3 March 2025

English only

Commission on Narcotic Drugs
Sixty-eighth session
Vienna, 10–14 March 2025
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**,***

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, the Commission will have before it for consideration a recommendation by the World Health Organization (WHO) to place *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne and *N*-desethyl isotonitazene in Schedule I of that Convention. Furthermore, in accordance with article 2 of the Convention on Psychotropic Substances of 1971, the Commission will have before it for consideration a recommendation by WHO to place hexahydrocannabinol in Schedule II of that Convention and a recommendation to place carisoprodol in Schedule IV of that 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 21 November 2024, 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, the notification and the information submitted by WHO in support of its recommendations were transmitted to all States parties to the 1961 Convention and the 1971 Convention in annex to a note verbale dated 27 December 2024.

4. As of 28 February 2025, the Governments of the following States parties had provided comments on the WHO recommendations under the 1961 Convention and the 1971 Convention: Argentina, Australia, Brazil, Canada, Egypt, Ethiopia, Malaysia, Panama, Peru, the Russian Federation, United Kingdom, and Uruguay.

* E/CN.7/2025/1.
** This conference room paper is to be read in conjunction with document E/CN.7/2025/9.
*** This document has not been edited.

5. The Government of Argentina informed that *N*-pyrrolidino protonitazene, *N*-pyrrolidino etonitazene, etonitazepipne and *N*-desethyl isotonitazene were already included in the list of controlled drugs in the country, while hexahydrocannabinol and carisoprodol were currently evaluated regarding their potential inclusion in that list.

6. The Government of Australia reported that etonitazepipne (or N-piperidinyl etonitazene) was currently controlled under the prohibited imports and export regulations (etonitazepipne being the piperidino derivative of etonitazene), and that hexahydrocannabinol (HHC) was currently controlled under the prohibited imports and export regulations under the entry for cannabinoids. It further stated that *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne, *N*-desethyl isotonitazene and hexahydrocannabinol currently had no legitimate medical or industrial use in Australia. It further stated that carisoprodol was classified as a prescription-only medicine, however, there were currently no related products registered in the Australian Register of Therapeutic Goods (ARTG) and it could therefore not be legally supplied in Australia; furthermore, there had been no requests to access carisoprodol through the unapproved goods Special Access Scheme (SAS) pathway in the last 12 months.

7. The Government of Brazil informed that *N*-pyrrolidino metonitazene, etonitazepipne and *N*-desethyl isotonitazene, as well as hexahydrocannabinol were already controlled in Brazil. *N*-pyrrolidino protonitazene was not controlled, but had no legal use in the country, and there was no objection to the eventual inclusion of this substance in schedules for its international control. With regard to carisoprodol, the Government informed that it was not controlled by the respective ordinance and that there was medication based on this substance in Brazil. Carisoprodol was present in medication registered in Brazil in combination with the substances diclofenac sodium, paracetamol, caffeine, pyridoxine hydrochloride, thiamine hydrochloride, cyanocobalamin and dipyrone monohyrdrate. Therefore, the inclusion of carisoprodol in schedule IV of the 1971 Convention would bring the need for administrative adjustments related to the control requirements set by the Convention, as well as the potential administrative and economic impacts for establishments engaged in activities with this substance and products containing it.

8. The Government of Canada stated that *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne and *N*-desethyl isotonitazene were controlled under the Controlled Drugs and Substances Act, Schedule I, Item 13. While *N*-pyrrolidino protonitazene had been identified since 2014 and *N*-desethyl isotonitazene since 2020, *N*-pyrrolidino metonitazene and etonitazepipne had not yet been identified. The Government further informed that hexahydrocannabinol was not controlled but it was considered a phytocannabinoid under the Cannabis Act. Carisoprodol was considered a prescription drug regulated under the Food and Drugs Regulations but had not been marketed/authorized in Canada since 2003. It had been identified twice from domestic drug seizure in 1992 and 2018 and intercepted once by border service agents in 2020. The Government of Canada had published a Notice of Intent on 14 February 2025 to propose the control of Carisoprodol under an accelerated scheduling pathway, i.e. Schedule V to the Controlled Drugs and Substances Act, expecting that the order would be in place no later than 1 March 2025 and come into effect 45 days after.

9. The Government of Egypt informed that all substances recommended for scheduling by WHO were already included in the national schedules of controlled substances in Egypt.

10. The Government of Ethiopia stated its agreement with the proposed amendments to the 1961 and 1971 Conventions, its appreciation for the scientific and public health basis for these recommendations and its support for further deliberations within the framework of the international drug control system.

11. The Government of Malaysia stated that it agreed with the recommendations. It also stated that *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne and *N*-desethyl isotonitazene as well as hexahydrocannabinol had no known legitimate use in the country but would be regulated as a poison under the

Poisons Act 1952 and dangerous drug under the Dangerous Drugs Act 1952. Carisoprodol was listed as poison under the First Schedule Poisons Act 1952 and would be regulated as a psychotropic substance under the Third Schedule, Poisons Act 1952 after it had been scheduled under Schedule IV of the Convention on Psychotropic Substances (1971).

12. The Government of Panama informed that it had no comments on the recommendations.

13. The Government of Peru informed that it supported all recommendations made by the ECDD. It further informed that *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne and *N*-desethyl isotonitazene as well as hexahydrocannabinol had no health registration in the country, and that in 2016 the health registrations of products containing carisoprodol were suspended and the immediate withdrawal of such products from the Peruvian market was ordered.

14. The Government of the Russian Federation informed that it had no objections to the recommendations made by WHO/ECDD.

15. The Government of the United Kingdom stated that *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne and *N*-desethyl isotonitazene were controlled since 2024 as Class A, Schedule I Drugs. The Government further informed that hexahydrocannabinol and carisoprodol were not controlled under the 1971 Act, but could be subject to the Psychoactive Substances Act (PSA); further, hexahydrocannabinol had been reviewed by the Advisory Council on the Misuse of Drugs (advice pending) and carisoprodol had been under observation for a possible review by the New Psychoactive Substances Committee.

16. The Government of Uruguay expressed its support to all recommendations made by the ECDD.