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**Implementation of the international drug control treaties:  
changes in the scope of control of substances****Changes in the scope of control of substances****Note by the Secretariat***Summary*

The present document contains recommendations for action to be taken by the Commission on Narcotic Drugs pursuant to the international drug control treaties. In accordance with article 2 of the Convention on Psychotropic Substances of 1971, the Commission will have before it for consideration a proposal from the United Kingdom of Great Britain and Northern Ireland concerning a recommendation to place mephedrone (4-methylmethcathinone) in Schedule I of the 1971 Convention and a proposal from China concerning a recommendation to place ketamine in Schedule I of the 1971 Convention.

The present document also contains comments provided by Governments on economic, social, legal, administrative and other factors relevant to the proposed scheduling of mephedrone and ketamine under the 1971 Convention.

It further contains recommendations by the World Health Organization on the proposed scheduling of mephedrone and ketamine.

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\* E/CN.7/2015/1.



## **I. Consideration of the notification from the United Kingdom of Great Britain and Northern Ireland concerning a proposed recommendation for international control of mephedrone under the Convention on Psychotropic Substances of 1971**

1. Pursuant to article 2, paragraphs 1 and 3, of the Convention on Psychotropic Substances of 1971, the Government of the United Kingdom of Great Britain and Northern Ireland, in its correspondence of 23 January 2014, notified the Secretary-General of the United Nations that the United Kingdom recommended that mephedrone (4-methylmethcathinone) be provisionally scheduled in accordance with article 2, paragraph 3, in order to support Member States in taking voluntary measures while the scheduling request was under consideration, and that the substance be added to Schedule I of the 1971 Convention (see annex I).

2. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments a note verbale dated 7 February 2014, containing in its annex the notification and the information submitted by the United Kingdom in support of the recommendation that mephedrone be placed in Schedule I of the 1971 Convention.

3. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General also transmitted to the World Health Organization (WHO) a note verbale dated 10 February 2014, containing in its annex the notification and the information submitted by the United Kingdom in support of the recommendation that mephedrone be placed in Schedule I of the 1971 Convention.

4. As of 15 December 2014, the following 22 Governments provided comments on economic, social, legal, administrative or other factors relevant to the possible scheduling of mephedrone in Schedule I of the 1971 Convention: Algeria, Argentina, Australia, Colombia, Czech Republic, El Salvador, Germany, Hungary, India, Ireland, Italy, Jordan, Latvia, Mexico, Oman, Philippines, Poland, Republic of Moldova, Russian Federation, Slovakia, Sweden and Uruguay.

5. The Government of Algeria reported that it was in favour of placing mephedrone under international control, as it was one of many synthetic drugs imitating euphoric effects of “ecstasy” and amphetamines, causing many casualties and disastrous secondary effects.

6. The Government of Argentina indicated that the substance has been incorporated into a new list of drugs which was under evaluation and was authorized by a presidential decree. Its competent authority reported that it had no objections to international control, as recommended by the United Kingdom.

7. The Government of Australia reported through its competent authority that it supported the inclusion of mephedrone into Schedule I or Schedule II of the 1971 Convention. It indicated that Australia placed the substance into Schedule 4 of its Customs (Prohibited Imports) Regulations 1956 in January 2011 and classified it as a prohibited substance in Schedule 9 of the Standard for the Uniform Scheduling of Medicines and Poisons in 2010. In the event that mephedrone was scheduled

under the 1971 Convention, there would be a minor administrative amendment to the Customs (Prohibited Exports) Regulations 1958. The competent authority further indicated that although it supported the substance being placed under international control, there were challenges surrounding the identification and reliability of statistics on seizures and detections of mephedrone and all new psychoactive substances.

8. The Government of Colombia reported its support for the inclusion of mephedrone in Schedule I of the 1971 Convention. Once included in Schedule I or Schedule II of the Convention, mephedrone would be added to article 7 of Resolution No. 1478 of 2006 of the Ministry of Social Protection and would thus be subject to the other provisions of that resolution, such as the prohibition of sale through the Internet.

9. The Government of the Czech Republic indicated its support for international control of mephedrone. The substance had been surfacing as a recreational drug in the Czech Republic since 2010 and was therefore added to Schedule 4 of the Psychotropic Substances in Act 167/1998 Coll.

