CBD is a Human Right — Coalition Evidence Dossier

Why the "CBD as a drug precursor" predicate fails *The legal and scientific case against a covert, precursor-based restriction of cannabidiol (CBD)*

Public website version v2.3 · 17 June 2026 · An open coalition of patient organisations · cbdhumanright.org

This dossier sets out, with primary sources, why classifying cannabidiol (CBD) as a "drug precursor" is not supported by the current evidence, and why proportionate regulation — not prohibition — is the lawful response. It is written to a deliberate discipline: it concedes what is true, states only what the evidence supports, and flags what is contested. Citation identifiers are given so every load-bearing claim can be checked against its source.

This is health-policy advocacy, not product promotion. The coalition does not sell, recommend or link to any CBD product or brand. The one public ask is to sign the open appeal and insist that CBD decisions be made in the open, on published evidence.

In brief

- Pure CBD is not a controlled substance under the international drug-control conventions, and the World Health Organization's expert committee recommended in 2018 that it not be scheduled.
- CBD does not meaningfully convert to THC in the human body. Controlled human studies find no THC in blood and no intoxication after oral CBD, and no detectable THC after vaping pure CBD. Synthetic conversion is real, but it is an industrial chemical process — not something that happens in a person, and not the easiest route to THC.
- There is no documented diversion of licit CBD at scale. The one documented European case used industrial hemp as its feedstock, not diverted pharmaceutical CBD.
- A leading regulator has already drawn the line. The UK's expert drug-advisory body recommended controlling the dangerous semi-synthetic products while deliberately leaving CBD — and even the fully-synthetic ingredients of those products — uncontrolled; the UK Government accepted this.
- The law requires evidence, not fear. EU free-movement law judges a restriction by its real effect and demands proportionality; precursor control under the 1988 Convention is designed for chemicals frequently used in illicit manufacture.
- CBD's real risks are regulable. A dose-dependent, reversible liver signal, drug interactions, and a contested reproductive-toxicity classification now under review are arguments for dose limits, hazard labelling and medical oversight — handled by medicines, food, cosmetics and chemical-hazard law, not by precursor control of a non-intoxicating molecule with an authorised medical use.

1. The scientific question: does CBD become a drug?

The precursor proposal rests on the intuition that CBD turns into THC. The literature distinguishes four scenarios, which must not be conflated.

(a) Industrial acid-catalysed synthesis — real, and conceded. CBD can be converted to Δ8-/Δ9-THC by chemists using strong acids, organic solvents, temperature control and chromatographic purification, at high yield (Marzullo et al., 2020; Gul et al., 2023). This is a deliberate industrial process, not household chemistry, and not even the simplest route to THC — direct extraction from high-THC cannabis is easier and cheaper. Convertibility is therefore real, and we say so plainly. (We deliberately do not reproduce reagents, catalysts or yields: convertibility is conceded, and the synthetic detail is irrelevant to the proportionality question.)

(b) In the human body after ingestion — not supported. In a 120-participant study, 300 mg of oral CBD produced no THC in the blood and no psychotomimetic effects, fed or fasted (Crippa et al., 2020); a 2024 systematic review and meta-regression of CBD pharmacokinetics is consistent with the same practical conclusion (Moazen-Zadeh et al., 2024). Early reports of conversion in "simulated gastric fluid" used artefactual, non-physiological acid conditions (Merrick et al., 2016) and do not reflect human digestion.

(c) Thermal/vaping conversion — not reproduced under realistic conditions. A pyrolysis-rig study reported THC formation from pure CBD at 250–500 °C (Czégény et al., 2021), but it did not model a real e-liquid or device. Realistic-device studies — including extreme settings that degraded the hardware — found no relevant THC formation (Hindelang et al., 2022; Robertson et al., 2024), and vaping pure-CBD e-liquid produced no detectable THC in human blood (Kintz, 2020). One 2025 study did form THC isomers in a different, non-standard cartridge-oil matrix (Kim et al., 2025) — so the disciplined claim is "not reproduced under realistic consumer conditions," never "cannot occur."

