

Forum: Economic and Social Committee

Issue: Limiting access to youth usage of cannabinoid products

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## **Economic and Social Committee - Limiting access to youth usage of cannabinoid products**

### **Definition of key terms**

#### **Cannabinoid**

A group of substances found in cannabis. The main two are THC and CBD, but over 100 others have been identified.

#### **Cannabis**

Refers to all products derived from the *Cannabis sativa* plant, and refers to this plant.

#### **CBD**

Cannabidiol, a pleiotropic drug (meaning it produces many different effects through different molecular pathways) made from the dried flowers of cannabis.

#### **Industrial hemp**

Products containing very little THC. A term used (by governments) to group types of cannabis.

#### **Marijuana**

Created from the dried flowers of cannabis, containing high levels of THC. Also known as weed or pot.

#### **THC**

Tetrahydrocannabinol, the main chemical responsible for the relaxing and euphoric effects of marijuana.

### **Introduction**

Cannabinoid products are becoming increasingly common for recreational use, with

numerous nations taking steps to decriminalize these within the last couple of years. However, most have also worked to restrict access to these products for the youth, or minors. Unfortunately, it remains an issue of global relevance, with Viroj Sumyai, 2019 president of the International Narcotics Control Board (INCB) stating that '[The] legalization of cannabis for recreational purposes, as seen in a small number of countries, represents not only a challenge to the universal implementation of the treaties [regarding international drug control] and the signatories to the treaties but also a significant challenge to health and wellbeing, particularly among young people.'

Cannabis was used recreationally and medicinally in numerous ancient civilizations, such as by the Egyptians, Persians, Chinese, Indian Hindus, Greeks, Romans, and Assyrians. It was introduced to Western Medicine in the 1800s, however, in the 1970s multiple states, like the United States, began restricting the use of the drug. Now, many nations are recognizing the beneficial elements of the drug, and slowly it is being legalized.

Cannabinoid products can be separated into cannabidiol (CBD) products, and marijuana, which are products containing substantially high levels of tetrahydrocannabinol (THC).

### **Marijuana products**

Marijuana affects the user's mood, cognition, and appetite as a result of the THC attaching to the two cannabinoid receptors (CB1 and CB2) in the brain and peripheral tissues. These effects are dose-dependent, with high dosages usually affecting the user more than lower dosages. Therefore, the concentration and amount of marijuana consumed is a relevant consideration in the restrictions placed. The effects of marijuana depend greatly on the dosage, strain, and user. Some strains may increase stimulation, anxiety, or paranoia, while, conversely, others may increase creativity, cause psychedelic effects (such as internal hallucinations - 'closed-eye hallucinations' - or color enhancement), euphoria, or anxiety suppression. In general, it tends to strengthen naturally-occurring emotions (therefore generally happy people are more likely to experience increased happiness), while generally unhappy people will likely experience increased unhappiness).

Marijuana can be smoked in hand-rolled cigarettes (joints), hand-rolled cigar wraps (blunts), pipes, water pipes (bongs), or vaporizers. It can further be consumed in tea or when incorporated into foods (edibles).

Little is known of the long-term effects of marijuana on the brain, however, science has identified a decrease in the productivity of memory and cognitive function as a result of frequent use. While this is often reversed by abstinence, it appears to have a lasting effect if the product is used while the brain of the user is still developing. This is because

adolescents experience more growth in the myelin sheath than older people. The myelin sheath is an insulatory substance covering the axons of neurons, which increases the speed at which signals travel through one's nervous system. Heavy use of marijuana can stunt myelination, however not to the same extent as extensive use of alcohol. Therefore, children and minors will likely experience negative cognitive effects for the rest of their lives as a consequence of use when younger. Some users (regardless of age) may also experience long-lasting psychological effects and disorders, sometimes even psychosis, as a result of marijuana usage.

Products containing more CBD are less likely to cause these outcomes, however, illicit marijuana often contains disproportionate ratios of the two, as higher THC levels entail more potent products, which can be sold at a higher price and transported in smaller shipments.

Tests (on rats) also suggest that marijuana may change the reward center of developing brains. Early users of marijuana appear to be less responsive to dopamine rewards later in life, indicating that many users of illicit drugs may move to harder drugs, or other more intensive rewards, later in life. Marijuana itself has much controversy surrounding how addictive it may or may not be, however, the general consensus does suggest that when used by teenagers it is likely to become a long-term habit.

Marijuana has been increasingly decriminalized in previous years, mainly for its medical potential. In these cases, it is usually referred to as 'medical marijuana', and primarily used for the pain management and relief the drug provides.

