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Draft report

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Addendum

Implementation of the international drug control treaties

1. At its 6th and 9th meetings, on 17 and 19 March, the Commission considered agenda item 10, which read as follows:

"Implementation of the international drug control treaties:

"(a) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

"(b) Changes in the scope of control of substances;

"(c) International Narcotics Control Board;

"(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

"(e) Other matters arising from the international drug control treaties."

2. For its consideration of item 10, the Commission had before it the following:

(a) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime (E/CN.7/2014/2-E/CN.15/2014/2);

(b) Note by the Secretariat on changes in the scope of control of substances (E/CN.7/2014/9);

(c) Note by the Secretariat on the challenges and future work in the review of substances for possible scheduling recommendations (E/CN.7/2014/10);

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(d) *Report of the International Narcotics Control Board for 2013* (E/INCB/2013/1);

(e) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2013 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2013/4);

(f) *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/2013/1);

(g) Report on the expert consultations on new psychoactive substances held in Vienna from 3 to 5 September 2013 (E/CN.7/2014/CRP.1);

(h) Updated information provided by the International Narcotics Control Board on the implementation of Commission on Narcotic Drugs resolutions 49/6, on the listing of ketamine as a controlled substance, and 50/3, on responding to the threat posed by the abuse and diversion of ketamine (E/CN.7/2014/CRP.2);

(i) Note by the Secretariat on other matters arising from the international drug control treaties (E/CN.7/2014/CRP.3);

(j) Note by the Secretariat on other matters arising from the international drug control treaties (E/CN.7/2014/CRP.10);

(k) Background paper prepared by the United Kingdom of Great Britain and Northern Ireland related to its notification submitted on 23 January 2014 to the Secretary-General on the review of the scope of control of mephedrone (E/CN.7/2014/CRP.11).

3. Introductory statements were made by the President of the International Narcotics Control Board, the Chief of the Drug Prevention and Health Branch of the United Nations Office on Drugs and Crime (UNODC) and the Director of the Division for Treaty Affairs of UNODC. An audiovisual presentation was made by a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch.

4. A statement was made by the observer for Greece (on behalf of the European Union and Albania, Andorra, Bosnia and Herzegovina, Iceland, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia, Turkey and Ukraine). Statements were made by the representatives of China, Thailand, India, Canada, the United States of America, Pakistan, Japan, Brazil, the United Kingdom, Egypt, the Republic of Korea, Algeria, the Netherlands and Australia.

5. Statements were also made by the observers for Norway, Switzerland, Ecuador and Lebanon, as well as by the observers for the European Commission and the World Health Organization (WHO).

A. Deliberations

1. Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations

6. The flexibility provided by the international drug control conventions to respond to the challenge posed by the rapid increase in the number of harmful substances not under international control, namely of new psychoactive substances, was recognized. A number of speakers highlighted the possibility of using voluntary provisional control measures, as provided for under the Convention on Psychotropic Substances of 1971, pending evaluation by WHO.

7. The key roles of WHO and the Commission in the scheduling process were highlighted and the need for Member States to take greater responsibility in the notification of harmful substances for the purpose of control was stressed. It was proposed that the dates of the meetings of the Commission and the WHO Expert Committee on Drug Dependence should be closely aligned and that an effective prioritization of consideration of substances should be undertaken, with UNODC and WHO building a matrix for conducting risk assessments. It was noted that the international scheduling process should be guided by the principles of timely identification, rigorous information-gathering and monitoring, assessments conducted against defined criteria and evidence-based decision-making. The development of a two to three year forward-looking plan, identifying when substances would be subject to assessment or reassessment by WHO, was also proposed. One speaker proposed that a watch list of new psychoactive substances should be established, which would include substances for which intelligence and monitoring suggested that they could be considered for international control.