(d) Analytical artefact. CBD can decompose to THC inside hot gas-chromatography injector ports, producing false-positive THC in forensic analysis unless instrument conditions are controlled; one quantification found roughly 20% of CBD degrading at injector-port temperatures, generating Δ9-THC as a by-product (García-Valverde et al., 2022; Tsujikawa et al., 2022; Cheng & Kerrigan, 2024) — a recognised source of regulatory misreading.

The defensible conclusion. No meaningful conversion of CBD to THC in the human body, and no documented diversion of pure CBD at scale. The precursor-relevant question is not whether conversion is chemically possible, but whether CBD is frequently used as an illicit feedstock — and the public record describes that use as limited.

2. Restricting CBD is not the way to address HHC

The risk from HHC is real, but restricting lawful CBD is not the way to address it. One fact the proposal relies on is true: HHC, the semi-synthetic intoxicant, can be manufactured from CBD extracted from low-THC hemp (EUDA). Yet that danger has already been answered directly at the level of the dangerous end-product — not the feedstock: HHC was placed under international control in Schedule II of the 1971 Convention on Psychotropic Substances (CND Decision 68/5; in force 6 December 2025). That is control of a dangerous intoxicant under the psychotropic treaty — a different instrument and legal test from precursor control under the 1988 Convention. The EU Drugs Agency has tracked the rapid spread of semi-synthetic cannabinoids across Europe, and most EU Member States have already moved to control HHC directly.

The single documented European case (the Romanian "Dream Factory") extracted its own CBD from hemp on site; it is not evidence of diverted pharmaceutical CBD. Illicit operators source their own hemp feedstock and switch supply when one route is closed — so restricting lawful CBD would not stop production, while stripping patients of the tested product they rely on.

Decisively, a leading regulator has examined exactly this question. The UK Advisory Council on the Misuse of Drugs (ACMD) recommended in 2025 controlling HHC and related semi-synthetic cannabinoids while deliberately leaving CBD — and even HHC's fully-synthetic ingredients — uncontrolled; the UK Government accepted and reaffirmed this in May 2026. The ACMD put the chemistry plainly: *"Cannabinoids with different side-chain lengths cannot be formed from CBD. They are instead synthesised from commonly available [and inexpensive] precursors."* A regulator facing this precise problem controlled the product and left the feedstock free.

3. The legal test is evidence, not fear

In the Kanavape judgment (CJEU, Case C-663/18, ECLI:EU:C:2020:938, 19 November 2020), the EU's highest court held that CBD is not a narcotic, that a Member State may not prohibit CBD lawfully produced in another Member State, and that public-health restrictions on the free movement of goods "cannot be based on purely hypothetical considerations." The CBD at issue was produced in the Czech Republic. France's Conseil d'État annulled the French ban on CBD flowers and leaves as disproportionate (décision n° 444887, 29 December 2022), noting CBD does not alter consciousness or cause dependence.

Two principles follow. First, EU law judges a restriction by its effect on the market, not by its label — calling CBD a "precursor" does not escape the requirement to show real, published evidence and to act proportionately. Second, precursor control under the 1988 Convention is designed for chemicals whose involvement in illicit manufacture is established; on the present record that threshold is not met for pure CBD.

These principles are live in the current Czech procedure. The European Commission issued a detailed opinion on Czech psychomodulatory-substance measures under TRIS Notification 2025/0093/CZ (the detailed opinion is dated 12 May 2025); under Directive 2015/1535/EU, a Member State that proceeds with a notified technical regulation after a detailed opinion bears the burden of showing the measure is consistent with EU law. A further case on national CBD restrictions, C-495/25 (Syndicat professionnel du chanvre), is pending before the CJEU and will refine the Kanavape principle. A covert, evidence-thin restriction would sit in direct tension with this settled and developing case-law.

