



United Nations

Commission on Narcotic Drugs

**Report on the sixty-fourth session
(4 December 2020 and 12–16 April 2021)**

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Commission on Narcotic Drugs

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Note

Symbols of United Nations documents are composed of letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

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[7 May 2021]

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Executive summary

The present summary has been prepared pursuant to the annex to General Assembly resolution 68/1, entitled “Review of the implementation of General Assembly resolution 61/16 on the strengthening of the Economic and Social Council”, in which it is stated that the subsidiary bodies of the Council should, *inter alia*, include in their reports an executive summary.

The present document contains the report on the sixty-fourth session of the Commission on Narcotic Drugs, which was held from 12 to 16 April 2021. Chapter I contains the text of the resolutions and decisions adopted by the Commission or recommended by the Commission for adoption by the Economic and Social Council.

During its session, the Commission considered strategic management, budgetary and administrative questions; the implementation of the international drug control treaties; the follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem; inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem; recommendations of the subsidiary bodies of the Commission; and matters relating to the Economic and Social Council, including the follow-up to and the review and implementation of the 2030 Agenda for Sustainable Development.

The Commission decided to include isotonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. The Commission also decided to include CUMYL-PEGACLONE, MDMB-4en-PINACA, 3-methoxyphencyclidine and diphenidine in Schedule II of the Convention on Psychotropic Substance of 1971. The Commission further decided to include clonazolam, diclazepam and flubromazolam in Schedule IV of the 1971 Convention.

The Commission recommended the following decisions for adoption by the Economic and Social Council: “Report of the Commission on Narcotic Drugs on its sixty-fourth session and provisional agenda for its sixty-fifth session” and “Report of the International Narcotics Control Board”.

The Commission adopted resolution 64/1, by which it adopted the statement on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States’ joint commitments to address and counter all aspects of the world drug problem, which was submitted by the Chair of the Commission to the President of the Economic and Social Council as a substantive contribution to the high-level political forum on sustainable development to be held in 2021. The Commission also adopted resolution 64/2, entitled “Promoting alternative development as a development-oriented drug control strategy, including in the context of the coronavirus disease (COVID-19) pandemic and its consequences”; resolution 64/3, entitled “Promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services”; resolution 64/4, entitled “Improving data collection on, and responses to, the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances”; and resolution 64/5, entitled “Facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization”.

Chapter I

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

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

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

Draft decision I

Report of the Commission on Narcotic Drugs on its sixty-fourth session and provisional agenda for its sixty-fifth session

The Economic and Social Council:

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

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

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

Operational segment

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

Normative segment

5. Implementation of the international drug control treaties:
 - (a) Changes in the scope of control of substances;
 - (b) Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations;
 - (c) International Narcotics Control Board;
 - (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;
 - (e) Other matters arising from the international drug control treaties.

6. Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem.
7. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
8. Recommendations of the subsidiary bodies of the Commission.
9. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution [72/305](#), including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

10. Provisional agenda for the sixty-sixth session of the Commission.
11. Other business.
12. Adoption of the report of the Commission on its sixty-fifth session.

Draft decision II

Report of the International Narcotics Control Board

The Economic and Social Council takes note of the report of the International Narcotics Control Board for 2020.¹

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

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

Resolution 64/1

Statement of the Commission on Narcotic Drugs on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States' joint commitments to address and counter all aspects of the world drug problem

The Commission on Narcotic Drugs,

Adopts the following statement on the impact of the coronavirus disease (COVID-19) pandemic on addressing and countering all aspects of the world drug problem:

Statement on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States' joint commitments to address and counter all aspects of the world drug problem

1. The Commission on Narcotic Drugs expresses grave concern about the devastating impact of the coronavirus disease (COVID-19) pandemic across the world, and pays tribute to the victims, first responders and all other persons whose

¹ E/INCB/2020/1.

efforts and commitment, often undertaken at great risk to their health and that of their families, have contributed to the fight against the pandemic.

2. The Commission reaffirms its commitment to international cooperation and the purposes and principles of the Charter of the United Nations, welcomes initiatives of the United Nations to address the global challenge of COVID-19, including through the implementation of the 2030 Agenda for Sustainable Development, and in this regard recalls the thirty-first special session of the General Assembly, convened in response to the COVID-19 pandemic.

3. The Commission recognizes the dramatic consequences of the COVID-19 pandemic on all aspects of the world drug problem.

4. The Commission recalls the commitments of Member States to strengthening actions at the national, regional and international levels to accelerate the implementation of the joint commitments to address and counter the world drug problem, and encourages Member States to continue their efforts, taking into consideration the drug-related consequences of the pandemic.

5. The Commission reiterates its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies, including in its responses to the COVID-19 pandemic.

6. The Commission recognizes and supports the efforts of law enforcement authorities and members of security forces in the fight against drug trafficking and related crimes, noting that their sustained efforts during the COVID-19 pandemic, often undertaken at great risk to their health and that of their families, have resulted in increases in arrests, seizures of drugs and property and the freezing of assets.

7. The Commission submits the present statement as a substantive contribution to the 2021 high-level political forum on sustainable development, devoted to the main theme, “Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development”, in addition to the contribution that it has already submitted in 2021.

New trends, challenges and obstacles that the COVID-19 pandemic poses to all aspects of the world drug problem

8. The Commission stresses that the pandemic and resulting lockdowns have led to the development of new patterns of illicit drug use, such as poly-substance use.

9. The Commission notes that emerging evidence in some countries suggests that people with drug use disorders, including those incarcerated, may be at increased risk of more severe illness and mortality from COVID-19 due to underlying health conditions, as well as other factors, which may be exacerbated during the pandemic.

10. The Commission acknowledges that, owing to the nature of the pandemic, the traditional demand reduction infrastructure, which often requires in-person engagement, faces increasing challenges in providing prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse, at least at the same level as provided before the COVID-19 pandemic.

11. The Commission notes with concern that, owing to challenges that health systems face because of the COVID-19 pandemic, the capacity of drug treatment and health services may be affected, potentially causing an increase in deaths related to drug use.

12. The Commission notes with concern the difficulties encountered by Member States in ensuring the continued access to and availability of internationally controlled substances for medical and scientific purposes throughout the world, and appreciates

the work of the International Narcotics Control Board and the United Nations Office on Drugs and Crime, within their respective mandates, in supporting Member States to ensure the access to and availability of such drugs, as well as in raising awareness about the problem.

13. The Commission encourages Member States to continue to address barriers to access to and availability of controlled substances for medical and scientific purposes, while preventing their non-medical use or diversion into illicit channels, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessments and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, in particular with a view to ensuring improved responses to a possible future pandemic and other emerging threats.

14. The Commission notes that the COVID-19 pandemic may have initially affected the illicit cultivation, production and manufacture of and trafficking in drugs, and may have also resulted in new methods of manufacture, distribution and marketing of, and trafficking in, some types of drugs.

15. The Commission recognizes that changes in trafficking routes and methods, including increased maritime trafficking and online sales of drugs through both the darknet and the surface web, have resulted in new challenges for law enforcement authorities.

16. The Commission notes with concern that, in the pandemic and post-pandemic period, there may be funding shortages and diversion of resources away from drug-related initiatives, including those relating to drug prevention and treatment and related health and social services, alternative development and law enforcement.

17. The Commission recognizes that, in the long term, the COVID-19 pandemic may lead to an increase in illicit drug cultivation, production and trafficking and other drug-related criminal activities, as well as drug use disorders and related health and social consequences.

Good practices and opportunities

18. The Commission acknowledges that the COVID-19 pandemic has led to the development of new and innovative approaches to drug prevention and treatment and related health and social services, which may result in enhanced cooperation between public health and law enforcement authorities and other relevant stakeholders of Member States at the national, regional and international levels.

19. The Commission notes that, in order to reduce the risk of COVID-19 transmission associated with in-person services, some health systems have introduced or expanded e-health platforms and procedures to prevent drug abuse and provide medications, counselling and consultations, including telemedicine, and that these innovations may lead to new treatment strategies in future.

20. The Commission underlines the role of drug treatment and social services, peer support and community outreach.

21. The Commission calls attention to the importance of undertaking systematic monitoring, evaluation and data collection in the implementation of new approaches to drug prevention, treatment and related health and social services, with a view to establishing scientific evidence that these interventions foster the desired effects of promoting quality assurance, where appropriate, and to exchanging information in the Commission on best practices for these interventions, once scientific evidence for their effectiveness has been established, and takes note of the contribution of the informal scientific network of the United Nations Office on Drugs and Crime and the World Health Organization in this regard.

22. The Commission emphasizes the importance of the use of existing online database platforms, such as those operated by the United Nations Office on Drugs and Crime and the International Narcotics Control Board, for effective and increased

cooperation among law enforcement and forensic officials in gathering and sharing data needed to identify and detect substances.

23. The Commission takes note of the United Nations Office on Drugs and Crime research brief on COVID-19 and the drug supply chain,² as well as the expert meetings and webinars organized by relevant international and regional organizations on drug related topics, which serve as valuable information exchange platforms.

24. The Commission acknowledges that increased social distancing and general isolation during the COVID-19 pandemic have made the use of private sector platforms to market, sell, transport and finance illicit trafficking – a feature of the drug trafficking environment for the past several years – a convenient way to purchase and deliver drugs, and have increased the need for law enforcement, regulatory and other relevant authorities to engage, as appropriate, with the private sector to assist in efforts to detect and interdict trafficking, and takes note of the relevant expert group meetings convened by, inter alia, the International Narcotics Control Board on these topics.

25. The Commission recognizes the important role of the scientific community, academia, civil society, in particular non-governmental organizations, and the private sector in contributing to the efforts of Member States to address and counter the world drug problem, including in the context of the COVID-19 pandemic.

Actions to take

26. The Commission stresses that addressing and countering the world drug problem require coordinated multidisciplinary efforts and that such efforts should become a top priority in the post-COVID-19 period.

27. The Commission encourages Member States to consider expanding the coverage of and strengthening drug prevention and treatment systems and related health and social services to increase their resilience in order to respond effectively to possible future pandemics and other emerging health threats.

28. The Commission encourages Member States and relevant stakeholders, within their national contexts, to continue to develop and implement innovative drug treatment and recovery delivery systems, such as e-health platforms and procedures, in the post-pandemic environment in order to promote efficient, accessible and durable opportunities for treatment and recovery, where applicable.

29. The Commission encourages national, regional and international efforts to promote viable economic alternatives, in particular for communities affected by or at risk of the illicit cultivation, manufacture, production of and trafficking in drugs, as well as other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, in particular with reference to the United Nations Guiding Principles on Alternative Development,³ which may help to mitigate any negative economic consequences of the COVID-19 pandemic.

30. The Commission invites Member States, subject to the availability of resources, to further strengthen measures, strategies, and inter-agency and international cooperation and partnerships, to ensure the access to and availability of controlled substances for medical and scientific purposes, which may improve responses to future emergencies, including emergency medical care situations.

31. The Commission encourages Member States to expand law enforcement activities targeting trafficking modalities that have emerged or increased in the context of COVID-19 and to increase coordination between Member States.

² United Nations Office on Drugs and Crime, “COVID-19 and the drug supply chain: from production and trafficking to use”, Research Brief (Vienna, 2020).

³ General Assembly resolution 68/196, annex.

32. The Commission encourages all Member States to continue to prevent and counter the diversion of and trafficking in precursors and pre-precursors for illicit use, during the COVID-19 pandemic and beyond.
33. The Commission urges Member States to strengthen bilateral, regional and international cooperation to counter the exploitation by drug traffickers of traditional and online trafficking methods and routes during the COVID-19 pandemic and beyond.
34. The Commission calls upon Member States to enhance, including during the COVID-19 pandemic, access to treatment for drug use disorders for those incarcerated and to promote effective oversight in that regard.
35. The Commission notes that the principle of common and shared responsibility should remain at the core of international cooperation on all aspects of the world drug problem.
36. The Commission commits itself to promoting the provision of technical assistance and capacity-building to Member States, upon request, in particular those most affected by the COVID-19 pandemic, in addressing and countering the world drug problem.
37. The Commission invites 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, in coordination with relevant United Nations entities and other international organizations, within their respective mandates, to conduct research and collect data on the impact of the COVID-19 pandemic on the world drug problem, and to regularly inform the Commission about progress made in that regard.
38. The Commission invites Member States and the International Narcotics Control Board, within its treaty-mandated functions, to continue further developing their dialogue, including through regular consultations and the Board's country missions, to lend assistance to Member States in their efforts to effectively implement the three international drug control conventions.
39. The Commission invites Member States and other relevant stakeholders to share, through the Commission, national good practices and lessons learned to improve national drug policies, so that Member States are able to more quickly respond to a possible future global pandemic and other emerging threats.
40. The Commission urges Member States to ensure that no one affected by the world drug problem is left behind in the health response to the COVID-19 pandemic and in efforts to mitigate the drug-related consequences of the pandemic.
41. The Commission commits itself to giving due attention to the impact of the COVID-19 pandemic during its thematic discussions in 2021 on the implementation of all international drug policy commitments, as follow-up to the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem⁴ of 2019.
42. The Commission welcomes the efforts made by Member States to comply with the provisions of the three international drug control conventions and other relevant international instruments and to ensure their effective implementation, despite the challenges posed by the COVID-19 pandemic.
43. The Commission encourages Member States to accelerate the implementation of all international drug policy commitments so that the progress made in addressing and countering all aspects of the world drug problem at the national, regional and global levels is maintained and continued in the context of the COVID-19 pandemic and its consequences.

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

Resolution 64/2

Promoting alternative development as a development-oriented drug control strategy, including in the context of the coronavirus disease (COVID-19) pandemic and its consequences

The Commission on Narcotic Drugs,

Recognizing that the world drug problem continues to present challenges to the health, safety and well-being of all humanity, and resolving to tackle such challenges in order to help ensure that all people can live in health, dignity and peace, with security and prosperity,

Reaffirming that drug policies and programmes, including in the field of development, should be undertaken in accordance with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights⁵ and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States, as well as the principle of common and shared responsibility, recalling the Sustainable Development Goals, and taking into account the specific situations of countries and regions,

Underscoring that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁶ the Convention on Psychotropic Substances of 1971⁷ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁸ together with other relevant international instruments, constitute the cornerstone of the international drug control system,

Recalling the commitments related to alternative development contained in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem⁹ of 2009 and the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action,¹⁰ as well as the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,¹¹ in which Member States reiterated their commitment to addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs through the implementation of long-term, comprehensive and sustainable development-oriented and balanced drug control policies and programmes, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies,

Recalling also the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,¹² adopted at the ministerial segment of the sixty-second session of the Commission, in 2019, in which Member States reiterated their resolve, in the framework of existing policy

⁵ General Assembly resolution 217 A (III).

