

Chapter I

Matters calling for action by the Economic and Social Council or brought to its attention

A. Draft decisions for adoption by the Economic and Social Council

1. The Commission recommends to the Economic and Social Council the adoption of the following draft decisions:

Draft decision I

Report of the Commission on Narcotic Drugs on its sixty-seventh session and provisional agenda for its sixty-eighth session

The Economic and Social Council:

- (a) Takes note of the report of the Commission on Narcotic Drugs on its sixty-seventh session;¹
- (b) Also takes note of Commission decision 55/1 of 7 December 2012;²
- (c) Approves the provisional agenda for the sixty-eighth session set out below.

Provisional agenda for the sixty-eighth session of the Commission on Narcotic Drugs

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. General debate.

Operational segment

4. Strategic management, budgetary and administrative questions:
 - (a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;
 - (b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;
 - (c) Working methods of the Commission;
 - (d) Staff composition of the United Nations Office on Drugs and Crime and other related matters.

Normative segment

5. Implementation of the international drug control treaties:
 - (a) Changes in the scope of control of substances;
 - (b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;
 - (c) International Narcotics Control Board;

¹ *Official Records of the Economic and Social Council, 2024, Supplement No. 8 (E/2024/28).*

² *Ibid., 2012, Supplement No. 8A (E/2012/28/Add.1), chap. I, sect. B.*

- (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;
 - (e) Other matters arising from the international drug control treaties.
6. Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem.
 7. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
 8. Recommendations of the subsidiary bodies of the Commission.
 9. Contributions by the Commission to the work of the Economic and Social Council, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.
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10. Provisional agenda for the sixty-ninth session of the Commission.
 11. Other business.
 12. Adoption of the report of the Commission on its sixty-eighth session.

Draft decision II

Report of the International Narcotics Control Board

The Economic and Social Council takes note of the report of the International Narcotics Control Board for 2023.³

B. Matters brought to the attention of the Economic and Social Council

2. The following resolutions and decisions adopted by the Commission are brought to the attention of the Economic and Social Council:

High-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019

We, the Ministers and government representatives participating in the high-level segment of the sixty-seventh session of the Commission on Narcotic Drugs, held in Vienna on 14 and 15 March 2024, have met to undertake a midterm review of progress made in the implementation of all international drug policy commitments, in accordance with the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,⁴ adopted at the ministerial segment of the sixty-second session of the Commission, in 2019.

I. Our shared commitments

1. We reaffirm the commitments made in the Ministerial Declaration of 2019 to accelerating, based on the principle of common and shared responsibility, the full

³ E/INCB/2023/1.

⁴ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem⁵ of 2009, the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action,⁶ and the outcome document of the special session of the General Assembly on the world drug problem held in 2016,⁷ aimed at achieving all commitments, operational recommendations and aspirational goals set out therein.

2. We also reaffirm our commitment to effectively addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,⁸ with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States.

3. We further reaffirm our determination to address and counter the world drug problem and to actively promote a society free of drug abuse in order to help ensure that all people can live in health, dignity and peace, with security and prosperity, and reaffirm our determination to address public health, safety and social problems resulting from drug abuse.

4. We reiterate our commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies.

5. We underscore that the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol,⁹ the Convention on Psychotropic Substances of 1971,¹⁰ the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988¹¹ and other relevant instruments constitute the cornerstone of the international drug control system, welcome the efforts made by States parties to comply with the provisions and ensure the effective implementation of those conventions, and urge all Member States that have not yet done so to consider taking measures to ratify or accede to those instruments.

6. We recognize that there are persistent, new and evolving challenges that should be addressed in conformity with the three international drug control conventions, which allow for sufficient flexibility for States parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law.

7. We reaffirm our commitment to a balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based approach to the world drug problem, based on the principle of common and shared responsibility, and recognize the importance of appropriately mainstreaming a gender and age perspective into drug-related policies and programmes and that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a particular focus on women, children and youth, with a view to promoting and protecting health, including access to treatment, safety and the well-being of all humanity.

8. We also reaffirm the principal role of the Commission on Narcotic Drugs as the policymaking body of the United Nations with prime responsibility for drug control matters and our support and appreciation for the efforts of the relevant United Nations entities, in particular those of the United Nations Office on Drugs and Crime as the

⁵ Ibid., 2009, *Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

⁶ Ibid., 2014, *Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

⁷ General Assembly resolution S-30/1, annex.

⁸ General Assembly resolution 217 A (III).

⁹ United Nations, *Treaty Series*, vol. 976, No. 14152.

¹⁰ Ibid., vol. 1019, No. 14956.

¹¹ Ibid., vol. 1582, No. 27627.

leading entity of the United Nations system for addressing and countering the world drug problem, and further reaffirm the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization.

9. We reiterate our resolve, in the framework of existing policy documents, inter alia, to prevent, significantly reduce and work towards the elimination of illicit crop cultivation and the production and manufacture of, trafficking in and abuse of narcotic drugs and psychotropic substances, including synthetic drugs and new psychoactive substances, as well as to prevent, significantly reduce and work towards the elimination of the diversion of and illicit trafficking in precursors, and money-laundering related to drug-related crimes; to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and address existing barriers in this regard, including affordability; to strengthen effective, comprehensive, scientific evidence-based demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse; to address drug-related socioeconomic issues related to illicit crop cultivation and the production and manufacture of and trafficking in drugs, including through the implementation of long-term comprehensive and sustainable development-oriented and balanced drug control policies and programmes; and to promote, consistent with the three international drug control conventions and domestic law, and in accordance with national, constitutional, legal and administrative systems, alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature.

10. We express deep concern at the high price paid by society and by individuals and their families as a result of the world drug problem, and pay special tribute to those who have sacrificed their lives and those who dedicate themselves to addressing and countering the world drug problem.

11. We underscore the important role played by all relevant stakeholders, including law enforcement, judicial and health-care personnel, civil society, the scientific community and academia, as well as the private sector, in supporting our efforts to implement our joint commitments at all levels, and underscore the importance of promoting relevant partnerships.

12. We reiterate that efforts to achieve the Sustainable Development Goals¹² and to effectively address the world drug problem are complementary and mutually reinforcing.

13. We recall the resolve to review in 2029 the progress made in implementing all our international drug policy commitments, and resolve to improve and accelerate their implementation in the period from 2024 to 2029.

II. Stocktaking

14. We recognize that the world drug problem continues to present challenges to the health, safety, security and well-being of all humanity.

15. We take note of the contributions made, including during the regular sessions and thematic discussions of the Commission on Narcotic Drugs,¹³ which are a testament to our collective efforts in addressing and countering all aspects of the world drug problem and support our review of the progress made in the implementation of all international drug policy commitments.

