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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 3 and 4 March 2020, 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."

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.7/2020/10);

(b) Note by the Secretariat on changes in the scope of control of substances under the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/CN.7/2020/11);

(c) Note by the Secretariat on changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances (E/CN.7/2020/14);

(d) Note by the Secretariat containing a compilation of all questions and answers on the recommendations by the World Health Organization on cannabis and cannabis-related substances raised during the fourth and fifth intersessional meetings of the Commission at its sixty-second session (E/CN.7/2020/CRP.4);

(e) Note by the Secretariat containing comments by States on proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances (E/CN.7/2020/CRP.9);

(f) Note by the Secretariat containing comments by States on proposed scheduling recommendations by the World Health Organization (E/CN.7/2020/CRP.10);

(g) *Report of the International Narcotics Control Board for 2019* (E/INCB/2019/1);

(h) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2019 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2019/4);

(i) *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/2019/1).

3. Introductory statements were made by the Chief of the Laboratory and Scientific Section of the United Nations Office on Drugs and Crime (UNODC) and a representative of the Prevention, Treatment and Rehabilitation Section 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 observers for the World Health Organization (WHO).

4. Statements were made by the representatives of Japan, the United States of America, Canada, India, Jamaica, China, Turkey, Thailand, Chile, the Russian Federation, South Africa, Nigeria, Mexico, Switzerland, the Sudan, Egypt, the United Kingdom of Great Britain and Northern Ireland, Brazil, Kenya, Pakistan, the Netherlands, and Croatia on behalf of the European Union and its member States.[1]

5. Statements were made by the observers for the European Union (also on behalf of its member States),[2,3,4] Singapore, Indonesia, the Islamic Republic of Iran, the State of Palestine and the Bolivarian Republic of Venezuela.

6. Statements were also made by the observers for Corporación Acción Técnica Social, the Turkish Green Crescent Society, Community Alliances for Drug Free Youth, the DRCnet Foundation and the Brazilian Harm Reduction and Human Rights Network.

## A. Deliberations

### 1. Changes in the scope of control of substances

#### (a) Consideration of a proposal from the International Narcotics Control Board to place methyl *alpha*-phenylacetoacetate (MAPA) in Table I of the 1988 Convention

7. The President of INCB stated that methyl *alpha*-phenylacetoacetate (MAPA) was a substitute chemical for several amphetamine and methamphetamine precursors in Table I of the 1988 Convention, namely P-2-P, APAAN and the recently

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

[2] For item 5 (a), Albania, Bosnia and Herzegovina, Georgia, Iceland, Mexico, Montenegro, North Macedonia, the Republic of Moldova, Serbia, Ukraine and Uruguay aligned themselves with the statement.

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

[4] 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.

controlled APAA. MAPA had started to emerge in late 2017, with an increase in the number of seizures and in the amounts seized since November 2018. The emergence of MAPA was closely linked to an increase in scrutiny over APAA.

8. In addition, the President noted that MAPA was thus another illustration of the concept of designer precursors, that is, close chemical relatives of controlled precursors that were purpose-made and could easily be converted into controlled precursors. Similar to APAAN, APAA and other designer precursors, MAPA did not have any legitimate use and was therefore not traded widely or regularly, although it was advertised by a number of online suppliers. The Board therefore recommended the inclusion of MAPA, including its optical isomers, in Table I of the 1988 Convention.

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

9. The observer for WHO informed the Commission that crotonylfentanyl was a synthetic analogue of the opioid analgesic fentanyl. It appeared in powder and tablet forms. Crotonylfentanyl produced typical opioid effects, including analgesia and sedation, with a potency between that of oxycodone and fentanyl. It had significant potential for dependence and likelihood of abuse. Its adverse effects included the potential for death due to respiratory depression. Crotonylfentanyl had been detected in seizures from countries across several regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention, such as oxycodone and fentanyl, WHO recommended that crotonylfentanyl also be placed in Schedule I of the 1961 Convention.

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

10. The observer for WHO noted that valerylfentanyl was a synthetic analogue of the opioid analgesic fentanyl. It appeared in powder and tablet forms. Valerylfentanyl produced typical opioid effects, including analgesia and sedation, with a potency somewhat lower than that of fentanyl. It had been shown to have significant potential for dependence and likelihood of abuse. It had adverse effects typical of opioids, including the potential for death due to respiratory depression, and it had been detected in cases of fatal intoxication and impaired driving. Valerylfentanyl had been detected in seizures from countries across several regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention, such as oxycodone and morphine, WHO recommended that valerylfentanyl also be placed in Schedule I of the 1961 Convention.