### **CBD products**

CBD products do not have a strong binding affinity to either of the cannabinoid receptors, being a pleiotropic drug it produces its effects among many (literature has identified at least 65) molecular pathways. While research is limited and incomplete, it is known that CBD modulates several ion channels, non-cannabinoid receptors, and receptor-independent pathways, for example by postponing the 'reuptake' of endogenous neurotransmitters (including anandamide and adenosine), and increasing or decreasing the binding abilities of particular G-protein coupled receptors.

Testing has been done that indicates CBD is beneficial in the treatment of anxiety, other stress-related disorders, and depression. As a result, it is seen as a drug with much potential in psychiatric treatment. Furthermore, it influences pain perception, appears to contain cancer-suppressing properties, and, contrasting to THC, tends to be a relaxing drug. Unfortunately, trials of purified CBD products, like Epidolex, have shown that possible side effects include mostly diarrhea and increased early exhaustion, but can also extend to

decreased or abnormal liver function. In these studies, the subject is under medical supervision and can receive appropriate health care, however, this is not the case for most users. A 2017 investigation into 84 different CBD products showed that 26% of the products contained significantly less CBD than the label described, while 43% contained significantly more.

### Youth and cannabinoid products

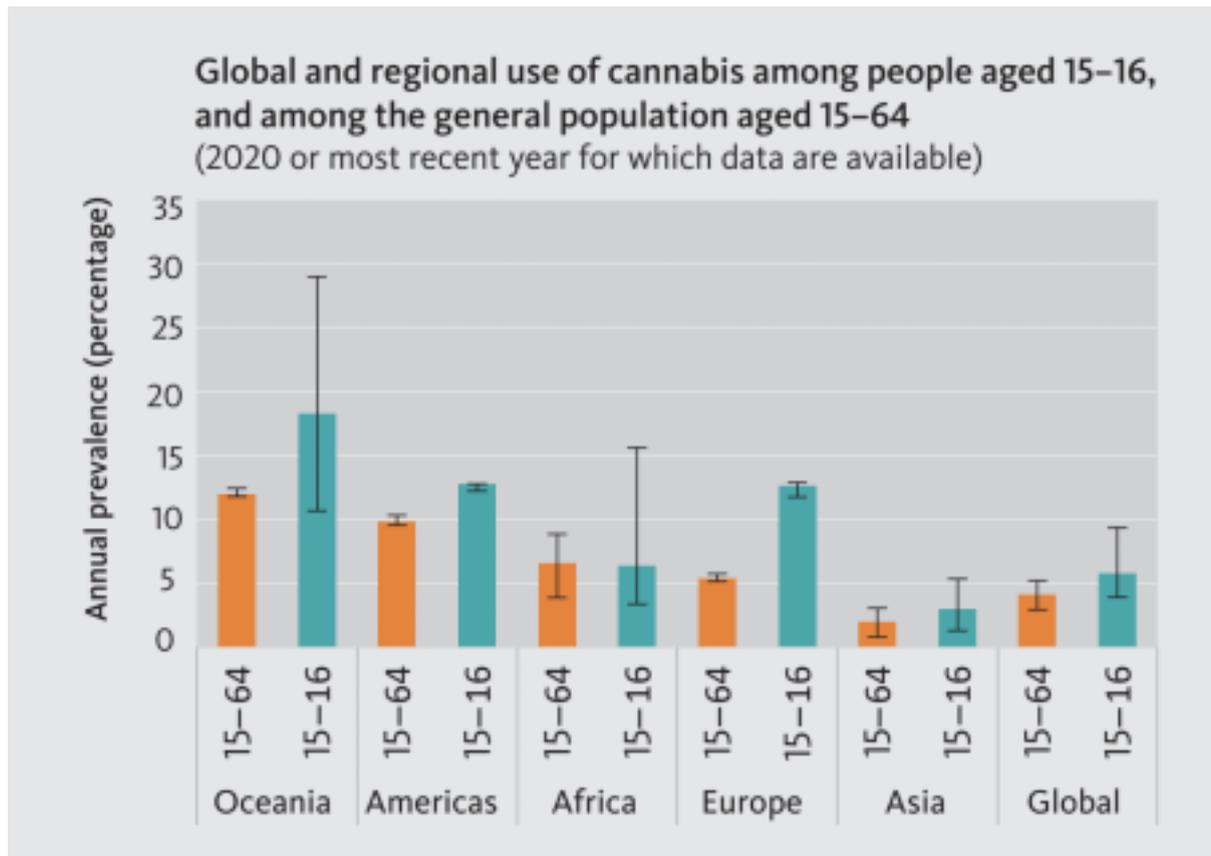
Teenagers use cannabis and cannabinoid products for a variety of reasons, such as due to social pressure, to destress, or for the reputation, it often brings with it. Some also cite wanting to rebel as a reason, indicating that legislation simply forbidding their access to the drug may not achieve the desired effect.