16. We express gratitude to the Chairs of the Commission on Narcotic Drugs at its sixty-second to sixty-sixth sessions for facilitating thematic discussions from 2019 to

¹² See General Assembly resolution 70/1.

¹³ Available at www.unodc.org/unodc/en/commissions/CND/session/sessions.html and www.unodc.org/unodc/en/commissions/CND/Mandate_Functions/thematic-discussions.html.

2023, with a view to accelerating the implementation of all international drug policy commitments, and extend our appreciation to all participants, comprising representatives of Member States, the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization, other relevant entities of the United Nations system, relevant international and regional organizations and relevant non-governmental organizations, for their contributions to this review process.

17. We underscore the continued relevance of the challenges identified in the Ministerial Declaration of 2019, and we recognize that, despite significant efforts undertaken by the international community, and while progress has been made, considerable gaps remain in the implementation of many of our international drug policy commitments.

18. We reiterate our concern about persistent and emerging challenges related to the world drug problem as set out in the Ministerial Declaration of 2019, including the following:

(a) That both the range of drugs and drugs markets are expanding and diversifying;

(b) That the abuse, illicit cultivation and production and manufacture of narcotic drugs and psychotropic substances, as well as the illicit trafficking in those substances and in precursors, have reached record levels, and that the illicit demand for and the domestic diversion of precursor chemicals are on the rise;

(c) That increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering and, in some cases, terrorism, including money-laundering in connection with the financing of terrorism, are observed;

(d) That the value of confiscated proceeds of crime related to money-laundering arising from drug trafficking at the global level remains low;

(e) That the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world;

(f) That drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased;

(g) That the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high;

(h) That the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels;

(i) That synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances;

(j) That the criminal misuse of information and communications technologies for illicit drug-related activities is increasing;

(k) That the geographical coverage and availability of reliable data on the various aspects on the world drug problem requires improvement;

(l) That responses not in conformity with the three international drug control conventions and not in conformity with applicable international human rights obligations pose a challenge to the implementation of joint commitments based on the principle of common and shared responsibility.

19. We recognize the evolving nature of these challenges and that some of them have intensified and spread, with unprecedented impact on public health and public security.

20. We express concern about, inter alia:
- (a) The proliferation of and surge in the illicit manufacture of, trafficking in and consumption of synthetic drugs;
 - (b) The significant increase in the illicit cultivation, production and manufacture of, trafficking in and consumption of plant-based drugs;
 - (c) The increasing sophistication and violence of drug trafficking networks;
 - (d) The increasing criminal misuse of technology and technological advancements for illicit drug-related activities;
 - (e) The inadequacy of financial and other resources and international technical assistance allocated to support long-term, comprehensive and sustainable strategies that address various aspects of the world drug problem, including, but not limited to, public health, welfare and safety;
 - (f) Inadequate access to and availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, due to the lack of affordability and other existing barriers in this regard;
 - (g) The human toll related to all aspects of the world drug problem.
21. We also recognize that illicit drug-related activities can adversely affect the environment and local communities, and acknowledge the need to address these impacts and their root causes.
22. We further recognize that misperceptions of drug-related risks, along with other behavioural and socioeconomic factors, in societies can lead to increased or more harmful illicit drug use and require more scientific evidence-based evaluation and further systematic and sustainable preventive approaches to protect people, in particular children and young people, from illicit drug use.
23. We recognize the efforts of all Member States, through scientific evidence-based approaches to prevention, treatment, care and recovery, as well as other public health interventions, to address the harm associated with illicit drug use as part of comprehensive, systematic and sustainable demand reduction initiatives.
24. We also recognize the efforts of Member States in countering the challenges posed by illicit drug trafficking and other illicit drug-related activities through law enforcement efforts as part of a comprehensive and sustainable supply reduction strategy.
25. We acknowledge the continuously changing environment and the necessity for more proactive, scientific evidence-based, comprehensive and balanced approaches to our joint efforts, and we strive to ensure that our strategies and actions remain agile, effectively responding to new developments and persistent challenges, including those related to illicit cultivation, production, manufacturing, trafficking and consumption patterns and trends.
26. We recognize the negative impact of transnational criminal organizations involved in drug trafficking on public security, human dignity and the safety and well-being of societies, and the role of those organizations in the surge of violence in some regions, including in some transit, consumer and producer countries, and the need to embrace a comprehensive approach aimed at addressing and countering the expansion of such activities.

III. Way forward

A. Cooperation at all levels

27. We recognize the urgent need to take further ambitious, effective, improved and decisive actions, including, where appropriate, innovative measures in accordance with applicable international law, to propel concrete, comprehensive, balanced, integrated, multidisciplinary and scientific evidence-based policies and initiatives, in

order to promote better implementation of all international drug policy commitments, placing the health and well-being, human rights, public security and safety of all members of society, in particular those most affected by or at risk of illicit drug-related activities, at the centre of our efforts, to ensure that no one affected by the world drug problem is left behind, and to commit to enhancing our efforts to bridge the gaps in addressing persistent and emerging trends and challenges.

28. We stress the importance of strengthening, including through the Commission on Narcotic Drugs and, as appropriate, its subsidiary bodies, the regular exchange of information, good practices and lessons learned among national practitioners from different fields and at all levels to effectively implement an integrated and balanced approach to the world drug problem and its various aspects to further facilitate meaningful discussion among those practitioners.

29. We encourage further contributions of relevant United Nations entities, international financial institutions and relevant regional and international organizations, within their respective mandates, to the work of the Commission on Narcotic Drugs and the efforts of Member States to address and counter the world drug problem, to strengthen international and inter-agency cooperation, and encourage them to make available relevant information to the Commission, including during its future thematic discussions, in order to facilitate its work and to enhance coherence within the United Nations system at all levels with regard to the world drug problem.

30. We commit to supporting the Commission on Narcotic Drugs continuing, within its mandate, as the principal policymaking body of the United Nations with prime responsibility for drug control matters, including, but not limited to, fostering broad, transparent and inclusive discussions within the Commission, involving, as appropriate, all relevant stakeholders, such as law enforcement, judicial and health-care personnel, civil society, academia and relevant United Nations entities, on effective strategies to address and counter the world drug problem at all levels, including through the sharing of information, best practices and lessons learned.

31. We reaffirm our commitment, in line with the principle of common and shared responsibility, to implementing tangible and efficient measures, within our respective means, to counter criminal organizations involved in illicit drug trafficking, and to address the increasing links between drug trafficking, corruption and other forms of organized crime, and we express our resolve to strengthen international cooperation in this regard.

B. Data collection and analysis

32. We recognize the indispensable role of quality, timely, relevant, disaggregated, including geographically disaggregated, and reliable data in driving scientific evidence-based policies to better understand persistent, new and emerging trends, patterns and dynamics, and we commit to sharing data, in particular through the United Nations Office on Drugs and Crime annual report questionnaire and other tools of the Office, the International Narcotics Control Board and the World Health Organization, as appropriate and achievable.