**(d) Consideration of a proposal from the World Health Organization to place DOC in Schedule I of the 1971 Convention**

11. The observer for WHO stated that DOC was a synthetic hallucinogen that was commonly found impregnated into blotter paper and in powder, liquid and tablet forms. DOC was sold on the Internet and commonly misrepresented as LSD. The actions of DOC on the central nervous system and its effects were very similar to those of other hallucinogenic amphetamines, such as DOM, and similar to the actions and effects of hallucinogens such as LSD and psilocybin. In addition to visual hallucinations, the clinical features of DOC intoxication had included seizures, agitation, aggression and hyperthermia. Use of DOC was associated with a risk of death. DOC had a potential for abuse comparable to that of other controlled hallucinogens, and DOC abuse had been reported in a number of countries. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other hallucinogens placed in Schedule I of the 1971 Convention, WHO recommended that DOC also be placed in Schedule I of the 1971 Convention.

### (e) Consideration of a proposal from the World Health Organization to place AB-FUBINACA in Schedule II of the 1971 Convention

12. The observer for WHO noted that AB-FUBINACA was a synthetic cannabinoid that was used by smoking plant material sprayed with the substance. It shared a common mechanism of action on the central nervous system with other synthetic cannabinoids that had been placed in Schedule II of the 1971 Convention. It was thus likely to be abused and had the potential to produce dependence in a manner similar to other synthetic cannabinoids. The effects of AB-FUBINACA in animal models were similar to those of other synthetic cannabinoids, such as suppression of locomotor activity and hypothermia. Its use in humans had been associated with a range of severe adverse effects, such as confusion, agitation, somnolence, hypertension, tachycardia and death. AB-FUBINACA use had been reported in over 30 countries across different regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cannabinoids placed in Schedule II of the 1971 Convention, WHO recommended that AB-FUBINACA also be placed in Schedule II of the 1971 Convention.

### (f) Consideration of a proposal from the World Health Organization to place 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) in Schedule II of the 1971 Convention

13. The observer for WHO informed the Commission that 5F-AMB-PINACA was a synthetic cannabinoid that was used by smoking plant material sprayed with the substance. 5F-AMB-PINACA shared a common mechanism of action on the central nervous system with other synthetic cannabinoids that had been placed in Schedule II of the 1971 Convention. It was thus likely to be abused and had the potential to produce dependence. Its use had been associated with fatalities, including deaths due to motor vehicle accidents in which 5F-AMB-PINACA had caused driving impairment. Its adverse effects included cognitive impairment and impaired movement and coordination and were consistent with those of other synthetic cannabinoids. 5F-AMB-PINACA use had been reported in over 30 countries across different regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cannabinoids placed in Schedule II of the 1971 Convention, WHO recommended that 5F-AMB-PINACA also be placed in Schedule II of the 1971 Convention.

### (g) Consideration of a proposal from the World Health Organization to place 5F-MDMB-PICA (5F-MDMB-2201) in Schedule II of the 1971 Convention

14. The observer for WHO noted that 5F-MDMB-PICA was a synthetic cannabinoid that had been found in the form of a powder that could be inhaled after heating and sprayed on plant material that mimicked the appearance of cannabis. 5F-MDMB-PICA shared a common mechanism of action on the central nervous system with other synthetic cannabinoids that had been placed in Schedule II of the 1971 Convention. It was thus likely to be abused and had the potential to produce dependence. Its use had been associated with a range of severe adverse effects, including impaired mental status, agitated delirium and seizures. Its use had also been associated with mass overdose events and deaths. 5F-MDMB-PICA had been detected in 20 countries across different regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cannabinoids placed in Schedule II of the 1971 Convention, WHO recommended that 5F-MDMB-PICA also be placed in Schedule II of the 1971 Convention.

### (h) Consideration of a proposal from the World Health Organization to place 4F-MDMB-BINACA in Schedule II of the 1971 Convention

15. The observer for WHO informed the Commission that 4F-MDMB-BINACA, also known as 4F-MDMB-BUTINACA, was a synthetic cannabinoid that had been detected in powder form, in liquids used for vaping and as a constituent in plant mixtures used for smoking. 4F-MDMB-BINACA shared a common mechanism of

action on the central nervous system with other synthetic cannabinoids that had been placed in Schedule II of the 1971 Convention. It was thus likely to be abused and had the potential to produce dependence. 4F-MDMB-BINACA had been detected in cases of drug-related fatalities and in cases of impaired driving, frequently together with other psychoactive substances. Its adverse effects included paranoia, agitation, confusion, chest pain and vomiting. 4F-MDMB-BINACA had been detected in numerous countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cannabinoids placed in Schedule II of the 1971 Convention, WHO recommended that 4F-MDMB-BINACA also be placed in Schedule II of the 1971 Convention.