⁶ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁷ *Ibid.*, vol. 1019, No. 14956.

⁸ *Ibid.*, vol. 1582, No. 27627.

⁹ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

¹⁰ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

¹¹ General Assembly resolution S-30/1, annex.

¹² See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

documents, inter alia, to address drug-related socioeconomic issues related to illicit crop cultivation and the production and manufacture of and trafficking in drugs, including through the implementation of long-term comprehensive and sustainable development-oriented and balanced drug control policies and programmes,

Emphasizing that the implementation of alternative development programmes should also be considered in the framework of sustainable crop control strategies, which may include, inter alia, eradication and law enforcement, in accordance with the national context, in the light of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and the outcome document of the thirtieth special session of the General Assembly, and taking into consideration the United Nations Guiding Principles on Alternative Development, adopted by the General Assembly in its resolution 68/196 of 18 December 2013,

Welcoming the holding of the virtual expert group meeting on alternative development, on the theme “Latest developments and insights on alternative development”, hosted by Germany, Peru, Thailand and the United Nations Office on Drugs and Crime, from 15 to 18 March 2021, involving the participation of Member States, international organizations, and representatives of civil society and academia,

Reaffirming that alternative development is an important, lawful, viable and sustainable alternative to the illicit cultivation of drug crops and an effective measure to counter the world drug problem and other drug-related crime challenges, as well as a choice in favour of promoting a society free of drug abuse, that it is one of the key components of policies and programmes for reducing illicit drug production and that it is an integral part of efforts made by Governments to achieve sustainable development within their societies,

Reiterating its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies,

Recalling the 2030 Agenda for Sustainable Development,¹³ and stressing that the implementation of the United Nations Guiding Principles on Alternative Development should be aligned with the efforts to achieve those relevant objectives within the Sustainable Development Goals that are related to the issue of alternative development, which falls within the mandate of the Commission on Narcotic Drugs, and that the efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

Noting with concern that in the pandemic and post-pandemic period there may be funding shortages and diversion of resources from drug-related initiatives, including those relating to alternative development,

Recognizing the important challenges posed by the coronavirus disease (COVID-19) pandemic at the international, regional and national levels, which may have increased unemployment, weakened social support systems, deepened inequality, and affected the livelihoods of people vulnerable to the illicit cultivation of drug crops, as well as other illicit drug-related activities that may lead to increases in such illicit cultivation and in drug-related crimes, and may impede the progress of alternative development efforts, and stressing the importance of international cooperation to comprehensively address and counter these challenges on the basis of common and shared responsibility,

Recognizing also that alternative development programmes can contribute to the efforts of Member States to address human vulnerabilities, including poverty, unemployment, a lack of opportunities, discrimination and social marginalization, as well as mutually reinforce endeavours to achieve the Sustainable Development Goals, in accordance with the 2030 Agenda for Sustainable Development,

¹³ General Assembly resolution 70/1.

1. *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, which may contribute to efforts to build back better from the coronavirus disease (COVID-19) pandemic, utilizing best practices and lessons learned from the United Nations Guiding Principles on Alternative Development, and reiterates in that regard that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing;

2. *Recognizes* the need for increasing national, regional and international efforts to promote viable economic alternatives, in particular for communities affected by or at risk of the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs, as well as other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end encourages Member States to consider development-oriented interventions, while ensuring that all people benefit equally from them;

3. *Acknowledges* the importance of data collection, research and the exchange of information and expertise on efforts, achievements, challenges and best practices for identifying causes and factors driving illicit drug crop cultivation and addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs, including the challenges posed by the COVID-19 pandemic, and invites relevant stakeholders to make contributions in this regard;

4. *Encourages* Member States to improve the assessment of the impact of alternative development programmes, including preventive alternative development programmes, as appropriate, with a view to increasing the effectiveness of such programmes, including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals;

5. *Invites* Member States, in implementing alternative development programmes, to consider the importance of community-based agreements that enable communities to sustain their development;

6. *Encourages* Member States to mainstream a gender perspective into, and ensure the involvement of women in, all stages of the development, implementation, monitoring and evaluation of alternative development programmes, and to develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs of and circumstances faced by women and girls with regard to the illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas;

7. *Invites* relevant international financial institutions, United Nations entities, non-governmental organizations and the private sector, as appropriate, to consider increasing their support, including through long-term and flexible funding, for the implementation of comprehensive and balanced development-oriented drug control programmes and viable economic alternatives, in particular alternative development, including, as appropriate, preventive alternative development programmes, based on identified needs and national priorities, for areas and populations affected by or vulnerable to the illicit cultivation of drug crops, with a view to its prevention, reduction and elimination, and encourages States, to the extent possible, to stay strongly committed to financing such programmes;

8. *Takes note* of the conference room paper submitted jointly by Germany, Peru and Thailand and the United Nations Office on Drugs and Crime entitled “Opportunities and challenges for the role of development in drug control policies”, on recent challenges in the field of alternative development, bearing in mind its non-binding nature and that it does not necessarily reflect the position of all participants;

9. *Encourages* Member States to continue sharing lessons learned, best practices and expertise, including through the Commission, and enhancing dialogues on development-oriented drug control policies and programmes, including on the implementation of the United Nations Guiding Principles on Alternative Development;

10. *Also encourages* Member States to engage in and promote partnerships with each other, as well as with all relevant stakeholders, including regional and international organizations, the private sector, civil society and financial institutions, in the implementation of alternative development projects and programmes;

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

12. *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 64/3

Promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services

The Commission on Narcotic Drugs,

Reaffirming the obligations contained in the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol,¹⁴ the Convention on Psychotropic Substances of 1971¹⁵ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹⁶ in which States parties express concern for the health and welfare of humankind,

Reaffirming also the Universal Declaration of Human Rights,¹⁷ which states in its article 25 that everyone has the right to a standard of living adequate for their health and well-being, including medical care and necessary social services,

Recalling the International Covenant on Economic, Social and Cultural Rights,¹⁸ in particular its article 12, in which States parties to the Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recalling also the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,¹⁹ adopted at its sixty-second session in 2019, in which Member States committed themselves to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem, placing the safety, health and well-being of all members of society, in particular youth and children, at the centre of their efforts,

Recalling further the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and

¹⁴ United Nations, *Treaty Series*, vol. 976, No. 14152.

¹⁵ *Ibid.*, vol. 1019, No. 14956.

¹⁶ *Ibid.*, vol. 1582, No. 27627.

¹⁷ General Assembly resolution 217 A (III).

¹⁸ General Assembly resolution 2200 A (XXI), annex.

¹⁹ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

countering the world drug problem”,²⁰ in which Member States reiterated their commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse,

Recalling the Joint Ministerial Statement of the 2014 high-level review by the Commission of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,²¹ in which Member States reaffirmed the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence,

Recalling also the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²² of 2009, in which Member States were called upon to ensure that access to drug treatment that is affordable, culturally appropriate and based on scientific evidence is available and that drug dependence care services are included in health-care systems, whether public or private, with the involvement of primary and, where appropriate, specialized health-care services, in accordance with national legislation,

Recalling further the 2030 Agenda for Sustainable Development,²³ in particular the commitment to ensure healthy lives and promote well-being for all at all ages, and noting that efforts to strengthen drug prevention, treatment and recovery address this goal and constitute a step forward in its implementation,

Recalling the political declaration of the high-level meeting on universal health coverage, held in New York on 23 September 2019, entitled “Universal health coverage: moving together to build a healthier world”,²⁴ in which Member States recognized that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population,

Commending the collaboration between the United Nations Office on Drugs and Crime and the World Health Organization, leading, inter alia, to the publication of the *International Standards on Drug Use Prevention* and the *International Standards for the Treatment of Drug Use Disorders*, which compile scientific evidence-based recommendations that reflect best prevention and treatment practices for possible use by Member States, as well as the improvement of drug prevention, early intervention, treatment, care, sustained recovery and related support services, rehabilitation and social reintegration worldwide,

Recalling the operational recommendation contained in the outcome document of the thirtieth special session of the General Assembly to invite relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment,

²⁰ General Assembly resolution S-30/1, annex.

²¹ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

²² See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

²³ General Assembly resolution 70/1.

²⁴ General Assembly resolution 74/2.

care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, and to consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS,

Recognizing that drug dependence is a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, scientific evidence-based, quality, effective and comprehensive drug prevention, treatment, sustained recovery and related support services and care and rehabilitation programmes, including community-based programmes, initiatives to address the adverse consequences of drug use and the social reintegration of individuals with substance use disorders and those in long-term recovery, including people experiencing homelessness who use drugs, through, inter alia, assistance for effective reintegration into the labour market and other support services, as appropriate,

Welcoming the revised edition of the *International Standards for the Treatment of Drug Use Disorders*, which underlines that, inter alia, scientific evidence-based treatment services should be affordable to people of different socioeconomic groups and levels of income, with minimized risk of financial hardship for those requiring the services,

Acknowledging that addressing and countering all aspects of the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach which takes into account the age- and gender-related and other needs of individuals,

Underlining the importance of increasing the availability, coverage, quality and affordability of scientific evidence-based prevention, treatment, including for comorbidities, sustained recovery and related support services that target relevant age, gender and risk groups, including women and vulnerable members of society, including children, adolescents, youth and elderly people, in multiple settings, such as schools, families, communities, workplaces, drug treatment and rehabilitation facilities, social services and criminal justice systems,

Convinced that prevention that is based on scientific evidence and on a rigorous process of adaptation to local, cultural and socioeconomic circumstances is a cost-effective approach that protects people, in particular children and youth, from drug use initiation and other risky behaviours and is therefore an investment in the health and well-being of individuals, in particular people experiencing homelessness and other vulnerable members of society, as well as families and communities and society as a whole,

Mindful of the importance of encouraging the voluntary engagement and participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and developing and implementing scientific evidence-based outreach programmes and campaigns, involving affected populations, including those in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as of implementing effective outreach to engage and maintain the engagement of people in treatment, care, sustained recovery and related support services and

taking measures to facilitate access to such services, including treatment for comorbidities, and to expand capacity,

Reaffirming the importance of promoting appropriate mechanisms for ensuring compliance, quality assurance or accreditation of drug treatment services, such as effective oversight of drug treatment and rehabilitation facilities by competent domestic authorities and the supervision by appropriately trained and qualified professionals, in order to ensure the adequate quality of drug treatment, sustained recovery and related support and rehabilitation services, promote continuous improvement and prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law,

Aware of the need to adopt an integrated approach in designing, implementing, monitoring and evaluating drug prevention, treatment, sustained recovery and related support services, including by strengthening partnerships and cooperation among national authorities, in particular in the health, education, social, justice and law enforcement sectors, and between governmental agencies and other relevant stakeholders, as appropriate, including by involving academia, the scientific community, the private sector, civil society, affected populations and relevant regional, international and non-governmental organizations, taking into account country-specific conditions,

Stressing the importance of ensuring non-discriminatory access to health, care and social services on prevention, primary care, treatment, including for comorbidities, sustained recovery and related support services, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community and give special attention to the specific needs of, inter alia, women, youth and vulnerable members of society in prison settings, while fully respecting all human rights and fundamental freedoms,

Deeply concerned about the negative impacts of the coronavirus disease (COVID-19) pandemic on traditional demand reduction infrastructure in terms of providing prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse, at least at the same level as provided before the COVID-19 pandemic,

1. *Encourages* Member States to continue developing and implementing scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, including for comorbidities, care, sustained recovery and related support services, to consider measures aimed at minimizing the adverse public health and social consequences of drug abuse, in line with the revised editions of the *International Standards on Drug Use Prevention* and the *International Standards for the Treatment of Drug Use Disorders*, and to continue monitoring and evaluating these policies and services, in accordance with national legislation, in order, where appropriate, to protect the health, safety, welfare and well-being of individuals, families, vulnerable members of society, with the aim of preventing social marginalization, as well as communities and society as a whole, giving special attention to women, children and youth, and accounting for specific age and gender needs, with full respect for all human rights and fundamental freedoms and the inherent dignity of all individuals;

2. *Invites* Member States to establish and strengthen cooperation and the exchange of information among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and to coordinate with and take into account, as appropriate, the inputs of academia, the scientific community, the private sector, civil society, affected populations and relevant international, regional and non-governmental organizations, with a view to developing and implementing scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, care, sustained recovery and related support services;

3. *Encourages* Member States to develop quality assurance mechanisms for drug prevention, treatment, including for comorbidities, sustained recovery and related support services with a view to ensuring continuous improvement, through, inter alia, effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities, including to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with national legislation and applicable international law;

4. *Also encourages* Member States to promote and implement effective criminal justice responses to drug-related crimes to bring perpetrators to justice that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings, including practical measures to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman, degrading treatment or punishment and to eliminate impunity, in accordance with relevant and applicable international law and taking into account United Nations standards and norms on crime prevention and criminal justice, and to ensure timely access to legal aid and the right to a fair trial;

5. *Further encourages* Member States to promote, improve and facilitate, in accordance with domestic legislation and applicable international law, access to scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, including for comorbidities, care, sustained recovery and related support services, on a voluntary basis, and to promote non-stigmatizing attitudes, with a view to reducing any possible discrimination, exclusion or prejudice;

6. *Urges* Member States to ensure the availability of and access to controlled substances for medical and scientific purposes, while preventing their diversion;

7. *Encourages* Member States to provide adequate, comprehensive and continued evidence-based training, strengthen professional knowledge and skills and provide capacity-building to health professionals, social workers and other relevant specialists working in the areas of drug prevention, treatment, including for comorbidities, sustained recovery and related support services, at different levels of education, including through university curricula and in programmes of continuing education, in order to ensure the quality and effectiveness of drug prevention and treatment services and promote non-stigmatizing attitudes, to ensure the availability of, access to and delivery of health, care and social services to drug users and to ensure that those specialists continue to carry out their tasks in an ethical manner and with a respectful and non-judgmental approach;

