

2 March 2015

English only

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

Vienna, 9-17 March 2015

Item 6 (b) of the provisional agenda*

Implementation of the international drug control treaties:**Changes in the scope of control of substances****Updated 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******Summary**

The World Health Organization's Expert Committee on Drug Dependence has recommended that the 58th Commission on Narcotic Drugs schedule mephedrone under the 1971 Convention on Psychotropic Substances ("the 1971 Convention"). Mephedrone is a widespread new psychoactive substance which poses a "substantial public health risk".¹

This paper provides an update on paper E/CN.7/2014/CRP.11, prepared by the United Kingdom for the 57th Commission on Narcotic Drugs to support the scheduling of mephedrone. It details the United Kingdom's support for the Expert Committee on Drug Dependence's recommendation to place mephedrone in Schedule II of the 1971 Convention. It also provides information on the public health risk posed by mephedrone, its prevalence across the world, and the benefits of international control when included as part of a balanced, evidence-based approach.

* E/CN.7/2015/1.

** 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 Report of the 36th meeting of the Expert Committee on Drug Dependence:
www.who.int/medicines/areas/quality_safety/TRS_991_prelayout_c.pdf?ua=1.



Introduction

The global challenge posed by new psychoactive substances continues to be a significant issue for the United Nations Commission on Narcotic Drugs. As of October 2014, the United Nations Office on Drugs and Crime has identified 388 unique new psychoactive substances across 98 countries. These substances may pose significant health harms, and have often been designed to mimic existing controlled substances and to evade national controls.

In January 2014, in accordance with Article 2 of the 1971 Convention on Psychotropic Substances, the United Kingdom submitted a notification regarding mephedrone to the Secretary-General of the United Nations. The notification was based on the United Kingdom's national evidence of the prevalence, persistence and public health harms posed by mephedrone.

The notification requested that the World Health Organization's Expert Committee on Drug Dependence review the scope of control of mephedrone, and recommended that Member States consider voluntary national controls while the scheduling request was under consideration.

Based on the United Kingdom's national evidence, the notification recommended that mephedrone be controlled under Schedule I of the 1971 Convention. However, in June 2014, the World Health Organization's Expert Committee on Drug Dependence reviewed mephedrone and recommended control under Schedule II of the 1971 Convention. The United Kingdom recognizes the international evidence base assessed by the Expert Committee on Drug Dependence, and supports placing mephedrone in Schedule II of the 1971 Convention.

Benefits of international control

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. International control will support efforts to restrict supply by assisting law enforcement in tackling trafficking across the supply chain. This will help to reduce the harms of mephedrone abuse when included as part of a balanced and evidence-based approach.

Overview of mephedrone and evidence of its harms

Summary

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.

Background

Mephedrone (4-methylmethcathinone) is a new psychoactive substance that falls outside of the international drug control conventions. It is a synthetic cathinone that is structurally similar to amphetamine-type stimulants.

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

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.

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

Based on evidence from across the world, the Expert Committee on Drug Dependence has concluded that mephedrone poses a “substantial public health risk”.²

Within the United Kingdom, mephedrone has been linked to 60 deaths since 2009,³ and has increasingly been linked to addiction - the number of people entering treatment in the United Kingdom who report mephedrone use almost doubled between 2010/11 and 2013/14 (from 839 to 1641 people⁴).

(ii) *Organized crime*

There is evidence of the involvement of organized crime in the distribution of mephedrone within 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.

² Report of the 36th meeting of the Expert Committee on Drug Dependence: www.who.int/medicines/areas/quality_safety/TRS_991_prelayout_c.pdf?ua=1.

³ www.nta.nhs.uk/uploads/uk-focal-point-report-2014.pdf.

⁴ www.nta.nhs.uk/statistics.aspx.

Lack of legitimate use

The review of mephedrone by the Expert Committee on Drug Dependence highlights that it has no recorded medical or industrial use.⁵

Legal status

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).

Within 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.

⁵ Expert Committee on Drug Dependence critical review of mephedrone: www.who.int/medicines/areas/quality_safety/4_12_review.pdf?ua=1.