




**UNODC**

United Nations Office on Drugs and Crime

A decorative graphic consisting of a network of white circles connected by thin white lines, set against a background of teal and green geometric shapes. The text is overlaid on this graphic.

**SCHEDULING  
PROCEDURES UNDER THE  
INTERNATIONAL DRUG  
CONTROL CONVENTIONS**

[cnd.unodc.org](http://cnd.unodc.org)



# SCHEDULING PROCEDURES UNDER THE INTERNATIONAL DRUG CONTROL CONVENTIONS



UNITED NATIONS  
Vienna, 2020

This brochure was prepared by the Secretariat to the Governing Bodies of the United Nations Office on Drugs and Crime (UNODC), with substantive input provided by the UNODC Laboratory and Scientific Section, the World Health Organization and the International Narcotics Control Board.

“We underscore that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and other relevant instruments **constitute the cornerstone of the international drug control system**, welcome the efforts made by States parties to comply with the recommendations, 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”

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, adopted by the Commission on Narcotic Drugs at the opening of the Ministerial Segment of its sixty-second session, held on 14 and 15 March 2019

The goal of this publication is to provide an accessible introduction to the scheduling functions of the Commission on Narcotic Drugs. It is intended for ease of reference only. To keep the explanations as understandable as possible, some aspects have been simplified. References to the three international drug control conventions and on those commentaries on those conventions have been limited in order to increase readability; section IV (“Useful resources”) provides weblinks to the full texts of those conventions and commentaries.



# INTRODUCTION

The Commission on Narcotic Drugs was established by the Economic and Social Council in its resolution 1946/9(I) of 1946 to assist the Council in supervising the application of the international drug control treaties. In 1991, the General Assembly expanded the mandate of the Commission to enable it to function as the governing body of the United Nations Office on Drugs and Crime (UNODC). In its resolution 1999/30, the Economic and Social Council decided that the Commission should structure its agenda in two distinct segments: a normative segment for discharging treaty-based and normative functions; and an operational segment for exercising its role as the governing body of UNODC.

Today, the Commission has normative functions under the three conventions that constitute the cornerstone of the international drug control system:

- The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol (1961 Convention)
- The Convention on Psychotropic Substances of 1971 (1971 Convention)
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1988 Convention)

These conventions have two goals: preventing the abuse of psychoactive substances and ensuring their availability for medical and scientific purposes. The 1961 Convention was elaborated to regulate drugs that have cannabis-, cocaine- and opium-like effects. With the appearance of new psychoactive drugs, such as amphetamine-type stimulants (e.g. “ecstasy”), Member States deemed it necessary to create a new treaty, and thus the 1971 Convention came into existence. The 1988 Convention places precursors – substances frequently used to illicitly manufacture narcotic drugs and psychotropic substances – under international control and provides for additional measures against drug trafficking and for international cooperation in relation to the substances scheduled under the three international drug control conventions.

Among the normative functions of the Commission under the three conventions is the mandate to decide on the scope of control of substances. This function of the Commission is frequently called “scheduling”, as substances are placed under international control by adding them to the schedules of the 1961 Convention or the 1971 Convention, or to the tables of the 1988 Convention.

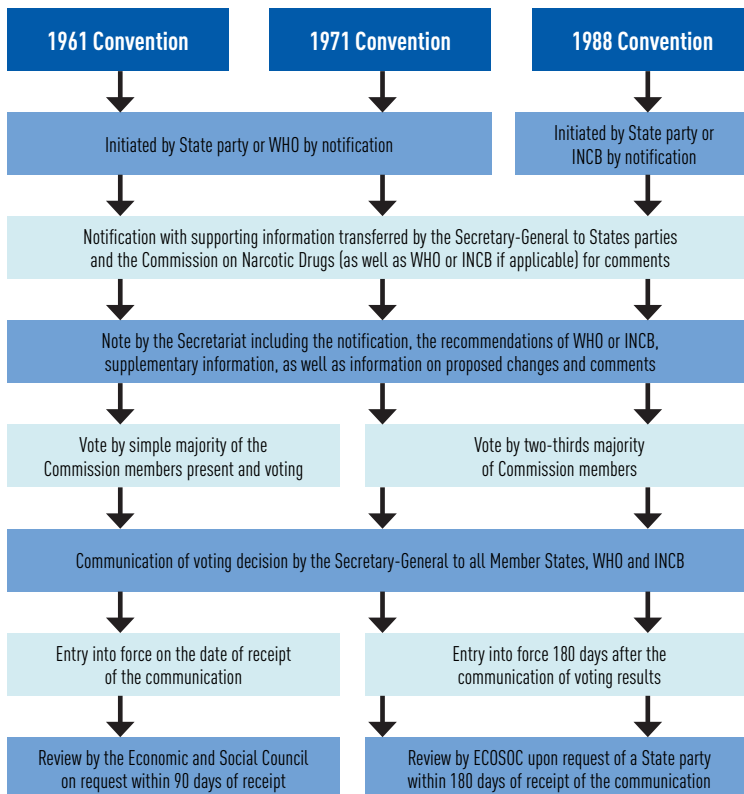
This publication provides an introduction to this treaty-based function of the Commission. The first part focuses on the scheduling procedure, which is divided into the processes involved before, during and after the voting on the scheduling recommendations. The second part explores the control regimes of the schedules of the 1961 and 1971 Conventions and the tables of the 1988 Convention.