### (i) Consideration of a proposal from the World Health Organization to place 4-CMC (4-chloromethcathinone, clephedrone) in Schedule II of the 1971 Convention

16. The observer for WHO informed the Commission that 4-CMC was a synthetic cathinone that was also known as 4-chloromethcathinone and clephedrone. It had been detected as a powder that was administered orally, by nasal insufflation or by intravenous injection. 4-CMC shared a common central nervous system mechanism of action with other cathinones and with stimulants such as 3,4-methylenedioxymetamphetamine (MDMA) that had been placed in Schedule II of the 1971 Convention. It produced adverse effects typical of psychostimulants, including hypertension, agitation, paranoia and tachycardia. 4-CMC use had been associated with fatalities due to overdose, suicide and traffic accidents. The adverse effects were similar to those of other psychostimulants, such as amphetamine and MDMA, as well as other cathinones. The effects of 4-CMC indicated that it had significant potential for dependence and a high likelihood of abuse. There was evidence of the use of 4-CMC in a number of countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cathinones placed in Schedule II of the 1971 Convention, WHO recommended that 4-CMC also be placed in Schedule II of the 1971 Convention.

### (j) Consideration of a proposal from the World Health Organization to place *N*-ethylhexedrone in Schedule II of the 1971 Convention

17. The observer for WHO stated that *N*-ethylhexedrone was a synthetic cathinone that had been detected as a powder that was administered orally, by nasal insufflation or by intravenous injection. *N*-ethylhexedrone shared a common central nervous system mechanism of action with other cathinones and with stimulants such as methamphetamine that had been placed in Schedule II of the 1971 Convention. It produced adverse effects typical of psychomotor stimulants, including tachycardia, tremor, hyperthermia and seizures. *N*-ethylhexedrone had been associated with cases of impaired driving and deaths. The effects of *N*-ethylhexedrone indicated that it had significant potential for dependence and a high likelihood of abuse. There was evidence of the use of *N*-ethylhexedrone in a number of countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cathinones placed in Schedule II of the 1971 Convention, WHO recommended that *N*-ethylhexedrone also be placed in Schedule II of the 1971 Convention.

### (k) Consideration of a proposal from the World Health Organization to place *alpha*-PHP in Schedule II of the 1971 Convention

18. The observer for WHO informed the Commission that *alpha*-PHP was a synthetic cathinone that had been detected in crystalline and powder forms. It had been administered orally, sublingually or by nasal insufflation, inhalation of vapour or intravenous injection. *alpha*-PHP shared a common central nervous system mechanism of action with other cathinones and with stimulants such as methamphetamine that had been placed in Schedule II of the 1971 Convention. It

produced adverse effects typical of psychostimulants, including agitation, paranoia, hallucinations and tachycardia. *alpha*-PHP had been identified as the cause of multiple fatalities and clinical admissions. The effects of *alpha*-PHP indicated that it had significant potential for dependence and a high likelihood of abuse. There was evidence of the use of *alpha*-PHP in a number of countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cathinones placed in Schedule II of the 1971 Convention, WHO recommended that *alpha*-PHP also be placed in Schedule II of the 1971 Convention.

### (l) Consideration of a proposal from the World Health Organization to place flualprazolam in Schedule IV of the 1971 Convention

19. The observer for WHO stated that flualprazolam was a benzodiazepine with a chemical structure and effects similar to alprazolam and triazolam. It had been found in tablet, powder and liquid forms and was understood to be mainly used orally. Flualprazolam produced effects similar to other benzodiazepines that had been placed in Schedule IV of the 1971 Convention, for example, alprazolam. Reported adverse effects included sedation, loss of consciousness, disinhibition and memory impairment similar to other benzodiazepines. Flualprazolam had contributed to cases of fatal and non-fatal intoxication and of impaired driving. Benzodiazepines such as flualprazolam posed a significant risk when combined with opioids because they could potentiate the respiratory depressant effects of opioids. The effects of flualprazolam indicated that it had the potential for dependence and likelihood of abuse. There was evidence of the use of flualprazolam in several countries in various regions. It was not used therapeutically. As it had the potential for similar abuse and produced ill-effects similar to those of benzodiazepines placed in Schedule IV of the 1971 Convention, WHO recommended that flualprazolam also be placed in Schedule IV of the 1971 Convention.