33. We commit to promoting effective and sustainable capacity-building to strengthen national data collection, analysis and sharing in order to improve response rates and quality and expand the geographical and thematic reporting of related data in accordance with all commitments, including through the above-mentioned tools and in close cooperation with the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, as well as with other relevant partners, and through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission.

34. We underscore the importance of conducting domestic scientific evidence-based monitoring and evaluation of our own actions with a view to improving them and determining, where appropriate, the effectiveness of our drug policies and tools as

well as their impact on progress made in the implementation of all international drug policy commitments.

C. Technological innovation

35. We recognize the importance of benefiting from technological innovation and know-how to address persistent, new and emerging trends and challenges, and we acknowledge the need for increased international cooperation aimed at addressing and overcoming effectively challenges, obstacles and impediments at all levels to leverage those advancements for our joint efforts.

36. We acknowledge the importance of addressing existing technological gaps and the need to strengthen the capabilities of Member States through specialized, targeted, effective and sustainable technical assistance to Member States, upon their request.

D. Capacity-building and resource mobilization

37. We reaffirm our commitment to continuing to mobilize resources, including for the provision of technical assistance and capacity-building, at all levels, to ensure that all Member States can effectively address and counter emerging and persistent drug-related challenges.

38. We reiterate our commitment to increasing the provision of technical assistance and capacity-building to Member States, upon request, in particular those most affected by the world drug problem, including by illicit cultivation and production, transit and consumption.

39. We recognize the importance of increased efforts to promote viable domestic economic alternatives to the illicit cultivation, production and manufacturing of and trafficking in drugs, including through long-term, comprehensive, inclusive and sustainable alternative development programmes and development-oriented interventions and initiatives that benefit all, in particular those local communities and regions affected by or at risk of the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and the illicit manufacture and production of and trafficking in drugs, as well as other illicit drug-related activities in urban and rural areas, bearing in mind the United Nations Guiding Principles on Alternative Development,¹⁴ and noting the tenth anniversary of the Guiding Principles.

40. We request the United Nations Office on Drugs and Crime to continue providing enhanced technical and substantive support to the Commission on Narcotic Drugs for the implementation of and follow-up to all international drug policy commitments, subject to the availability of extrabudgetary resources.

41. We recognize the importance of supporting Member States, upon request, in their efforts to achieve the aims and implement the international drug control conventions, including through and in cooperation with the United Nations Office on Drugs and Crime, as well as the World Health Organization and other relevant United Nations entities and international and regional organizations within their respective mandates, by providing specialized, targeted, effective and sustainable technical assistance, including through effective actions aimed at enhancing capacity-building, mobilizing adequate financial assistance, and on a voluntary and mutually agreed basis transfer of technology.¹⁵

E. Review in 2029

42. We reiterate our resolve to review, within the Commission on Narcotic Drugs in 2029, our progress in implementing all our international drug policy commitments, in

¹⁴ General Assembly resolution 68/196, annex.

¹⁵ Some delegations noted the recommendations on the need for technology transfer on mutually agreed terms, as highlighted in paragraph 45 of the Bridgetown Covenant (TD/541/Add.2) of 7 October 2021.

line with the Ministerial Declaration of 2019 and taking into account the outcomes of the midterm review in 2024.

Resolution 67/1

Promoting recovery and related support services for people with drug use disorders

The Commission on Narcotic Drugs,

Reaffirming the commitment of States parties to achieving the goals and objectives of and implementing the obligations contained in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,¹⁶ the Convention on Psychotropic Substances of 1971¹⁷ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹⁸ in which States parties expressed their concern for the health and welfare of humankind,

Reaffirming also the Universal Declaration of Human Rights,¹⁹ which states in its articles 22 to 25, inter alia, that everyone has the right to social security, to work, to leisure and to a standard of living adequate for the health and well-being of themselves and their families, including medical care and necessary social services,

Recalling the commitments of Member States related to recovery and related support services contained in the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem²⁰ of 2019, as well as those contained in the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,²¹ the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²² and the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²³ of 2009,

Recalling also the outcome document of the thirtieth special session of the General Assembly, in which Member States reiterated their commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and to facilitating healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug use disorders,

Recalling further its resolution 57/4 of 21 March 2014, entitled “Supporting recovery from substance use disorders”, its resolution 59/5 of 22 March 2016, entitled “Mainstreaming a gender perspective in drug-related policies and programmes”, and its resolution 64/3 of 16 April 2021, entitled “Promoting scientific evidence-based,

¹⁶ United Nations, *Treaty Series*, vol. 976, No. 14152.

¹⁷ *Ibid.*, vol. 1019, No. 14956.

¹⁸ *Ibid.*, vol. 1582, No. 27627.

¹⁹ General Assembly resolution 217 A (III).

²⁰ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

²¹ General Assembly resolution S-30/1, annex.

²² See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

²³ *Ibid.*, 2009, *Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services”,

Recalling its resolution 64/5 of 16 April 2021, in which Member States were called upon, consistent with their national legislation and contexts, to facilitate non-discriminatory and voluntary access to drug-related prevention, treatment, education, care, sustained recovery, rehabilitation, social reintegration and related support services for people who may face obstacles when accessing those services, including those impacted by social marginalization, while mainstreaming a gender perspective in the development and implementation of those services,

Recognizing that further and specific efforts are needed to ensure that women and girls have access to scientific evidence-based, effective, gender-sensitive and culturally appropriate recovery and related support services,

Recognizing also the importance of adequate access of people with drug use disorders to health, care, social and treatment services, and underscoring the need to improve the capacity of Member States, and enhance international cooperation at all levels, to ensure access to recovery and related support services for people with drug use disorders, particularly women, children and youth,

Noting with appreciation relevant standards and guidelines developed by the United Nations Office on Drugs and Crime and the World Health Organization in the context of recovery and related support services,²⁴

Recognizing that drug dependence is a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, scientific evidence-based, quality, effective and comprehensive drug prevention, treatment, sustained recovery and related support services and care and rehabilitation programmes,

Underscoring that the recovery process from drug use disorders can include cycles of recovery and the recurrence of drug use disorder symptoms, and that after residential and intensive outpatient treatment, patients may benefit from transferring to long-term recovery management and a less intensive level of care, as appropriate, including active connection to recovery communities and other communities, and rapid access back to treatment when needed, and that such measures can support social reintegration,

Recalling the Sustainable Development Goals of the 2030 Agenda for Sustainable Development,²⁵ in which Member States committed to contributing to the achievement of the objectives set out therein, more specifically target 3.5 of the Goals,

Noting the importance of advancing the implementation of recovery and related support services, in accordance with domestic laws and taking into account national priorities, and the promotion of mechanisms to comprehensively and effectively support recovery and improve health, well-being and social functioning, including support for people with drug use disorders delivered in consultation with or led by people in recovery to benefit from their experiences, with due consideration of individual and environmental factors, including social, risk and protective factors,

Mindful of the need, in accordance with domestic law and taking into account national priorities, to alleviate risk factors that can make people in recovery from drug use disorders more vulnerable to the recurrence of symptoms of drug use disorders, and noting that these risk factors may include difficulties in accessing adequate and appropriate medicines, timely therapeutic and psychotherapeutic support, and social and peer group support, as well as economic hardship and difficulties in securing employment and access to housing,

²⁴ International Standards for the Treatment of Drug Use Disorders and International Standards on Drug Use Prevention.