## SCHEDULING PROCEDURES

The Commission on Narcotic Drugs is mandated to take scheduling decisions under each of the three international drug control conventions. In other words, it decides whether or not to add substances to the schedules or tables, whether to transfer them between the schedules or tables, or whether to remove them from the schedules or tables. Each convention contains provisions on the procedures to follow in changing the scope of control of substances, namely:

- Article 3 of the 1961 Convention
- Articles 2 and 3 of the 1971 Convention
- Article 12 of the 1988 Convention

The procedures to be followed before, during and after the voting are explained in more detail in the following subsections. The chart below presents a summary of the procedures.





## Before the voting

### Initiation procedure

The scheduling process is initiated by a notification to the Secretary-General containing the suggested scheduling change, as well as supporting information. Under the three conventions, the States parties to the respective convention have the right to initiate a scheduling procedure. Additionally, under the 1961 and the 1971 Conventions, the World Health Organization (WHO) may submit scheduling notifications. Under the 1988 Convention, the International Narcotics Control Board (INCB) is entitled to act as initiator.

The notification should contain the chemical formula of the substance and its known name, as well as supporting information, such as statistical data, research results or data on clinical experiments. It can be sent in any of the official languages of the United Nations.

Upon receipt, the Secretary-General transmits the notification and any relevant supporting information to the States parties (in the form of a note verbale), to the Commission (in the form of a note by the secretariat of the Commission) and, when the notification is made by a State party, to WHO for consideration of scheduling under the 1961 and 1971 Conventions and to the INCB for consideration of scheduling under the 1988 Convention.

### Medical and scientific review of the substance

Under the 1961 and 1971 Conventions, WHO is tasked with the medical and scientific assessment of the substance in question. To this end, WHO regularly convenes its Expert Committee on Drug Dependence, which consists of independent experts in the field of drugs and medicines. Among the review criteria are the substance's liability to abuse, its ill effects on health and its usefulness in medical therapy, as applicable. If WHO is not the initiator of the scheduling procedure and thus has not already provided recommendations, it reviews the substance in question and formulates recommendations after receiving the relevant note by the secretariat of the Commission.

Under the 1988 Convention, the assessment of substances is conducted by INCB, taking into account:

- The extent, importance and diversity of the licit use of the substance
- The possibility and ease of using alternate substances both for licit purposes and for the illicit manufacture of narcotic drugs or psychotropic substances
- Whether it is frequently used in the illicit manufacture of a narcotic drug or psychotropic substance
- Whether the volume and extent of the illicit manufacture of a narcotic drug or psychotropic substance creates serious public health or social problems, so as to warrant international action

If INCB is the initiator, it provides an initial assessment of the substance in the notification. Regardless of whether or not INCB is the initiator, after receiving the comments by States parties to the 1988 Convention, it provides an initial (or additional) assessment and recommendations.

### Comments by States parties

States parties to the international drug control conventions have, at different stages of the scheduling process, the opportunity to communicate their comments and any supplementary information on the substance under consideration, to enable the Commission to take evidence-based decisions.

Under the 1961 and 1971 Conventions, regardless of whether or not WHO is the initiator of the scheduling procedure, all States parties receive a letter from the Secretary-General transmitting the initial notification, as well as any other information that he considers relevant. The secretariat of the Commission also gives States parties the opportunity to express their views once WHO has provided its recommendations, so as to prepare for the deliberations by the Commission within its mandates.<sup>1</sup>

Under the 1988 Convention, along with the transmittal of the notification that initiates the scheduling process, States parties are asked to communicate their comments, as well as any supplementary information that may assist the INCB in carrying out an assessment and the Commission in reaching a decision.