Cannabis (usually THC) can also be consumed through vaporizers (also known as vapes), a product increasingly enjoyed by teenagers for its variety of flavors and tastes. Vaporizers containing cannabis are more harmful, particularly to the lungs, leaving lasting effects on respiration and an increased chance of lung cancer.

One of the most significant issues when discussing cannabinoid products is the prospect of cannabis use disorder. The symptoms of this disorder include craving, withdrawal symptoms, influence on personal and professional life, and negative changes in personality. Science estimates that youth, or adolescents, are 4 to 7 times more likely to develop cannabis use disorder. This statistic is not improved by the popular misconception that cannabis is not addictive. Cannabis use disorder also entails that users experience increased difficulty with stopping, or even limiting, their usage of the drug.

While often disregarded, accidental youth access to cannabinoid products is also significant. This is usually relevant to younger children, who unintentionally consume edibles. This often leads to illness severe enough to be admitted to a hospital, with children generally being far more affected by the symptoms than adults in similar situations.

The [2022 UNODC report](#) on global drugs discussed the increase in the percentage of youth using drugs in previous years, and noted that, in accordance with previous trends, the percentage of youth using cannabis remained higher than that within the general population (see image).



It also noted that cannabis remained the most-used drug globally and that the supply and demand for the drug increased significantly in the past decade, also due to the Covid-19 pandemic. Furthermore, it is the main drug of concern for roughly 40% of countries. Africa remains a major supply hub for cannabis, legalization of cannabis in areas of the Americas has led to a substantial increase in the burden on medical systems, and in Europe 1 in 3 people receiving treatment for drug-related disorders are struggling with cannabis-related issues.

**[The current legal status of youth in relation to cannabinoid products](#)** The annual UNODC report of 2022 called for intervention in drug use amongst at-risk groups such as youth. It also observed that the legalization of cannabis resulted in increased tax revenues, and a decrease in the arrest rate for cannabis possession, but a further increase in burden for the medical system.

In the [1972-amended 1961 conference on The Single Use of Narcotic Drugs](#), several resolutions were passed. These recommended all able nations with severe issues regarding drug addiction implement drug-free hospital institutions to treat people with severe addictions, encouraged member states to collaborate to limit illicit drug trafficking, and to thereby contribute to reports by the International Criminal Police Organization (ICPO). It emphasized the need for collaborative measures to be taken against drugs and called upon

member nations to consider the psychological needs of the young when creating legislation regarding narcotics.

The nations that have currently legalized cannabis do usually have restrictions regarding youth, however, these often are ineffective, as reflected by the 2022 report by the UNODC.

## **Major parties involved**

### **Commission for Narcotic Drugs (CND)**

The primary international body regarding general narcotics is the Commission of Narcotic Drugs (CND). Established in 1949, it constitutes of 53 member states elected by ECOSOC and is the governing body of the United Nations Office on Drugs and Crime (UNODC). As per a 1999 request from ECOSOC, it has a normative branch, which focuses on treaty-making and international conventions, and an operative branch focused on exercising the role of governing body of the UNODC. A Youth Forum has also been involved in decision-making regarding narcotics, as a response to the recommendation of multiple UN member states.

### **International Narcotics Control Board (INCB)**

The INCB was established in accordance with the 1961 Single Convention on Narcotic Drugs. It monitors the implementation of international drug regulations.

## **Possible solutions**

It is recommended that solutions consider increasing control over marijuana, possibly by restricting it further, recommending nations to criminalize it, introduce stricter licenses for its sale, or/and offer more widespread alternatives for small-use medical marijuana, for example, ibuprofen or other painkillers. Further solutions may also include the implementation of national task forces in nations where this is not yet applicable, increased education for the youth regarding cannabis, and more global recognition for cannabis use disorder.

Solutions should also consider the reasons youth turn to cannabinoid products, and acknowledge that restrictions already in place do not appear universally effective.

Furthermore, cannabis has displayed significant potential in medicine and psychological treatment for minors, such as in cancer and epilepsy treatment. Presenting it as a medicine may decrease attraction towards the drug for recreational use, however, this is not a tested

theory and it is not recommended that this be the basis of the UN approach. The UNODC, CND, and INCB, as the primary bodies related to international drug control, should be consulted and considered in finding these solutions.

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