

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.