### Provisional control

Because fulfilling the formal and technical requirements of the scheduling procedure requires a given time frame, in order to prevent the worsening of a situation of trafficking or abuse before bringing a substance under control, the 1961 and 1971 Conventions provide for, in certain cases, a possible intermediate step in the scheduling procedure.

Under the 1961 Convention, where a notification relates to a substance not already in Schedule I or Schedule II, the parties shall examine in the light of the available information the possibility of provisionally applying to the substance all measures of control applicable to drugs listed in Schedule I; and pending its scheduling decision, the Commission may decide that the parties apply provisionally to that substance all those control measures. (If such a decision is taken, the parties shall apply such measures provisionally.)

Under the 1971 Convention, the States parties, in the light of all information available to them, but pending the assessment by WHO and the deliberations by the Commission, shall examine the possibility of applying provisional control measures if the information transmitted with the notification indicates that the substance is suitable for inclusion in Schedule I or Schedule II.

---

<sup>1</sup>During the review process, States parties may also communicate relevant information directly to WHO, as outlined in the WHO document entitled "Guidance on the WHO review of psychoactive substances for international control".

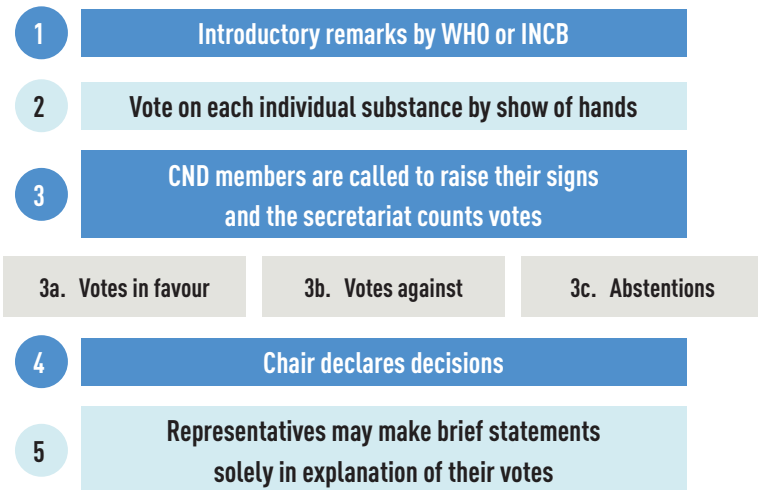
## Preparations for the voting

In preparation for the voting, in order to facilitate the Commission's decision-making process, the secretariat of the Commission prepares a note on the proposed changes in the scope of control of substances. The note contains the notification and supplementary information transmitted by the initiator to the Secretary-General, as well as the assessment of the substance(s) by WHO or INCB and any additional information relating to the proposed changes provided by Member States in response to the notification transmitted by the Secretary-General.

## The voting

### Voting process

The Commission exercises its mandated treaty-based scheduling functions under the agenda item entitled "Implementation of the international drug control treaties: changes in the scope of control of substances".



Before the voting, representatives of WHO or INCB provide introductory remarks based on their written assessment and recommendations. Subsequently, the 53 members of the Commission are called to cast their votes. In line with rule 59 of the rules of procedure of the functional commissions of the Economic and Social Council, unless there is specific request for a roll call, the Commission votes by show of hands. Once the Chair has announced the commencement of voting, no representative may interrupt the voting, except on a point of order in connection with the actual voting process.

First, the Chair asks Commission members in favour of the recommendation to raise their signs; second, Commission members that are not in support of the recommendation

are requested to raise their signs; and third, the Chair requests abstaining Commission members to indicate their abstention by raising their signs. The secretariat then counts the respective votes. Lastly, on the basis of the vote count, the Chair of the Commission declares the decision of the Commission.

According to rule 60 of the rules of procedure of the functional commissions of the Economic and Social Council, representatives may make a brief statement solely in explanation of their vote and the Chair is to give the opportunity for such statements after the completion of the vote.

### Margin of discretion of the Commission on Narcotic Drugs

The margin of discretion afforded to the Commission and the aspects that the Commission is to consider differ according to the provisions of each convention. Under the 1961 Convention, the Commission is limited to accepting or rejecting the changes recommended by WHO. In consequence, for example, the Commission cannot add a substance to a schedule unless recommended by WHO.

Under the 1971 Convention, the Commission may decide (even contrary to the recommendation of WHO) to place or not place a substance under international control, or to remove it from international control. The Commission may also place a substance in a schedule other than that recommended by WHO. The Commission has broad discretionary powers to take into account economic, social, legal, administrative or other factors, but may not act arbitrarily. The 1971 Convention specifies that the assessments by WHO are determinative as to medical and scientific matters, meaning that the findings of WHO must be accepted and the Commission cannot base its decisions on other medical or scientific views. The Commission may also decide, instead of voting, to seek further information from WHO or other appropriate sources.