10. The Government of El Salvador indicated through its National Directorate of Medicines that the inclusion of mephedrone in the schedules of the 1971 Convention would have no economic, social, legal or administrative implications in El Salvador. The substance was not sold legally. There was no record of its legal or illegal use, and therefore its inclusion in the schedules would not have any commercial implications. In addition, mephedrone could be included in a list of substances subjected to special monitoring and control at any time of the year on the basis of an agreement of the Board of Representatives of the National Directorate of Medicines.

11. The Government of Germany reported that it had no information relevant to the subject matter.

12. The Government of Hungary indicated that it had no further comments in addition to the documents provided regarding scheduling of mephedrone. It reported that under national law, the substance was scheduled in list A, which was equivalent to Schedule I of the 1971 Convention.

13. The Government of India reported its support for international control of mephedrone pursuant to article 2, paragraphs 1 and 3, of the 1971 Convention. It further indicated that the substance was not approved for manufacture and sale in India for medical purposes.

14. The Government of Ireland indicated that mephedrone was controlled under the Misuse of Drugs Act 1977, as amended, and the regulations adopted pursuant to it. In addition, in 2010, the substance had been listed in schedule I of the Irish Misuse of Drugs Regulations 1988, as amended, which was the equivalent of Schedule I of the 1971 Convention. It was reported that given the lack of legitimate uses of mephedrone and the dangers associated with it, Ireland supported its inclusion in Schedule I of the 1971 Convention.

15. The Government of Italy reported that mephedrone was subject to narcotic drug control in Italy and should be added to Schedule I of the 1971 Convention.

16. The Government of Jordan indicated that the substance was not registered in Jordan.
17. The Government of Latvia reported that mephedrone was currently scheduled under schedule I (“Prohibited especially dangerous narcotic substances, equivalent psychotropic substances thereof and plants, illegal handling and abuse of which endangers health”) of Cabinet Regulation No. 847 of 2005, and therefore all trade in mephedrone was prohibited.
18. The Government of Mexico reported that neither medical use nor industrial applications of mephedrone had been reported in Mexico, and therefore the proposal by the United Kingdom would not have any economic impact on its industry. It further indicated that the scheduling of mephedrone would have a positive social impact. As of 7 January 2014, mephedrone had been included in subsections I and II of article 245 of the General Health Act as a psychotropic substance, and therefore the inclusion of that substance in Schedule I of the 1971 Convention would not affect the domestic law of Mexico.
19. The Government of Oman reported through its competent authority that mephedrone had no industrial or medical use and was currently used solely for research purposes. It suggested that the substance be added to Schedule I of the 1971 Convention and indicated that to prevent its misuse, the Ministry of Health would discuss, at the local level, necessary controls in the upcoming meeting of the National Committee for Narcotics and Psychotropic Substances Affairs.
20. The Government of the Philippines reported that its Dangerous Drugs Board made no objection and supported the position of the United Kingdom to include mephedrone in Schedule I of the 1971 Convention, given the high risk of its abuse and the fact that the drug produced effects similar to methylenedioxymethamphetamine (MDMA), amphetamines and cocaine.
21. The Government of Poland indicated that mephedrone was subject to national control in accordance with the Act of 29 July 2005 on Counteracting Drug Addiction and was classified as a psychotropic substance listed in group I-P.
22. The Government of the Republic of Moldova indicated its support for adding mephedrone to Schedule I of the 1971 Convention.
23. The Government of the Russian Federation reported its support for the inclusion of mephedrone in Schedule I of the 1971 Convention. It indicated that the substance was included in the section “Narcotic drugs” of schedule I of the register of narcotic drugs, psychotropic substances and their precursors which were under national control, as approved by decision No. 681 of the Government of the Russian Federation of 30 June 1998.
24. The Government of Slovakia reported that scheduling of mephedrone would not have any significant impact as the substance had been subject to control under national legislation since 1 January 2011. It was included in Group I of narcotic and psychotropic substances, and as such could be grown, manufactured, imported, exported, produced, transited and distributed wholesale only for the purpose of research, study or expert activity.
25. The Government of Sweden indicated that mephedrone was subject to control measures at the national level since 2009 under the Narcotic Drugs Control Act

(SFS 1992-860) and under the Narcotic Drugs Control Ordinance (SFS 1994:1554). It provided statistical information on seizures, fatal and non-fatal intoxications of mephedrone in Sweden from 2010 to March 2014.