²⁵ General Assembly resolution 70/1.

Recalling its resolution 61/11 of 16 March 2018, in which Member States were encouraged, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter,

Noting with appreciation the ongoing work and initiatives of relevant international organizations, academia, civil society and community-based organizations to support Member States, as applicable, in the development and implementation of scientific evidence-based programmes to enhance recovery and related support services,

Concerned by the fact that, in the absence of effective recovery and related support services, the burden of ongoing care to sustain recovery from drug use disorders falls largely on the family, communities and peer groups, who may lack appropriate training and skills,

Concerned also that women and girls carry a disproportionately high burden of care work to support recovery from drug use disorders and in providing economic sustainability for people in recovery from drug use disorders, which could limit their access to education and employment and their ability to exercise other rights on equal terms with men and boys,

1. *Calls upon* Member States to provide, promote, improve, and fund and facilitate, where appropriate, recovery and related support services for individuals who require such services, and as part of a balanced, comprehensive, scientific evidence-based approach to support people with drug use disorders, while also noting that such services should be consistent with their domestic law and national context, geographically and otherwise accessible, voluntary, affordable, gender- and age-sensitive and comprehensive;

2. *Recognizes* that recovery and related support services can be effective as part of a continuum of care and can help to facilitate long-term recovery and successful social reintegration, as well as support people in improving their health, well-being, social connections and social functioning, and alleviate risk factors that can make people in recovery from drug use disorders more vulnerable to the recurrence of drug use disorder symptoms;

3. *Encourages* Member States to take steps to build the capacity of recovery and related support services, including community-based recovery support services and, as appropriate, those in education settings and in workplaces, and to provide appropriate training in this regard;

4. *Also encourages* Member States, consistent with their domestic law and national context, to undertake scientific evidence-based measures aimed at increasing voluntary access for women and girls to recovery and related support services, and their participation and leadership in the development and provision of such services;

5. *Further encourages* Member States to design policies and to adopt measures, in accordance with domestic law and national priorities, aimed at supporting families, communities and peer groups who support and provide economic sustainability for people in recovery from drug use disorders and who may lack appropriate training and skills, in particular women and girls, who carry a disproportionately high burden of care in supporting people in recovery from drug use disorders;

6. *Requests* the United Nations Office on Drugs and Crime, in consultation with Member States, the World Health Organization and other relevant stakeholders, to develop scientific evidence-based guidelines on recovery and related support services;

7. *Also requests* the United Nations Office on Drugs and Crime, subject to the availability of extrabudgetary resources, and upon request by Member States, to provide scientific evidence-based technical assistance and capacity-building with a view to assisting them in establishing, developing and implementing scientific evidence-based recovery and related support services, in accordance with domestic policies and in line with the International Standards for the Treatment of Drug Use Disorders, and in collaboration with other relevant United Nations entities, relevant international and regional organizations, within their respective mandates, and invites Member States to consider the contributions of civil society, experts, academia, representatives of affected communities and other relevant stakeholders;

8. *Encourages* Member States to develop and implement recovery and related support services, in accordance with national legislation, with a view to helping people in the process of recovering from drug use disorders;

9. *Invites* Member States and other donors to consider providing extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

Resolution 67/2

Promoting awareness-raising, education, training and data collection as part of a comprehensive approach to ensuring access to and the availability of controlled substances for medical and scientific purposes, including for the treatment of children, and ensuring their rational use

The Commission on Narcotic Drugs,

Recalling the Single Convention on Narcotic Drugs of 1953 as amended by the 1972 Protocol,²⁶ in which the parties recognized that the medical use of narcotic drugs continued to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,

Recalling also the Convention on Psychotropic Substances of 1971,²⁷ in which it is recognized that the use of psychotropic substances for medical and scientific purposes is indispensable and that their availability for such purposes should not be unduly restricted,

Recalling further the commitments made in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²⁸ of 2009, the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action²⁹ and the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,³⁰ to ensure access to and the availability of controlled substances for medical and scientific purposes, while concurrently preventing their diversion into illicit channels, pursuant to the international drug control conventions,

Recalling the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our

²⁶ United Nations, *Treaty Series*, vol. 976, No. 14152.

²⁷ *Ibid.*, vol. 1019, No. 14956.

²⁸ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

²⁹ *Ibid.*, 2014, *Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

³⁰ General Assembly resolution S-30/1, annex.

Joint Commitments to Address and Counter the World Drug Problem,³¹ adopted at its sixty-second session, in 2019, in which Member States reiterated their resolve to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and address existing barriers in that regard, including affordability,

Reiterating that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing, and more specifically that efforts to increase access to internationally controlled substances for medical and scientific purposes contribute to the achievement of target 3.8 of the Sustainable Development Goals, which is focused on access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all,

Recalling the Universal Declaration of Human Rights,³² article 25 of which provides that all children are entitled to special care and assistance, and recalling the Convention on the Rights of the Child,³³ in particular article 24, in which its States parties recognized the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health,

Recalling also its resolution 63/3 of 6 March 2020 on promoting awareness-raising, education and training as part of a comprehensive approach to ensuring access to and the availability of internationally controlled substances for medical and scientific purposes and improving their rational use,

Recognizing the importance of appropriately mainstreaming gender and age perspectives in drug-related policies and programmes,

Recognizing also that the treatment of children involves unique challenges, including with regard to appropriate dosage forms and formulations and the monitoring of safety and efficacy in particular age ranges, and that the data required to adequately monitor access to age-appropriate paediatric medicines are insufficient,

Recognizing further the significance of developing and utilizing scientific evidence-based practices and domestic clinical guidelines relating to the medical needs and care of children, as well as the importance of the international exchange of best practices in this regard,

Concerned about the lack of access to quality, safe, effective and affordable medicines for children in appropriate dosage forms and formulations and the problems associated with ensuring the rational use of children's medicines in many countries,

Expressing concern about the persistent disparities in progress made with regard to the availability of and access to controlled substances for medical and scientific purposes, and emphasizing the need to address affordability, at the national and international levels, as part of a comprehensive approach in order to be able to ensure quality, safe and effective controlled medicines for all patients in need,

Bearing in mind the necessity of enhancing the availability of and access to controlled substances for medical and scientific purposes while preventing their diversion into illicit channels and non-medical use,

Taking note of the supplement to the *Report of the International Narcotics Control Board for 2022* entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*,³⁴ in which the Board reported that the lack of training and awareness among health-care professionals in some Member States remained one of the major obstacles,

³¹ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

³² General Assembly resolution 217 A (III).

