



United Nations

Commission on Narcotic Drugs

**Report on the sixty-seventh session
(8 December 2023 and 14–22 March 2024)**

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Commission on Narcotic Drugs

Report on the sixty-seventh session (8 December 2023 and 14–22 March 2024)



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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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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-seventh session of the Commission on Narcotic Drugs, which was held from 14 to 22 March 2024, with a high-level segment held on 14 and 15 March 2024. 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 the high-level segment of the session, held on 14 and 15 March 2024, the Commission adopted the high-level declaration by the Commission on the 2024 midterm review, following up to the Ministerial Declaration of 2019.

During the regular part of 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 the contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolutions 75/290 A and 75/290 B, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

The Commission decided to add butonitazene to Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. The Commission also decided to include 3-chloromethcathinone (3-CMC), dipentylone and 2-fluorodeschloroketamine in Schedule II of the Convention on Psychotropic Substances of 1971 and to include bromazolam in Schedule IV of the 1971 Convention. The Commission further decided to add 4-piperidone and 1-boc-4-piperidone to Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. In addition, it decided to add P-2-P methyl glycidic acid (“BMK glycidic acid”) (all stereoisomers) and its methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters (all stereoisomers of each ester) to Table I of the 1988 Convention and decided to include those esters in Table I of the 1988 Convention in the form of a footnote to P-2-P methyl glycidic acid. The Commission decided to add the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (“PMK ethyl glycidate”) (all stereoisomers), as well as its propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters (all stereoisomers of each ester), to Table I of the 1988 Convention and decided to include those esters in Table I of the 1988 Convention in the form of a footnote to 3,4-MDP-2-P methyl glycidic acid.

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

The Commission adopted resolution 67/1, entitled “Promoting recovery and related support services for people with drug use disorders”; resolution 67/2, entitled “Promoting awareness-raising, education, training and data collection as part of a comprehensive approach to ensuring access to and the availability of controlled substances for medical and scientific purposes, including for the treatment of children, and ensuring their rational use”; resolution 67/3, entitled “Celebrating the tenth anniversary of the United Nations Guiding Principles on Alternative Development: effective implementation and the way forward”; and resolution 67/4, entitled “Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach”.

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-seventh session and provisional agenda for its sixty-eighth session

The Economic and Social Council:

- (a) Takes note of the report of the Commission on Narcotic Drugs on its sixty-seventh session;¹
- (b) Also takes note of Commission decision 55/1 of 7 December 2012;²
- (c) Approves the provisional agenda for the sixty-eighth session set out below.

Provisional agenda for the sixty-eighth 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;

¹ *Official Records of the Economic and Social Council, 2024, Supplement No. 8 (E/2024/28).*

² *Ibid., 2012, Supplement No. 8A (E/2012/28/Add.1), chap. I, sect. B.*

- (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, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.
- ***
- 10. Provisional agenda for the sixty-ninth session of the Commission.
 - 11. Other business.
 - 12. Adoption of the report of the Commission on its sixty-eighth 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 2023.³

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:

High-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019

We, the Ministers and government representatives participating in the high-level segment of the sixty-seventh session of the Commission on Narcotic Drugs, held in Vienna on 14 and 15 March 2024, have met to undertake a midterm review of progress made in the implementation of all international drug policy commitments, in accordance with 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,⁴ adopted at the ministerial segment of the sixty-second session of the Commission, in 2019.

I. Our shared commitments

- 1. We reaffirm the commitments made in the Ministerial Declaration of 2019 to accelerating, based on the principle of common and shared responsibility, the full

³ E/INCB/2023/1.

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

implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem⁵ 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 Action,⁶ and the outcome document of the special session of the General Assembly on the world drug problem held in 2016,⁷ aimed at achieving all commitments, operational recommendations and aspirational goals set out therein.

2. We also reaffirm our commitment to effectively addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,⁸ 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.

3. We further reaffirm 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 reaffirm our determination to address public health, safety and social problems resulting from drug abuse.

4. We reiterate our 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.

5. We underscore that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁹ the Convention on Psychotropic Substances of 1971,¹⁰ the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988¹¹ and other relevant instruments constitute the cornerstone of the international drug control system, welcome the efforts made by States parties to comply with the provisions and ensure the effective implementation of those conventions, and urge all Member States that have not yet done so to consider taking measures to ratify or accede to those instruments.