26. The Government of Uruguay indicated that given the wide geographic distribution of mephedrone consumption and its emergence in neighbouring countries, the country was exposed to the risk of the emergence of the substance in its territory. It reported the need to strengthen its legislation in force through the inclusion of new emerging synthetic drugs in the lists of controlled substances and thus reported that the proposed inclusion of mephedrone in the schedules of the 1971 Convention was essential.

### **Action to be taken by the Commission on Narcotic Drugs**

27. The notification from the United Kingdom is before the Commission for its consideration, in accordance with the provisions of article 2, paragraph 5, of the 1971 Convention, which reads as follows:

5. The Commission, taking into account the communication from the World Health Organization, whose assessments shall be determinative as to medical and scientific matters, and bearing in mind the economic, social, legal, administrative and other factors it may consider relevant, may add the substance to Schedule I, II, III or IV. The Commission may seek further information from the World Health Organization or from other appropriate sources.

28. The recommendation of the WHO Expert Committee on Drug Dependence is also before the Commission for its consideration (annex II).

29. With regard to the decision-making process, the attention of the Commission is drawn to article 17, paragraph 2, of the 1971 Convention, which stipulates that the “decisions of the Commission provided for in articles 2 and 3 shall be taken by a two-thirds majority of the members of the Commission”. From a practical point of view, that means that, for a decision to be adopted, an affirmative vote of at least 35 members of the Commission is required.

30. The Commission should therefore decide whether it wishes to place mephedrone in Schedule I of the 1971 Convention or, if not, what other action, if any, might be required.

## **II. Consideration of a notification from China concerning the proposed recommendation for international control of ketamine under the Convention on Psychotropic Substances of 1971**

31. Pursuant to article 2, paragraph 1, of the Convention on Psychotropic Substances of 1971, the Government of China, in its correspondence dated 8 March 2014, notified the Secretary-General of the United Nations that China recommended that ketamine be placed in Schedule I of the 1971 Convention (see annex III).

32. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments and WHO notes verbales, dated 14 March 2014 and 24 June 2014, annexing the notification and the information submitted by China in support of the recommendation that ketamine be placed in Schedule I of the 1971 Convention.

33. As of 15 December 2014, the following 26 Governments provided comments on economic, social, legal, administrative or other factors relevant to the possible scheduling of ketamine under the 1971 Convention: Algeria, Argentina, Austria, Belgium, Colombia, Czech Republic, Ecuador, El Salvador, Germany, Hungary, Ireland, Italy, Kazakhstan, Latvia, Mexico, Morocco, Netherlands, Oman, Poland, Republic of Moldova, Russian Federation, Slovakia, Spain, Switzerland, Ukraine and United Arab Emirates.

34. The Government of Algeria reported its support for placing ketamine under international control, given its illicit use.

35. The Government of Argentina indicated that it had no objection to the proposal by China to place ketamine under international control as Argentina had already reported on the problems caused by the diversion of ketamine for illicit purposes and had taken the necessary legal and regulatory measures and established specific monitoring and control mechanisms to prevent such diversion.

36. The Government of Austria reported that there was no reason that would suggest the need to place the substance under international drug control and informed that it did not favour its scheduling. It further indicated that the use of the substance outside medical and veterinary settings in Austria was not common and thus scheduling the substance under national drug law was not planned. A risk assessment had been conducted by the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction, which had not led to the placement of the substance under the drug control system at the level of the European Union. It suggested that regional control measures could be taken wherever relevant problems with the substance were observed.

37. The Government of Belgium reported that ketamine was virtually the only anaesthetic readily available in developing countries and that, in the absence of any alternatives, placing that human and veterinary medicine under international control could have a vast impact on the availability of that medicine in such countries. For that reason, it proposed maintaining the status quo in this matter.