In the case of changes in the scope of control of substances under the 1988 Convention, the Commission shall take into account the comments submitted by the States parties and the comments and recommendations of INCB, whose assessment shall be determinative as to scientific matters, and take into due consideration any other relevant factors.

### Majorities

The majority needed for a change in the scope of application under the 1961 Convention differs from the one required under the two other conventions. Articles 2 and 17 of the 1971 Convention and article 12 of the 1988 Convention require a two-thirds majority of the members of the Commission, meaning that at least 36 members of the Commission must vote in favour in order to take a decision to add, transfer or remove a substance.

However, in the 1961 Convention there are no specific provisions regarding the required majorities. Therefore, rule 58 of the rules of procedure of the functional commissions of the Economic and Social Council applies; it establishes that decisions are taken by a

simple majority of the Commission’s members present and voting. “Members present and voting” in this context means members casting an affirmative or negative vote. Members that abstain from voting are considered as not voting.

<b>1961 Convention</b>	Simple majority*	Rule 58 of the rules of procedure of the functional commissions of the Economic and Social Council
<b>1971 Convention</b>	Two-thirds majority (36 Members)	Articles 2 and 17 (2) of the 1971 Convention
<b>1988 Convention</b>	Two-thirds majority (36 Members)	Article 12 (5) of the 1988 Convention

\*The simple majority of members of the Commission present and voting in favour or against. Members that abstain are considered as not voting.

## After the voting

### Communication of the voting result

Once the Commission has taken a decision concerning the scope of control of substances, it is communicated by the Secretary-General to all States Members of the United Nations and to INCB. The decisions under the 1961 and 1971 Conventions are additionally communicated to WHO, and decisions under the 1988 Convention are also transmitted to regional economic integration organizations that have the external competency in all or some of the matters covered by the 1988 Convention.

### Entry into force of decisions

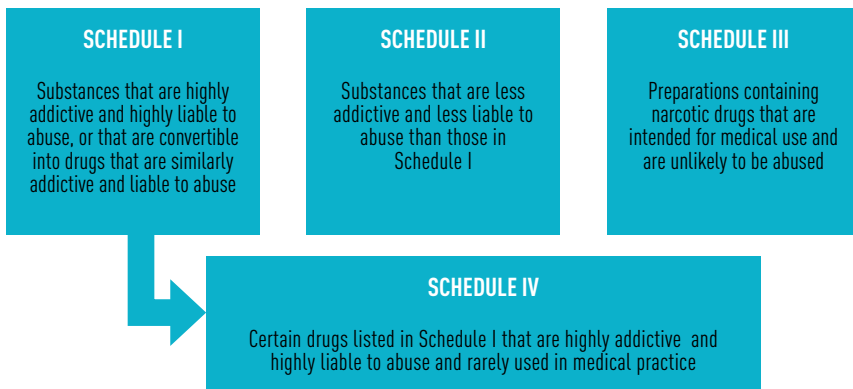
Decisions taken concerning the scope of control of substances under the 1961 Convention become effective with respect to each State party on the date of its receipt of the communication regarding the decisions. Under the 1971 and 1988 Conventions, decisions enter into force 180 days after the date of such communication.

### Review by the Economic and Social Council

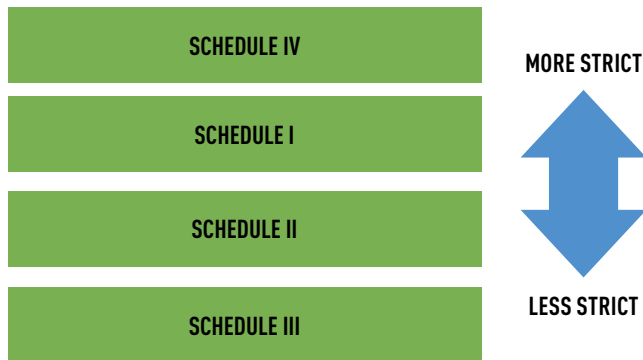
Scheduling decisions under the international drug control conventions are subject to review by the Economic and Social Council upon the request of any State party. The request for review must be filed within 90 days of receipt of notification of the decision, in the case of the 1961 Convention, and within 180 days, in the case of the 1971 and 1988 Conventions. The Council may confirm, alter or reverse the decision of the Commission, and the decision of the Council is final.

