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Draft report

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Addendum

Implementation of the international drug control treaties

1. At its 5th, 6th and 7th meetings, on 13 and 14 April 2021, the Commission considered agenda item 5, which reads 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."

2. 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).

3. 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 the World Health Organization (WHO) (online).

4. 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).

5. Statements were made by the observers for the European Union (also on behalf of its member States) (online),[1,2,3] Indonesia (online), the Sudan (online) and the Bolivarian Republic of Venezuela (pre-recorded video).

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

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

7. 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

8. 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.

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[1] 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.

[2] 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.

[3] 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.

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

9. 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

10. 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

11. 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 clonazolam in Schedule IV of the 1971 Convention

12. The observer for WHO informed the Commission that clonazolam 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. Clonazolam 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 clonazolam indicated that it had the potential for dependence and was likely to be abused. The observer noted that clonazolam 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 clonazolam 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

13. 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

14. 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

15. 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.

16. 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.

17. 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.

18. 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

19. 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.

20. 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.

21. 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

22. 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.

23. 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.

24. 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.

25. 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

26. 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

27. 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. C, decision […].)

28. 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. C, decision […].)

29. 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. C, decision […].)

30. 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. C, decision […].)

31. 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. C, decision […].)

32. At the same meeting, the Commission decided by 46 votes to none, with one abstention, to include clonazolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

33. 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. C, decision […].)

34. 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. C, decision […].)

35. 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.