38. The Government of Colombia reported that the substance was subjected to national control pursuant to article 7 of Resolution No. 1478 of 2006. In addition, it indicated that medicines containing ketamine (HCl 200 milligrams (mg)/20 millilitres (ml) and HCl 500 mg/10 ml injectable solutions) were added to a national list of medicines under control by the Special Administrative Unit of the National Narcotics Fund, and were mostly for veterinary use, although the concentration 500 mg/10 ml was used also for humans. It further informed that trafficking, production and possession of ketamine was penalized, pursuant to article 12 of Law No. 1453 of 2011. The proposal to include ketamine in Schedule I of the 1971 Convention would thus not have any commercial or legal impact in Colombia.

39. The Government of the Czech Republic indicated its support for international control of ketamine. It informed that the substance had been surfacing as a recreational drug and was therefore subjected to national control in 2011. With regard to the use of ketamine for medical purposes, it recommended adding the substance to Schedule III of the 1971 Convention.

40. The Government of Ecuador reported that it did not consider international control of ketamine to be appropriate. Through the National Council for the Control of Narcotic and Psychotropic Substances, it recalled the critical review at the thirty-fourth meeting of the WHO Expert Committee, which concluded that there was insufficient evidence to justify international control of ketamine. It further reported that upon implementation of Resolution 072, imports of the substance had declined in the country and it had not registered any negative incidents regarding the use of ketamine.

41. The Government of El Salvador reported that placing ketamine under the international control of the 1971 Convention would have no effect in economic, social, judicial or administrative areas in the country. It informed that ketamine could be easily diverted to illicit use and informed that the substance was on the national list of controlled medications and substances.

42. The Government of Germany reported that it had no indication of a need for stronger international control of ketamine and suggested awaiting the WHO assessment report and the resulting WHO recommendation in the matter.

43. The Government of Hungary informed that ketamine, because of its criminal nature, had been considered a type of drug under national legislation since November 1997 and some illegal use of the substance continued to be present. It reported that ketamine was used in both human and veterinary medicine and that Hungary would support placing the substance under Schedule II of the 1971 Convention.

44. The Government of Ireland indicated that ketamine was subject to control under schedule 3 of the Misuse of Drugs Regulations 1988, as amended (containing substances with medicinal uses but with the potential to be misused). It was reported that the primary use of ketamine in Ireland was by the veterinary community, while seizures, outside legitimate trade, had been low. It further indicated that an appropriate balance was to be struck between the level of controls required to mitigate its misuse and the protection of its legitimate use.

45. The Government of Italy reported that ketamine was subject to narcotic drug control in Italy and should be added to Schedule I of the 1971 Convention.

46. The Ministry of Health of Kazakhstan informed that some of the most significant effects of ketamine were psychotic in nature and typically stopped immediately after patients' emergence from anaesthesia. It informed that the drug was optimal for use in anaesthetic practice in adverse economic conditions. However, the discomfort experienced by patients on awakening and the possible consequences of such anaesthesia made use of the substance limited in practice. It further informed that cases of ketamine abuse by patients or use in the treatment of drug abuse or addiction had not been recorded.

47. The Government of Latvia reported that ketamine was not controlled under national legislation due to its use in veterinary care. It was indicated that scheduling

of ketamine in Schedule II, III or IV of the 1971 Convention would strengthen the requirements for production, import, export and distribution, as well as for storage, inspection and monitoring of products containing that substance, which in turn would increase the administrative burden. However, it would not significantly increase financial costs. For that reason, Latvia could accept the placement of ketamine in Schedule II, III or IV of the 1971 Convention. With regard to scheduling in Schedule I of the 1971 Convention, Latvia indicated that it would have significant consequences in veterinary practice and therefore did not agree with adding the substance to Schedule I of the Convention.

48. The Government of Mexico indicated that at present, ketamine was listed in the General Health Act, under section 12, chapter VI (on psychotropic substances), article 245 (III), among substances that have therapeutic value but constitute a public health problem. Given that context, ketamine was controlled in Mexico and, in view of its properties, its inclusion in the 1971 Convention would be an appropriate measure. However, according to the Executive Directorate for the Regulation of Narcotic Drugs and Psychotropic and Chemical Substances of the Federal Commission for Protection against Health Risks (COFEPRIS), its addition to Schedule I would be excessive for its regulation, and it was proposed that the substance be included in Schedule III of the Convention. In addition, the Department for the Coordination of Expert Services of the Criminal Investigation Agency and the Directorate General for Legislative Analysis and Regulations of the Office of the Attorney General of Mexico indicated that in Mexico, the diversion of ketamine for illicit purposes was not common and there had been no reports that clandestine laboratories for ketamine synthesis had been found. Therefore, it was suggested instead that the authorities of each country should exercise greater control and establish stricter regulations in order to prevent the diversion of ketamine.

