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

Vienna, 12–16 April 2021

Item 5 (a) of the provisional agenda\*

**Implementation of the international drug control treaties: changes in the scope of control of substances****Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization<sup>\*\*</sup>,<sup>\*\*\*</sup>****Note by the Secretariat**

1. In accordance with article 3 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol (1961 Convention), the Commission will have before it for consideration recommendations by the World Health Organization (WHO) to place isotonitazene in Schedule I of the 1961 Convention. Further, pursuant to article 2, paragraphs 1 and 4, of the Convention on Psychotropic Substances of 1971 (1971 Convention), the Commission will have before it for consideration recommendations by the WHO to add CUMYL-PEGACLONE, MDMB-4en-PINACA, 3-methoxyphencyclidine and diphenidine to Schedule II of the 1971 Convention and clonazolam, diclazepam and flubromazolam to Schedule IV of the 1971 Convention.
2. In accordance with article 3, paragraphs 1 and 3, of the 1961 Convention, and article 2, paragraphs 1 and 4, of the 1971 Convention, the Director-General of WHO, in the correspondence dated 30 November 2020, notified the Secretary-General of these recommendations.
3. Pursuant to article 3, paragraph 2, of the 1961 Convention, and article 2, paragraph 2, of the 1971 Convention, on 12 January 2021, the Secretary-General transmitted to all States parties to the 1961 Convention and the 1971 Convention a note verbale, to which the notification and the information submitted by WHO in support of its recommendations were annexed.
4. As of 6 April 2021, the Governments of the following thirteen State parties had provided comments considered to be relevant to the WHO recommendations under the 1961 Convention and the 1971 Convention: Belarus, Brazil, Egypt, El Salvador, Estonia, Indonesia, Kazakhstan, Myanmar, Peru, Poland, Portugal, Qatar, Russian Federation and South Africa.

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\* E/CN.7/2021/1.

\*\* This conference room paper is to be read in conjunction with document E/CN.7/2021/8.

\*\*\* This document has not been edited.



5. The Government of Belarus noted that it did not have any objections with regard to the WHO scheduling recommendations.
6. The Government of Brazil indicated its support for the WHO scheduling recommendations.
7. The Government of Egypt indicated that MDMB-4en-PINACA, clonazolam, diclazepam and flubromazolam were already under national control. Isotonitazene, CUMYL-PEGACLONE, 3-methoxyphencyclidine, and diphenidine were not under national control.
8. The Government of El Salvador indicated no objections with regard to the recommendations, as there was no information on therapeutic use of these substances in El Salvador. Further, it noted that in El Salvador there was no register of use and consumption of these substances for medical reasons and they were not produced in El Salvador, therefore no economic, social, legal or administrative impact was expected. On the contrary, the scheduling of the recommended substances would reduce the risk of their diversion for the illicit manufacture of other types of drugs.
9. The Government of Estonia expressed its support for the WHO scheduling recommendations. All substances, except for CUMYL-PEGACLONE, which had not been detected in Estonia, were already under national control.
10. The Government of Indonesia indicated its support for scheduling isotonitazene, CUMYL-PEGACLONE, MDMB-4-en-PINACA, 3-methoxyphencyclidine and diphenidine, as recommended by the WHO. It noted that it did not support the recommendation to include clonazolam, diclazepam and flubromazolam in Schedule IV of the 1971 Convention. As these three substances were addictive and easily abused, the Government considered it more appropriate to include them in Schedule II of the 1971 Convention.
11. The Government of Kazakhstan indicated that 3-methoxyphencyclidine, diphenidine and diclazepam were already under national control, whereas CUMYL-PEGACLONE, clonazolam and flubromazolam were not under national control. With regard to MDMB-4en-PINACA, Kazakhstan indicated that the Government was developing a draft Decree for placing the substance under national control. The Government of Kazakhstan indicated that it did not see the possibility of negative economic, social, legal and other consequences when establishing international control over the proposed substances.
12. The Government of Myanmar noted that it did not have comments on the recommendations.
13. The Government of Peru noted that isotonitazene was not included in the national list of medications subject to sanitary control, and therefore limited information was available about its manufacture, trafficking, distribution of use. The Government furthermore noted that CUMYL-PEGACLONE and MDMB-4en-PINACA were also not included in the national list of medications subject to sanitary control, and that it deemed regulations regarding new psychoactive substances urgently necessary because of the increased use and easy availability of these substances. 3-methoxyphencyclidine and diphenidine, as “emerging drugs”, were not included in the national list of medications subject to sanitary control. Clonazolam, diclazepam and flubromazolam were also not included in the national list of medications subject to sanitary control, and the Government made reference to the serious health risks associated with the use of this group of substances. Analysing their social, economic and legal implications, the Government of Peru expressed its support for all scheduling recommendations.
14. The Government of Poland indicated that the Chief Pharmaceutical Inspectorate did not have knowledge about the possible uses of the substances recommended for scheduling by the WHO in the context of their use by economic entities.
15. The Government of Portugal indicated that it had already started the procedure to place isotonitazene under national control.

16. The Government of Qatar expressed its support to add isotonitazene to Schedule I of the 1961 Convention, as it was not used for medical purposes in Qatar.

17. The Government of the Russian Federation noted its support for the WHO scheduling recommendations, as the substances in question are already under the national control.

18. The Government of South Africa expressed its support for the WHO scheduling recommendations.

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