# CONTROL REGIMES

## Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol



In the 1961 Convention, narcotic drugs and their preparations are listed in four schedules according to their dependence potential, abuse liability and therapeutic usefulness.



Substances listed in Schedule I are highly addictive and highly liable to abuse. Schedule II includes drugs that are considered to be less liable to abuse and that are more widely used in medicine. WHO recommends adding a substance to Schedule I or Schedule II when the substance is similar to the substances already included in the respective schedule with regard to liability to abuse and the production of ill effects or when the substance is convertible into a drug.

Schedule III includes preparations that contain narcotic drugs, but that are intended for medical use and are unlikely to be abused. These preparations are exempted from certain control measures. Schedule IV includes certain drugs listed in Schedule I (all drugs in Schedule IV must be included in Schedule I) that are considered to be particularly harmful, in other words, highly addictive and highly liable to abuse. Substances in Schedule IV are rarely used in medical practice. Consequently, Schedule I and Schedule IV represent the strictest levels of mandatory control, followed by Schedule II and Schedule III. For substances listed in Schedule IV, States parties are additionally encouraged to adopt any special measures of control that they deem necessary. The measures applicable to the substances in the different schedules are detailed in the following table.

## CONTROL MEASURES AND EXCEPTIONS

### Limitation to medical and scientific purposes

The production, manufacture, export, import and distribution of, trade in, use and possession of drugs must be limited exclusively to medical and scientific purposes.

### Licences and authorizations

Governmental licensing is required for participation in any phase of the trade in narcotic drugs, namely, for the manufacture of, trade in and distribution of drugs. Licensed persons and enterprises, as well as the modalities of manufacture, trade and distribution in international trade, are to be controlled.

Import and export authorizations are required for each individual international transaction.

### Exceptions for all preparations (listed or not listed in Schedule III)

For licensed manufacturers of preparations, a periodical permit specifying the kinds and amounts of drugs which they shall be entitled to manufacture need not be required.

For the establishments and premises in which trade in or distribution of preparations takes place, licensing need not be required.

### Control and inspection

Governments must generally control all persons and enterprises carrying on or engaged in the manufacture of, trade in or distribution of any drugs, including drugs in Schedule II and III and their retail trade and distribution.

### Balance supply and demand

Estimates must be furnished on future requirements for all drugs controlled under the 1961 Convention, namely, in respect of the quantities to be consumed for medical and scientific purposes; the quantities to be utilized in the manufacture of other drugs, of preparations in Schedule III and of substances not covered by the Convention; the stocks of drugs to which the estimates relate; the quantities necessary for addition to special stocks; and the number of industrial establishments which will manufacture synthetic drugs and the quantities of synthetic drugs to be manufactured by each. The quantities involved in manufacture and importation, trade and distribution are limited in accordance with the estimates.

### Exception regarding retail trade

With regard to retail trade, there is no obligation to prevent the accumulation of drugs listed in Schedule II and preparations listed in Schedule III that are in the possession of retail distributors, in excess of the quantities required for the normal conduct of business.

### Exception regarding estimates for preparations (listed or not listed in Schedule III)

Estimates shall not be required in the case of preparations in Schedule III, but the estimates of requirements for drugs listed in Schedules I, II and IV must include an estimate of the quantities of drugs to be utilized for the compounding of preparations in Schedule III.

### Reports

Statistical returns on drugs must be furnished to INCB on an annual basis with regard to production or manufacture; utilization in the manufacture of other drugs or preparations; consumption, seizures and stocks; and the area of cultivation; and on a quarterly basis with regard to imports and exports.



APPLICABLE ARTICLE OF THE 1961 CONVENTION	SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
4 (c)	✓	✓	✓	✓
29; 30 (1); 34 (a)	✓	✓	✓	✓
31	✓	✓		✓
29 (2); 30 (1) (b) (ii)			✓	
	✓	✓	✓	✓
19 (1); 21; 29 (3); 30 (2) (a); 31 (1) (b)	✓	✓	✓	✓
2 (2); 30 (2) (a); 30 (6)		✓	✓	
19 (1) (b)			✓	
20	✓	✓		✓

## CONTROL MEASURES AND EXCEPTIONS

The statistical returns (article 20) distinct from those involving these drugs shall not be required in the case of such preparations in Schedule III, but the statistical returns on drugs in Schedules I, II and IV must include information on the amounts of drugs actually used for the compounding of Schedule III preparations.

### Medical prescription

A medical prescription is required for the supply or dispensation of drugs to individuals. This requirement does not apply to such drugs that certain individuals may lawfully obtain, use, dispense or administer in connection with their duly authorized therapeutic functions. Authorized persons engaged in the trade in and distribution of drugs, including manufacturers, wholesale and retail traders, medical practitioners and scientists, are entitled to acquire the drugs necessary for the performance of their legal business functions, professions or occupations.