49. The Government of Morocco reported it had no objection to the potential listing of ketamine in the schedules of the 1971 Convention. It indicated that it had made proprietary ketamine-based medicines subject to the regulations for narcotic drugs. Ketamine-based medicines sold in Morocco were products intended to be used in hospitals, and the import of ketamine was subject to the prior acquisition of an import authorization required by the health authorities of the exporting country.

50. The Government of the Netherlands drew attention to Commission on Narcotic Drugs resolution 57/10, entitled "Preventing the diversion of ketamine from legal sources while ensuring its availability for medical use", in which the Commission, among other things, noted that international control measures could adversely impact the availability and accessibility of ketamine for medical use. The Government of the Netherlands reported that the substance was used in the country both for human and veterinary medicine. It supported the development of health-care systems in least developed countries and countries with difficult circumstances, and that imposing stricter controls would be contradictory to that policy. It reported that national legislation (and its effective enforcement) seemed to be the appropriate response at the present stage, given that according to the notification, the diversion of ketamine seemed to occur at the domestic level.

51. The Government of Oman reported that no cases of abuse of ketamine as a psychotropic substance had been recorded in Oman and that the imported quantities of drugs containing ketamine were minimal compared with other substances on the local market. It could not recognize any economic, social, legal, administrative

or other factor that it would consider relevant to the possible scheduling of ketamine, and it had no objection to the addition of the substance to Schedule I of the 1971 Convention.

52. The Government of Poland reported that ketamine was listed as a group II-P psychotropic substance in the Act of 29 July 2005 on Counteracting Drug Addiction. It indicated that the substance was used in medicinal products both in human and veterinary medicine, as an anaesthetic, and therefore there was no need to place it in Schedule I. It suggested that placing it in Schedule II would be sufficient.

53. The Government of the Republic of Moldova reported its support for adding ketamine to Schedule I of the 1971 Convention.

54. The Government of the Russian Federation reported that since 1988, ketamine had been classified as a psychotropic substance and included in schedule II of the register of narcotic drugs, psychotropic substances and their precursors which were under national control. Hence, the use of ketamine was permitted for scientific, educational and medical purposes, as well as in expert activities and veterinary sciences. It further reported that inclusion of ketamine in Schedule I of the 1971 Convention would not entail a reduction in volume sold on the internal market and thus the Russian Federation had no objection to the proposal by China. It indicated, however, that from the point of view of the Federal Drug Control Service, ketamine could be included in Schedule II of the 1971 Convention.

55. The Government of Slovakia reported that scheduling of ketamine would not have any significant impact as the substance had been subject to control under national legislation. It had been scheduled since 1 January 2010, in Group II of narcotic and psychotropic substances, and ketamine as a veterinary product was prescribed in justified cases.

56. The Government of Spain reported through its Agency of Medicines and Health Products that ketamine was subject to national control. However, its inclusion in Schedule I of the 1971 Convention would entail the prohibition of its use, manufacture, import, export, transport, trade, distribution and possession and its inclusion in any preparation containing the substance. The use of ketamine would be restricted to scientific research purposes. Therefore, the Agency supported international control, provided that it was not included in Schedule I of the 1971 Convention.

57. The Government of Switzerland reported that adding ketamine to Schedule I of the 1971 Convention would require strong control measures, which would not take into account the medical use of the substance and the need for its availability for medical use in Switzerland, both in humans and animals. It further informed that scheduling would have serious negative economic, social, legal and administrative impact in Switzerland and therefore it would not support the proposal.

58. The Government of Ukraine reported that ketamine was under national control by law and thus was of the opinion that the measures introduced and operational in Ukraine provided an adequate and effective mechanism of control over trafficking of the substance. It further informed that adding ketamine to Schedule I could cause significant harm to the domestic livestock industry. It had proved to be effective, and avoiding the use of the substance would necessitate the development and acquisition of new techniques, requiring significant efforts and financial resources.