8. *Notes* the role of law enforcement officials in supporting drug prevention services, in accordance with the *International Standards on Drug Use Prevention*, jointly developed by the United Nations Office on Drugs and Crime and the World Health Organization, and encourages Member States to provide those officials with appropriate evidence-based training, strengthen professional knowledge and skills, and provide capacity-building in that regard;

9. *Invites* Member States to consider, in accordance with national legislation, involving law enforcement officials in encouraging drug users to seek treatment, care, rehabilitation and sustained recovery and related support services on a voluntary basis, by providing them with the appropriate aid and assistance, and encourages Member States to provide those officials with appropriate evidence-based training, strengthen their professional knowledge and skills and provide capacity-building in that regard;

10. *Also invites* Member States to exchange, including through the Commission, information, good practices and experiences in designing, implementing, monitoring and evaluating drug prevention, treatment, sustained recovery and related support services, in order to promote international cooperation in this regard and to further advance the development of quality, affordable, scientific evidence-based and comprehensive drug prevention, treatment, sustained recovery and related support services, and calls upon the United Nations Office on Drugs and

Crime to facilitate such exchanges, and to continue and enhance, as appropriate, its collaboration with the World Health Organization, other relevant United Nations entities, international and regional organizations, within their respective mandates, including through joint programmes and partnerships;

11. *Encourages* Member States to mainstream an age and gender perspective into all stages of development, implementation, monitoring and evaluation of drug prevention, treatment, sustained recovery and related support services, in order to ensure their quality, inclusivity, safety and efficacy, and ensure that those services, as appropriate, are tailored to the different needs and circumstances of all people who could benefit from such services and measures, in particular women and girls;

12. *Also encourages* Member States to promote, improve and facilitate non-discriminatory access to health, care, and social services on prevention, primary care, treatment, including for comorbidities, sustained recovery and related support services, as part of their essential health-care systems, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, giving special attention to the specific needs of, inter alia, women, youth and vulnerable members of society, and to consider providing in appropriate cases of a minor nature, as alternatives or in addition to conviction or punishment, measures such as treatment, education, aftercare, rehabilitation or social reintegration of the offender, in accordance with the three international drug conventions and with due regard for national, constitutional, legal and administrative systems;

13. *Further encourages* Member States to promote, improve and facilitate the availability of and access to scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment and sustained recovery and related support services and initiatives to address the adverse consequences of drug use, in accordance with national legislation, including during the coronavirus disease (COVID-19) pandemic, at least at the same level as provided before the COVID-19 pandemic, and to strengthen the capacity of their health, care and social services on prevention, primary care, treatment, including for comorbidities, sustained recovery and related support services, as part of their essential health-care systems, including by considering establishing and strengthening partnerships with civil society, the private sector and other relevant stakeholders;

14. *Welcomes* the efforts made by Member States to promote access to scientific evidence-based, quality, affordable and comprehensive prevention, treatment, sustained recovery and related support services during the COVID-19 pandemic through innovative approaches such as e-health platforms and procedures to prevent drug abuse and provide medications, counselling and consultations, including telemedicine, and encourages Member States to collect and share information on the effectiveness of and best practices for implementing such interventions;

15. *Requests* the United Nations Office on Drugs and Crime, in collaboration with Member States, relevant United Nations entities, international and regional organizations, within their respective mandates, civil society, affected populations and other relevant stakeholders, and subject to the availability of extrabudgetary resources, to prepare a comprehensive report on the quality of drug prevention, treatment, sustained recovery and related support services, as well as other health-related measures, in line with the *International Standards on Drug Use Prevention* and the *International Standards on the Treatment of Drug Use Disorders* developed by the United Nations Office on Drugs and Crime and the World Health Organization, in order to ensure the continuous improvement of such services and with the aim of understanding the possible linkages between drug use and crime, health and socioeconomic factors;

16. *Also requests* the United Nations Office on Drugs and Crime, subject to the availability of extrabudgetary resources and in collaboration with other relevant United Nations entities and relevant international and regional organizations, within

their respective mandates, and in cooperation with civil society and other relevant stakeholders, to assist Member States, upon request, in developing and implementing scientific evidence-based public information campaigns on evidence-based drug prevention, treatment, sustained recovery and related support services, in line with the *International Standards on Drug Use Prevention* and the *International Standards on the Treatment of Drug Use Disorders*, in order to ensure that such services are recognized and easily accessible to the population;

17. *Further requests* the United Nations Office on Drugs and Crime to continue providing, subject to the availability of extrabudgetary resources, technical assistance to Member States, in particular developing countries, upon request, for the development, implementation, monitoring and evaluation of scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services;

18. *Encourages* the United Nations Office on Drugs and Crime to continue and enhance its collaboration, as appropriate, with the World Health Organization, other relevant United Nations entities and relevant international and regional entities and organizations, including through joint programmes and partnerships, within their respective mandates;

19. *Encourages* Member States to consider providing technical assistance, upon request, for these purposes through bilateral and multilateral channels;

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

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

Resolution 64/4

Improving data collection on, and responses to, the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances

The Commission on Narcotic Drugs,

Reaffirming its commitment to the goals and objectives of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,²⁵ the Convention on Psychotropic Substances of 1971²⁶ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,²⁷ in which States parties express concern for the health and welfare of humankind,

Recalling the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem²⁸ of 2019, in which Member States noted with concern persistent and emerging challenges related to the world drug problem, including that the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels, that synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances, and that the geographical

²⁵ United Nations, *Treaty Series*, vol. 976, No. 14152.

²⁶ *Ibid.*, vol. 1019, No. 14956.

²⁷ *Ibid.*, vol. 1582, No. 27627.

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

coverage and availability of reliable data on the various aspects of the world drug problem requires improvement,

Recalling also all commitments related to the availability of and access to controlled substances for medical and scientific purposes and to addressing the challenges posed by the non-medical use or misuse of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, as contained in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²⁹ of 2009, the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action³⁰ and the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,³¹

Recalling further the commitment of Member States contained in the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments of 2019 to promote and improve the collection, analysis and sharing of quality and comparable data, in particular through targeted, effective and sustainable capacity-building, in close cooperation with the International Narcotics Control Board and the World Health Organization, as well as with the United Nations Office on Drugs and Crime and other relevant partners, including through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission, with a view to strengthening national data-collection capacity in order to improve the response rate and expand the geographical and thematic reporting of related data in accordance with all commitments,

Taking note of the United Nations Office on Drugs and Crime *World Drug Report 2020*,³² in which it is noted that non-medical use of pharmaceuticals and other synthetic opioids are a major concern in some regions because of the severe health consequences associated with their use, while also noting that the increased burden on public health caused by the non-medical use of pharmaceuticals, which has emerged in some regions, calls for national policies that strike the right balance so as to provide access to medications, for instance, to manage pain or for palliative care, while avoiding the development of a market for the non-medical use of such medications,

Noting that, in the *Report of the International Narcotics Control Board for 2019*,³³ it is observed that while non-medical use of synthetic opioids has been reported on an unprecedented scale globally, this challenge manifests itself in different forms from region to region and involves both substances under international control such as fentanyl and fentanyl analogues and substances not under international control such as tramadol,

Noting also that in the *Report of the International Narcotics Control Board for 2020*,³⁴ it is indicated that the illicit manufacture and use of and trafficking in non-medical synthetic opioids and new psychoactive substances remain significant challenges for international drug control efforts,

Noting further the concern expressed by the International Narcotics Control Board in its annual report for 2020 about reported shortages of medicines containing controlled substances such as fentanyl and midazolam in some countries, largely driven by significant increases in the need to provide pain relief and sedation for

²⁹ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

³⁰ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

³¹ General Assembly resolution [S-30/1](#), annex.

³² United Nations publication, 2020.

³³ E/INCB/2019/1.

³⁴ E/INCB/2020/1.

patients with the coronavirus disease (COVID-19) admitted into intensive care units, and that the Board encouraged Governments to continue working closely with one another and with the Board to ensure the global availability of medicines containing controlled substances, especially for those who are most in need during emergency situations,

Mindful of the possible impact of the COVID-19 pandemic on undertaking and improving the collection of data on new drug-related challenges and trends, including on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances,

Recalling its resolution 62/4 of 22 March 2019, in which the Commission reaffirmed that the international drug control conventions seek to achieve a balance between ensuring access to and the availability of narcotic drugs and psychotropic substances under international control for medical and scientific purposes and preventing their diversion and misuse, and recognizing that the medical use of narcotic drugs is indispensable for the relief of pain and suffering,

Determined to strengthen national, regional and international action to address the challenges posed by the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and underlining the importance of data collection and scientific evidence-based analysis, enhancing information-sharing and early-warning networks and developing appropriate national legislative, regulatory, prevention and treatment models,

Expressing its grave concern about the international challenge, in particular to the health, safety and well-being of all humanity, posed by the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, in particular synthetic opioids, and their illicit manufacture, diversion and trafficking, and reaffirming its determination to prevent and treat the non-medical use of such drugs, minimize the adverse health and social consequences associated with their use and prevent and counter their illicit production, manufacture, diversion and trafficking,

Recalling its resolution 61/8 of 16 March 2018, on enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids, in which it called upon Member States to explore innovative approaches to more effectively address any threat posed by the non-medical use of synthetic opioids by involving all relevant sectors, such as broadening domestic, regional and international control over synthetic opioids and their precursors, reinforcing health-care systems and building the capacity of law enforcement and health-care professionals to respond to that challenge,

Recalling also its resolution 58/9 of 17 March 2014 on promoting the role of drug analysis laboratories worldwide and reaffirming the importance of the quality of the analysis and results of such laboratories,

Mindful that improved data regarding drug dependence and the risk to public health associated with the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances would facilitate the formulation of scientific evidence-based policies at the national, regional and international levels to address those challenges, including through the application of national control measures on substances that may not be under international control, as appropriate,

Emphasizing the importance of presenting in the annual *World Drug Report* the persistent and emerging trends and challenges of the world drug problem and their possible policy implications,

Recognizing the important role played by the United Nations Office on Drugs and Crime, as well as the treaty-mandated roles of the International Narcotics Control Board and of the World Health Organization, in facilitating informed scheduling

decisions on the most persistent, prevalent and harmful substances, including synthetic drugs and new psychoactive substances, precursors, chemicals and solvents, while ensuring their availability for medical and scientific purposes,

Welcoming the focus of the thematic discussion of the sixty-third session of the Commission on Narcotic Drugs on the implementation of all international drug policy commitments, held from 19 to 21 October 2020, as follow-up to the implementation of the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem of 2019,

1. *Calls upon* Member States to intensify their efforts to collect data on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances;

2. *Recalls* the holding of the meeting of the intergovernmental expert group on the international challenge posed by the non-medical use of synthetic opioids, held in Vienna on 3 and 4 December 2018, convened by the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, pursuant to Commission resolution 61/8 of 16 March 2018, at which it was stressed that advancing national action that incorporates comprehensive, balanced and evidence-based demand reduction and supply reduction initiatives was a key component of addressing that challenge;

3. *Encourages* Member States, in accordance with national legislation, and the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their mandates, to collect national data, analyse evidence and share information with respect to trends in consumption for the non-medical use, illicit production and diversion of and trafficking in synthetic drugs, in particular synthetic opioids, including falsified pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances;

4. *Requests* the United Nations Office on Drugs and Crime to continue assisting Member States, upon request, in strengthening and, where appropriate, developing their capacity to collect high-quality data on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances and to enhance their reporting capabilities for the analysis and dissemination of such data, including by providing, upon request, technical assistance in conducting national drug use population surveys and in improving data on drug-related deaths and the delivery of treatment services with regard to pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, as well as on the causes that drive people to the non-medical use of these pharmaceuticals, in order to improve responses in that regard;

5. *Invites* Member States to provide, on a voluntary basis, information on the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, such as data on their non-medical use and health hazards, if known, as well as diversion channels and trafficking patterns, as appropriate, to the United Nations Office on Drugs and Crime so that it may provide assistance to Member States, upon request, in order to closely cooperate in tackling those issues;

6. *Encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, within existing resources and mandates, to organize further expert-level discussions on developing best practices for the collection of high-quality data on this international challenge, including the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, as well as responses to the problem of the non-medical use of these pharmaceuticals while ensuring their access and availability for medical and scientific purposes;

7. *Encourages* the United Nations Office on Drugs and Crime to continue to include in its annual *World Drug Report*, as appropriate, and within existing resources,

information on the extent of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and invites Member States to provide relevant information for that purpose through the annual report questionnaire;

8. *Encourages* the International Narcotics Control Board to continue to develop, in close cooperation with the United Nations Office on Drugs and Crime and the World Health Organization, within existing mandates and resources, guidance to assist Member States in establishing effective, timely and consistent data collection practices that allow for the proper ability to estimate and assess needs for internationally controlled substances for medical and scientific purposes;

9. *Encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, within their existing mandates, to continue to develop the United Nations Toolkit on Synthetic Drugs in order to include information and resources on the collection of data on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and to operationalize and disseminate the information about the interventions included in the Toolkit by incorporating it, as appropriate, in the technical assistance and capacity-building programmes of the Office;

10. *Encourages* Member States to strengthen effective, comprehensive, scientific evidence-based demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, including non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and pharmaceuticals containing tramadol;

11. *Also encourages* Member States to continue, as appropriate, to explore innovative approaches to more effectively address any challenges posed by the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances by involving all relevant sectors, such as broadening national and regional control over the regulation of pharmaceuticals, reinforcing health-care systems and building the capacity of law enforcement and health-care professionals to respond to this challenge while ensuring access to and the availability of these pharmaceuticals for medical and scientific purposes;

12. *Further encourages* Member States to promote the use of International Narcotics Control Board initiatives in order to assist in preventing the illicit manufacture, diversion and trafficking of non-scheduled substances and internationally controlled substances and precursors;

13. *Encourages* the United Nations Office on Drugs and Crime and the World Health Organization, within their mandates and in consultation with Member States, to develop and share best practices to prevent non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances and new psychoactive substances, in order to promote, inter alia, the rational use of these substances for medical and scientific purposes;

14. *Invites* the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, as well as regional and intergovernmental organizations, within their respective mandates, to streamline the national, regional and international collection of data, and encourages the sharing of best practices in data collection among those organizations with a view to enhancing global data collection, analysis and reporting on trends and responses to the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, thereby strengthening inter-agency cooperation and avoiding duplication of work;

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

Resolution 64/5

Facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization

The Commission on Narcotic Drugs,

Acknowledging that drug demand reduction services, offered in accordance with national legislation, may include prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse,

Reaffirming the goals, objectives and obligations of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,

Recalling the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,³⁵ in which Member States reaffirmed their commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind, as well as the individual and public health-related social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, and drug related-crime,

Recalling also that, in accordance with the 1961 Convention as amended and the 1971 Convention, States parties shall take all practicable measures for the prevention of abuse of drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to those ends,

Recalling further that, in accordance with the 1961 Convention as amended and the 1971 Convention, the parties shall take all practicable measures to assist persons whose work so requires to gain an understanding of the problems of abuse of drugs and psychotropic substances and of its prevention, and shall also promote such understanding among the general public if there is a risk that abuse of drugs and psychotropic substances will become widespread,

Bearing in mind the 2030 Agenda for Sustainable Development,³⁶ as well as the commitment to ensuring that no one affected by the world drug problem is left behind, while noting that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing, and reaffirming the need to address the key causes and consequences of the world drug problem, including those in the health, social, human rights, economic, justice, public security and law enforcement fields,

Acknowledging that, owing to the nature of the coronavirus disease (COVID-19) pandemic, the traditional demand reduction infrastructure, which often requires in-person engagement, faces increasing challenges in providing prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives to address the adverse consequences of drug use, at least at the same level as provided before the COVID-19 pandemic, and noting that,

³⁵ General Assembly resolution [S-30/1](#), annex.