6. We recognize that there are persistent, new and evolving challenges that should be addressed in conformity with the three international drug control conventions, which allow for sufficient flexibility for States parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law.

7. We reaffirm our commitment to a balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based approach to the world drug problem, based on the principle of common and shared responsibility, and recognize the importance of appropriately mainstreaming a gender and age perspective into drug-related policies and programmes and that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a particular focus on women, children and youth, with a view to promoting and protecting health, including access to treatment, safety and the well-being of all humanity.

8. We also reaffirm the principal role of the Commission on Narcotic Drugs as the policymaking body of the United Nations with prime responsibility for drug control matters and our support and appreciation for the efforts of the relevant United Nations entities, in particular those of the United Nations Office on Drugs and Crime as the

⁵ Ibid., 2009, *Supplement No. 8* (E/2009/28), chap. I, sect. C.

⁶ Ibid., 2014, *Supplement No. 8* (E/2014/28), chap. I, sect. C.

⁷ General Assembly resolution S-30/1, annex.

⁸ General Assembly resolution 217 A (III).

⁹ United Nations, *Treaty Series*, vol. 976, No. 14152.

¹⁰ Ibid., vol. 1019, No. 14956.

¹¹ Ibid., vol. 1582, No. 27627.

leading entity of the United Nations system for addressing and countering the world drug problem, and further reaffirm the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization.

9. We reiterate our resolve, in the framework of existing policy documents, *inter alia*, to prevent, significantly reduce and work towards the elimination of illicit crop cultivation and the production and manufacture of, trafficking in and abuse of narcotic drugs and psychotropic substances, including synthetic drugs and new psychoactive substances, as well as to prevent, significantly reduce and work towards the elimination of the diversion of and illicit trafficking in precursors, and money-laundering related to drug-related crimes; to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and address existing barriers in this regard, including affordability; 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; 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; and to promote, consistent with the three international drug control conventions and domestic law, and in accordance with national, constitutional, legal and administrative systems, alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature.

10. We express deep concern at the high price paid by society and by individuals and their families as a result of the world drug problem, and pay special tribute to those who have sacrificed their lives and those who dedicate themselves to addressing and countering the world drug problem.

11. We underscore the important role played by all relevant stakeholders, including law enforcement, judicial and health-care personnel, civil society, the scientific community and academia, as well as the private sector, in supporting our efforts to implement our joint commitments at all levels, and underscore the importance of promoting relevant partnerships.

12. We reiterate that efforts to achieve the Sustainable Development Goals¹² and to effectively address the world drug problem are complementary and mutually reinforcing.

13. We recall the resolve to review in 2029 the progress made in implementing all our international drug policy commitments, and resolve to improve and accelerate their implementation in the period from 2024 to 2029.

II. Stocktaking

14. We recognize that the world drug problem continues to present challenges to the health, safety, security and well-being of all humanity.

15. We take note of the contributions made, including during the regular sessions and thematic discussions of the Commission on Narcotic Drugs,¹³ which are a testament to our collective efforts in addressing and countering all aspects of the world drug problem and support our review of the progress made in the implementation of all international drug policy commitments.

16. We express gratitude to the Chairs of the Commission on Narcotic Drugs at its sixty-second to sixty-sixth sessions for facilitating thematic discussions from 2019 to

¹² See General Assembly resolution 70/1.

¹³ Available at www.unodc.org/unodc/en/commissions/CND/session/sessions.html and www.unodc.org/unodc/en/commissions/CND/Mandate_Functions/thematic-discussions.html.

2023, with a view to accelerating the implementation of all international drug policy commitments, and extend our appreciation to all participants, comprising representatives of Member States, the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization, other relevant entities of the United Nations system, relevant international and regional organizations and relevant non-governmental organizations, for their contributions to this review process.

17. We underscore the continued relevance of the challenges identified in the Ministerial Declaration of 2019, and we recognize that, despite significant efforts undertaken by the international community, and while progress has been made, considerable gaps remain in the implementation of many of our international drug policy commitments.