For that reason, the Government of Ukraine reported it believed that the classification of ketamine in Schedule II was the best option.

59. The Government of the United Arab Emirates reported that its competent national authorities saw no legal or other factors relevant to possible scheduling under the 1971 Convention. It informed that ketamine had been under national control since 2005, and its import was subject to authorization. The dispensing and consumption of ketamine was controlled by issuing controlled medicine prescriptions and was monitored by monthly/quarterly auditing.

### **Action to be taken by the Commission on Narcotic Drugs**

60. The notification from China is before the Commission for its consideration, in accordance with the provisions of article 2, paragraph 5, of the 1971 Convention, which reads as follows:

5. The Commission, taking into account the communication from the World Health Organization, whose assessments shall be determinative as to medical and scientific matters, and bearing in mind the economic, social, legal, administrative and other factors it may consider relevant, may add the substance to Schedule I, II, III or IV. The Commission may seek further information from the World Health Organization or from other appropriate sources.

61. The recommendation of the WHO Expert Committee on Drug Dependence is also before the Commission for its consideration (annex IV).

62. With regard to the decision-making process, the attention of the Commission is drawn to article 17, paragraph 2, of the 1971 Convention, which stipulates that the “decisions of the Commission provided for in articles 2 and 3 shall be taken by a two-thirds majority of the members of the Commission”. From a practical point of view, that means that, for a decision to be adopted, an affirmative vote of at least 35 members of the Commission is required.

63. The Commission should therefore decide whether it wishes to place ketamine under Schedule I of the 1971 Convention or, if not, what other action, if any, might be required.

## Annex I

### **Notification from the United Kingdom of Great Britain and Northern Ireland concerning a proposed recommendation for international control of mephedrone under the Convention on Psychotropic Substances of 1971**

The Permanent Mission of the United Kingdom of Great Britain and Northern Ireland to the United Nations presents its compliments to the Secretary-General of the United Nations and has the honour to inform him that the United Kingdom of Great Britain and Northern Ireland, being a party to the 1971 Convention on Psychotropic Substances, has information relating to the following substance which is not under international control, but which, in the Government's opinion, may require its addition to one of the schedules of the 1971 Convention on Psychotropic Substances.

The substance is mephedrone (4-methylmethcathinone).

In the opinion of the United Kingdom of Great Britain and Northern Ireland, the above-mentioned substance should be provisionally scheduled under article 2, paragraph 3, in order to support Member States in taking voluntary measures while the scheduling request is under consideration, and be added to Schedule I of that Convention.

The United Kingdom of Great Britain and Northern Ireland transmits this notification to the Secretary-General of the United Nations, in accordance with paragraph 1 of article 2 of the 1971 Convention on Psychotropic Substances, in order to initiate the procedure provided for under that article.

Annexed to this note verbale for information is the United Kingdom Advisory Council on the Misuse of Drugs 2010 report on the cathinones, which includes evidence on mephedrone, as well as the United Nations Office on Drugs and Crime brief on mephedrone.

A copy of this note verbale has been transmitted to the Executive Director of the United Nations Office on Drugs and Crime.

## Annex II

### **Extract of the notification from the Director-General of the World Health Organization to the Secretary-General dated 25 November 2014 concerning the recommendation to place mephedrone in Schedule II of the 1971 Convention, including the relevant extract from the thirty-sixth report of the Expert Committee on Drug Dependence**

With reference to article 2, paragraphs 1, 4 and 6, of the Convention on Psychotropic Substances of 1971 and article 3, paragraphs 1, 3 and 5 of the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, and following the 36th meeting of the Expert Committee on Drug Dependence in June 2014, I am pleased to submit the recommendation of the World Health Organization (WHO).

The recommendation is that mephedrone be placed in Schedule II of the Convention on Psychotropic Substances of 1971.

A notification has been made by the United Kingdom of Great Britain and Northern Ireland, pursuant to article 2, paragraphs 1 and 3 of the Convention on Psychotropic Substances of 1971, concerning a proposed recommendation for international control of mephedrone. The Expert Committee critically reviewed this substance and considered that the degree of risk to public health and society associated with the abuse liability of mephedrone is substantial and therefore considered that the evidence of its abuse warranted its placement under international control, in Schedule II of the Convention on Psychotropic Substances of 1971.

