



Grounding Drug Policy in Science and Public Health

This submission addresses the UNGASS subject areas of: *Drugs and Health*, and *New Challenges, Threats and Realities in addressing the World Drug Problem*.

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Reporting Organization:

The Multidisciplinary Association for Psychedelic Studies (MAPS) works to develop medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and cannabis. MAPS furthers its mission by:

- 1) Designing and sponsoring FDA-approved clinical research with the goal of developing MDMA and cannabis into prescription medicines.
- 2) Supporting scientific research in neuroscience, creativity, and spirituality.
- 3) Educating the public about the risks and benefits of psychedelics and cannabis.
- 4) Advocating for the elimination of barriers to research.
- 5) Developing and implementing new models of harm reduction based on clinical research.

MAPS sponsors research in the U.S., Brazil, Mexico, Canada, Israel, U.K., New Zealand, Spain, Switzerland, and has developed harm reduction spaces in South Africa, Costa Rica and across the U.S.

I. Issue Summary

1. Current Drug Schedules Are Not Grounded in Scientific Research

The stated goal of the international system of drug control is “the protection of the health and welfare of humankind,” yet the Commission on Narcotic Drugs does not defer to the medical or research community to assess health. Drugs are treated first as a criminal issue, not an issue of health. Criminalization, in fact, has wreaked devastating impacts upon global public health. The current drug scheduling system is controlled by the Commission of Narcotic Drugs, which has consistently ignored WHO’s research-based scheduling recommendations. For example, WHO has recommended the removal of tetrahydrocannabinol (THC) from Schedule I, citing its widely documented medical uses and low abuse potential, at more than one meeting of the WHO Expert Committee on Drug Dependence. Yet, the Commission on Narcotic Drugs has not taken any action to remedy the schedules.

Similarly, MDMA was placed in Schedule I despite opposition from the medical community. The chairman of the WHO Expert Committee on Drug Dependence at the time, Paul Grof, objected to the scheduling, as the only scientific evidence referenced was the research on a different but related compound, MDA, administered to rats in frequent and high doses. At the time of MDMA's scheduling, the WHO's [22nd report of the Expert Committee on Drug Dependence](#) even stated: "No data are available concerning [MDMA's] clinical abuse liability, nature and magnitude of associated public health or social problems." Though MDMA had been administered therapeutically for over a decade, the Expert Committee on Drug Dependence determined that there was inadequate research supporting MDMA's therapeutic use. However, the Committee was impressed by the non-clinical reports and urged countries to pursue further research.

The WHO and CND have since failed to promote MDMA research. MAPS, a privately-funded non-profit research organization, has conducted the only medical research attempting to evaluate the therapeutic benefit of MDMA. So far, results from MAPS' [Phase II](#) research have been incredibly promising for the treatment of chronic, treatment-resistant Post-Traumatic Stress Disorder (PTSD); the Phase II research indicates that MDMA-assisted therapy dramatically outperforms current methods of PTSD treatment. [Phase I](#) clinical trials have also demonstrated that MDMA can be administered safely in pre-screened subjects, undermining any justification for MDMA's placement in Schedule I.

The Commission on Narcotic Drugs refuses to schedule substances like alcohol and tobacco, which are [demonstrably](#) more harmful both to individuals and their communities than prohibited substances like cannabis and MDMA. These inconsistent policies, with little regard for science, reflect the questionable nature and accuracy of the scheduling system. Further, the unscientific scheduling of these substances creates unnecessary barriers to research, preventing millions of people from accessing essential, life-saving medicines. Cannabis, in particular, must be recognized as an essential medicine, as it possesses tremendous therapeutic potential, minimal harm, and it is already widely accessible and inexpensive.

2. Proliferation of Unregulated Psychoactive Substances

Prohibitionist drug policies have birthed a large market for new legal recreational substances. But, many legal Novel Psychoactive Substances (NPS) are ultimately far more dangerous than the original illicit substances they aim to replace. For example, legal synthetic cannabis has enjoyed increasing popularity, despite its potential lethality. Cannabis, conversely, does not have lethal potential, and is therefore undeniably safer than its legal substitute. If cannabis were legal, people would not turn to its lethal alternative.

However, following the prohibitionist model and banning new potentially dangerous legal substances is emphatically not the solution—this route has only served to magnify harms.

MDMA serves as an example of how prohibition of a Novel Psychoactive Substance (NPS) has not only failed to decrease use, but also succeeded in increasing harms.

MDMA users are forced to purchase MDMA from illicit markets, and commonly, unknowingly, instead purchase MDMA mixed with other substances. The majority of deaths associated with MDMA have in fact been caused by dangerous adulterants sold as pure MDMA. Because of MDMA's illicit nature, there is no system of regulation, allowing for a plethora of dangerous adulterants to be mixed and sold as pure MDMA. Further, the prohibition of MDMA discourages accurate drug education or drug testing services, both evidence-based practices shown to reduce harms associated with MDMA use.

[According](#) to WHO, globally MDMA is the third most consumed illicit substance after cannabis and amphetamines. MDMA use has only continued to rise since its Schedule I placement; criminalization has failed to serve as a deterrent. If the international drug control's priority is truly the "health and welfare of humankind," drug policy must be based on evidence-based practices of reducing harm, rather than ineffective and dangerous methods of punishment.

Decriminalizing all psychoactive substances would blunt the market for legal highs, and would encourage evidence-based harm reduction practices such as drug education and testing without fear of prosecution. A system of regulation for spiritual and recreational drug use would further reduce harms, allowing the substances to be quality-controlled and thereby safer.

V. Recommendations

1. Ground drug scheduling in scientific research.
2. Actively promote and protect unbiased research by ensuring access to controlled substances for medical and scientific purposes.
3. Recognize cannabis as an essential medicine.
4. Prioritize health and safety, and decriminalize all drugs. Encourage regulatory frameworks to oversee non-medical substances, including both NPS and currently illicit substances.