³⁶ General Assembly resolution [70/1](#).

in these circumstances, people, including those impacted by social marginalization, may face obstacles when accessing those services,

Reiterating its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies,

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

Recalling its resolution 58/2 of 15 Mar 2015, in which it stressed the importance of taking into account human rights obligations in the implementation of substance use disorder treatment programmes and policies, particularly those focusing on young people, families and communities,

Noting that the *Report of the International Narcotics Control Board for 2017*³⁷ identifies treatment, rehabilitation and social reintegration as essential components of demand reduction, and that a significant proportion of people affected by drug use disorders do not have access to treatment services,

Recalling the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem³⁸ of 2019, in which Member States reiterated their resolve to strengthen effective, comprehensive, scientific evidence-based demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse,

Recalling also the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem³⁹ of 2009, in which Member States reiterated their commitment to promote, develop, review or strengthen effective, comprehensive, integrated drug demand reduction programmes, based on scientific evidence and covering a range of measures,

Recalling further the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, in which Member States reaffirmed the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence,

Recalling the outcome document of the thirtieth special session of the General Assembly, in particular its operational recommendation to encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity,

³⁷ E/INCB/2017/1.

³⁸ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

³⁹ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C

Recalling also its resolution 61/11 of 16 March 2018, entitled “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users”, in which it recognized that marginalization, stigmatizing attitudes, discrimination and fear of social, employment-related or legal repercussions may dissuade many who need help from accessing it and lead those who are in stable long-term recovery from a substance use disorder to avoid disclosure of their status as a person in recovery from addiction,

Recalling further its resolution 53/9 of 12 March 2010, entitled “Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV”, in which Member States were called upon to intensify efforts to ensure that a wide range of evidence-based HIV prevention programmes, taking account of concentrated epidemics and local circumstances, are available in all countries, providing access to correct information and adequate health-care and social services and targeting vulnerable population groups,

Recalling its resolution 57/4 of 21 March 2014, in which it acknowledged that supporting sustained recovery helps prevent relapse, facilitates early re-entry into treatment when needed and promotes long-term recovery outcomes and the health, well-being and safety of individual, families, communities and States,

Recalling also its resolution 61/7 of 16 March 2018, entitled “Addressing the specific needs of vulnerable members of society in response to the world drug problem”, in which it called upon Member States to strengthen efforts to ensure non-discriminatory access to health care and social services for vulnerable members of society in the framework of comprehensive demand reduction strategies,

Recalling further its resolution 59/5 of 22 March 2016, entitled “Mainstreaming a gender perspective in drug-related policies and programmes”, in which it encouraged Member States to provide scientific evidence-based substance use disorder treatment and care services that take into account a public health and safety perspective and that are sensitive to the needs of women and girls, and also encouraged Member States to increase the coverage of existing programmes and to ensure access to those programmes while providing training and supervision for all relevant health and social care professionals working with women, including in prison settings, in accordance with national legislation,

Noting the efforts of the United Nations Office on Drugs and Crime to coordinate and ensure effective United Nations inter-agency collaboration to support the implementation of international drug control policies and to promote the scientific evidence-based implementation of international commitments, particularly with regard to facilitating access to comprehensive, scientific evidence-based demand reduction and related initiatives, including for people impacted by social marginalization,

Recalling the recommendation of the outcome document of the thirtieth special session of the General Assembly to intensify, as appropriate, the meaningful participation of and support and training for civil society organizations and entities involved in drug-related health and social treatment services, in accordance with national legislation and in the framework of integrated and coordinated national drug policies, and encourage efforts by civil society and the private sector to develop support networks for prevention and treatment, care, recovery, rehabilitation and social reintegration in a balanced and inclusive manner,

Welcoming the revised edition of the United Nations Office on Drugs and Crime and World Health Organization *International Standards for the Treatment of Drug Use Disorders*,

Taking note of the second updated edition of the *International Standards on Drug Use Prevention* of the United Nations Office on Drugs and Crime and the World Health Organization,

Gravely concerned about the social barriers, including poverty, that continue to hinder access to comprehensive, scientific evidence-based drug demand reduction services and related measures and the challenges that some Member States face in mobilizing sufficient resources for removing those barriers, while recognizing also the different levels of national development and capacities and being fully aware that people, including those impacted by social marginalization, may be affected by the consequences of drug use disorders,

Emphasizing that the people impacted by social marginalization differ according to national context,

1. *Calls upon* Member States, consistent with their national legislation and contexts, to facilitate non-discriminatory and voluntary access to drug-related prevention, treatment, education, care, sustained recovery, rehabilitation, social reintegration and related support services for people who may face obstacles when accessing those services, including those impacted by social marginalization, while mainstreaming a gender perspective in the development and implementation of those services;

2. *Encourages* Member States, within their national legislation, to consider the impact of social marginalization on access to comprehensive, scientific evidence-based drug demand reduction and related measures;

3. *Calls upon* Member States to facilitate access to comprehensive, scientific evidence-based demand reduction services and related measures, and to expand capacity, while promoting, as appropriate, healthy lifestyles, including for people impacted by social marginalization;

4. *Also calls upon* Member States to share, through the Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime, successful approaches to facilitating access to prevention, early intervention, treatment, care, recovery and related support services, and rehabilitation and social reintegration measures, as well as initiatives that address the adverse consequences of drug use, including for people impacted by social marginalization, including in the context of the coronavirus disease (COVID-19) pandemic, so that lessons learned can be applied in the event of future public health emergencies where access to those services may be affected;

5. *Further calls upon* Member States to consider the key principles and standards, including consideration of polysubstance use disorders, as recommended in the revised edition of the *International Standards for the Treatment of Drug Use Disorders*, prepared by the United Nations Office on Drugs and Crime and the World Health Organization, when developing approaches to facilitating access to prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as related health and social services, including for people impacted by social marginalization;

6. *Encourages* Member States, when establishing, strengthening or revising scientific evidence-based prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives to address the adverse consequences of drug use, including for people impacted by social marginalization, to strengthen partnerships and cooperation among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and to consult all other relevant stakeholders, including those from academia, the scientific community, the private sector and civil society;

7. *Invites* Member States to provide technical assistance and capacity-building, upon request, on facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization, and to provide adequate, comprehensive and continued scientific evidence-based training to, and strengthen the professional knowledge and skills of, health professionals, social workers and other relevant specialists;

8. *Encourages* Member States, in accordance with their national legislation, to include in their capacity-building and training programmes information on the impact of stigmatizing attitudes on the availability of, access to and delivery of comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization;

9. *Also encourages* Member States, in developing comprehensive, scientific evidence-based drug demand reduction services and related measures, and in facilitating access to such measures, including for people impacted by social marginalization, to take an integrated and balanced approach, and to protect and promote all human rights, and notes that such efforts constitute a step forward in achieving all relevant Sustainable Development Goals;

10. *Requests* 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, to assist Member States, upon request, in facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization, and to pursue and coordinate efforts relating to joint initiatives at the policy and programmatic levels with other relevant United Nations entities, within their existing mandates, as well as with relevant international and regional organizations, and to provide updates to the Commission on Narcotic Drugs in this regard;

11. *Also requests* the United Nations Office on Drugs and Crime to report to the Commission on Narcotic Drugs at its sixty-sixth session on how the Office has implemented the aspects of the present resolution that are relevant to its work;

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

Decision 64/1

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

At its 6th meeting, on 14 April 2021, the Commission decided by 44 votes to none, with one abstention, to include isotonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 64/2

Inclusion of CUMYL-PEGACLONE in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 April 2021, the Commission decided by 47 votes to none, with no abstentions, to include CUMYL-PEGACLONE in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 64/3

Inclusion of MDMB-4en-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include MDMB-4en-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 64/4

Inclusion of 3-methoxyphencyclidine in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include 3-methoxyphencyclidine in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 64/5

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

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include diphenidine in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 64/6

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

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include clonazepam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Decision 64/7

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

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include diclazepam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Decision 64/8

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

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include flubromazolam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Chapter II

General debate

3. At its 1st to 5th meetings, on 12 and 13 April 2021, the Commission considered agenda item 3, entitled “General debate”. Statements were made by 104 high-level officials, in person, online or by way of pre-recorded video messages.⁴⁰

4. At the 1st meeting, on 12 April, the following persons made statements:

Ambassador and Permanent Representative of Costa Rica to the United Nations (Vienna) (on behalf of the Group of 77 and China) (online)

Ambassador and Permanent Representative of Angola to the United Nations (Vienna) (on behalf of the Group of African States) (online)

Ambassador and Permanent Representative of Afghanistan to the United Nations (Vienna) (on behalf of the Group of Asia-Pacific States)

Minister of Health of Portugal (on behalf of the European Union and its member States) (pre-recorded video)

Minister of Health and Care Services of Norway (pre-recorded video)

Minister of Justice and Law of Colombia (pre-recorded video)

Minister for Manpower and Second Minister for Home Affairs of Singapore (pre-recorded video)

Minister for Social Justice and Solidarity, the Family and Children’s Rights of Malta (pre-recorded video)

Minister of Health of Spain (pre-recorded video)

Minister for Health and Social Affairs of Sweden (pre-recorded video)

Deputy Minister of Foreign Affairs of the Russian Federation (pre-recorded video)

5. At the 2nd meeting, on 12 April, the following persons made statements:

Minister of Health of Lithuania (pre-recorded video)

Minister, National Anti-Drug Secretariat of Paraguay (pre-recorded video)

Chairman, Chief Executive Officer, National Drug Law Enforcement Agency, Ministry of Justice of Nigeria (online)

Secretary General of Drug Control Headquarters, Office of the President of the Islamic Republic of Iran (online)

Deputy Minister for Health, Ministry of Health of Portugal (pre-recorded video)

Police Commissioner General, Head of the National Narcotics Board of Indonesia (pre-recorded video)

Secretary of State, Secretariat of Comprehensive Policies on Drugs of Argentina (pre-recorded video)

Secretary, Chairman of the Dangerous Drugs Board of the Philippines (pre-recorded video)

Head of the Department for Anti-drug Policies of the Presidency of the Council of Ministers of Italy (online)

Acting Director, Office of National Drug Control Policy of the United States of America (pre-recorded video)

⁴⁰ The statements made at the general debate of the sixty-fourth session have been posted on the website of UNODC (www.unodc.org).

National Director, National Service for the Prevention and Rehabilitation of Drug and Alcohol Use, Ministry of the Interior and Public Security of Chile (pre-recorded video)

Executive Secretary-General of the National Narcotics Control Commission, Director-General of the Narcotics Control Bureau, Ministry of Public Security of China (pre-recorded video)

Ambassador and Permanent Representative of Japan to the United Nations (Vienna) (online)

Acting First Assistant Secretary, Population Health Division, Department of Health of Australia (online)

Drug Commissioner of the Federal Government, Federal Ministry of Health of Germany (pre-recorded video)

Ambassador and Permanent Representative of Slovenia to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Austria to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of the United Arab Emirates to the United Nations (Vienna) (online)

Counsellor, Permanent Mission of Romania to the United Nations (Vienna) (online)

Head of Narcotics Control Directorate, Ministry of the Interior of Saudi Arabia (online)

Pro-secretary of the Presidency, President of the National Drug Board of Uruguay (online)

Ambassador and Permanent Representative of Tunisia to the United Nations (Vienna) (online)

President of the Interministerial Mission for Combating Drugs and Addictive Behaviours, Office of the Prime Minister of France (pre-recorded video)

Ambassador and Permanent Representative of Burkina Faso to the United Nations (Vienna) (online)

Director of the Drug Policy Department, Office of the Government of Czechia (online)

Director, National Bureau for Drug Prevention of Poland (online)

Deputy Minister for Home Affairs of Myanmar (pre-recorded video)

6. At the 3rd meeting, on 12 April, the following persons made statements:

Director General, Controlled Substances Directorate, Health Canada (online)

Minister of Health and Social Services of Namibia (pre-recorded video)

Minister Counsellor, Chargé d'affaires, Permanent Mission of the Dominican Republic to the United Nations (Vienna) (online)

Secretary-General, Office of the Narcotics Control Board, Ministry of Justice of Thailand (pre-recorded video)

Second Secretary, Permanent Mission of Jordan to the United Nations (Vienna) (online)

National Anti-Drug Superintendent, National Anti-Drug Office, Ministry of People's Power for the Interior, Justice and Peace of the Bolivarian Republic of Venezuela (pre-recorded video)

Ambassador and Permanent Representative of Iraq to the United Nations (Vienna) (online)

Second Secretary, Alternate Permanent Representative of the Syrian Arab Republic to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of New Zealand to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Peru to the United Nations (Vienna) (pre-recorded video)

Ambassador and Permanent Representative of Qatar to the United Nations (Vienna) (online)

Deputy Director, Drugs and Firearms Licensing Unit, Home Office of the United Kingdom of Great Britain and Northern Ireland (online)

Ambassador and Permanent Representative of Morocco to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of South Africa to the United Nations (Vienna) (online)

Director General of Operations, Ministry of Interior Affairs of Afghanistan (online)

Ambassador and Permanent Representative of Cuba to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Lebanon to the United Nations (Vienna) (pre-recorded video)

Expert, State Security Service of Azerbaijan (online)

Deputy Minister of the Interior of Albania (online)

Scientific Officer, Prosperity and Sustainability Division, Federal Department of Foreign Affairs of Switzerland (online)

Alternate Permanent Representative of the Republic of Korea to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Turkey to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Greece to the United Nations (Vienna) (pre-recorded video)

Ambassador and Permanent Representative Permanent Representative of Belgium to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Malaysia to the United Nations (Vienna) (online).