4. CBD is a recognised medicine

Purified plant-derived CBD (Epidyolex) received EU marketing authorisation on 19 September 2019, on the basis of phase-3 randomised controlled trials, for seizures associated with Dravet syndrome, Lennox–Gastaut syndrome and tuberous sclerosis complex (Thiele et al., 2021). A 2023 BMJ umbrella review of meta-analyses graded the evidence that CBD reduces seizures as GRADE "high" (Solmi et al., 2023). The molecule proposed for reclassification as a "drug precursor" is the active ingredient of an approved medicine for children with catastrophic, treatment-resistant epilepsy.

5. The safety record, stated honestly

CBD has no meaningful abuse or dependence potential: the WHO Expert Committee (2018) recommended against international control, and controlled human testing found CBD placebo-like even at very high single doses (Schoedel et al., 2018). The picture is not "harmless," and we do not claim it is. A 2025 FDA-funded randomised trial in healthy adults found dose-dependent, reversible liver-enzyme elevations (8 of 151 at 5 mg/kg/day, none on placebo; Florian et al., 2025); a pooled analysis found no such cases below about 300 mg/day — far above typical consumer use (Lo et al., 2023). The

largest analysis of cannabinoid safety in the over-50s found CBD-alone adverse effects statistically indistinguishable from placebo (Velayudhan et al., 2021).

On dose, the numbers point to product-specific rules, not prohibition. EFSA's 2026 update set a provisional safe intake for CBD as a novel food of 0.0275 mg/kg bw/day — roughly 2 mg/day for a 70 kg adult — in a defined high-purity (≥98%) supplement context, expressly not extending to people under 25, pregnant or lactating women, or those on medication, and citing data gaps. A separate peer-reviewed assessment (Henderson et al., 2023; industry-commissioned and disclosed) proposed a potential acceptable daily intake of 0.43 mg/kg bw/day (~30 mg/day), with recommended supplement upper intake limits of 70 mg/day for healthy adults generally, rising to 100–160 mg/day for adults not trying to conceive, pregnant or lactating. Consumers themselves report doses in the tens of milligrams — for example a median near 67 mg/day among people using CBD for fibromyalgia (Boehnke et al., 2022). A measure built on the dosing profile of a high-dose prescription medicine, or on the most conservative provisional food figure, would not be proportionate to a consumer product taken in tens of milligrams.

The newest adverse finding — stated plainly, and placed correctly. On a February 2025 proposal from France's ANSES, the European Chemicals Agency's Risk Assessment Committee adopted an opinion in March 2026 (its RAC-77 plenary; press release ECHA/NR/26/15) recommending that CBD receive a harmonised classification as a presumed reproductive toxicant (CLP category Repr. 1B; H360FD, H362). We do not minimise it — but we are precise about what it is. It is a *hazard* classification drawn largely from high-dose animal studies (the same reproductive endpoints that anchor Henderson's 70 mg/day supplement limit), not a finding of harm at the levels consumers encounter; it is *not yet in force* — the European Commission must still decide whether to adopt it (legal deadline around August 2026), and any resulting restriction would not take effect before 2027; and it is *contested*, with industry seeking the lower Category 2. Crucially, it operates through chemical-hazard labelling and the EU Cosmetics Regulation — not through drug-control law — and on the parallel risk-based question the Commission's own Scientific Committee on Consumer Safety found CBD safe for use in cosmetics at concentrations up to 0.19% (SCCS/1685/25, 2026). Even the newest adverse signal therefore has a proportionate, category-specific home. Every one of these issues is a dose-, route- and population-specific matter addressable by dose caps, labelling, hazard classification, monitoring and contraindications — the ordinary toolkit of medicines, food, cosmetics and chemical-hazard law, not precursor control.

