them with opportunities to develop their talents.

The Drug Free America Foundation (DFAF) presented its online prevention program about marijuana, while Movendi International focused on the promotion of healthy lifestyles to support youngsters avoiding choice that can affect their future severely. GC focused on good practice, including life skills trainings and the importance of including youth in the advocacy.

Due to the COVID-19 crisis, the San Patrignano representative presented via video message the latest SP initiative in the area of prevention: the project aims to train a number of students per school to become tutor for orientation and prevention, providing them with critical awareness, knowledge about the problem of Drug Use Disorders (DUD) and how it affects young people future, empowering them to become positive leaders in their peer group.

POSITION PAPERS

Attachment 1: Youth Drug Use Prevention is the Top Public Health Priority
Written by Robert DuPont, Board member WFAD.

Prevention must be the foundation of the world's response to the menacing spread of drug addiction. The growing costs of drug use are staggering. The difficulty of stopping drug use by those already addicted to drugs is unmistakable. Virtually all adults with substance use disorders began using substances before age 18, and it is well-known that the earlier the initiation to use and the heavier that use, the more likely an individual will suffer problems related to substance use later in life. Initiating problematic substance use in adulthood is far less common. In the context of youth drug use, this includes drugs that are legal for adults in most parts of the world, including alcohol and nicotine, and sometimes marijuana, as well as the purely illegal drugs such as cocaine, heroin and the new psychoactive substances (NPS).

Across the world, most youth do not use any substances. The imperative public health goal today worldwide is to increase the percentage of children and young adults who make the choice for health not to use any drugs. Achieving this goal will shrink the number of young people who develop substance use disorders in adulthood. While adult substance use can be controversial, youth substance use is universally seen as unhealthy and unwise.

Modern brain science has shown the unique vulnerability of the developing brain to addictive drugs as well as the great risk of youth substance use progressing to addiction. Research shows that often for youth, decisions about substance use are not drug-specific. Once a young person has used any substance, there is a significantly increased risk of that young person using other substances. The critical health decision for every young person is whether to use or not to use any substances. Those who choose to use substances go on to face a thousand additional decisions, day in and day out, about which drugs to use, when and how much to use. Those who choose not to use any substances have no such decisions with which to struggle. Youth prevention must therefore focus on that core decision, understanding that across the world different drugs are more common than others.

The world must unite in promoting a clear health standard for the health of our youth: no use of substances including alcohol, nicotine, marijuana and other illicit drugs. This is analogous to other clear health standards like wearing seat belts in vehicles, healthy eating habits and daily exercise. Some youth do use drugs. This same health standard applies to them: encourage and support them in stopping their substance use. To normalize youth drug use is to put youth at risk of the many harms that result from drug use in both youth and adulthood. To de-normalize youth drug use is to protect the health of youth and to reduce the problems of adult drug use.

This health standard of no use for youth is central to Article 33 of the Convention on the Rights of the Child (CRC), the only UN convention that specifically addresses youth drug use. It states, "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances."

Embracing CRC Article 33, and the science of the uniquely vulnerable developing adolescent brain, nations from across the world must unite around the health standard of no use for young people and work directly with youth to greatly increase that number who choose to not use any substances.

Attachment 2: Treatment for Children and Young people
Written by Asia Ashraf, Monica Barzanti, and Rogers Kasirye.

The phenomenon of drug use among children and young people is a growing problem which needs to be addressed at a global level and in a multidisciplinary way. According to the epidemiological studies, the number of youngsters who admit having tried drugs continues to grow, while the age of first use is decreasing. It is widely shared and demonstrate also by the scientific community that addictions most severely affect young people, compromising their mental health, their possibility to develop and grow, to build their future, to mature as adults and achieve their objectives. Thus depriving societies of their possible contributions as active members of it, especially in developing countries where the use of drugs threatens the achievement of Sustainable Development Goals.

Globally, cannabis has by far the highest prevalence, especially among young people between 15/16 and in some area it is also the primary drug of concern in the majority of treatment admissions*. Also the use of opioids, cocaine, NPS and amphetamine-type drugs are spread among youngsters. Worldwide, drug use and associated social and health consequences are highest among young people and most vulnerable group. In many countries, lack of early detection strategies and prevention initiatives cause a quick development toward severe addiction among the youngster and contemporarily they are easily involved in drug dealing and street crimes. In the case of incarceration, the situation only gets worse, as drugs are largely diffused in jail: strategies to help children and youngsters with addiction issues in jail need to be identified and implemented worldwide.

In many countries stigma toward people with drug use disorders is still very strong and particularly affect women and girls, who in turn suffer the worst consequences: girls facing addiction are detected much later than their male peers, double stigma concerning their role as carers hinder many women from seeking treatment. Furthermore, the lack of gender sensitive, culturally appropriate treatment facilities options hinder many women and girls from seeking and receiving treatment. According to the UNODC World Drug Report 2019 "For people with drug use disorders, the availability of and access to treatment services remains limited at the global level, as only one in seven people with drug use disorders receive treatment each year."