7. At the 4th meeting, on 13 April, the following persons made statements:

Director of the Department for Combating Drug Crime, Ministry of Internal Affairs of Kazakhstan (online)

Ambassador and Permanent Representative of Cyprus to the United Nations (Vienna) (online)

Director of the Drug Control Agency of Tajikistan (pre-recorded video)

Ministerial Adviser, Ministry of Social Affairs and Health of Finland (online)

Ambassador and Permanent Representative of the Netherlands to the United Nations (Vienna) (online)

Major General of Police, Director, General Directorate of Narcotics Control, Ministry of the Interior of the Sudan (online)

Minister, Alternate Permanent Representative of Ecuador to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Egypt to the United Nations (Vienna) (online)

Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria (online)

Director General, Narcotics Control Bureau, Ministry of Home Affairs of India (pre-recorded video)

Ambassador and Permanent Representative of Bangladesh to the United Nations (Vienna) (online)

Deputy Permanent Representative, Chargé d'affaires a.i., Permanent Mission of Nepal to the United Nations (Vienna) (online)

Executive Director of the National Anti-Drug Commission of El Salvador (pre-recorded video)

Secretary, Ministry of Narcotics Control of Pakistan (online)

Ambassador and Permanent Representative of Costa Rica to the United Nations (Vienna) (online)

Executive Secretary of the State Committee for Drug Control, State Service for Combating Drug Trafficking of the Ministry of Internal Affairs of Kyrgyzstan (online)

Ambassador and Permanent Representative of Mexico to the United Nations (Vienna) (online)

Deputy Minister of Social Defence and Controlled Substances of the Plurinational State of Bolivia (online)

Ambassador and Permanent Representative of Angola to the United Nations (Vienna) (online)

Head of the Department of Public International Law of the Ministry of Justice, Head of the National Drug Observatory, Secretary of the Inter-agency Coordinating Council for Combating Drug Abuse of Georgia (online)

Chairman of the National Dangerous Drugs Control Board of Sri Lanka (online)

Commissioner, Drug Enforcement Commission of Zambia (online)

Second Secretary, Permanent Mission of Armenia to the United Nations (Vienna) (online)

Ambassador and Permanent Representative of Algeria to the United Nations (Vienna) (online)

Chief Executive Officer, National Authority for the Campaign against Alcohol and Drug Abuse of Kenya (online)

Ambassador and Permanent Representative of Jamaica to the United Nations (Vienna) (online)

8. At the 5th meeting, on 13 April, the following persons made statements:

Acting Director-General, Narcotics Control Commission of Ghana (online)

Ambassador and Permanent Representative of Brazil to the United Nations (Vienna) (online)

Brigadier General, Head of the Anti-Narcotics Department of the Police, Ministry of the Interior of the State of Palestine (pre-recorded video)

Chairperson of the Working Group of Experts on People of African Descent (pre-recorded video)

Human Rights and Drug Policy Adviser, Special Procedures and Right to Development Division, Office of the High Commissioner for Human Rights (online)

Director, New York Office, Joint United Nations Programme on HIV/AIDS (UNAIDS) (online)

Director of Department of Mental Health and Substance Use, World Health Organization (WHO) (pre-recorded video)

Observer for the International Federation of Red Cross and Red Crescent Societies (pre-recorded video)

Minister, Alternate Permanent Representative of the Permanent Observer Mission of the Sovereign Order of Malta (pre-recorded video)

Executive Secretary of the Inter-American Drug Abuse Control Commission, Organization of America States (pre-recorded video)

Secretary-General, Shanghai Cooperation Organization (pre-recorded video)

Observer for the International Criminal Police Organization (INTERPOL) (online)

Observer for the World Federation Against Drugs (online)

Observer for the International Drug Policy Consortium (online)

Observer for the Fazaldad Human Rights Institute (online)

9. At the 5th meeting, reference was made to statements by the First Counsellor of the Permanent Mission of Senegal to the United Nations (Vienna) and the Counsellor of the Permanent Mission of Libya to the United Nations (Vienna), which for technical reasons were not delivered and which have been published on the UNODC website.

Adoption of the statement of the Commission on Narcotic Drugs on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States' joint commitments to address and counter all aspects of the world drug problem

10. At its 1st meeting, on 12 April 2021, the Commission adopted the statement on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States' joint commitments to address and counter all aspects of the world drug problem, contained in document [E/CN.7/2021/L.2](#). (For the text of the statement, see chap. I sect. B, resolution 64/1).

Chapter III

Strategic management, budgetary and administrative questions

11. At its 5th meeting, on 13 April 2021, the Commission considered agenda item 4, which read as follows:

“Strategic management, budgetary and administrative questions:

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

12. For its consideration of item 4, the Commission had before it the following:

(a) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime ([E/CN.7/2021/2-E/CN.15/2021/2](#));

(b) Note by the Secretariat on the work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime ([E/CN.7/2021/3-E/CN.15/2021/3](#));

(c) Note by the Secretariat on the draft proposed programme plan for 2022 and programme performance for 2020 ([E/CN.7/2021/9-E/CN.15/2021/15](#)).

13. An introductory statement was made by the Director of the Division for Management of the United Nations Office on Drugs and Crime (UNODC) (online).

14. The representative of Spain, in his capacity as Co-Chair of the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC, reported on the deliberations of the working group.

15. Statements were made by the representatives of the United States, Japan, China, Jamaica and Mexico (all online).

16. A statement was also made by the observer for the International Harm Reduction Association.

A. Deliberations

17. Several speakers welcomed the new UNODC Strategy 2021–2025 as an important instrument to reaffirm its mission, improve efficiency, enhance trust among stakeholders and equip the Office to meet its mandates. They also welcomed the UNODC Strategic Vision for Africa 2030 and the consultative process for its development, as well as ongoing complementary processes in other regions.

18. Several speakers recognized the challenges created by the COVID-19 pandemic and welcomed the efforts and flexibility of UNODC in upholding programme delivery. UNODC was commended for its success in navigating the challenges of organizing meetings in both virtual and hybrid (in-person and online) formats during the COVID-19 pandemic.

19. The efforts of UNODC to increase funding and partnerships were welcomed, while the financial situation of the Office was noted with concern. It was highlighted

that unearmarked contributions were of key importance to enabling the Office to strategically manage its operations, exercise effective corporate oversight, fund key activities and launch new initiatives and programmes.

20. Speakers made reference to the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC as an important mechanism for improved information-sharing, transparency and communication between the Secretariat and Member States on budgetary and management issues. One speaker underscored the importance of understanding the implications that draft resolutions of the Commission had for both regular budget and extrabudgetary funds and underlined the importance of further discussions in New York and Vienna in that regard.

21. Several speakers recognized the expertise of UNODC and its strong network of field offices and welcomed the collaboration of UNODC with other United Nations entities and its engagement with civil society. The importance of research and reliable data on the world drug problem was underscored, and the UNODC research briefs on the impact of the COVID-19 pandemic were noted with appreciation.

22. Several speakers expressed their support for the continued efforts by UNODC to improve staff diversity, including geographical representation, as outlined in the report of the Executive Director on gender balance and geographical representation within the United Nations Office on Drugs and Crime ([E/CN.7/2020/17-E/CN.15/2020/17](#)). UNODC was urged to improve geographical representation in the recruitment of international staff. It was at the same time emphasized that the paramount basis for candidate selection should be merit and competence, as enshrined in Article 101, paragraph 3, of the Charter of the United Nations.

B. Action taken by the Commission

23. At the 5th meeting, on 13 April 2021, the Commission took note of Economic and Social Council decision 2021/218, in which the Council decided to extend the mandate of the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC until the reconvened sessions of the Commissions to be held in December 2021, at which time the Commissions should carry out a thorough review of the functioning of the working group and consider the extension of its mandate beyond 2021. At the same meeting, the Commission elected Germán Andrés Calderón Velásquez (Colombia) as Co-Chair of the working group, in accordance with the procedure set out in Commission on Narcotic Drugs resolution 52/13 and Commission on Crime Prevention and Criminal Justice resolution 18/3.

Chapter IV

Implementation of the international drug control treaties

24. At its 5th, 6th and 7th meetings, on 13 and 14 April 2021, the Commission considered agenda item 5, which read as follows:

“Implementation of the international drug control treaties:

- (a) Changes in the scope of control of substances;
- (b) Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations;
- (c) International Narcotics Control Board;
- (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;
- (e) Other matters arising from the international drug control treaties.”

25. For its consideration of item 5, the Commission had before it the following:

(a) Note by the Secretariat on changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on new psychoactive substances and medicines (E/CN.7/2021/8);

(b) Note by the Secretariat containing comments by States parties on proposed scheduling recommendations by the World Health Organization (E/CN.7/2021/CRP.5).

26. Introductory statements were made by the Chief and by a representative of the Laboratory and Scientific Section of the United Nations Office on Drugs and Crime (UNODC), as well as by a representative of the Drug Prevention and Health Branch of UNODC. Introductory statements were also made by the President of the International Narcotics Control Board (INCB), and by observers for WHO (online).

27. Statements were made by the representatives of Japan (online), the United States (online), Nigeria (online), Switzerland (online), Australia (online), India (online), Mexico (online), Algeria (online), China (online), the Russian Federation (online), Peru (online) and Pakistan (online).

28. Statements were made by the observers for the European Union (also on behalf of its member States) (online),^{41,42,43} Indonesia (online), the Sudan (online) and the Bolivarian Republic of Venezuela (pre-recorded video).

29. Statements were also made by the observers for the Turkish Green Crescent Society (online) and Acción Técnica Social (pre-recorded video).

⁴¹ For item 5 (b), Albania, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, San Marino, Serbia, Turkey and Ukraine aligned themselves with the statement.

⁴² For item 5 (c), Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, San Marino, Serbia and Ukraine aligned themselves with the statement.

⁴³ For item 5 (d), Albania, Andorra, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova and Serbia aligned themselves with the statement.

A. Deliberations

1. Changes in the scope of control of substances

(a) Consideration of a proposal from the World Health Organization to place isotonitazene in Schedule I of the 1961 Convention

30. The observer for WHO informed the Commission that isotonitazene was a synthetic opioid closely related to the opioids etonitazene and clonitazene, which were controlled under Schedule I of the 1961 Convention. In common with other opioids, isotonitazene was an opioid receptor agonist that produced analgesia. Its potency was greater than that of morphine and fentanyl. The observer noted that, given its mechanism of action, isotonitazene was highly likely to be abused and had the potential to produce dependence similar to that produced by other opioids. As a potent opioid, isotonitazene had the potential to produce death through respiratory depression and had been associated with a number of deaths in a range of countries. The observer reported that isotonitazene had been detected in seizures in countries across several regions, and that it had no therapeutic use. As it considered that the potential for abuse and dependence and the ill-effects of isotonitazene were similar to those of many other opioids included in Schedule I of the 1961 Convention, the WHO Expert Committee on Drug Dependence recommended that isotonitazene also be placed in Schedule I of the 1961 Convention.

(b) Consideration of a proposal from the World Health Organization to place CUMYL-PEGACLONE in Schedule II of the 1971 Convention

31. The observer for WHO informed the Commission that CUMYL-PEGACLONE was a synthetic cannabinoid that had been used by vaping and by smoking plant material sprayed with the substance. It shared a common mechanism of action in the central nervous system with other synthetic cannabinoids included in Schedule II of the 1971 Convention. The observer noted that, given that action, it was likely to be abused and had the potential to produce dependence in a manner similar to that of other synthetic cannabinoids. The observer reported that the use of CUMYL-PEGACLONE had been associated with typical cannabinoid effects such as euphoria and dissociation, exhibiting a range of severe adverse effects, including seizures and death. The observer noted that CUMYL-PEGACLONE use had been reported in a number of countries across different regions, and that the substance had no therapeutic use. As it considered that the potential for abuse and the ill-effects of CUMYL-PEGACLONE were similar to those of other synthetic cannabinoids included in Schedule II of the 1971 Convention, the Expert Committee on Drug Dependence recommended that CUMYL-PEGACLONE also be placed in Schedule II of the 1971 Convention.

(c) Consideration of a proposal from the World Health Organization to place MDMB-4en-PINACA in Schedule II of the 1971 Convention

32. The observer for WHO informed the Commission that MDMB-4en-PINACA was a synthetic cannabinoid that had been found as a powder and in material formulated for smoking. MDMB-4en-PINACA shared a common mechanism of action in the central nervous system with other synthetic cannabinoids included in Schedule II of the 1971 Convention. The observer noted that, given that action, it was likely to be abused and had the potential to produce dependence in a manner similar to that of other synthetic cannabinoids. The observer reported that MDMB-4en-PINACA produced typical cannabinoid effects in animal models. Its reported adverse effects in users, such as memory loss, confusion and agitation, were consistent with those of other synthetic cannabinoids. Its use had been associated with cases of impaired driving and with deaths. The observer also noted that MDMB-4en-PINACA use had been reported in a number of countries across different regions, and that the substance had no therapeutic use. As it considered that the potential for abuse and the ill-effects of MDMB-4en-PINACA were similar to those of other synthetic cannabinoids included in Schedule II of the 1971 Convention, the Expert Committee

on Drug Dependence recommended that MDMB-4en-PINACA also be placed in Schedule II of the 1971 Convention.