8. The need to consider placing groups of substances under international control was also mentioned.

9. A number of States expressed appreciation for the valuable work carried out by the UNODC global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme through its early warning advisory in gathering and monitoring data on new psychoactive substances, and urged Member States to appoint focal points to ensure timely identification of substances and efficient data-sharing to support risk assessment by the WHO Expert Committee.

2. Changes in the scope of control of substances

(a) Inclusion of *alpha*-phenylacetoacetonitrile and its optical isomers in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

10. The Commission had before it the recommendation from the International Narcotics Control Board to include *alpha*-phenylacetoacetonitrile (APAAN) and its optical isomers in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. In accordance with article 2, paragraph 3, of the 1988 Convention, the Secretary-General transmitted to all Governments, by a note verbale dated 8 March 2013, all relevant information submitted by the Board and a questionnaire on APAAN, requesting comments from

Governments concerning the notification and supplementary information that might assist the Board in carrying out its further assessment.

11. As at 31 October, 42 States had submitted supplementary information and comments relevant to the possible inclusion of APAAN and its optical isomers in Table I of the 1988 Convention.

12. The Commission took note of the two-thirds majority of the members of the Commission required for such decisions, as provided for in article 12 of the 1988 Convention.

13. One speaker noted that his Government was concerned about the trafficking of APAAN and its subsequent use in the illicit manufacture of amphetamine-type stimulants, both domestically and internationally, and expressed support for the inclusion of APAAN in Table I of the 1988 Convention.

(b) Consideration of a draft decision on the transfer of dronabinol and its stereoisomers from Schedule II to Schedule III of the Convention on Psychotropic Substances of 1971

14. The representative of the Netherlands, introducing the draft decision, noted that it was based on a medical and scientific recommendation made by the WHO Expert Committee, stating that dronabinol had proven medical usefulness, that there was no risk of abuse and that it was appropriate for the substance to be rescheduled from Schedule II to Schedule III of the 1971 Convention. The observer for WHO recalled that, pursuant to a request by the Commission to WHO to undertake a further review of dronabinol and its stereoisomers, the Expert Committee had responded that it was not aware of any new evidence likely to materially alter its previous scheduling recommendation.

15. Speakers highlighted the important role of the Commission in considering scheduling recommendations, as well as that of WHO and its Expert Committee in conducting medical and scientific assessments of substances.

16. A number of speakers noted that the consideration of the draft decision was based on evidence that was no longer current, and that the recommendation should be referred back to the Expert Committee for further assessment pursuant to paragraphs 5 and 6 of article 2 of the 1971 Convention.

(c) Other matters

17. The Commission was informed of a notification by the United Kingdom to the Secretary-General regarding a proposed recommendation for international control of mephedrone (4-methylmethcathinone), submitted pursuant to paragraphs 1 and 3 of article 2 of the 1971 Convention. All Member States had been informed by the Secretary-General, by a note verbale dated 7 February 2014, and requested to communicate any relevant economic, social, legal and administrative factors by 11 April 2014. The Government of the United Kingdom expressed the view that mephedrone should be provisionally scheduled in accordance with paragraph 3 of article 2 of the 1971 Convention.

18. The Commission was also informed that, pursuant to paragraph 1 of article 2 of the 1971 Convention, the Government of China had transmitted to the Secretary-General a notification containing information on ketamine, which was not

under international control. The Government of China had expressed the view that ketamine, a derivative of phencyclidine and a widely abused psychotropic substance regionally and globally, should be added to Schedule I of the 1971 Convention. All Member States had been informed by the Secretary-General through a note verbale dated 8 March 2014, and had been requested to communicate any relevant economic, social, legal and administrative factors by 16 May 2014.

19. The notifications by the United Kingdom and China had been brought to the attention of WHO, which is to undertake risk assessments in accordance with paragraph 4 of article 2 of the 1971 Convention. Once the assessments are made available, the Commission, taking into account the assessment by WHO, whose assessments are determinative as to medical and scientific matters, may decide what further action should be taken.