It should be a common goal, shared by all those who have at heart the future of our next generation, the idea of providing them with the best opportunity to overcome these issues and regaining control on their lives. Recovery offers this opportunity. Prevention is of course the first choice, and should be implemented as widely as possible, but when it is not enough, treatment at its best should be offered as soon as possible.

Main elements that need to be taken into consideration:

- Early detection is fundamental: programs should be implemented at various level in different environments (schools, parents' program, communities level), to detect vulnerable children and intercept them in the early stages of addiction.
- Alternatives to Incarceration treatment. The interventions of public Institution (Services for minors, courts for minors etc.) are often necessary to make the different available options mandatory in particular in case of residential treatment, as minors are often not aware of their problems. It could be an optimal alternative to jail for those already convicted for drug dealing or crimes committed to maintain their addiction.

- Need assessment. Problems and needs assessment (included health conditions): often young people are poly-drug users, but also present other relevant behavioural problems, other kind of addiction, co-morbidities, family issues. Childhood traumas of different kinds are very often present.
- Gender issues. Sexual and gender issues are very relevant when we deal with adolescents. In some countries stigma is still strong toward girls and the services should provide gender sensitive treatment approaches. Also, we have to be aware of the many differences exist between girls and boys, and implement the most appropriate approaches. As well as to be aware of eventual traumas that may negatively affect young persons and impact their drug use.
- Welcoming environment. A wide range of different opportunities in a welcoming environment should be offered: very often these kids come from a deprived environment (poor families, low social and economic condition, low educational level of the family of origin, emotionally deprived family settings).
- Professional staff and activities. Educators have a fundamental role: they have to listen to their needs, gain their trust and trust them, accompanying them in a gradual gaining of self-confidence and self-esteem. Psychological and psychotherapeutic support - and in case psychopharmaceutic support for a short period of time - might be necessary to address pre-existing traumas. Sport as well as artistic activities (music, theatre, dance and other), are to be included in the daily routine, along with daily home duties and growing tasks to perform responsibly. Vocational training options to raise interest and help planning their working carrier are also necessary. Adequate staff able to provide all this wide range of activities should be present.
- Individual Educative Plan. The treatment plan, should be an Individual Educative Plan. When working with minors especially, the educational aspects (formal and non-formal education, emotional education etc.) are the main basis of the treatment. The plan should be developed also with the direct involvement of the minor, raising his/her awareness about the value of correct, responsible choices, and helping him/her to identify the path that best fits his/her needs and desires.
- New set of values. Friendship and respect for peers and adults, the creation of new relationships based on these two elements are a fundamental part of the treatment. They help improve control of one's emotions while cancelling the sense of isolation so dramatically present in each of these youngster.
- Families. Relationships with the families of origin are often disrupted, and require attention and efforts to recreate them. In some cases, family of origin is dysfunctional and a close relation, and possible future cohabitation, could affect the completion of the recovery program. In this case, it is anyway necessary to improve the relationship to any possible extent, while contemporary offering the minors the opportunity to build up their future independently from their family.
- Life and work skills. Social reintegration is a very delicate process, it requires patience on both side (educators and minors) and a careful planning, especially in those situations in which families are not available or advisable. Clear plans for the future have to be shared and prepared beforehand, in order to provide the minors with the necessary tools to implement them: formal education as well as vocational trainings opportunities are to be provided.
- Last but not least, a meaningful way to spend free time should be part of the daily routine, thus helping young people to learn how to tackle with possible difficult moments on a daily basis.

- Last but not least, a meaningful way to spend free time should be part of the daily routine, thus helping young people to learn how to tackle with possible difficult moments on a daily basis.

*https://wdr.unodc.org/wdr2019/prelaunch/WDR19_Booklet_2_DRUG_DEMAND.pdf

SAM Smart Approaches to Marijuana
preventing another big tobacco

Adverse Impacts of Marijuana on Health and Young People
Smart Approaches to Marijuana

The rapid implementation of legalization and the lax attitudes towards marijuana have necessitated a review of the dangerous consequences of marijuana use.

Marijuana is increasingly perceived to be and marketed as a harmless drug. Relative to alcohol and tobacco, its adverse health outcomes are unknown to the public, and are further downplayed by an industry seeking to profit from its widespread use. In the past few years, marijuana use has dramatically increased in the United States, led by those states in which the drug is legal. The dangers posed by legalization, as demonstrated in the U.S., reflect a more serious threat to global health than is generally understood.

SAM holds that:

- There is no reason for the commercialization of marijuana that supersedes the harms it poses.
- More fact-based and scientifically motivated research must be conducted to understand the medicinal qualities of certain components of marijuana.
- There must be a greater effort to educate the public on the scientifically-settled facts of the harms of marijuana use.
- Efforts to curb growing youth use rates must be prioritized.
- Legalization cannot be permitted until more is known about the consequences of marijuana use.