³³ United Nations, *Treaty Series*, vol. 1577, No. 27531.

³⁴ E/INCB/2022/1/Supp.1.

Emphasizing the important role of the scientific community, non-governmental organizations, health-care professionals and civil society in improving access to and the availability of internationally controlled substances for medical and scientific purposes,

Bearing in mind the important work and concerns of the World Health Assembly with regard to improving access to and the availability of internationally controlled substances for medical and scientific purposes, particularly for the relief of pain and suffering, and, in particular, on strengthening palliative care as a component of comprehensive care throughout the life course, on addressing the shortage of global medicines and vaccines and on cancer prevention and control in the context of an integrated approach,

Acknowledging the expertise and support provided by the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their respective mandates, in this area,

Noting with appreciation the joint global programme of the United Nations Office on Drugs and Crime, the World Health Organization and the Union for International Cancer Control on access to controlled drugs for medical purposes, while preventing diversion and abuse, and the global learning project implemented by the International Narcotics Control Board on improving the implementation of the international drug control conventions through strengthening capacity for the control of illicit activities related to narcotic drugs, psychotropic substances and precursor chemicals,

Welcoming the “Access and availability” initiative, led by the Chair of the Commission on Narcotic Drugs at its sixty-fifth session, with the stated objective of ensuring that no patient is left behind, and emphasizing the need for accelerated global action following the joint call to action on scaling up the implementation of international drug policy commitments on improving the availability of and access to controlled substances for medical and scientific purposes at the sixty-fifth session of the Commission,

1. *Reaffirms* all relevant international drug policy commitments, in particular those related to ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes while preventing their diversion into illicit channels and non-medical use;

2. *Calls upon* Member States, within their means, to increase the availability of and access to controlled substances for medical and scientific purposes, particularly for children, in a comprehensive manner, including by addressing issues related to affordability, as well as other existing barriers in this regard, such as legislation, regulatory systems, health-care systems, the training of health-care professionals, education, awareness-raising, estimates, assessments and reporting, benchmarks for the consumption of substances under control, and international cooperation and coordination;

3. *Urges* Member States to take into account the specific needs of children when assessing, developing and implementing domestic policies to improve access to and the availability of controlled substances for medical and scientific purposes;

4. *Calls upon* Member States to establish, strengthen and use data and information systems, as appropriate and within their means, for collecting disaggregated data on access to controlled substances for medical and scientific purposes throughout all levels of their health-care systems and, where appropriate, encompassing data on availability, usage and pricing;

5. *Requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, such as the United Nations Children’s Fund, within existing resources and their respective mandates, to assist Member States, upon their

request, in strengthening and developing their capacity to collect high-quality data on access and availability;

6. *Encourages* Member States, in accordance with their domestic laws, to include tailored education and training on the rational use of controlled substances for medical purposes in the curricula of all education programmes for health-care professionals, such as those for physicians, pharmacists and nurses, as well as in continuing medical education programmes, taking into consideration such factors as age and gender, as appropriate, with specific attention to the needs and circumstances of children, in order to address misconceptions related to pain, promote non-stigmatizing attitudes towards the rational use of controlled substances for medical purposes and respond to relevant health conditions, including mental health needs;

7. *Also encourages* Member States to develop and use scientific evidence-based practices and domestic clinical guidelines relating to the medical needs and care of children, to support paediatricians and other health professionals in delivering appropriate and essential health care to children, and to promote the exchange of best practices between Member States in this regard;

8. *Further encourages* Member States to promote the active engagement and participation of individuals and groups outside the public sector, such as the scientific community, academia, non-governmental organizations, civil society, health-care professionals and community-led organizations, in improving access to and availability of internationally controlled substances for medical and scientific purposes, including, where appropriate and in accordance with domestic legislation, in raising awareness of and improving the acceptance and understanding of the rational use of controlled substances for scientific and medical purposes, including for children, as well as to promote non-stigmatizing attitudes towards the rational use of controlled substances, including for children;

9. *Requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, such as the United Nations Children's Fund, within their respective mandates and subject to the availability of extrabudgetary resources, to develop technical guidance, and requests the United Nations Office on Drugs and Crime to support the World Health Organization, within their respective mandates and subject to the availability of extrabudgetary resources, in developing and updating guidelines for the rational use of controlled substances, with attention to the specific needs of children, in order to equip health-care professionals with the knowledge, skills and confidence that they need to prescribe controlled substances when clinically indicated;

10. *Also requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, to collaborate with the World Health Organization and other relevant United Nations entities, such as the United Nations Children's Fund, to continue to strengthen and improve their inter-agency cooperation in this area and, within their respective mandates, to continue to provide multidisciplinary support to Member States, in particular with regard to education, training and awareness-raising, including the provision of objective information, on the essential role and rational use of controlled substances for medical and scientific purposes, with attention to the needs of children;

11. *Calls upon* Member States to continue to work through the Commission on Narcotic Drugs to enhance, within their means, access to and the availability of controlled substances for medical and scientific purposes, in line with all their relevant international drug policy commitments, and to accelerate implementation in this regard;

12. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-ninth session on the implementation of the present resolution, taking into account the work of and

including the collaboration of the Office with the International Narcotics Control Board and the World Health Organization, within existing reporting obligations;

13. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

Resolution 67/3

Celebrating the tenth anniversary of the United Nations Guiding Principles on Alternative Development: effective implementation and the way forward

The Commission on Narcotic Drugs,

Recalling the United Nations Guiding Principles on Alternative Development, adopted by the General Assembly in its resolution 68/196 of 18 December 2013,

Underscoring that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,³⁵ the Convention on Psychotropic Substances of 1971³⁶ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,³⁷ together with other relevant international instruments, constitute the cornerstone of the international drug control system,

Underscoring also that in accordance with the 1988 Convention, each party shall take appropriate measures to prevent illicit cultivation of and to eradicate plants containing narcotic or psychotropic substances, such as opium poppy, coca bush and cannabis plants, cultivated illicitly in its territory, and that the measures adopted shall respect fundamental human rights and shall take due account of traditional licit uses, where there is historic evidence of such use, as well as the protection of the environment,

Underscoring further the importance of taking into consideration the needs and local context of Indigenous Peoples and local communities when adopting alternative development measures, including by substituting crops, where appropriate, and by promoting viable economic alternatives in all relevant settings,

Expressing concern that the illicit cultivation of crops and illicit manufacture, distribution and trafficking remain serious challenges in addressing and countering the world drug problem, and recognizing the need to strengthen sustainable crop control strategies and develop viable economic alternatives for the purpose of preventing and significantly and measurably reducing the illicit cultivation of crops, and the need to intensify joint efforts at the national, regional and international levels in a more comprehensive manner, in accordance with the principle of common and shared responsibility, including by means of enhanced, concrete and better-coordinated financial and technical assistance and action-oriented programmes, in order to tackle those challenges in a timely and efficient manner,

Reaffirming that drug policies and programmes, including in the field of development, should be undertaken in accordance with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights³⁸ and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States, as well as the principle

³⁵ United Nations, *Treaty Series*, vol. 976, No. 14152.