### Exception regarding medical prescriptions

Medical prescriptions for the supply or dispensation to individuals of drugs listed in Schedules II and III are not obligatory. Such drugs are also exempted from the provision concerning the use of official prescription forms in the form of counterfoil books issued by the competent governmental authorities or by authorized professional associations.

The label under which a drug in Schedules II or III is offered for sale in the retail trade must show the exact content by weight or percentage.

### Records

All participants in the trade in narcotic drugs must keep detailed records of any transactions involving drugs.

Medical practitioners (physicians, surgeons, veterinarians and dentists) are not obliged to keep records, neither in respect of drugs in Schedule II nor of those in Schedule I, because medical practitioners are not considered "traders".

### Exception regarding records

Pharmacists (retail traders) are not obligated to maintain records of their retail sales of drugs listed in Schedule II and their preparations. The same applies to all preparations in Schedule III, other than those which contain drugs listed in Schedule I that the retail traders did not acquire in ready form from manufacturers.

However, it appears that, for purposes of control, it is necessary for retail traders to keep a record of individual sales of preparations listed in Schedule III that contain drugs listed in Schedule I and that they compound themselves. They should also maintain records of all individual acquisitions of any drugs and their preparations, including drugs listed in Schedule II and their preparations, as well as all preparations listed in Schedule III.

APPLICABLE ARTICLE OF THE 1961 CONVENTION	SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
20 (1) (b)			✓	
30 (2) (b)	✓			✓
30 (2) (b) (i); 30 (2) (b) (ii)		✓	✓	
30 (5)				
34 (b)	✓	✓	✓	✓
		✓	✓	

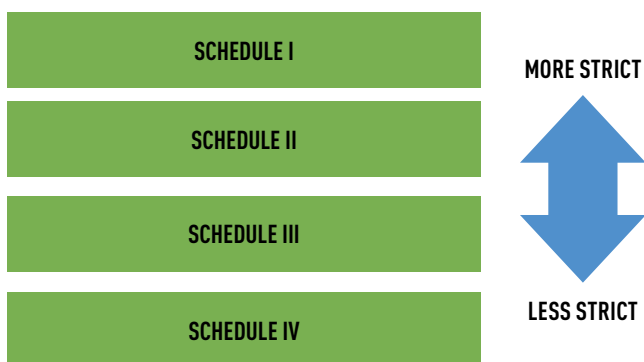


## Convention on Psychotropic Substances of 1971

In the 1971 Convention, substances are categorized in four schedules, depending on the risk of abuse, the threat to public health and the therapeutic value associated with them. The substances included in the four schedules demonstrate a sliding scale of those three variables: substances in Schedule I pose a high risk of abuse and a particularly serious threat to public health, and have very little or no therapeutic value, whereas the substances included in Schedule IV pose a risk of abuse and a minor threat to public health, and have a high therapeutic value.

SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
Substances presenting a high risk of abuse, posing a particularly serious threat to public health, that are of very little or no therapeutic value	Substances presenting a risk of abuse, posing a serious threat to public health, that are of low or moderate therapeutic value	Substances presenting a risk of abuse, posing a serious threat to public health, that are of moderate or high therapeutic value	Substances presenting a risk of abuse, posing a serious threat to public health, that are of moderate or high therapeutic value

Consequently, the strictness of the control regime decreases from Schedule I to IV. Pursuant to several Economic and Social Council resolutions, the original control mechanisms of the 1971 Convention have been expanded over time, including with regard to import and export authorizations and statistics. Furthermore, States parties are requested to submit information on the estimated amount of psychotropic substances required for legitimate medical and scientific purposes. See the table below for details on the applicable control measures.



## CONTROL MEASURES AND EXCEPTIONS

### Limitation to medical and scientific purposes

All categories of substances can be used exclusively for medical and scientific purposes. Substances listed in Schedule I can be used for scientific and very limited medical purposes only by duly authorized persons.

### Licences

For manufacture, trade, distribution and possession, licences are required for all scheduled drugs. Any person who obtains a licence must be adequately qualified to execute effectively and faithfully the provisions of the relevant domestic laws and regulations. Governments must control all duly authorized persons and enterprises engaged in such operations, as well as the establishments and premises in which manufacture, trade or distribution may take place.