### **Extract from the report of the thirty-sixth meeting of the Expert Committee on Drug Dependence**

Mephedrone (4-methylmethcathinone, 4-MMC) is chemically (R,S)-2-(methylamino)-1-(4-methylphenyl)propan-1-one.

Mephedrone had not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that mephedrone is clandestinely manufactured, of especially serious risk to public health and society and of no recognized therapeutic use by any party. Preliminary data collected from literature and different countries indicated that this substance may cause substantial harm. A critical review was further undertaken by the Committee given that the Government of the United Kingdom of Great Britain and Northern Ireland had made a notification concerning a proposed recommendation for international control of mephedrone (4-methylmethcathinone), under article 2, paragraphs 1 and 3, of the Convention on Psychotropic Substances of 1971.

The Committee considered that the degree of risk to public health and society associated with the abuse liability of mephedrone is substantial. Its therapeutic usefulness has been assessed to be none. The Committee considered that the evidence of its abuse warranted its placement under international control. As per the

“Guidance on the WHO review of psychoactive substances for international control”, higher regard was made to the substantial public health risk as opposed to the lack of therapeutic usefulness [p. 18, para. 56, penultimate sentence].

The Committee recommended that mephedrone be placed in Schedule II of the Convention on Psychotropic Substances of 1971.

### **Annex III**

#### **Notification from China concerning the proposed recommendation for international control of ketamine under the Convention on Psychotropic Substances of 1971**

The Permanent Mission of the People's Republic of China to the United Nations and other international organizations in Vienna presents its compliments to the Secretary-General of the United Nations and has the honour to inform him that the People's Republic of China, being a party to the Convention on Psychotropic Substances of 1971, has information relating to ketamine, which is not under international control but may require its addition to one of the schedules of the Convention on Psychotropic Substances of 1971.

In the opinion of the People's Republic of China, ketamine, as a derivative of phencyclidine (PCP, a controlled illegal drug listed in Schedule I of the 1971 Convention on Psychotropic Substances) and a widely abused psychotropic substance regionally and globally, should be added to Schedule I of that Convention.

The People's Republic of China transmits this notification to the Secretary-General of the United Nations, in accordance with article 2, paragraph 1, of the 1971 Convention on Psychotropic Substances, in order to initiate the procedure provided for under that article.

Annexed to this notification is the Survey Report of Ketamine Abuse in China submitted by the China National Institute on Drug Dependence of Peking University, which includes evidence on ketamine, as well as other relevant research theses and reports in this regard.

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## Annex IV

### **Extract of the notification from the Director-General of the World Health Organization to the Secretary-General dated 25 November 2014 concerning the recommendation not to place ketamine under international control**

With reference to article 2, paragraphs 1, 4 and 6, of the Convention on Psychotropic Substances of 1971, and article 3, paragraphs 1, 3 and 5, of the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, and following the 36th meeting of the Expert Committee on Drug Dependence in June 2014, I am pleased to submit recommendations of the World Health Organization.

Following a notification under article 2, paragraph 1 of the Convention on Psychotropic Substances of 1971 by the Government of China concerning the proposed recommendation for international control of ketamine, the Expert Committee critically reviewed this substance, following its previous critical reviews of ketamine at its 35th and 34th meetings and the pre-review undertaken at its 33rd meeting. The information provided by China with its notification to the Secretary-General was brought to the Expert Committee's attention. The Expert Committee's assessment was that ketamine "is widely used as an anaesthetic in human and veterinary medicine, and is included in the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children, as well as in many national lists of essential medicines". The Expert Committee found that it was presented with "compelling evidence [...] about the prominent place of ketamine as an anaesthetic in developing countries and crisis situations". While the Expert Committee "acknowledged the concerns raised by some countries and United Nations organizations", it stated that "ketamine abuse currently does not appear to pose a sufficient public health risk of global scale to warrant scheduling" and recommended "that ketamine not be placed under international control at this time". "Countries with serious abuse problems may decide to introduce or maintain control measures, but should ensure ready access to ketamine for surgery and anaesthesia for human and veterinary care".