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English only

Commission on Narcotic Drugs**Fifty-seventh session**

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Item 10 (e) of the provisional agenda*

Implementation of the international drug control treaties:**Other matters arising from the international drug control treaties****Background paper prepared by the United Kingdom of Great Britain and Northern Ireland related to its notification submitted on 23 January to the Secretary-General on the review of the scope of control of mephedrone****

In its notification to the Secretary-General, the United Kingdom of Great Britain and Northern Ireland is seeking a review of the scope of control for mephedrone and has also raised the possibility of provisional control, in accordance with article 2(3) of the 1971 Convention on Psychotropic Substances.

In accordance with article 2, paragraph 2, the Secretary-General transmitted that notification with its supporting information to the Ministers for Foreign Affairs, through the Permanent Missions in Vienna (NAR/CL.2/2014 dated 7 February 2014).

1. Control of new substances under the International Drug Control Conventions: scheduling and provisional control of mephedrone

Any amendment to the scope of control under the Conventions follows a three stage process: (a) notification, (b) risk assessment, (c) control measures, which can be lengthy and time consuming.¹

The rapid and unprecedented speed of evolution and spread of new psychoactive substances (NPS) makes the time management for international control a real challenge.

* E/CN.7/2014/1.

** The present document was submitted by the United Kingdom of Great Britain and Northern Ireland and it is reproduced in the form in which it was received.

¹ See Note by UNODC Secretariat for a detailed overview of the process: E/CN.7/2014/10.



The increasing threats posed by NPS increase the need to continue considering the most appropriate international response, including that of international control. Since 1961, only 15 notifications have been initiated by States Parties, with the last one dating back to 1994.

Mephedrone, one of the most widespread NPS is controlled by over 40 countries including the United Kingdom. In January 2014, in accordance with Article 2 of the 1971 Convention, the United Kingdom submitted a notification to the Secretary-General to initiate the process of reviewing the scope of control of mephedrone.

Any decision by the CND to place mephedrone under international control (control measures) takes place only once the WHO has finished its risk assessment and issued a recommendation. Depending on the length of the risk assessment, the earliest possible scheduling decision would take place at the CND in 2015 or 2016.

Both the 1961 and 1971 Conventions provide for provisional control measures to prevent widespread abuse of substances pending completion of the procedure for placing a substance under the international control by the CND upon recommendation by the WHO. Although provided for in Article 2(3) of the 1971 Convention, provisional control has never been explored fully.

The Commentary to the 1971 Convention highlights the discretionary nature of provisional control. Provisional control involves asking Parties to the Convention to examine in the light of all information available to them the possibility of applying provisional control measures to the substance. However, a Party is not bound to impose such measures, nor is it held accountable for the reasons for which it may refuse to apply provisional controls.

By including the proposal for provisional control of mephedrone in the notification submitted to the Secretary-General, the United Kingdom encourages States Parties to consider the data provided in support of the notification² to determine the suitability of national control measures pending a final scheduling decision by the CND.

Raising the possibility of provisional control has several benefits. It raises awareness of a prominent and potentially harmful NPS, mephedrone. It enables Member States to collect evidence to support the risk assessment. It enables Member States to consider the information provided in support of the notification to determine whether control measures are necessary, until a decision on international control is taken by the CND. It also enables Member States to be better informed and prepared for this scheduling decision. It is important to note that provisional control does not circumvent the WHO risk assessment process.

2. Overview of mephedrone and evidence of its harms

Summary

1. This section provides basic information on mephedrone, a new psychoactive substance³ that the United Kingdom believes should be scheduled under the

² Section 2 of this document provides an summary overview of mephedrone including international emergence and evidence of harms.

³ A new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the 1961 United Nations Single Convention on Narcotic Drugs or the 1971 United Nations Convention on Psychotropic Substances, but which may pose a public health threat comparable

1971 Convention on Psychotropic Substances. In January 2014, the United Kingdom submitted a notification to the Secretary General seeking a review of the scope of international control for mephedrone and has also raised the possibility of provisional control, in accordance with Article 2(3) of the 1971 Convention on Psychotropic Substances.