### (m) Consideration of a proposal from the World Health Organization to place etizolam in Schedule IV of the 1971 Convention

20. The observer for WHO informed the Commission that etizolam was a benzodiazepine that was used therapeutically in a limited number of countries but was also produced in non-approved forms. It had been found in powder and tablet forms and was understood to be mainly used orally. Etizolam produced effects similar to those of other benzodiazepines, such as diazepam, that had been placed in Schedule IV of the 1971 Convention. Reported adverse effects included sedation, loss of consciousness, ataxia and cognitive impairment. Etizolam use had been associated with a large number of deaths, generally together with another drug or drugs. Benzodiazepines such as etizolam posed a significant risk when combined with opioids because they could potentiate the respiratory depressant effects of opioids. Etizolam had also contributed to cases of non-fatal intoxication and cases of impaired driving. The effects of etizolam indicated that it had the potential for dependence and likelihood of abuse. There was evidence of the use of etizolam in a number of countries in various regions. Etizolam had been patented in the 1970s and had been marketed since the early 1980s. It had been used for the treatment of anxiety disorders and other psychiatric conditions. As it had the potential for similar abuse and produced ill-effects similar to those of benzodiazepines placed in Schedule IV of the 1971 Convention, WHO recommended that etizolam also be placed in Schedule IV of the 1971 Convention.

### (n) Action on the draft decision submitted by the Chair on changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances

21. The Chair introduced a draft decision entitled “Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances” (E/CN.7/2020/L.8), by

which the Commission would recall its mandate to vote on scheduling recommendations as laid out in the international drug control conventions and decide to continue during its current sixty-third session the consideration of the recommendations of WHO on cannabis and cannabis-related substances, bearing in mind their complexity, in order to clarify the implications and consequences of, as well as the reasoning for, those recommendations, and would decide to vote at its reconvened sixty-third session, in December 2020, in order to preserve the integrity of the international scheduling system.

22. The Chair explained that it was the understanding of the members of the Commission that the draft decision implied that all WHO scheduling recommendations on cannabis and cannabis-related substances were referred to the reconvened sixty-third session for voting, and that it was understood that the wording "voting" did not preclude a decision taken by consensus. Further, the Chair noted that the draft decision recognized that the assessment of scientific and medical properties was within the mandate of WHO.

23. A number of speakers made statements following the adoption by the Commission of its decisions on the scheduling of substances.

24. Some speakers welcomed the decisions taken by the Commission to place the above-mentioned new psychoactive substances and precursors under international control and expressed their gratitude and support to WHO, UNODC and INCB for ensuring international control of the most harmful substances.

25. Several speakers expressed concern about the increasing non-medical use of tramadol and the insufficiency of national control measures and requested Member States to collect and share information with the international community in order to enable WHO to consider recommending tramadol for international scheduling. One speaker noted that kratom posed an increasing threat in his country.

26. Several speakers welcomed the decision taken by the Commission to postpone the voting on the scheduling recommendations of WHO on cannabis and cannabis-related substances until the reconvened sixty-third session of the Commission, to be held in December 2020, as additional time was needed for well-informed, evidence-based decisions. Other speakers indicated that they would have been ready to vote during the present session but respected the need of some Member States for further consideration, and they underlined that voting had to take place in December 2020 in order to ensure the integrity of the scheduling system.

27. Several speakers highlighted that the postponement would allow for a more in-depth analysis of the recommendations with regard to economic, social, legal, administrative and other factors, which States might consider relevant. It was highlighted that during the consideration of the matter, the mandate of WHO under the 1961 Convention and 1971 Convention to evaluate the scientific and medical properties of substances had to be respected. Several speakers recommended that Member States make optimal use of the intersessional period to evaluate the impact of the recommendations at the national level, involving national experts and, as appropriate, UNODC, INCB, WHO and other relevant stakeholders.

28. Several speakers underlined that WHO, recognizing the harmful effects of cannabis, had recommended retaining cannabis in Schedule I of the 1961 Convention, which entailed the application of the full control regime under the 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

29. Several speakers expressed appreciation for the work of WHO and UNODC in addressing the challenge of new psychoactive substances and considered the timely scheduling of the most harmful substances by the Commission in recent years to be essential in reducing trafficking and abuse of those substances. Several speakers highlighted the importance of the UNODC early warning advisory on new

psychoactive substances for alerting the international community to developments in the market of new psychoactive substances. The importance of scientific evidence-based reviews of substances, including information on toxicity and harm, was highlighted by some speakers, and the efforts of WHO in that regard were acknowledged.