(d) Consideration of a proposal from the World Health Organization to place 3-methoxyphencyclidine in Schedule II of the 1971 Convention

33. The observer for WHO informed the Commission that 3-methoxyphencyclidine was a derivative of phencyclidine (PCP), which was controlled under Schedule II of the 1971 Convention. It had been found in powder and tablet forms. 3-methoxyphencyclidine had a mechanism of action and effects similar to that of phencyclidine. Those effects included an altered mental state characterized by hallucinations, confusion, disorientation and out-of-body experiences. The observer noted that the mechanism of action and effects of 3-methoxyphencyclidine indicated that it was likely to be abused, and that 3-methoxyphencyclidine use had been associated with a range of severe adverse effects, including psychosis, agitated delirium and seizures. Cases of severe and fatal intoxication had been reported in several countries and regions, and in some countries, mass overdose events had been linked to its use. The observer noted that seizures of 3-methoxyphencyclidine had been reported in a number of countries in several different regions, and that 3-methoxyphencyclidine had no therapeutic use. As it considered that the potential for abuse and the ill-effects of 3-methoxyphencyclidine were similar to those of phencyclidine (PCP), which was controlled under Schedule II of the 1971 Convention, the Expert Committee on Drug Dependence recommended that 3-methoxyphencyclidine also be placed in Schedule II of the 1971 Convention.

(e) Consideration of a proposal from the World Health Organization to place diphenidine in Schedule II of the 1971 Convention

34. The observer for WHO informed the Commission that diphenidine was a dissociative and hallucinogenic substance that had been detected in powder and tablet forms, and that had a mechanism of action and effects similar to that of phencyclidine (PCP), which was included in Schedule II of the 1971 Convention. Given that action, it was highly likely to be abused. It also had a cocaine-like mechanism of action that may contribute to its abuse potential. The observer noted that, in cases of diphenidine intoxication requiring hospitalization, the reported adverse effects had included cardiovascular effects and central nervous system effects, including hallucinations, paranoia, dissociation and confusion, and that fatalities had also been reported. He also noted that seizures of diphenidine had been reported in a number of countries in several different regions, and that it had no therapeutic use. As it considered that the potential for abuse and the ill-effects of diphenidine were similar to those of phencyclidine (PCP), which was controlled under Schedule II of the 1971 Convention, the Expert Committee on Drug Dependence recommended that diphenidine also be placed in Schedule II of the 1971 Convention.

(f) Consideration of a proposal from the World Health Organization to place clonazepam in Schedule IV of the 1971 Convention

35. The observer for WHO informed the Commission that clonazepam was a benzodiazepine with a chemical structure and effects similar to that of alprazolam and triazolam, which were included in Schedule IV of the 1971 Convention. It had been found in tablet, powder, blotter and liquid forms and was understood to be mainly used orally. Clonazepam produced characteristic benzodiazepine effects such as sedation and muscle relaxation; at higher doses the effects included slurred speech, loss of motor control and amnesia. The mechanism of action and effects of clonazepam indicated that it had the potential for dependence and was likely to be abused. The observer noted that clonazepam had contributed to cases of fatal and non-fatal intoxication and cases of impaired driving. Cases of intoxication had been characterized by somnolence, confusion and unconsciousness. He also noted that benzodiazepines such as clonazepam posed a significant risk when combined with opioids, as they could potentiate the respiratory depressant effects of opioids.

Clonazolam had been identified in multiple countries across all regions and was increasingly sold as falsified pharmaceutical benzodiazepines. It was not known to have any therapeutic use. As it considered that the potential for abuse and the ill-effects of clonazolam were similar to those of the benzodiazepines included in Schedule IV of the 1971 Convention, the Expert Committee on Drug Dependence recommended that clonazolam also be placed in Schedule IV of the 1971 Convention.

(g) Consideration of a proposal from the World Health Organization to place diclazepam in Schedule IV of the 1971 Convention

36. The observer for WHO informed the Commission that diclazepam was a benzodiazepine with a chemical structure and effects similar to that of diazepam, which was included in Schedule IV of the 1971 Convention. It had been found in tablet, pellet and liquid forms and was understood to be mainly used orally. Diclazepam produced characteristic benzodiazepine effects such as sedation and muscle relaxation. The mechanism of action and effects indicated that it had the potential for dependence and was likely to be abused. In addition, diclazepam was metabolized to the benzodiazepines delorazepam, lorazepam and lormetazepam, which were active metabolites and were also pharmaceuticals that were included in Schedule IV of the 1971 Convention. The observer noted that diclazepam had been implicated in cases of impaired driving, drug-facilitated sexual assault and fatal intoxication. He also noted that benzodiazepines such as diclazepam posed a significant risk when combined with opioids, as they could potentiate the respiratory depressant effects of opioids. Seizures of diclazepam had been reported in multiple countries across different regions. Diclazepam was increasingly sold as falsified benzodiazepines, commonly as diazepam, and it was not known to have any therapeutic use. As it considered that the potential for abuse and the ill-effects of diclazepam were similar to those of the benzodiazepines included in Schedule IV of the 1971 Convention, the Expert Committee on Drug Dependence recommended that diclazepam also be placed in Schedule IV of the 1971 Convention.

(h) Consideration of a proposal from the World Health Organization to place flubromazolam in Schedule IV of the 1971 Convention

37. The observer for WHO informed the Commission that flubromazolam was a highly potent benzodiazepine with a chemical structure and effects similar to that of alprazolam and triazolam, which were included in Schedule IV of the 1971 Convention. It had been found in tablet and liquid forms and was understood to be mainly used orally. Flubromazolam produced characteristic benzodiazepine effects such as sedation and muscle relaxation. The mechanism of action and effects of flubromazolam indicated that it had the potential for dependence and was likely to be abused. The observer noted that flubromazolam had been implicated in cases of impaired driving and non-fatal and fatal intoxication. Cases of intoxication requiring hospitalization had been characterized by pronounced sedation, decreased consciousness and decreased heart rate and blood pressure. He also noted that benzodiazepines such as flubromazolam posed a significant risk when combined with opioids, as they could potentiate the respiratory depressant effects of opioids. Seizures of flubromazolam had been reported in multiple countries across different regions, and flubromazolam was increasingly sold as falsified benzodiazepines. It was not known to have any therapeutic use. As it considered that the potential for abuse and the ill-effects of flubromazolam were similar to those of the benzodiazepines included in Schedule IV of the 1971 Convention, the Committee recommended that flubromazolam also be placed in Schedule IV of the 1971 Convention.

2. Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations

38. A number of speakers highlighted that new psychoactive substances continued to represent a serious threat, notably to public health, and potent synthetic opioids were mentioned as a particular concern.

39. Several speakers expressed appreciation for the progress made by WHO, UNODC and INCB in their respective roles regarding the scheduling of the most harmful new psychoactive substances and precursor chemicals in recent years. Speakers mentioned various national and regional approaches and strategies and noted the continuing need for action at the international level with regard to the timely sharing of scientific evidence-based data and information. The contribution of the UNODC early warning advisory on new psychoactive substances in informing the international community about developments relating to new psychoactive substances was noted, and the importance of cooperation with the private sector was stressed.

40. Several speakers acknowledged the rapid proliferation of non-scheduled chemicals, including designer precursors with no known legitimate use. Speakers elaborated on challenges posed by those substances and measures taken at the national level but acknowledged the need for international efforts. Appreciation was expressed for the initiation by INCB of a policy discussion in the conference room paper entitled “Options to address the proliferation of non-scheduled chemicals, including designer precursors: contribution to a wider policy dialogue” (E/CN.7/2020/CRP.13). Speakers voiced support for advancing international efforts and encouraged Governments to engage in discussions about available options.

41. Several speakers highlighted their support for activities of UNODC, WHO and INCB, including the UNODC global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme, the UNODC opioid strategy, the United Nations Toolkit on Synthetic Drugs and the work of the WHO Expert Committee on Drug Dependence, as well as the data exchange platforms, multilateral alerts and operations of INCB to curb trafficking in synthetic drugs, other dangerous substances and precursors.

3. International Narcotics Control Board

42. Several speakers expressed appreciation for the INCB annual report for 2020, as well as other INCB reports, including the report on precursors, the technical reports and the special report entitled “Celebrating 60 Years of the Single Convention on Narcotic Drugs of 1961 and 50 Years of the Convention on Psychotropic Substances of 1971”. They shared their views on specific aspects of the reports and noted specific challenges highlighted in them, including with regard to drug use by older persons.

43. Speakers reiterated their commitment to the international drug control conventions and a number of them referred to the conventions as the cornerstone of the international drug control system. The importance of international cooperation in preventing and addressing trafficking in internationally controlled substances was highlighted. Some delegations made specific reference to the challenges posed by substances such as ketamine and tramadol. The relationship between drug control and human rights, as recognized in the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, was also emphasized by a number of speakers.

44. Several speakers welcomed the Board’s initiative to develop guidelines on the control and monitoring of cannabis and cannabis-related substances for medical and scientific purposes. It was underlined that Commission decision 63/17 did not legitimize the wider use of cannabis, in particular its use for recreational purposes.

4. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

45. Appreciation was expressed for the work carried out by INCB, WHO and UNODC, as well as by the Commission, in ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes, in particular in relation to the needs of COVID-19 patients.

46. Speakers expressed their continuing concern regarding the global disparity in the levels of availability, and Member States were encouraged to enhance the access to and quality of medicines while taking into account concerns regarding the non-medical use of controlled medicines. It was emphasized that those issues needed to be addressed while maintaining the integrity of the international drug control conventions. Some speakers pointed to the need to address the problem from a patient-centred perspective and on the basis of the right to health.

47. Several speakers described specific legislative and administrative measures taken by their Governments to improve the access to and availability of controlled substances for medical purposes during the COVID-19 pandemic, including the use of digital tools, and learning curricula focused on the issues of access and availability.

48. Several speakers highlighted the importance of the international drug control treaties and the utility of the technical expertise of INCB, WHO and UNODC in addressing the issue of ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion, as well as the importance of international cooperation in addressing the world drug problem on the basis of common and shared responsibility. A number of speakers expressed the view that the Commission, UNODC and INCB should continue to support countries in addressing those problems in the light of the continued global disparities.

5. Other matters arising from the international drug control treaties

49. Reference was made to the online International Import and Export Authorization System (I2ES) established by INCB. It was mentioned that, during the COVID-19 pandemic, electronic import certificates had become increasingly common, which had created difficulties in their verification and delays in the import of controlled substances for medical purposes. Importing countries were called upon to use official email addresses as listed in the directory of competent national authorities under the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, published by UNODC.

B. Action taken by the Commission

50. At its 6th meeting, on 14 April 2021, the Commission decided by 44 votes to none, with one abstention, to include isotonitazene in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/1.)

51. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include CUMYL-PEGACLONE in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/2.)

52. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include MDMB-4en-PINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/3.)

53. At the same meeting, the Commission decided by 46 votes to none, with one abstention, to include 3-methoxyphencyclidine in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/4.)

54. At the same meeting, the Commission decided by 46 votes to none, with one abstention, to include diphenidine in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/5.)
55. At the same meeting, the Commission decided by 46 votes to none, with one abstention, to include clonazepam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/6.)
56. At the same meeting, the Commission decided by 46 votes to none, with one abstention, to include diclazepam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/7.)
57. At the same meeting, the Commission decided by 46 votes to none, with one abstention, to include flubromazolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 64/8.)
58. Statements in explanation of vote were made by the representatives of China (online), Ecuador, Kenya and South Africa. An observer (online) also made a statement.
59. At its 11th meeting, on 16 April 2021, the Commission adopted a revised draft resolution on improving data collection on, and responses to, the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances ([E/CN.7/2021/L.6/Rev.1](#)), as orally amended, sponsored by Algeria, Angola, Australia, Burkina Faso, Côte d'Ivoire, Egypt, El Salvador, France, Germany, Indonesia, Japan, Kenya, Malaysia, Mexico, Morocco, Nigeria, the Philippines, Poland, Portugal, Qatar, Singapore, Spain, Thailand and the United States. (For the text of the resolution, see chap. I, sect. B, resolution 64/4). Prior to the adoption of the revised draft resolution, a representative of the Secretariat informed the Commission that activities relating to the draft resolutions under consideration would be carried out provided that extrabudgetary resources were made available. Hence, the adoption of the draft resolutions would not entail any additional budgetary implications with regard to the regular programme budget. Upon the adoption of the revised draft resolution, the representative of Nigeria made a statement on behalf of Algeria, Burkina Faso, Egypt, Kenya and Nigeria. He underlined that the adoption of the resolution was a significant step in addressing the gap in the collection of data on the harmful effects and adverse health consequences of the increasing illicit use of pharmaceuticals, a gap that was considered particularly evident in many developing countries. Furthermore, he highlighted the requests to UNODC contained in the resolution, inter alia, to assist Member States in strengthening and developing their capacity, including through technical assistance, to collect high-quality data on the harmful effects of the non-medical use of pharmaceuticals, which included tramadol and new psychoactive substances, to organize expert-level discussions on developing best practices in the collection of high-quality data on the harmful effects of the illicit use of those substances, as well as to continue to include in its annual World Drug Report information in that regard.

Chapter V

Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem

60. At its 7th, 8th and 9th meetings, on 14 and 15 April 2021, the Commission considered agenda item 6, which read as follows:

“Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem”.