³⁶ *Ibid.*, vol. 1019, No. 14956.

³⁷ *Ibid.*, vol. 1582, No. 27627.

³⁸ General Assembly resolution 217 A (III).

of common and shared responsibility, recalling the Sustainable Development Goals, and taking into account the specific situations of countries and regions,

Recalling the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,³⁹ in which Member States reiterated their commitment to addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs through the implementation of long-term, comprehensive and sustainable development-oriented and balanced drug control policies and programmes, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies,

Recognizing the progress and contributions of alternative development programmes in addressing human vulnerabilities, including poverty, unemployment, a lack of opportunities, discrimination and social marginalization, as well as in mutually reinforcing endeavours to achieve the Sustainable Development Goals, in accordance with the 2030 Agenda for Sustainable Development,⁴⁰

Recalling all relevant United Nations resolutions on alternative development, including those adopted by the Commission on Narcotic Drugs,

Recalling also the 2030 Agenda, and stressing that the implementation of the United Nations Guiding Principles on Alternative Development should be aligned with the efforts to achieve those relevant objectives within the Sustainable Development Goals that are related to the issue of alternative development, which falls within the mandate of the Commission, and that the efforts to achieve the Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

Welcoming the holding of the expert group meeting on alternative development, on the theme “Joining international efforts on alternative development”, in Lima on 11 and 12 October 2023, and its contributions to alternative development, as well as the programme of events marking the tenth anniversary of the United Nations Guiding Principles on Alternative Development, held on the margins of the first intersessional meeting of the sixty-sixth session of the Commission, from 23 to 25 October 2023,

Welcoming also the announcement by the Government of Thailand of the upcoming international conference on the theme “From alternative development to the Sustainable Development Goals: empowering alternative development to address global challenges”, to be held in Thailand from 2 to 4 December 2024, which will provide a platform, open to all interested parties, for furthering collaboration on alternative development,

Noting with concern the findings of the *World Drug Report 2022* on drugs and the environment,⁴¹ aimed at providing a comprehensive overview of the current state of research on the direct and indirect impact on the environment of illicit drug crop cultivation, drug manufacture and drug policy responses, including regional variations, as well as the findings of the *World Drug Report 2023*⁴² on the nexus between drugs and crimes that affect the environment and convergent crime in the Amazon basin,

1. *Welcomes* the commemoration of the tenth anniversary of the United Nations Guiding Principles on Alternative Development in 2023, and encourages

³⁹ General Assembly resolution S-30/1, annex.

⁴⁰ General Assembly resolution 70/1.

⁴¹ *World Drug Report 2022*, booklet 5, *Drugs and the Environment* (United Nations publication, 2022).

⁴² *World Drug Report 2023*, booklet 2, *Contemporary Issues on Drugs* (United Nations publication, 2023).

Member States, relevant international organizations and other relevant stakeholders to continue and expand the implementation of the Guiding Principles, including through the promotion of partnerships with each other, enhancing technical and financial support and the sharing of experiences, best practices and challenges relating to the implementation of alternative development projects and programmes;

2. *Encourages* all Member States, relevant international organizations and other relevant stakeholders to participate in the international conference on the theme “From alternative development to the Sustainable Development Goals: empowering alternative development to address global challenges”, to be hosted by the Government of Thailand from 2 to 4 December 2024, in order to share knowledge, experiences and best practices in this regard;

3. *Encourages* Member States to increase their national, regional and international efforts in promoting viable economic alternatives, in particular through balanced, comprehensive, sustainable and inclusive alternative development programmes⁴³ based on national needs and priorities, taking into account relevant measures to protect the environment, in order to accelerate progress made in the implementation of international drug policy commitments as well as progress towards the attainment of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development;

4. *Acknowledges* the need for increased international cooperation aimed at addressing and overcoming challenges, obstacles and impediments at all levels to effectively implement the United Nations Guiding Principles on Alternative Development;

5. *Encourages* all Member States, relevant international organizations and other relevant stakeholders to continue to take into account the United Nations Guiding Principles on Alternative Development, as a crucial instrument for effective and sustainable development-oriented interventions for drug-related challenges and trends;

6. *Encourages* Member States to examine and address, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, the negative impact on the environment of the illicit cultivation of crops used for the production of narcotic drugs and other illicit drug-related activities, which may lead to deforestation and the pollution of soil and water, and to seize the opportunities offered by alternative development with regard to the restoration, conservation and sustainable use of the environment and the protection of biodiversity;

7. *Also encourages* Member States, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, to mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of alternative development programmes, and to develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs of and circumstances faced by women and girls with regard to the illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas;

8. *Further encourages* Member States, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, to take into account land rights and other related land management resources when designing, implementing, monitoring and evaluating alternative development programmes and, as appropriate, preventive alternative development programmes, including the land rights and other related land management resources of Indigenous Peoples and local communities, in accordance with domestic and applicable international law;

⁴³ Alternative development programmes may also be referred to in some particular contexts by some countries as integral development programmes.

9. *Encourages* Member States to also consider the development of viable economic alternatives, in particular for communities affected by or at risk of illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end to consider undertaking development-oriented interventions while ensuring that both men and women benefit equally from them, including through job opportunities, improved infrastructure and basic public services and, as appropriate, access and legal titles to land for farmers and local communities, which will also contribute to preventing, reducing or eliminating illicit cultivation and other drug-related activities;

10. *Also encourages* Member States to consider developing and implementing, in rural and urban areas, sustainable alternative development initiatives and to provide viable economic alternatives for those affected by illicit drug-related activities, including, inter alia, the illicit cultivation of crops used for the illicit production of narcotic drugs and psychotropic substances;

11. *Further encourages* Member States, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, to engage, where appropriate, Indigenous Peoples and local communities affected by illicit drug crop cultivation and other illicit drug-related activities in the development and implementation, including within the decision-making process, in accordance with domestic and applicable international law, of policies and actions aimed at promoting sustainable alternative development, taking into account their culture, knowledge and traditions;