A special licence or prior authorization is required for the manufacture of, trade in, and distribution and possession of substances in Schedule I, allowing only the very limited use of such substances. The export and import of substances in Schedule I is prohibited except when both the exporter and importer are the competent authorities or agencies of the exporting and importing country, respectively, or when they are other persons or enterprises specifically authorized by the competent authorities of their country for the purpose.

The manufacture of, trade (including export and import trade) in and distribution of such substances can only be conducted under licence or under some similar governmental control measure, in order to ensure that activities involving those substances are limited to what is necessary for medical and scientific purposes.

### Records

Manufacturers and all other persons authorized to trade in and distribute the substances in Schedule I must keep detailed records of:

- The quantities manufactured
- The quantities held in stock
- The size, date, supplier and recipient of each acquisition and disposal

Manufacturers, wholesale distributors, retail distributors, institutions for hospitalization and care and scientific institutions, exporters and importers must keep detailed records of:

- The quantities manufactured
- The size, date, supplier and recipient of each acquisition and disposal

Manufacturers, wholesale distributors, exporters and importers must keep detailed records of:

- The quantities manufactured
- The size, date, supplier and recipient of each acquisition and disposal

As for retail distributors, institutions for hospitalization and care and scientific institutions, information regarding acquisitions and disposals need only be readily available.

APPLICABLE ARTICLE OF THE 1971 CONVENTION	SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
5 (2)	✓	✓	✓	✓
	✓	✓	✓	✓
7	✓			
		✓	✓	✓
	✓			
		✓		
			✓	

## CONTROL MEASURES AND EXCEPTIONS

The only persons who must keep records are manufacturers, exporters and importers. They must record, as determined by each State party, the total quantities manufactured, exported and imported each year.

### Exempted preparations (of substances in Schedules II-IV)

Manufacturers must record, with respect to each exempted preparation manufactured:

- The quantity of each psychotropic substance used in the manufacture of the preparation
- The total quantity manufactured
- The nature and initial disposal of the preparation

### Control and inspection

Each State party must maintain a system for the inspection of manufacturers, exporters, importers, wholesale distributors and retail distributors of psychotropic substances and for the inspection of medical and scientific institutions that use such substances. The inspections must be carried out as frequently as needed for efficient control and must encompass premises, stocks and records.

All duly authorized persons and enterprises carrying on or engaged in the manufacture of, trade in, or distribution of those substances, as well as the establishments and premises in which such manufacture, trade or distribution may take place, must be controlled.

### Prescriptions

Substances in Schedule I are subject to the more thoroughgoing prohibition against use set forth in article 7 (a).

Dispensation of these substances requires a medical prescription in order to ensure that psychotropic substances are dispensed for use by individuals only in cases of medical need.

In exceptional cases, specifically authorized persons may supply small quantities of the substances listed in Schedules III and IV without a prescription for medical use by individuals.

### Control of international trade

International trade is permitted only when the importer and the exporter are both competent national authorities, or persons or enterprises that are specifically authorized by the competent authorities of their respective countries to trade in those substances.

Prior approval of the competent national authorities, in the form of import and export authorizations, must be obtained for each transaction.



APPLICABLE ARTICLE OF THE 1971 CONVENTION	SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
				✓
		✓	✓	✓
15	✓	✓	✓	✓
8 (2)		✓	✓	✓
	✓			
9		✓	✓	✓
			✓	✓
	✓			
	✓	✓		

## CONTROL MEASURES AND EXCEPTIONS

The 1971 Convention does not require that import and export transactions of substances in Schedule III be approved by the competent authorities, but the exporting country must send to the authorities of the importing country a notification of the export (export declaration) that gives certain details of the shipment.

As for substances in Schedule IV, neither prior authorizations nor export declarations are required under the Convention. The importer and exporter must merely keep records of transactions and, at the end of each year, notify the respective national authorities of the total quantities imported and exported.

The Economic and Social Council extended the system of import and export authorization required under the 1971 Convention for substances in Schedules I and II to substances in Schedules III and IV.

In addition, Governments were requested by the Council to include in their reports on trade in psychotropic substances listed in Schedules III and IV details of the countries of origin of their imports and the countries of destination of their exports.

### **Prohibition of and restrictions on export and import**

The 1971 Convention provides a mechanism whereby a country may oblige all other countries not to export unwanted psychotropic substances to it. Under article 13, a State party may notify all the other parties that it prohibits the import into its country of one or more substances in Schedule II, III or IV. The notifying country may subsequently authorize the importation of definite quantities of the substances concerned by issuing a special import licence, which must be transmitted directly to the competent authorities of the exporting country.