61. For its consideration of item 6, the Commission had before it the following:

(a) Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009;⁴⁴

(b) Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem;⁴⁵

(c) Outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem” (General Assembly resolution [S-30/1](#), annex);

(d) 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;⁴⁶

(e) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime ([E/CN.7/2021/2-E/CN.15/2021/2](#));

(f) Report of the Secretariat on the world situation with regard to drug abuse ([E/CN.7/2021/4](#));

(g) Report of the Secretariat on the world situation with regard to drug trafficking ([E/CN.7/2021/5](#));

(h) Report of the Secretariat on strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative ([E/CN.7/2021/CRP.4](#));

(i) Chair’s summary on the thematic discussions on the implementation of all international drug policy commitments, following up to the 2019 Ministerial Declaration (19–21 October 2020) ([E/CN.7/2021/CRP.1](#));

(j) Note by the Secretariat on the implementation of all international drug policy commitments, following up to the 2019 Ministerial Declaration ([E/CN.7/2021/CRP.2](#)).

62. Introductory statements were made by a representative of the secretariat of the Commission, the Chief of the Research and Trend Analysis Branch, the Chief of the Drug Prevention and Health Branch (online), the Chief of the Organized Crime and Illicit Trafficking Branch and the Chief of the Sustainable Livelihoods Unit of

⁴⁴ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

⁴⁵ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

⁴⁶ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

UNODC (online). Representatives of the scientific community (online) and representatives of the UNODC Youth Forum (online) also made statements.

63. Statements were made by the representatives of Japan (online), Nigeria (online), Thailand (pre-recorded video), Egypt (online), the United States (online), Kenya (online), China (online), Algeria (online), the Russian Federation (online), Morocco (online), Pakistan (online), Canada (online), Australia (online) and India (online).

64. Statements were also made by the observer for the European Union (online) (on behalf of the European Union and its member States, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, San Marino, Serbia and Ukraine) and the observers for Zambia (online), the Republic of Korea (online), Indonesia (online), Portugal (online) and the Philippines (online).

65. Statements were also made by the observers for the Students for Sensible Drug Policy (online), FORUT – Campaign for Development and Solidarity (online), the Singapore Anti-Narcotics Association (online) and the Washington Office on Latin America (pre-recorded video).

A. Deliberations

66. Many speakers highlighted the impact of the COVID-19 pandemic on joint efforts to address and counter all aspects of the world drug problem, and, in that regard, stressed the importance of multilateralism and international cooperation. Several speakers reiterated the commitment made in the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem of 2019 to accelerate the implementation of all international drug policy commitments, and recalled that the three international drug control conventions and other relevant international instruments constituted the cornerstone of the international drug control system. The principal roles of the Commission on Narcotic Drugs as the policymaking body and of UNODC as the leading entity in the United Nations system for drug-related matters were recalled by some speakers, and the commitment to ensure that no one affected by the world drug problem be left behind was underlined. Some speakers reaffirmed their determination to actively promote a society free of drug abuse.

67. The importance of ensuring a balanced, integrated, comprehensive, multidisciplinary and evidence-based approach to the world drug problem, while respecting, protecting and promoting health, the rule of law, human rights and fundamental freedoms in the development and implementation of drug policies, was highlighted by several speakers. A number of speakers also noted that the outcome document of the thirtieth special session of the General Assembly represented a milestone in addressing realities on the ground, including in the areas of human rights, health and development.

68. Speakers underscored that drug-related challenges had been amplified by the COVID-19 pandemic, and shared insights on how the pandemic had impacted, and in many cases reshaped, national drug markets and the delivery of drug services and interventions, making reference to increased online sales and “contact-free” drug trafficking, among other issues. A number of speakers underlined that COVID-19-related isolation, distancing and hygiene measures had affected the availability of and access to treatment services, noting that the pandemic had disproportionately affected vulnerable members of society. Several speakers provided examples of national efforts to ensure the provision of drug-related services during the pandemic. Good practices were shared, including practices relating to remote counselling and consultations, telemedicine and tele-health, the supply of protective hygiene equipment, awareness-raising initiatives, specialized facilities for the provision of psychological support, interventions addressing mental health challenges, the facilitation of access to medications, including medications for opioid

antagonist treatment in take-home modalities and in prison settings, as well as the provision of temporary accommodation and financial support. Appreciation was expressed for the support provided by UNODC to Member States in ensuring the provision of quality services during the COVID-19 pandemic.

69. In addressing the subject of drug prevention measures, speakers shared examples of national programmes and interventions, such as education platforms for young people, awareness-raising and social media campaigns and prevention programmes for families, schools and communities, including in cooperation with the private sector. A number of speakers referred to the importance of empowering children and young people, highlighting their crucial role in shaping and strengthening communities and supporting the implementation of national demand reduction efforts.

70. Several speakers underlined the need to address the health and social consequences of drug use and to implement multi-pronged and multisectoral approaches for the treatment of drug use disorders. Speakers reported on services and interventions offered in their countries and on national measures pursued to enhance the implementation of the international drug policy commitments. Reported initiatives focused on, among other issues, the promotion of community-based rehabilitation, efforts to reduce relapse rates, the expansion of the coverage of drug treatment services and training opportunities for personnel. Reference was also made to a draft resolution tabled during the session on promoting quality, affordable, scientific evidence-based and comprehensive drug prevention and treatment services. The importance of gaining appropriate cultural knowledge and understanding of the health, social and historical contexts of marginalized, isolated or hard-to-reach populations, with a view to improving the delivery of demand reduction services and interventions, was underlined. Some speakers reported the high prevalence of HIV and hepatitis C among people who inject drugs and shared information on national policies and programmes to minimize the adverse public health and social consequences of drug use as part of a comprehensive approach.

71. The need to ensure access to, and availability of, controlled substances for medical and scientific purposes, including for pain management and palliative care, while preventing their diversion, was stressed by a number of speakers. It was highlighted that the disparities in the availability of, and access to, controlled substances for medical and scientific purposes had been exacerbated by the COVID-19 pandemic, with transport restrictions creating additional barriers.

72. Several speakers reported on national supply reduction efforts and underlined the need to strengthen international cooperation among judicial and law enforcement authorities in countering drug trafficking and disrupting the activities of transnational organized criminal groups. The need to enhance capacity-building and training with a view to upgrading the skills of competent authorities, including law enforcement and border management authorities, was highlighted by a number of speakers. Several speakers also reported on national strategies and initiatives to establish institutions and multi-agency task forces and to develop, implement and review legislative, policy and administrative frameworks.

73. A number of speakers referred to links between drug-related offences and other forms of crime, including money-laundering and terrorism, and shared examples of activities with a view to addressing those links as well as national and regional priorities in that regard. These included strengthening border management; countering money-laundering; and the tracing, seizure and confiscation of the proceeds of drug-related crimes, as well as managing such proceeds. Some speakers underscored the challenges faced by transit countries. The national and regional priorities referred to included addressing challenges related to trafficking in synthetic drugs, including fentanyl-type substances and methamphetamine; addressing challenges related to the import and export of chemicals and the identification and control of precursor chemicals; and further strengthening risk assessment procedures for postal services.

74. A number of speakers recalled that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem were complementary and mutually reinforcing, and referred to the commitment made in the Ministerial Declaration of 2019 to ensure that no one affected by the world drug problem was left behind. Several speakers emphasized the need to consider the achievement of relevant Sustainable Development Goals when developing drug policies. Some speakers underlined the importance of including sustainable alternative development in broader supply reduction programmes and national development strategies, with a view to enhancing community empowerment.

75. Many speakers reiterated their support for the Commission's multi-year workplan, adopted in June 2019, noting that the annual thematic discussions provided a framework for the exchange of good practices and lessons learned in the follow-up to the Ministerial Declaration of 2019 and were in line with the commitment to accelerate the practical implementation of all international drug policy commitments. Appreciation was expressed to the Commission secretariat for the organization of the thematic discussions, and especially for facilitating in 2020 the first hybrid thematic discussion in the light of the COVID-19 pandemic, which had allowed experts from all over the world to participate online. It was suggested that the practice of organizing thematic discussions in a hybrid format be continued and that more time be allowed for national experts to exchange good practices and lessons learned. Reference was also made to a national workshop serviced by the secretariat of the Commission on the implementation of all international drug policy commitments, following up on the Ministerial Declaration of 2019, which had been held in an online format in the light of the COVID-19 pandemic.

76. Several speakers welcomed the streamlined and revised annual report questionnaire adopted by the Commission at its sixty-third session and encouraged Members States to provide data to UNODC through the questionnaire. In that regard, the need for UNODC to provide technical assistance and capacity-building with a view to improving data collection and analysis was underlined by a number of speakers. Some speakers welcomed the UNODC reports on the global drug situation, and it was proposed that the reports on drug use and drug trafficking be further discussed during future thematic discussions of the Commission.

77. A number of speakers underlined the importance of further enhancing the cooperation between UNODC and other relevant United Nations entities and regional and international organizations, within their respective mandates, to address the world drug problem.

78. Several speakers welcomed the presentation of the UNODC Strategy during the joint reconvened session of the Commission on Narcotic Drugs and the Commission on Crime Prevention and Criminal Justice in December 2020.

B. Action taken by the Commission

79. At its 11th meeting, on 16 April 2021, the Commission adopted a revised draft resolution on promoting alternative development as a development-oriented drug control strategy, including in the context of the COVID-19 pandemic and its consequences ([E/CN.7/2021/L.4/Rev.1](#)), sponsored by Albania, Brazil, Colombia, Guatemala, Indonesia, Japan, Malaysia, Morocco, Paraguay, Peru, the Philippines, Portugal (on behalf of the States Members of the United Nations that are members of the European Union), the Russian Federation, Singapore, Thailand and the United States. (For the text of the resolution, see chap. I, sect. B, resolution 64/2). Prior to the adoption of the revised draft resolution, a representative of the Secretariat informed the Commission that activities relating to the draft resolutions under consideration would be carried out provided that extrabudgetary resources were made available. Hence, the adoption of the draft resolutions would not entail any additional budgetary implications with regard to the regular programme budget. Upon the

adoption of the revised draft resolution, the representatives of the United States, the Russian Federation, Japan and Brazil (online) made statements.

80. At the same meeting, the Commission adopted a revised draft resolution on promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services ([E/CN.7/2021/L.5/Rev.1](#)), sponsored by Albania, Algeria, Angola, Australia, Brazil, Canada, El Salvador, Honduras, Israel, Japan, Mexico, Morocco, Norway, the Philippines, Portugal (on behalf of the States Members of the United Nations that are members of the European Union), the Russian Federation, Switzerland, Thailand, the United Kingdom and the United States. (For the text of the resolution, see chap. I sect. B, resolution 64/3.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat informed the Commission that activities relating to the draft resolutions under consideration would be carried out provided that extrabudgetary resources were made available. Hence, the adoption of the draft resolutions would not entail any additional budgetary implications with regard to the regular programme budget. Upon the adoption of the revised draft resolution, the representative of Portugal (online) stated that his delegation had intended to present a relevant, timely and balanced resolution on the promotion of scientific evidence-based, comprehensive, high-quality and affordable prevention and treatment services. He expressed his satisfaction with the text adopted, which he considered to be substantial in nature and technically sound, and which enjoyed broad cross-regional support. Statements were also made by the representatives of the United States, the Russian Federation, Japan, the United Kingdom (online) and El Salvador.

81. At its 11th meeting, on 16 April 2021, the Commission adopted a revised draft resolution on improving data collection on, and responses to, the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances ([E/CN.7/2021/L.6/Rev.1](#)), as orally amended, sponsored by Algeria, Angola, Australia, Burkina Faso, Côte d'Ivoire, Egypt, El Salvador, France, Germany, Indonesia, Japan, Kenya, Malaysia, Mexico, Morocco, Nigeria, the Philippines, Poland, Portugal, Qatar, Singapore, Spain, Thailand and the United States (see also para. 59 above, under agenda item 5; for the text of the resolution, see chap. I sect. B, resolution 64/4).

82. Also at the same meeting, the Commission adopted a revised draft resolution on facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization ([E/CN.7/2021/L.3/Rev.1](#)), sponsored by Canada, Finland, Honduras, Israel, Japan, Malta, Mexico, the Netherlands, Paraguay, the Philippines, Portugal, Switzerland, the United Kingdom, the United States and Uruguay. (For the text of the resolution, see chap. I sect. B, resolution 64/5.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat informed the Commission that activities relating to the draft resolutions under consideration would be carried out provided that extrabudgetary resources were made available. Hence, the adoption of the draft resolutions would not entail any additional budgetary implications with regard to the regular programme budget. Upon the adoption of the revised draft resolution, the representative of Canada highlighted the responsibilities inherent in consensual decision-making and the importance of upholding the “spirit of Vienna”. Statements were also made by the representatives of Mexico, the United States, Japan, Portugal and the United Kingdom (online).

Chapter VI

Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem

83. At its 9th meeting, on 15 April 2021, the Commission considered agenda item 7, entitled “Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem”.

84. For its consideration of item 7, the Commission had before it the note by the Secretariat on promoting coordination and alignment of decisions between the Commission and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (E/CN.7/2021/6), as well as a note by the Secretariat on inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem (E/CN.7/2021/CRP.3).

85. Introductory remarks were delivered by the Director of the Division for Policy Analysis and Public Affairs of UNODC (online).

86. Statements were made by the representatives of the United States (online), the Netherlands (online), Mexico (online), the Russian Federation (online), Algeria (online) and Morocco (online).

87. Statements were made by the observers for the European Union (online) (on behalf of the European Union and its member States, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, San Marino, Serbia and Ukraine), the United Arab Emirates (online), Indonesia (online) and Paraguay (online).

88. A statement was also made by the observer for the Office of the High Commissioner for Human Rights (online).

89. Statements were also made by the observers for the Uganda Green Crescent Society (online), Centro de Estudios Legales y Sociales (online) and the Transnational Institute (pre-recorded video).

90. During the 9th meeting, reference was made to a statement by Kenya, which was not delivered for technical reasons and would be published on the UNODC website.

Deliberations

91. Several speakers stressed that the COVID-19 pandemic had exacerbated challenges regarding the world drug problem and, at the same time, demonstrated the importance of multilateralism, the coordination of efforts and inter-agency cooperation. The principal role of the Commission as the policymaking body of the United Nations in drug-related matters and the role of UNODC as the leading entity in the United Nations system for drug-related matters were recalled by a number of speakers. Several speakers also recalled the commitment of Member States to implementing all international drug policy commitments in a single track, in line with the Ministerial Declaration of 2019, and some speakers reiterated that the three international drug control conventions constituted, along with other international instruments, the cornerstone of international drug policy.

