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Commission on Narcotic Drugs**Sixty-second session**

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Item 9(a) of the provisional agenda*

Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem**Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization******Note by the Secretariat****I. Consideration of a notification from the World Health Organization concerning scheduling recommendations by the World Health Organization on new psychoactive substances and medicines**

1. As stated in documents E/CN.7/2019/8, pursuant to article 3, paragraphs 1 and 3, of the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol, the Director-General of the World Health Organization (WHO), in correspondence dated 24 January 2019 (received 28 January 2019), notified the Secretary-General of the United Nations that WHO recommended that parafluorobutyrylfentanyl, ortho-fluorofentanyl, methoxyacetylfentanyl and cyclopropylfentanyl be added to Schedule I of that Convention. In the same correspondence, and pursuant to article 2, paragraphs 1 and 4, of the Convention on Psychotropic Substances of 1971, the Director-General of WHO notified the Secretary-General that WHO recommended placing ADB-FUBINACA, FUB-AMB (MMB-FUBINACA, AMB-FUBINACA), CUMYL-4CN-BINACA, ADB-CHMINACA (MAB-CHMINACA) and *N*-ethylnorpentylone (ephylone) in Schedule II of that Convention.

2. In accordance with the provisions of article 3, paragraph 2, of the 1954 Convention, and article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments, on 1 February 2019, a note verbale, annexing the notification and the information submitted by WHO in support of these recommendations.

* E/CN.7/2019/1.

** This document has not been edited.



3. By the deadline of 28 February 2019, as stated in the notification of the Secretary-General, four Governments had provided comments on the possible scheduling of the aforementioned substances recommended by WHO to be placed under international control under the 1961 Convention, as well as their consideration of economic, social, legal, administrative or other factors relevant to the possible scheduling of the aforementioned substances recommended by WHO to be placed under international control under the 1971 Convention: Colombia, Hungary, Morocco and Uruguay.

4. The Government of Colombia stated that it supported the placement of the aforementioned NPS under international control from economic, social, legal and administrative points of view. The Government explained that the inclusion of these NPS in the relevant schedules would not affect the industry or economy of Colombia because these substances did not have any medical or industrial use. In case a legitimate use was identified in the future, the recommended schedules would still allow for medical and scientific use. The Government further stated that the criminal offence of drug trafficking according to Colombian law (article 376 of the Colombian Criminal Code) referenced the international treaties to determine the substances to which the offence applied. Therefore, the Government considered it to be helpful if such substances were placed in the schedules of the two Conventions. Although the establishment of a medical or scientific use of any of these substances was unlikely, the National Narcotics Fund would be able to control them.

5. The Government of Colombia also submitted its supporting analysis:

(a) The four aforementioned fentanyl analogues have similar effects to other fentanyls already placed in Schedule I of the 1961 Convention, they are liable to similar abuse and have a similarly high dependence potential. They have been reported to lead to serious and even fatal intoxication cases in various countries. There were no indications of a therapeutic use, but a risk that they have started to circulate in illicit drug markets;

(b) The aforementioned synthetic cannabinoids have similar characteristics to plant-based cannabinoids but may have higher potency and in high concentrations could cause serious intoxications and behaviour that have only been observed by this type of cannabinoids. They have a high dependency potential and high liability to abuse. There was no indication of therapeutic use, but serious risks for public health, both for consumers and for society in general;

(c) *N*-ethylnorpentylone (ephylone) is classified as a synthetic cathinone analogue and therefore a psychomotor stimulant. There was no indication of therapeutic or other legitimate use. The substance has effects on the central nervous system and its consumption constituted a public health risk because of the lack of knowledge on the dosage and pharmacological mechanism. Preliminary studies show that the substance has similar dependence potential and liability to abuse as other substances in Schedule II of the 1971 Convention, such as MDPV and α -PVP. Substances such as ephylone have emerged due to the stronger controls established over other substances used for recreational purposes. Ephylone is consumed as a substitute these other substances without taking into account the adverse effects.

6. The Government of Hungary stated that it supported the decision by the Commission on Narcotic Drugs to take action on the scheduling recommendations relating to NPS and painkillers. It also stated that it agreed with the recommendations made by WHO.

7. The Government of Morocco informed that it had no objection against the WHO recommendations regarding the scheduling of NPS.

8. The Government of Uruguay supported the inclusion of the aforementioned fentanyl analogues in Schedule I of the 1961 Convention, given that they have no demonstrated therapeutic use and could present a risk for public health and for society at large. The Government elaborated on the mode of action and the high liability of abuse of these substances. The Government stated that the substances produced the

typical ill effects of opioids, such as fatal respiratory depression, and confirmed that they were not contained in any register of pharmaceutical products in the country.

9. The Government of Uruguay further supported the inclusion of the aforementioned synthetic cannabinoids into Schedule II of the 1971 Convention, given that they had no demonstrated therapeutic use and could represent a risk for public health and for society at large. The Government elaborated on the mode of action and the high liability to abuse of these substances. The Government further stated that their use had been associated with many adverse effects, including serious and fatal intoxications, which were similar to those produced by other synthetic cannabinoids contained in Schedule II of the 1971 Convention.