Marijuana is a harmful drug with adverse consequences for physical and mental health. Its addictive properties exacerbate the risks of use. Studies conducted on brain scans of marijuana users have found that marijuana can impact the brain's reward center in a manner consistent with addiction.[i] The National Institute on Drug Abuse reports that nearly 30% of marijuana users will develop some form of marijuana use disorder.[ii] The chances of developing marijuana use disorder are four to seven times greater for people who begin using marijuana before the age of 18. In the past year, the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health found that over 4.4 million people reported marijuana use disorder in the United States. Over 500,000 of that group were under the age of 17.[iii]

Two of the greatest contributors to the negative outcomes associated with marijuana use, potency and frequency of use,[iv] are encouraged and promoted by a legal marijuana market.

Marijuana use has been linked to a variety of severe mental health issues. Studies link marijuana use to the development of schizophrenia, psychosis, anxiety, depression, and suicidality.[v] Physical health is also compromised through marijuana use. Marijuana has been shown to cause serious cardiovascular problems and has also been linked to some forms of cancer.[vi]

400 N. Columbus Street, Suite 202
Alexandria, VA 22314
http://www.learnaboutsam.org

Marijuana use during pregnancy is on the rise, as marijuana becomes normalized, to dangerous ends. Research has found that marijuana use during pregnancy negatively impacts cognitive development of the child, as well as may cause neuropsychiatric disorders.[vii] Marijuana use during pregnancy has additionally been found to increase the risk of small-for-gestational-age births, and preterm births.[viii]

Though many have suggested that marijuana legalization will positively impact addiction to other drugs, science has shown the opposite to be true. Marijuana legalization has not been found to impact the opioid crisis in any positive way, as legalization proponents have suggested.[ix] Moreover, marijuana use predisposes users to opioid use. Scientific studies have found marijuana users to be 2.6 times more likely to abuse non-prescription opioids.[x] This finding is backed by a plethora of scientific literature which has determined that marijuana users often go on to use and abuse other substances, including tobacco and alcohol as well as other dangerous drugs, such as non-prescription opioids.[xi]

These adverse outcomes are worsened among people who begin marijuana use before the age of 18.[xii] Marijuana has a profound impact on the developing brain, and as such, poses a unique risk to young people.[xiii] However, young people increasingly perceive marijuana as harmless. This is a result of the normalization and commercialization of marijuana. Youth perceptions of risks associated with marijuana use are declining rapidly, led by declining rates in marijuana-legal states.[xiv]

Coinciding with decreasing perceptions of risk, are increasing use rates among youth in the U.S.[xv] This trend illuminates the threat to youth everywhere, as the average potency of marijuana products continues to increase with market demand. Monitoring the Future, the most comprehensive youth substance use survey found in 2019, that near-daily marijuana use among young people in the United States reached a new high of 4.2%, led by 12th graders, whose near-daily marijuana use rate in 2019 reached 6.4%.[xvi]

The normalization and subsequent commercialization of marijuana bears alarming consequences as the world becomes complacent to the harms of the drug. Education and prevention are vital in the face of the growing threat posed to global health. Guidance from World health leadership is necessary to address the severity of the situation.

---

[i] Retrieved from https://www.nejm.org/doi/full/10.1056/NEJMra1402309
[ii] Retrieved from https://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive
[iii] Retrieved from https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables
[iv] Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/30902669
[v] Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyt.2018.00294/full; https://www.nature.com/articles/s41380-019-0374-8#article-info; https://www.ncbi.nlm.nih.gov/pubmed/25875443?dopt=Abstract; https://www.nature.com/articles/s41380-019-0374-8#article-info; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288149/; https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723657
[vi] Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4642772/#__ffn_sectitle; https://doi.org/10.1001/jamanetworkopen.2019.16318; https://clincancerres.aacrjournals.org/content/early/2020/01/11/1078-0432.CCR-18-3301; https://www.docdroid.net/RSjt8IW/evidence-of-carcingenicity-in-marijuana-smoke.pdf
[vii] Retrieved from https://doi.org/10.1038/s41593-019-0512-2

[viii] Retrieved from https://bmjopen.bmj.com/content/bmjopen/6/4/e009986.full.pdf; https://doi.org/10.1038/s41372-019-0576-6
[ix] Retrieved from https://www.pnas.org/content/116/26/12624
[x] Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28946762
[xi] Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/30573024/; https://www.sciencedirect.com/science/article/abs/pii/S0376871616000429; https://www.ncbi.nlm.nih.gov/pubmed/16823391; https://www.ncbi.nlm.nih.gov/pubmed/25168081; https://www.ncbi.nlm.nih.gov/pubmed/31752436
[xii] Retrieved from https://www.jneurosci.org/content/39/10/1817; https://doi.org/10.1177/0706743716645289; https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2723657?widget=personalizedcontent&previousarticle=2755276;
[xiii] Retrieved from https://www.jneurosci.org/content/39/10/1817
[xiv] Retrieved from https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables; https://www.samhsa.gov/data/sites/default/files/reports/rpt23236/NSDUHsaeShortTermCHG2018_1/NSDUHsaeShortTermCHG2018.pdf
[xv] Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt23236/NSDUHsaeShortTermCHG2018_1/NSDUHsaeShortTermCHG2018 .pdf
[xvi] Retrieved from http://monitoringthefuture.org/data/19data.html#2019data-drugs