6. Who this reaches, and how the evidence should be weighed

Real-world evidence is now part of regulators' own toolkits and is essential for the multimorbid patients that randomised trials exclude (Schlag, Nutt et al., 2022); a 2026 study documented "reverse spin bias" — the systematic understating of genuine benefit — in more than a third of recent cannabis-for-pain reviews (O'Leary et al., 2026). The people a restriction reaches first are older adults managing chronic conditions. The correct standard is the totality of the evidence — randomised trials, curated real-world data and pharmacovigilance together.

7. What prohibition actually causes

Consumer CBD products are frequently mislabelled and sometimes contaminated: a 2024 analysis of 202 products found heavy metals in 44, residual solvents in 181 and pesticides in 30, with about three-quarters deviating ≥10% from labelled potency (Gidal et al., 2024; industry-funded, disclosed); an earlier JAMA analysis found roughly seven in ten online extracts mislabelled (Bonn-Miller et al., 2017); and European-market analysis reports comparable discrepancies (Melchert et al., 2024). The legal-versus-illegal quality gap is starker still. In a Health Canada comparison of 50 licensed and 50 illicit samples, 94% of illicit samples carried pesticide residues (averaging 3.4 compounds each, across 24 active ingredients) against trace detections in only two licensed samples; mycotoxins were absent from licensed products but present in 12% of illicit ones; and microbial limits were breached far more often on the illicit side (55% aerobic plate count, 73% yeast and mould) (Fiering et al., 2026) — consistent with earlier multi-residue work showing more than nine in ten illicit samples contaminated versus about one in twenty regulated (Gagnon et al., 2023). Removing tested CBD does not remove demand — it shifts patients toward an unregulated, worse-contaminated market. A covert restriction would hand patients to exactly the market it claims to protect them from.

8. The proportionate model already exists — in Czech law

When the Czech Republic faced a genuinely intoxicating product, it did not reach for prohibition. The Psychomodulatory Substances Act (No. 85/2024 Coll.) created a regulated category with licensing, an 18+ age limit, and labelling and quality requirements. That is the template for CBD: a transparent, proportionate framework that protects patients and consumers without treating people who rely on lawful CBD as if they were holding a drug precursor. We are asking for the standard the Czech Republic has already written into its own law.

What we do not claim

- We do not claim every CBD product is safe — which is why we demand mandatory contaminant testing and accurate labelling.
- We do not claim CBD cannot be converted to THC — it can, in an industrial chemical process; we claim it does not happen in the human body or under realistic consumer use.
- We do not claim CBD treats every condition; outside the authorised epilepsy indications the clinical evidence is still developing, which is an argument for assessing it transparently.
- We do not minimise the reproductive-toxicity classification now under review; we say it belongs to chemical-hazard and cosmetics law, not drug-control law, and that it is hazard-based, contested and not yet in force.
- We do not oppose quality standards, age limits, labelling, hazard classification, or enforcement against genuinely intoxicating synthetic cannabinoids.
- We oppose covert, disproportionate restriction based on evidence the regulator itself calls "limited."

Sign the petition

Read and sign the official petition, *"Care Before Discrimination — Patients' Rights and the Proposed Restriction of CBD,"* in your language:

- **English** — https://www.openpetition.eu/petition/online/care-before-discrimination-is-a-human-right
- **Čeština / Czech** — https://www.openpetition.eu/petition/online/pece-pred-diskriminaci-prava-pacientu-a-navrhovane-omezeni-cbd
- **Deutsch / German** — https://www.openpetition.eu/petition/online/fuersorge-vor-diskriminierung-ist-ein-menschenrecht
- **Español / Spanish** — https://www.openpetition.eu/petition/online/el-cuidado-antes-que-la-discriminacion-es-un-derecho-humano
- **Français / French** — https://www.openpetition.eu/petition/online/le-soin-avant-la-discrimination-est-un-droit-humain
- **Italiano / Italian** — https://www.openpetition.eu/petition/online/la-cura-prima-della-discriminazione-e-un-diritto-umano

The companion Evidence Brief, the full Official Appeal (EN · CZ · ES · FR · DE · IT) and primary sources are at **https://cbdhumanright.org/evidence**.