12. *Encourages* Member States to increase efforts in promoting alternative development programmes to support populations affected by or vulnerable to the illicit cultivation of drug crops and other drug-related crime challenges, and to develop viable economic alternatives, including legal products on the basis of market demand and value added production chains, as well as secure and stable markets with fair prices for producers, in accordance with international trade rules, as applicable, including the required infrastructure and a conducive environment, utilizing best practices and lessons learned from the United Nations Guiding Principles on Alternative Development;

13. *Also encourages* Member States to ensure the proper and coordinated sequencing of development interventions when designing, implementing and assessing sustainable alternative development programmes so that their beneficiaries, including smallholder farmers, have opportunities for viable and sustainable licit livelihoods, taking into account the circumstances of the region, country or area concerned;

14. *Encourages* Member States, international organizations, civil society and other relevant stakeholders to discuss and provide recommendations, at forthcoming expert group meetings on alternative development and other relevant international meetings, on options to further strengthen the effective implementation of, as well as on the way forward, including whether there is a need to update, the United Nations Guiding Principles on Alternative Development, for future consideration by the Commission, taking into account the latest scientific evidence, good practices and decisions taken by the Commission and other relevant bodies of the United Nations;

15. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-eighth session on the implementation of the present resolution;

16. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above in accordance with the rules and procedures of the United Nations.

Resolution 67/4

Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach

The Commission on Narcotic Drugs,

Recognizing that the abiding concern of the three international drug control conventions is the health and welfare of humankind,

Reaffirming the commitment of States parties to achieving the goals and objectives of and implementing the obligations contained in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁴⁴ the Convention on Psychotropic Substances of 1971⁴⁵ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁴⁶

Recalling the commitments made by States parties to the Convention on the Rights of the Child,⁴⁷ in article 33 of which it is stated that States parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties,

Reaffirming its principal role as the policymaking body of the United Nations system with prime responsibility for drug control and other drug-related matters, and of the United Nations Office on Drugs and Crime as the leading entity in the United Nations system for addressing and countering the world drug problem, as well as the treaty-mandated roles of the Commission on Narcotic Drugs, the International Narcotics Control Board and the World Health Organization, and recognizing the contributions of other relevant United Nations entities and regional and international organizations, within their respective mandates,

Recalling its resolution 62/4 of 22 March 2019, in which it encouraged Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts, to implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs,

Recalling also its resolution 55/7 of 16 March 2012, in which it encouraged all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, including the use of opioid receptor antagonists such as naloxone,

Recalling further its resolution 61/11 of 16 March 2018, in which it encouraged Member States, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter,

⁴⁴ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁴⁵ *Ibid.*, vol. 1019, No. 14956.

⁴⁶ *Ibid.*, vol. 1582, No. 27627.

⁴⁷ *Ibid.*, vol. 1577, No. 27531.

Taking note of the publication of the United Nations Office on Drugs and Crime *World Drug Report 2023*,⁴⁸ in particular its chapter entitled “The synthetic drug phenomenon”, and noting with concern its findings that synthetic drugs are proliferating globally and offer criminals, including organized criminal groups, significant advantages with regard to the scalability of manufacturing, operational costs, geographical flexibility and reduced risks of detection, interdiction and prosecution, that consumers of synthetic drugs face growing challenges related to the unknown pharmacology and harms of such drugs, a lack of available treatments, therapies or antagonists for some new drugs, the potential development of an underground and unsafe market for such therapies, with the inherent risks of misuse and abuse of an unregulated practice, and increasingly dangerous mixtures of harmful substances in the drug supply, and also that developments in digital communications platforms have added a new dimension to drug distribution, including the use of the clear web, encrypted communications tools, certain social media applications and darknet markets,

Stressing with grave concern the increase in the number of overdose deaths associated with the use of drugs, including synthetic drugs, and the urgent need to raise awareness of and improve access to the prevention and treatment of drug overdose,

Noting with concern the executive summary of the *World Drug Report 2023*, in which it is stated that drug overdoses accounted for a quarter of drug-related deaths and that opioids, when used non-medically, continue to be the group of substances with the highest contribution to severe drug-related harm, including fatal overdoses,

Recognizing that a range of risk factors can make people particularly vulnerable to drug overdoses, including, but not limited to, having a substance use disorder, taking drugs by injection, resuming drug use after an extended period of abstinence (for example, following detoxification, release from incarceration or cessation of treatment), using prescription drugs, including opioids, without medical supervision, high prescribed dosage of drugs, using drugs in combination with alcohol and/or other substances, having concurrent medical conditions, as well as gender, age and socioeconomic status,

Recognizing also that a broad range of drug demand reduction services and programmes, including those in the areas of prevention, treatment, sustained recovery and related support services, provide approaches that serve the needs of persons in vulnerable situations and are differentiated on the basis of scientific evidence so that they respond best to the needs of those persons, taking into account gender and age considerations and cultural and socioeconomic background,

Recognizing further the importance of comprehensive, scientific evidence-based and balanced drug demand reduction measures implemented in conformity with the three international drug control conventions, which allow for sufficient flexibility for States parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law, including prevention, treatment, care and recovery, as well as other public health interventions to address the harms associated with illicit drug use, including drug overdose,

Recognizing the role of promoting healthy lifestyles, health and well-being and health-oriented responses as part of a comprehensive and multifaceted approach in the prevention of the non-medical use of drugs, and acknowledging the necessity of addressing vulnerabilities and fostering resilience among individuals, families, communities and society as a whole to complement other preventive measures, while also emphasizing the significance of evidence-based strategies and interventions as means to empower individuals with knowledge, skills and resilience,

⁴⁸ United Nations publication, 2023.

Taking note of its intersessional thematic discussions held in 2023, in which representatives of many Member States, the United Nations Office on Drugs and Crime, the World Health Organization, relevant United Nations entities and civil society raised concerns about the increase in drug overdoses in many regions and shared views, best practices and lessons learned in addressing this issue as well as other challenges in the implementation of all drug policy commitments,

Recognizing advances in the area of drug overdose prevention and response, including efforts to address non-fatal and fatal overdoses, as appropriate, such as the improved collection, analysis and sharing of quality and comparable data on drug use and overdoses, the identification of best practices and lessons learned, and the expansion of community-led initiatives and scientific evidence-based drug demand reduction measures, as well as other public health interventions to address the harms associated with illicit drug use, including drug overdose,

Noting with appreciation that there are several key initiatives aimed at preventing the non-medical and non-scientific use of drugs that may lead to drug overdose, as well as initiatives to prevent and respond to drug overdose, including the United Nations Office on Drugs and Crime early warning advisory on new psychoactive substances, the United Nations Office on Drugs and Crime Youth Initiative, the “Listen first” initiative, the Children Amplified Prevention Services initiative, the United Nations Office on Drugs and Crime-World Health Organization programme on drug dependence treatment and care, and the Stop Overdose Safely initiative,