30. Several speakers expressed concern about the rapid proliferation of new psychoactive substances, in particular potent synthetic opioids, synthetic cannabinoids and benzodiazepines, which continued to pose serious health threats and had been associated with fatalities. Some speakers urged Member States to take full advantage of the valuable tools and technical assistance made available by UNODC, WHO and INCB. Several speakers highlighted the importance of legislative measures, border controls and education in mitigating the risks posed by new psychoactive substances. The need to strengthen the prevention of use of new psychoactive substances, through international collaboration and cooperation, was raised by several speakers.

31. Some speakers echoed the concerns of INCB regarding non-scheduled chemicals and designer precursors with no known legitimate use and trade and in that regard referred to the increasing complexity of the precursors landscape and the pace at which it evolved. Several speakers shared examples of approaches taken or initiated at the national or regional level and expressed their support for a broad approach at the global level, including international cooperation, cooperation with industry and continued reflection on how to provide authorities worldwide with a common basis for action.

### 3. International Narcotics Control Board

32. Several speakers welcomed the publication of the INCB annual report for 2019, highlighting in particular the chapter on improving substance use prevention and treatment services for young people, and commended the report on the implementation of article 12 of the 1988 Convention. Several speakers emphasized the role of INCB in monitoring, promoting and facilitating the implementation of the three international drug control conventions with regard to the obligation to prevent diversion while ensuring the availability of controlled substances.

33. Some speakers highlighted the country missions undertaken by INCB and a number of INCB learning and training projects and tools. Several speakers underlined the need for effective international cooperation in drug control matters with a view to curbing, inter alia, the proliferation of new psychoactive substances and non-scheduled chemicals, including designer precursors, used in illicit drug manufacture.

34. Some speakers welcomed the Board’s emphasis on respect for human rights and the principle of proportionality in the implementation of the provisions of the drug control conventions, while other speakers urged INCB to focus strictly on its treaty-mandated role. Some speakers called upon INCB to increase transparency in its work and to cooperate more closely with Member States. Further, some speakers underlined that the reports of INCB should be based on reliable, comprehensive data and facts.

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

35. Some speakers expressed appreciation for the work carried out by INCB, WHO and UNODC, and the work of the Commission in ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion, abuse and trafficking.

36. Several speakers expressed concern regarding the global disparity in levels of availability, and Member States were encouraged to balance the importance of access

to medicines and quality of medicines with concerns regarding the non-medical use of controlled substances.

37. Several speakers described the specific measures taken by their Governments to address the non-medical use of medicines. One speaker noted the work done to create a strong control system and, in particular, to address the challenges related to the control of tramadol at the national level.

38. 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 national conditions in order to strike a policy balance between control requirements and availability, as called for in the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, held in 2016.

39. Several speakers highlighted the importance of the international drug control conventions and the utility of the technical expertise of INCB, WHO and UNODC in addressing that issue, as well as the importance of international cooperation.

### 5. Other matters arising from the international drug control treaties

40. Highlighting the challenge posed by new psychotropic substance, one speaker elaborated on national measures to address the issue, including generic scheduling, and encouraged Member States to use the online International Import and Export Authorization System (I2ES) of INCB for import and export notification.

41. Another speaker underlined the usefulness of the publication *Competent National Authorities under the International Drug Control Treaties* and encouraged Member States to provide regular updates.

## B. Action taken by the Commission

42. At its 6th meeting, on 4 March 2020, the Commission decided by 47 votes to none, with no abstentions, to include methyl *alpha*-phenylacetoacetate (MAPA), including its optical isomers, in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

43. At the same meeting, the Commission decided by 47 votes to none, with one abstention, to include crotonylfentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

44. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include valerylfentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

45. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include DOC in Schedule I of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

46. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include AB-FUBINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

47. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

48. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 5F-MDMB-PICA (5F-MDMB-2201) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

49. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include 4F-MDMB-BINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

50. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include 4-CMC (4-chloromethcathinone, clephedrone) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

51. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include *N*-ethylhexedrone in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

52. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include *alpha*-PHP in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

53. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include flualprazolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

54. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include etizolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

55. At the same meeting, the Commission adopted the draft decision (E/CN.7/2020/L.8) on changes in the scope of control of substances: proposed scheduling recommendations by WHO on cannabis and cannabis-related substances. (For the text of the decision, see chap. I, sect. C, decision […].)