10. The Government of Uruguay further supported the inclusion of *N*-ethylnorpentylone (ephylone) in Schedule II of the 1971 Convention. It elaborated on the mode of action and the adverse effects, as well as the high dependence potential and high liability to abuse of the substance and referred to evidence which associated the use of the substance with fatal intoxications in various countries. In conclusion, the Government stated that this substance could cause substantial damage, without any therapeutic use, and produced similar effects to other synthetic cathinones contained in schedule II of the 1971 Convention.

II. Consideration of a notification from the World Health Organization concerning scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances

11. As stated in document E/CN.7/2019/12, pursuant to article 3, paragraphs 1 and 3 to 6, of the 1961 Convention and article 2, paragraphs 1, 4 and 6, of the 1971 Convention, the Director-General of WHO, in correspondence dated 24 January 2019 (received 28 January 2019), notified the Secretary-General of the outcome of the critical review of cannabis and cannabis-related substances undertaken by the WHO Expert Committee on Drug Dependence at its forty-first meeting. In that connection, the Director-General notified the Secretary-General of the recommendations regarding the review of cannabis and cannabis-related substances, which were as follows:

(a) To delete cannabis and cannabis resin from Schedule IV of the 1961 Convention;

(b) To add dronabinol and its stereoisomers (*delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention; and to delete it from Schedule II of the 1971 Convention, subject to the Commission's adoption of the recommendation to add it to Schedule I of the 1961 Convention;

(c) To add tetrahydrocannabinol (THC) (isomers of *delta*-9-tetrahydrocannabinol) to Schedule I of the 1961 Convention, subject to the Commission's adoption of the recommendation to add dronabinol and its stereoisomers to Schedule I of the 1961 Convention; and to delete THC from Schedule I of the 1971 Convention, subject to the adoption of the recommendation to add it to Schedule I of the 1961 Convention;

(d) To delete extracts and tinctures of cannabis from Schedule I of the 1961 Convention;

(e) To give effect to the recommendation of the Expert Committee on Drug Dependence at its fortieth meeting that preparations considered to be pure CBD should not be scheduled under the international drug control conventions, by adding a footnote to the entry for cannabis and cannabis resin in Schedule I of the 1961 Convention to read "Preparations containing predominantly cannabidiol and not more than 0.2 per cent of *delta*-9-tetrahydrocannabinol are not under international control";

(f) To add to Schedule III of the 1961 Convention preparations containing *delta*-9-tetrahydrocannabinol (dronabinol), produced either by chemical synthesis or as preparations of cannabis that are compounded as pharmaceutical preparations with one or more other ingredients and in such a way that *delta*-9-tetrahydrocannabinol (dronabinol) cannot be recovered by readily available means or in a yield that would constitute a risk to public health.

12. In accordance with the provisions of article 3, paragraph 2, of the 1961 Convention and article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted on 1 February 2019 to all Governments a note verbale, to which the notification dated 24 January 2019 and the information submitted by WHO in support of those recommendations were annexed.

13. By the deadline of 28 February 2019, as stated in the notification of the Secretary-General, two Governments (Hungary and Morocco) had provided comments on the recommendations made by WHO regarding changes in the scope of control of cannabis and cannabis-related substances under the 1961 Convention, as well as their consideration of economic, social, legal, administrative or other factors relevant to the recommendations by the WHO regarding changes in the scope of control of cannabis and cannabis-related substances under the 1971 Convention.

14. The Government of Hungary stated that it supported the decision by the Commission on Narcotic Drugs to postpone action on the scheduling recommendations regarding cannabis and cannabis-related substances.

15. The Government of Morocco informed that it had no objection with regard to the WHO recommendations regarding cannabis and cannabis-related substances.

16. At its second intersessional meeting, on 25 February 2019, the Chair of the Commission informed participants that a number of delegations raised concerns regarding the short time between the notifications and the 62nd regular session of the Commission. These concerns were discussed by the Extended Bureau in its meetings on 1, 11 and 22 February 2019, and the Chairs of the regional groups were requested to consult within their membership on the course of action. During the discussions in the Extended Bureau, reference was made to CND resolution 2 (S-VII) from 8 February 1982, entitled "Procedure to be followed by the Commission on Narcotic Drugs in matters of scheduling of narcotic drugs and psychotropic substances", in which the Commission requested the WHO, to the extent possible, to forward its recommendations and assessments to the Secretary-General at least three months prior to the Commission session at which the recommendation or assessment could first be examined. The recommendations of the WHO regarding the critical review of cannabis and cannabis-related substances were transmitted to the Secretary-General after the three-month period established pursuant to Commission resolution 2 (S-VII) of 8 February 1982. At its second intersessional meeting on 25 February 2019, the Commission agreed upon recommendation by the Extended Bureau that the Chair, on behalf of the Commission, submit a draft procedural decision to the effect that the Commission postpone the voting on the recommendations of the WHO regarding the critical review of cannabis and cannabis-related substances.

17. The Commission at its 62nd regular session is expected to formally act upon the draft decision, which is contained in document [E/CN.7/2019/L.10](#), during consideration of item 9(a) on the changes in the scope of control of substances.