References

Identifiers are given so every load-bearing claim can be checked against its source. The key legal determinations and the most load-bearing studies are listed first in full citation form (AMA style); further peer-reviewed and registry sources follow in compact form with DOIs for verification.

Key references (AMA style).

1. Court of Justice of the European Union. Case C-663/18, *B S and C A* ("Kanavape"). Judgment of 19 November 2020. ECLI:EU:C:2020:938.
2. Conseil d'État (France). Décision n° 444887. ECLI:FR:CECHR:2022:444887.20221229. 29 December 2022.
3. European Commission. Detailed opinion under TRIS Notification 2025/0093/CZ on Czech psychomodulatory-substance measures. 12 May 2025. Directive (EU) 2015/1535.
4. Commission on Narcotic Drugs. Decision 68/5: placement of hexahydrocannabinol (HHC) under Schedule II of the 1971 Convention on Psychotropic Substances. In force 6 December 2025.
5. International Narcotics Control Board. Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances (Precursors Report 2025). E/INCB/2025/4. Vienna: INCB.
6. Czech Republic. Act No. 85/2024 Coll. on Psychomodulatory Substances; amending the Addictive Substances Act No. 167/1998 Coll. (Act No. 321/2024 Coll.).
7. World Health Organization, Expert Committee on Drug Dependence. Cannabidiol (CBD): critical review report. Geneva: WHO; 2018.
8. European Medicines Agency. Epidyolex (cannabidiol): marketing authorisation (EMEA/H/C/004675). Amsterdam: EMA; 19 September 2019.
9. Florian J, Salcedo P, Burkhart K, et al. Cannabidiol and liver enzyme level elevations in healthy adults: a randomized clinical trial. *JAMA Intern Med.* 2025;185(9):1070-1078. doi:10.1001/jamainternmed.2025.2366.
10. Henderson RG, Vincent M, Rivera BN, Bonn-Miller MO, Doepker C. Cannabidiol safety considerations: development of a potential acceptable daily intake value and recommended upper intake limits for dietary supplement use. *Regul Toxicol Pharmacol.* 2023;144:105482. doi:10.1016/j.yrtph.2023.105482.
11. Boehnke KF, Gagnier JJ, Matallana L, Williams DA. Cannabidiol product dosing and decision-making in a national survey of individuals with fibromyalgia. *J Pain.* 2022;23(1):45-54. doi:10.1016/j.jpain.2021.06.007.

12. Schlag AK, Zafar RR, Lynskey MT, Athanasiou-Fragkouli A, Phillips LD, Nutt DJ. The value of real world evidence: the case of medical cannabis. *Front Psychiatry.* 2022;13:1027159. doi:10.3389/fpsyt.2022.1027159.
13. O'Leary R, La Rosa GRM, Polosa R. Reverse spin bias: preliminary observations of reporting bias in medical systematic reviews. *Res Integr Peer Rev.* 2026;11(1):1. doi:10.1186/s41073-025-00185-9.

Further sources (compact; identifiers for verification). Tiering: regulatory/registry (T1); peer-reviewed primary studies (T2); observational (T3).

Law & international (T1). CJEU, Case C-495/25, *Syndicat professionnel du chanvre* (pending). · 1988 UN Convention against Illicit Traffic, Art. 12 (precursor control). · UK ACMD report on semi-synthetic cannabinoids (May 2025) and UK Government responses (Aug 2025; 11 May 2026). · UN ICESCR Art. 12 and CESCR General Comment No. 14; Oviedo Convention, ETS No. 164 (1997).