20. Some speakers expressed concern about the significant potential for abuse associated with mephedrone and it was noted that it was already under national control in many countries. It was also noted that, despite being under control in many countries, ketamine continued to be available in illicit markets and to pose a threat to public health.

21. Full support was expressed for the work of the WHO Expert Committee on Drug Dependence; the need to provide the Committee with sufficient resources was mentioned.

3. International Narcotics Control Board

22. Many speakers noted the importance of adherence to and implementation of the international drug control conventions, as well as the continued relevance of the principle of shared responsibility. Appreciation for the important role played by the International Narcotics Control Board in monitoring and supporting implementation of the conventions was expressed by many speakers.

23. Appreciation was also expressed for the informative and useful nature of the Board's reports for 2013. The importance of the thematic chapter of the Board's report, on the economic consequences of drug abuse, was highlighted, particularly in view of the financial hardship currently being confronted by Member States. Two speakers clarified specific aspects of the Board's report relating to their countries.

24. One speaker, speaking on behalf of a regional group, referred to the need to strengthen cooperation and dialogue, including through the involvement of a broad range of stakeholders, as well as to invest in drug prevention activities, and expressed appreciation for the work done by the Board.

25. A number of delegates spoke of the need for a balanced and comprehensive approach towards implementing the drug control conventions and also expressed concern regarding recent moves towards the legalization of some illicit drugs.

26. Support for the efforts undertaken by the Board to promote information-sharing relating to the import, export and trafficking of controlled substances was expressed. Support was also expressed for its efforts aimed at highlighting the need to guarantee the availability of such substances for licit use.

27. Speakers underlined the important role played by Pre-Export Notification Online (PEN Online) and the Precursors Incident Communication System (PICS) in

the international precursors control regime. The challenges posed by the increasing use of new psychoactive substances, as well as the continued manufacture of precursor chemicals using substances not under international control, were highlighted. Appreciation for the activities undertaken by the Board to help law enforcement and regulatory agencies tackle those issues was expressed.

4. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

28. Many speakers reiterated the importance of ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, and expressed appreciation for the work carried out by the International Narcotics Control Board, UNODC and the World Health Organization in that regard. Many speakers lamented the fact that, despite those efforts, the availability of narcotic drugs for pain treatment was concentrated in a limited number of countries. Speakers recalled that narcotic drugs and psychotropic substances were indispensable for the treatment of pain and mental and neurological disorders and that their availability for medical and scientific purposes should be ensured, in line with the conventions, while preventing their diversion. Speakers stressed that impediments to availability must be identified and addressed, including through capacity-building activities, and called for international cooperation in that area.

5. Other matters arising from the international drug control treaties

29. Speakers outlined the national efforts in their countries to reduce the supply of and demand for drugs and reaffirmed the strong commitment of their Governments to the three international drug control treaties and to efforts to curb drug abuse, including of newly emerging substances. The need for a balanced approach to reducing drug supply and demand was emphasized. The importance of regional and international cooperation and of cooperation between relevant sectors at the national level was noted.

30. One speaker noted that a new approach to the complex issue of drug control, centred on social, cultural and historical features, including the development of a new drug convention in the framework of the United Nations, should be examined. The speaker also noted that the fifty-seventh session of the Commission should set the basis for generating change in advance of the special session of the General Assembly on the world drug problem to be held in 2016.

B. Action taken by the Commission

31. At its 9th meeting, on 19 March 2014, the Commission on Narcotic Drugs decided by 40 votes to none, with no abstentions, to include *alpha*-phenylacetoacetonitrile (APAAN) and its optical isomers in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. (For the text of the decision, see chap. I, sect. [...], decision 57/[...].)

32. At the same meeting, a draft decision on the transfer of dronabinol and its stereoisomers from Schedule II to Schedule III of the Convention on Psychotropic

Substances of 1971 was rejected by the Commission by 20 votes to 9, with 12 abstentions.