### **Simplified estimate system for psychotropic substances (“assessment”)**

When the 1971 Convention was drafted, it was considered that the “estimate system” that applied to narcotic drugs controlled under the 1961 Convention was not needed for psychotropic substances. That is why the 1971 Convention itself does not provide for such an estimate system. Consequently, parties are not legally bound to furnish in advance figures on their needs for psychotropic substances in each year, nor to supply to INCB statistics on consumption, seizures and disposal of seized psychotropic substances, on stocks other than stocks of substances in Schedule I or II held by manufacturers of those substances, and on the use of substances in Schedule IV for the manufacture of exempted preparations

Pursuant to several Economic and Social Council resolutions, Governments are invited to provide INCB with the assessments of their legitimate medical and scientific requirements for psychotropic substances in Schedules II, III and IV and to develop mechanisms to ensure that imports of psychotropic substances are in line with established assessments and that exports are only authorized when the quantities to be exported are within the importing countries’ assessments. Assessments of annual requirements for psychotropic substances are not required from Governments every year, do not have to be approved by INCB and can be modified at any time.

APPLICABLE ARTICLE OF THE 1971 CONVENTION	SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
		✓	✓	
			✓	✓
13		✓	✓	✓
		✓	✓	✓

## United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

Under the 1988 Convention, controlled substances are listed in one of two tables. For substances in Table I, Governments are entitled to request pre-export notifications. Therefore, in its assessments of the tables, INCB has, in the past, taken into particular account whether a substance was especially relevant in international trade.

TABLE I	TABLE II
<p>Additionally, Governments have the possibility of requesting pre-export notifications (art. 12, para. 10 (a)); therefore, table I includes, in particular, substances that subject to international trade</p>	

CONTROL MEASURES AND EXCEPTIONS	APPLICABLE ARTICLE OF THE 1988 CONVENTION	TABLE I	TABLE II
Monitor domestic manufacture and distribution	12 (8)	✓	✓
<ul style="list-style-type: none"> <li>• Monitor international trade</li> <li>• Cooperate with relevant sectors of industry</li> <li>• Provide for seizures</li> <li>• Notify suspicious shipments (import, export, transit)</li> <li>• Require proper labelling and documentation and maintain documents for no less than 2 years</li> </ul>	12 (9)	✓	✓
Request exporting countries to provide pre-export notifications prior to any export (mandatory!)	12 (10)	✓	
Confidentiality of trade, business, commercial or professional secret or trade process	12 (11)	✓	✓
Report to INCB (form D)	12 (12)	✓	✓

## USEFUL RESOURCES

### **More information on scheduling**

[www.unodc.org/unodc/en/commissions/CND/Mandate\\_Functions/Mandate-and-Functions\\_Scheduling.html](http://www.unodc.org/unodc/en/commissions/CND/Mandate_Functions/Mandate-and-Functions_Scheduling.html)

### **Additional references**

Home page of the Commission on Narcotic Drugs

[www.unodc.org/unodc/en/commissions/CND/index.html](http://www.unodc.org/unodc/en/commissions/CND/index.html)

Texts of the international drug control conventions

[www.unodc.org/unodc/en/commissions/CND/conventions.html](http://www.unodc.org/unodc/en/commissions/CND/conventions.html)

Commentaries on the international drug control conventions

<https://sherloc.unodc.org/cld/en/v3/drugcontrolrepository/other-resources/commentaries-on-the-conventions.html>

Rules of procedure of the functional commissions of the Economic and Social Council

<https://digitallibrary.un.org/record/50230>

Resolution and decision database of the Commission on Narcotic Drugs

[www.unodc.org/rddb/](http://www.unodc.org/rddb/)

Guidance on the WHO review of psychoactive substances for international control

<http://apps.who.int/medicinedocs/en/m/abstract/Js17538en/>

WHO work on controlled substances

[www.who.int/medicines/access/controlled-substances/ecdd/work-on-ecdd/en/](http://www.who.int/medicines/access/controlled-substances/ecdd/work-on-ecdd/en/)

INCB – Precursors

[www.incb.org/incb/en/precursors/index.html](http://www.incb.org/incb/en/precursors/index.html)

INCB – Psychotropic Substances

[www.incb.org/incb/en/psychotropics/index.html](http://www.incb.org/incb/en/psychotropics/index.html)

INCB – Treaty Compliance

[www.incb.org/incb/en/treaty-compliance/index.html](http://www.incb.org/incb/en/treaty-compliance/index.html)







# UNODC

United Nations Office on Drugs and Crime



For more information, please visit:

<http://www.unodc.org/unodc/en/commissions/CND/index.html>



Or follow us on Twitter



@CND\_tweets