Regulatory science & safety (T1). EFSA, 2026, doi:10.2903/j.efsa.2026.9862 (provisional safe intake 0.0275 mg/kg bw/day; exclusions). · ANSES proposal (February 2025) and ECHA Risk Assessment Committee opinion adopted in March 2026 (RAC-77; press release ECHA/NR/26/15) — harmonised CLP classification of CBD as presumed reproductive toxicant, Repr. 1B (H360FD, H362); hazard-based, not in force, contested. · EU SCCS, cannabidiol in cosmetic products, SCCS/1685/25 (2026); safe up to 0.19%. · U.S. FDA, statement on the CBD regulatory framework (26 Jan 2023). · EUDA, *European Drug Report 2026* and *Semi-synthetic cannabinoids: distribution and supply* (2024).

Conversion chemistry (T2). Crippa et al., 2020, *Cannabis Cannabinoid Res.*, doi:10.1089/can.2019.0024 · Moazen-Zadeh et al., 2024, *Cannabis Cannabinoid Res.* (PMID 37643301). · Kintz, 2020, *J Anal Toxicol.*, doi:10.1093/jat/bkaa008 · Hindelang et al., 2022, *Cannabis Cannabinoid Res.*, doi:10.1089/can.2022.0163 · Robertson et al., 2024, *Chem Res Toxicol.*, doi:10.1021/acs.chemrestox.4c00326 · Marzullo et al., 2020, *J Nat Prod.*, doi:10.1021/acs.jnatprod.0c00436 · Gul et al., 2023, *J Org Chem*, doi:10.1021/acs.joc.3c00300 · Merrick et al., 2016, *Cannabis Cannabinoid Res.*, doi:10.1089/can.2015.0004 · García-Valverde et al., 2022, *Front Chem.*, doi:10.3389/fchem.2022.1038729 · Tsujikawa et al., 2022, *Forensic Sci Int*, doi:10.1016/j.forsciint.2022.111366 · Cheng & Kerrigan, 2024, *Drug Test Anal*, doi:10.1002/dta.3617 · Kim et al., 2025, *J Chromatogr A*, doi:10.1016/j.chroma.2025.465909 · Czégény et al., 2021, *Sci Rep.*, doi:10.1038/s41598-021-88389-z (opposition study).

Medicine & further safety (T2). Thiele et al., 2021, *JAMA Neurol.*, doi:10.1001/jamaneurol.2020.4607 · Solmi et al., 2023, *BMJ*, doi:10.1136/bmj-2022-072348 · Schoedel et al., 2018, *Epilepsy Behav.*, doi:10.1016/j.yebeh.2018.07.027 · Lo et al., 2023, *J Intern Med.*, doi:10.1111/joim.13627

Real-world & market (T2–T3). Velayudhan et al., 2021, *PLoS Med.*, doi:10.1371/journal.pmed.1003524 · Gidal et al., 2024, *Front Pharmacol.*, doi:10.3389/fphar.2024.1335441 (industry-funded — disclosed). · Bonn-Miller et al., 2017, *JAMA*, doi:10.1001/jama.2017.11909 · Melchert et al., 2024, *Food Control*, doi:10.1016/j.foodcont.2024.110375 · Fiering et al., 2026, *J Cannabis Res.*, doi:10.1186/s42238-026-00414-y · Gagnon et al., 2023, *J Cannabis Res.*, doi:10.1186/s42238-023-00200-0

CBD is a Human Right — an open coalition of patient organisations: Aube (Canada), Centrum Paraple (Czech Republic), Dosemociones (Spain), Fuck Cancer (Czech Republic), KOPAC (Czech Republic), Mothers for Cannabis (Portugal), PatientsCann (United Kingdom), Verein Medcan (Switzerland). This dossier advocates on a question of health policy; it does not promote, sell, or link to any product. Public version 2.3 · 17 June 2026 · cbdhumanright.org · #CBDisaHumanRight. Where a citation is contested or developing, it is stated as such; identifiers are provided for independent verification.