92. Many speakers underscored the importance of enhancing cooperation at the local, national, regional and international levels to effectively address all aspects of the world drug problem. A number of speakers reported on national and regional initiatives, such as joint cross-border operations and coordination efforts among domestic authorities, including those in charge of health, education, justice and law enforcement, and other stakeholders, including civil society organizations. A number

of speakers referred to specific national efforts implemented in order to ensure demand and supply reduction in the light of the COVID-19 pandemic.

93. Several speakers expressed appreciation for and welcomed ongoing inter-agency cooperation and coordination efforts, underscoring that effectively addressing and countering the world drug problem required the leveraging of knowledge and experience across the United Nations system. The importance of ensuring synergies and complementarity, with a view to accelerating the implementation of joint commitments and ensuring that no one affected by the world drug problem was left behind, was underlined by a number of speakers.

94. Several speakers noted the importance of the contributions of relevant United Nations entities, international financial institutions and relevant regional and international organizations, within their respective mandates, to the work of the Commission, and the need to strengthen international and inter-agency cooperation and enhance coherence within the United Nations system. In that regard, some speakers encouraged UNODC to provide briefings through the Commission on coordination efforts within the United Nations system. Reference was made to previous resolutions of the Commission and the General Assembly in which UNODC had been called upon to ensure inter-agency cooperation and to report thereon.

95. Several speakers welcomed the cooperation of UNODC with, inter alia, WHO and INCB, including in the implementation of the international drug control conventions and in supporting Member States in ensuring the access to and availability of controlled substances for medical and scientific purposes, taking into account their respective treaty-based mandates. It was noted with appreciation that, despite the COVID-19 pandemic, UNODC had increased its cooperation with relevant United Nations bodies and stakeholders. Specific reference was made to the cooperation on the United Nations Toolkit on Synthetic Drugs and the Global Rapid Interdiction of Dangerous Substances (GRIDS) Programme.

96. Several speakers reaffirmed the Commission's leading and principal role in addressing and countering the world drug problem. Several speakers highlighted the importance of coherence within the United Nations system at all levels with regard to the world drug problem and welcomed the United Nations system common position on drug-related matters and the work of the related United Nations system coordination task team. One speaker underscored that inter-agency cooperation should support the development and implementation of international drug policy and the work of the Commission, not transfer the policymaking function of the Commission to task teams or other mechanisms established to enhance United Nations system-wide collaboration. Another speaker underscored that the common position was an internal United Nations system document that had not been mandated by the Commission, had not been developed in consultation with Member States and that did not reflect the political commitments agreed by consensus in the Commission.

Chapter VII

Recommendations of the subsidiary bodies of the Commission

97. At its 9th and 10th meetings, on 15 and 16 April 2021, the Commission considered agenda item 8, entitled “Recommendations of the subsidiary bodies of the Commission”.

98. For its consideration of item 8, the Commission had before it the report of the Secretariat on action taken by the subsidiary bodies of the Commission ([E/CN.7/2021/7](#)).

99. An introductory statement was made by the Chief of the Secretariat to the Governing Bodies of UNODC.

100. Statements were made by the representatives of Thailand (pre-recorded video), the United States (online) and Kenya (online), and by the observer for the Republic of Korea (online).

Deliberations

101. Speakers expressed appreciation for the work of the Commission’s subsidiary bodies and highlighted their role in the promotion of regional and international cooperation. Several speakers underlined the key role played by the subsidiary bodies in accelerating the implementation of all international drug policy commitments, in line with the Ministerial Declaration of 2019, and welcomed their reports to the Commission that provided information on key regional challenges, as well as concrete recommendations.

102. Appreciation was expressed for the holding of an extraordinary session of the subsidiary bodies in October 2020, which had enabled the real-time exchange of information on current trends and challenges, in the light of the COVID-19 pandemic. While underscoring the importance of conducting the meetings in person, one speaker encouraged the Commission to consider holding future meetings of the subsidiary bodies with a complementary online component to ensure the participation of experts who may not be able to travel.

103. A number of speakers highlighted issues discussed during the extraordinary session on the impact of the COVID-19 pandemic, including shifts in trafficking routes from air to sea, trafficking via postal services, the use of the darknet and investigations of cyber-related offences. Further issues highlighted in that regard included the need to strengthen forensic laboratory capacity, judicial cooperation, the sharing of intelligence and information, and the capacity for the detection of new psychoactive substances.

104. Some speakers reported on the efforts of national law enforcement authorities to adapt to the challenges posed by the COVID-19 pandemic, including through the use of technology and online platforms for law enforcement activities, and also referred to the importance of regional and international cooperation.

105. The representative of Kenya reconfirmed the commitment of his country to host the next Meeting of Heads of National Drug Law Enforcement Agencies, Africa.

Chapter VIII

Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 72/305, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development

106. At its 10th meeting, on 16 April 2021, the Commission considered agenda item 9, entitled “Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 72/305, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development”.

107. The Chief of the Secretariat to the Governing Bodies of UNODC and the Director of the Division for Policy Analysis and Public Affairs of UNODC made introductory statements.

108. Statements were made by the representatives of the United States (online) and Mexico (online). Statements were also made by the observers for Corporación Centro de Estudios de Derecho Justicia y Sociedad (pre-recorded video), the International Council of AIDS Service Organizations (online), Grupo de Mujeres de la Argentina – Foro de VIH, Mujeres y Familia (online) and the DRCnet Foundation (online). Reference was made to a statement by the Slum Child Foundation, which could not be delivered for technical reasons and would be published on the UNODC website.

Deliberations

109. It was emphasized that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem were complementary and mutually reinforcing. A speaker shared his country’s experience with regard to its national drug policy, which was aimed at applying a comprehensive approach and at becoming an essential tool for the implementation of all international drug policy commitments and for the achievement of the Sustainable Development Goals.

110. The Commission was called upon to continue to develop new and creative ways to involve other United Nations bodies, civil society and the private sector in its work. The Commission was commended for its commitment to ensuring that the COVID-19 pandemic did not halt its important work, and it was noted that the rapid transition to online and hybrid modalities had facilitated the engagement of delegates, experts, and others for whom participation might not otherwise have been feasible.

Chapter IX

Provisional agenda for the sixty-fifth session of the Commission

111. At its 10th meeting, on 16 April 2021, the Commission considered agenda item 10, entitled “Provisional agenda for the sixty-fifth session of the Commission”. For its consideration of item 10, the Commission had before it a draft decision entitled “Report of the Commission on Narcotic Drugs on its sixty-fourth session and provisional agenda for its sixty-fifth session” ([E/CN.7/2021/L.7](#)).

112. Statements were made by the representative of Switzerland (online) and the observer for Azerbaijan (online). The observer for the Vienna NGO Committee on Drugs (online) also made a statement.

A. Deliberations

113. One speaker recalled that the addition of a stand-alone agenda item on the implementation of the United Nations system common position on drug-related matters and the work of the related United Nations system coordination task team had been requested by her delegation at the reconvened sixty-third session of the Commission. She requested that the Commission, as the main policymaking body in the United Nations system for drug-related matters, be regularly informed of the activities of the task team.

B. Action taken by the Commission

114. At its 10th meeting, on 16 April 2021, the Commission decided to recommend for adoption by the Economic and Social Council the draft decision containing the draft provisional agenda for the sixty-fifth session of the Commission ([E/CN.7/2021/L.7](#)). (For the text of the draft decision, see chap. I, sect. A, draft decision I.) After the adoption of the draft decision, the representatives of Turkey (online), Cuba (online), the Russian Federation (online) and Egypt (online) made statements in which they expressed their support for the agenda as adopted. They noted that no additional agenda item was needed, as all aspects of inter-agency coordination, including the United Nations system coordination task team, could be discussed under the existing agenda item on inter-agency cooperation, and also noted that the common position was not aligned with the political commitments by States set forth in the Ministerial Declaration of 2019.

Chapter X

Other business

115. At its 10th meeting, on 16 April 2021, the Commission considered agenda item 11, entitled “Other business”. No issues were raised under the agenda item.

Chapter XI

Adoption of the report of the Commission on its sixty-fourth session

116. At its 11th meeting, on 16 April 2021, the Commission considered agenda item 12, entitled “Adoption of the report of the Commission on its sixty-fourth session”. The Rapporteur introduced the draft report.

117. At the same meeting, the Commission adopted the report on its sixty-fourth session, as orally amended.

Chapter XII

Organization of the session and administrative matters

A. Informal pre-session consultations

118. At the informal pre-session consultations chaired by the First Vice-Chair, Wolfgang Amadeus Brühlhart (Switzerland), held on 9 April 2021, the Commission on Narcotic Drugs conducted a preliminary review of draft proposals that had been submitted by the deadline of 15 March 2021, pursuant to Commission decision 55/1, and dealt with organizational matters of the sixty-fourth session.

B. Opening and duration of the session

119. The Commission held its sixty-fourth session in Vienna from 12 to 16 April 2021. The Chair of the Commission opened the session.

C. Ceremonial opening segment

120. At the 1st meeting of its sixty-fourth session, on 12 April 2021, the Commission held a ceremonial opening to commemorate the sixtieth anniversary of the Single Convention on Narcotic Drugs of 1961 and the fiftieth anniversary of the Convention on Psychotropic Substances of 1971. The ceremonial segment was organized in cooperation with WHO, INCB and the Executive Director of UNODC.

121. During the ceremonial opening, an introductory video prepared by UNODC on the international drug control conventions was presented. The following persons made statements:

António Guterres, Secretary-General of the United Nations (statement presented by Ghada Waly, Executive Director of UNODC)

Munir Akram, President of the Economic and Social Council (pre-recorded video)

Ghada Waly, Executive Director of UNODC

Tedros Adhanom Ghebreyesus, Director-General of WHO (pre-recorded video)

Cornelis de Joncheere, President of INCB

Jamie Bridge, Chair of the Vienna NGO Committee on Drugs (online).

D. Attendance

122. The arrangements for the organization of the sixty-fourth session had been endorsed by the Commission by means of a silence procedure on 23 March 2021, and the revised version had been endorsed on 6 April 2021. In accordance with those arrangements, the session was conducted in a hybrid format. In-person participation was limited to the opening session, the consideration of the recommendations of the WHO Expert Committee on Drug Dependence and the closing session. In those meetings, representatives of all States Members of the United Nations and a limited number of United Nations entities, intergovernmental organizations and non-governmental organizations having consultative status with the United Nations Economic and Social Council had the opportunity to participate in person. All other meetings were held in a podium-only format, meaning that only the Chair and members of the Secretariat were in the room and delegations were invited to join online.

123. The session was attended by representatives of all 53 States members of the Commission. Also attending were observers for 75 other States Members of the United Nations, as well as non-member States, representatives of organizations of the United Nations system and observers for intergovernmental, non-governmental and other organizations. A list of participants is contained in document E/CN.7/2021/INF/2.

E. Election of officers

124. In section I of its resolution 1999/30, the Economic and Social Council decided that, with effect from the year 2000, the Commission on Narcotic Drugs should, at the end of each session, elect its Bureau for the subsequent session and should encourage it to play an active role in the preparations for the regular as well as the intersessional meetings of the Commission, so as to enable the Commission to provide continuous and effective policy guidance to the drug programme of UNODC.

125. In accordance with that resolution and rule 15 of the rules of procedure of the functional commissions of the Council, the Commission, at the end of its reconvened sixty-third session, on 4 December 2020, opened its sixty-fourth session for the purpose of electing its Bureau for that session. At that meeting, the Commission elected the Chair, the Second Vice-Chair and the Third Vice-Chair.

126. On 7 December 2020, the Group of Asia-Pacific States nominated Begaiym Nurlan of Kyrgyzstan for the office of Rapporteur. On 12 February 2021, the Group of Western European and other States nominated Wolfgang Amadeus Brühlhart (Switzerland) for the office of First Vice-Chair. At its 1st meeting, on 12 April 2021, the Commission elected its First Vice-Chair and Rapporteur.

127. In view of the rotation of offices based on regional distribution, the officers of the Commission at its sixty-fourth session and their respective regional groups were as follows:

<i>Office</i>	<i>Regional group</i>	<i>Officer</i>
Chair	Eastern European States	Dominika Krois (Poland)
First Vice-Chair	Western European and other States	Wolfgang Amadeus Brühlhart (Switzerland)
Second Vice-Chair	Latin American and Caribbean States	Miguel Camilo Ruíz Blanco (Colombia)
Third Vice-Chair	African States	Bukar Hamman (Nigeria)
Rapporteur	Asia-Pacific States	Begaiym Nurlan (Kyrgyzstan)

128. In accordance with Economic and Social Council resolution 1991/39 and established practice, a group composed of the Chairs of the five regional groups, the Chair of the Group of 77 and China and the representative of or observer for the State holding the Presidency of the European Union assists the Chair of the Commission in dealing with organizational matters. That group, together with the officers, constitutes the extended Bureau foreseen in Council resolution 1991/39.

129. During the sixty-fourth session of the Commission, the extended Bureau met on 13, 14 and 15 April 2021 to consider matters related to the organization of work.

F. Adoption of the agenda and other organizational matters

130. At its 1st meeting, on 12 April 2021, the Commission adopted by consensus its provisional agenda and organization of work ([E/CN.7/2021/1](#)), pursuant to Economic and Social Council decision 2018/246. The agenda was as follows:

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

Operational segment

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

Normative segment

5. Implementation of the international drug control treaties:
 - (a) Changes in the scope of control of substances;
 - (b) Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations;
 - (c) International Narcotics Control Board;
 - (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;
 - (e) Other matters arising from the international drug control treaties.
6. Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem.
7. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
8. Recommendations of the subsidiary bodies of the Commission.
9. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution [72/305](#), including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

10. Provisional agenda for the sixty-fifth session of the Commission.
11. Other business.
12. Adoption of the report of the Commission on its sixty-fourth session.

G. Documentation

131. The documents before the Commission at its sixty-fourth session are listed in document E/CN.7/2021/CRP.9.

H. Closure of the session

132. At the 11th meeting, on 16 April 2021, a closing statement was made by the Executive Director of UNODC. The Chair of the Commission made closing remarks. A video on the sixty-fourth session, prepared by UNODC, was presented.