2. This section highlights the harms posed by mephedrone, including evidence of the risk to public health and the link to organized crime. It details the international growth of the threat posed by mephedrone, including evidence of 46 states reporting mephedrone use. It provides information on the growing consensus for international action, with 40 states enacting domestic control measures. It highlights that no legitimate medical or industrial use for mephedrone has been identified. Finally, it provides evidence from the United Kingdom that bringing mephedrone under legal control can be effective at reducing its use.

Background

3. Mephedrone (4-methylmethcathinone) is a psychoactive substance that falls outside of the international drug control conventions. It is a synthetic cathinone which is structurally similar to amphetamines — which are listed in Schedule II of the 1971 Convention on Psychotropic Substances.

4. Mephedrone is reported to have similar effects to other stimulant drugs such as amphetamines, MDMA (“ecstasy”) and cocaine. Depending on domestic legal controls, international evidence notes that mephedrone has been sold by street dealers, online and through retail outlets. Like other new psychoactive substances, it is often sold in a form that attempts to circumvent legal controls. Within the United Kingdom it has been sold as “bath salts”, “plant food” and labelled as “not for human consumption”.

International emergence

5. Reports of mephedrone use began emerging in 2007, first in Israel and then in other countries and regions, including Australia, Ireland, Scandinavia and the United Kingdom.

6. Up to August 2013, mephedrone had been reported in 46 countries and territories, including Europe, Asia, the Americas and Oceania.

7. Evidence from the United Kingdom and other states suggests use among young adults and injecting drug users. Consumption patterns in the United Kingdom are similar to amphetamines.

Evidence of harms

(i) Public health

8. International evidence on the public health risks posed by mephedrone is limited, but highlights its risks. Within the United Kingdom, mephedrone has been linked to 68 deaths since 2009. Evidence suggests a growing link to addiction, with

to that posed by substances listed in these conventions. *European Monitoring Centre for Drugs and Drug Addiction: Perspectives on Drugs — Controlling New Psychoactive Substances — 28 May 2013.*

a 50 per cent increase in the number of people entering treatment for mephedrone between 2010/11 and 2012/13 in the United Kingdom. Evidence from the United Kingdom and Hungary demonstrates the use of mephedrone among injecting drug users. This suggests that mephedrone use extends beyond recreational use by young people to older, injecting drug user populations, with the accompanying risks of overdose and the transmission of infections such as HIV.

(ii) *Organized crime*

9. There is evidence of the involvement of organized crime in the distribution of mephedrone in the European Union. United Kingdom law enforcement agencies have reported that the supply of mephedrone often comes through established illegal drug supply routes, and that violent incidents are associated with the street trade in mephedrone.

Lack of legitimate use

10. Both the United Kingdom's Advisory Council on the Misuse of Drugs in its report on cathinones⁴ and the United Nations Office on Drugs and Crime in the NPS brief on mephedrone⁵ agree that mephedrone has no established or acknowledged medical value or use, and the United Kingdom Government is not aware of any legitimate industrial use.

Legal status

11. Up to August 2013, mephedrone has been controlled in 40 countries worldwide. This includes states in Europe (26 European Union countries plus Belarus, Norway, the Russian Federation, Turkey and Switzerland), Asia (4 countries), the Americas (3 countries) and Oceania (2 countries). No data are available from Africa.

12. Differences in the legal status of mephedrone between member states can make it difficult for law enforcement authorities to prosecute the international organized crime groups involved in the trafficking of mephedrone.

13. In the United Kingdom, mephedrone (along with other chemicals in the family of synthetic cathinones) has been controlled under the Misuse of Drugs Act 1971 since 2010. It is a Class B substance, with a maximum penalty of 14 years imprisonment for the supply of mephedrone. There is evidence that controlling mephedrone under the Misuse of Drugs Act has been effective at reducing use. Reported use of mephedrone in 2012/13 had fallen by around two thirds compared to 2010/11.

⁴ *Advisory Council on the Misuse of Drugs: Consideration of the cathinones – 31 March 2010.*

⁵ See NPS brief — mephedrone prepared by the Global SMART Programme of UNODC.