1. *Encourages* Member States to voluntarily develop and implement, within their means, in accordance with their domestic law and their obligations under the three international drug control conventions, scientific evidence-based demand reduction measures, including prevention, treatment and recovery support, as well as other public health interventions to address the harms associated with illicit drug use, including, inter alia, medication-assisted treatment, the managed distribution of overdose reversal medication such as naloxone and other measures based on scientific evidence to reduce drug-related mortality, the use of scientifically validated public health services, treatment for pregnant and post-partum women, mental health services and other scientific evidence-based measures, and to promote the inclusion of drug overdose prevention and response in national drug policies;

2. *Calls upon* Member States to promote and strengthen, as appropriate and in accordance with domestic legislation, regional and international cooperation in developing and implementing drug demand reduction measures, including drug use prevention, to enhance technical assistance and capacity-building provided to other Member States, upon request, with a view to reducing drug overdoses, to ensure non-discriminatory and voluntary access to a broad range of services to reduce drug overdoses, including psychosocial, behavioural and medication-assisted treatment as well as the managed distribution of overdose reversal medication such as naloxone, the use of scientifically validated public health services, and other scientific evidence-based measures, and to promote the inclusion of drug overdose prevention and response measures in national drug policies;

3. *Encourages* Member States to explore innovative approaches, as appropriate and in accordance with domestic legislation, to more effectively address public and individual health threats posed by the non-medical and non-scientific use of drugs, particularly overdose, by involving all relevant sectors, supporting research, data collection, the analysis of evidence and the sharing of information, reinforcing health-care systems and, as appropriate, in accordance with domestic law and pursuant to the aims of the international drug control conventions, if permitted by domestic law and included in national drug policies, harm reduction measures aimed at preventing and minimizing the adverse public health and social consequences of the non-medical use of drugs, including with the aim of preventing and responding to drug overdoses, and building the capacity of law enforcement and health-care professionals to respond to this challenge;

4. *Also encourages* Member States, as appropriate and in accordance with national legislation, to promote and strengthen the healthy and safe development of children and young people through scientific evidence-based early prevention, as part of a comprehensive and balanced strategy for drug overdose prevention, to encompass prenatal care, infancy and early and middle childhood, including through a cross-sectoral, multidisciplinary and multi-stakeholder approach that mainstreams a gender and age perspective and takes into account the impacts of individual and environmental factors, including social and economic, risk and protective factors, on health, and the International Standards on Drug Use Prevention, by raising awareness, identifying and reducing risk factors and enhancing protective factors as part of a comprehensive and balanced strategy for drug demand reduction;

5. *Invites* Member States, voluntarily and within their means, as well as the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations entities and regional and international organizations, within their respective mandates, to develop or strengthen systems for the collection, analysis and sharing of information related to drug overdoses, including, as appropriate, early warning networks, and the cooperation of all relevant stakeholders, including law enforcement, judicial and health-care personnel, civil society, the scientific community, academia and toxicology and forensic analysis laboratory networks, with a view to identifying trends and emerging threats and informing public health responses, including targeting resources to support overdose prevention and response efforts;

6. *Requests* the United Nations Office on Drugs and Crime, in collaboration with the World Health Organization and other relevant United Nations entities and regional and international organizations, to expand existing efforts related to overdose prevention and response, including by collecting and facilitating the exchange of best practices, including on community-based and community-led initiatives, scientific evidence-based prevention, demand reduction, treatment, recovery support and, if permitted by domestic law and included in national drug policies, other public health interventions to address the harms associated with illicit drug use, public awareness-raising and outreach initiatives, legislative approaches and any legal protections related to preventing and responding to overdoses, including those that encourage overdose victims and witnesses to contact emergency medical services, capacity-building for first responders, other relevant personnel, and individuals authorized under domestic law to administer overdose reversal medications, and other scientific evidence-based measures;

7. *Invites* Member States, within their means and in accordance with domestic laws, to support the efforts of the United Nations Office on Drugs and Crime, the World Health Organization, other relevant United Nations entities and regional and international organizations, within their respective mandates, as well as civil society, to assist Member States in their efforts to develop and implement, within their means, in accordance with domestic law and their obligations under the international drug control conventions, and taking into consideration domestic circumstances and patterns of drug use, scientific evidence-based demand reduction measures, including prevention, treatment and recovery support, as well as public health interventions to address the harms associated with illicit drug use;

8. *Requests* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, to convene an open-ended intergovernmental expert group meeting, with the participation of regional and international organizations, within their respective mandates, and non-governmental stakeholders, before the regular part of the sixty-eighth session of the Commission on Narcotic Drugs, subject to the availability of extrabudgetary resources, in all six official languages of the United Nations, on the international challenges posed by drugs, particularly synthetic drugs, including drug overdoses, and related challenges and to propose scientific evidence-based core elements for an international response;

9. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

Decision 67/1

Inclusion of butonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 48 votes to none, with 1 abstention, to include butonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 67/2

Inclusion of 3-chloromethcathinone (3-CMC) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include 3-chloromethcathinone (3-CMC) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 67/3

Inclusion of dipentylone in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include dipentylone in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 67/4

Inclusion of 2-fluorodeschloroketamine in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include 2-fluorodeschloroketamine in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 67/5

Inclusion of bromazolam in Schedule IV of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include bromazolam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Decision 67/6

Inclusion of 4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include 4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/7

Inclusion of 1-boc-4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include 1-boc-4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/8

Inclusion of P-2-P methyl glycidic acid (“BMK glycidic acid”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include P-2-P methyl glycidic acid (“BMK glycidic acid”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/9

Inclusion of the methyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the methyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/10

Inclusion of the ethyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the ethyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/11

Inclusion of the propyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the propyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/12

Inclusion of the isopropyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isopropyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/13

Inclusion of the butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include the butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/14

Inclusion of the isobutyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isobutyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/15

Inclusion of the *sec*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *sec*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/16

Inclusion of the *tert*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *tert*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/17

Inclusion of the methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of P-2-P methyl glycidic acid in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to P-2-P methyl glycidic acid

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided that the methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of P-2-P methyl glycidic acid would be included in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to P-2-P methyl glycidic acid.

Decision 67/18

Inclusion of the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (“PMK ethyl glycidate”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (“PMK ethyl glycidate”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/19

Inclusion of the propyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the propyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/20

Inclusion of the isopropyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isopropyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/21

Inclusion of the butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/22

Inclusion of the isobutyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isobutyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/23

Inclusion of the *sec*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *sec*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/24

Inclusion of the *tert*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *tert*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/25

Inclusion of the ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to 3,4-MDP-2-P methyl glycidic acid

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by consensus that the ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) would be included in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to 3,4-MDP-2-P methyl glycidic acid.