18. We reiterate our concern about persistent and emerging challenges related to the world drug problem as set out in the Ministerial Declaration of 2019, including the following:

(a) That both the range of drugs and drugs markets are expanding and diversifying;

(b) That the abuse, illicit cultivation and production and manufacture of narcotic drugs and psychotropic substances, as well as the illicit trafficking in those substances and in precursors, have reached record levels, and that the illicit demand for and the domestic diversion of precursor chemicals are on the rise;

(c) That increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering and, in some cases, terrorism, including money-laundering in connection with the financing of terrorism, are observed;

(d) That the value of confiscated proceeds of crime related to money-laundering arising from drug trafficking at the global level remains low;

(e) That the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world;

(f) That drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased;

(g) That the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high;

(h) That the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels;

(i) 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;

(j) That the criminal misuse of information and communications technologies for illicit drug-related activities is increasing;

(k) That the geographical coverage and availability of reliable data on the various aspects on the world drug problem requires improvement;

(l) That responses not in conformity with the three international drug control conventions and not in conformity with applicable international human rights obligations pose a challenge to the implementation of joint commitments based on the principle of common and shared responsibility.

19. We recognize the evolving nature of these challenges and that some of them have intensified and spread, with unprecedented impact on public health and public security.

20. We express concern about, inter alia:

- (a) The proliferation of and surge in the illicit manufacture of, trafficking in and consumption of synthetic drugs;
- (b) The significant increase in the illicit cultivation, production and manufacture of, trafficking in and consumption of plant-based drugs;
- (c) The increasing sophistication and violence of drug trafficking networks;
- (d) The increasing criminal misuse of technology and technological advancements for illicit drug-related activities;
- (e) The inadequacy of financial and other resources and international technical assistance allocated to support long-term, comprehensive and sustainable strategies that address various aspects of the world drug problem, including, but not limited to, public health, welfare and safety;
- (f) Inadequate access to and availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, due to the lack of affordability and other existing barriers in this regard;
- (g) The human toll related to all aspects of the world drug problem.

21. We also recognize that illicit drug-related activities can adversely affect the environment and local communities, and acknowledge the need to address these impacts and their root causes.

22. We further recognize that misperceptions of drug-related risks, along with other behavioural and socioeconomic factors, in societies can lead to increased or more harmful illicit drug use and require more scientific evidence-based evaluation and further systematic and sustainable preventive approaches to protect people, in particular children and young people, from illicit drug use.

23. We recognize the efforts of all Member States, through scientific evidence-based approaches to prevention, treatment, care and recovery, as well as other public health interventions, to address the harm associated with illicit drug use as part of comprehensive, systematic and sustainable demand reduction initiatives.

24. We also recognize the efforts of Member States in countering the challenges posed by illicit drug trafficking and other illicit drug-related activities through law enforcement efforts as part of a comprehensive and sustainable supply reduction strategy.

25. We acknowledge the continuously changing environment and the necessity for more proactive, scientific evidence-based, comprehensive and balanced approaches to our joint efforts, and we strive to ensure that our strategies and actions remain agile, effectively responding to new developments and persistent challenges, including those related to illicit cultivation, production, manufacturing, trafficking and consumption patterns and trends.

26. We recognize the negative impact of transnational criminal organizations involved in drug trafficking on public security, human dignity and the safety and well-being of societies, and the role of those organizations in the surge of violence in some regions, including in some transit, consumer and producer countries, and the need to embrace a comprehensive approach aimed at addressing and countering the expansion of such activities.

III. Way forward

A. Cooperation at all levels

27. We recognize the urgent need to take further ambitious, effective, improved and decisive actions, including, where appropriate, innovative measures in accordance with applicable international law, to propel concrete, comprehensive, balanced, integrated, multidisciplinary and scientific evidence-based policies and initiatives, in

order to promote better implementation of all international drug policy commitments, placing the health and well-being, human rights, public security and safety of all members of society, in particular those most affected by or at risk of illicit drug-related activities, at the centre of our efforts, to ensure that no one affected by the world drug problem is left behind, and to commit to enhancing our efforts to bridge the gaps in addressing persistent and emerging trends and challenges.

28. We stress the importance of strengthening, including through the Commission on Narcotic Drugs and, as appropriate, its subsidiary bodies, the regular exchange of information, good practices and lessons learned among national practitioners from different fields and at all levels to effectively implement an integrated and balanced approach to the world drug problem and its various aspects to further facilitate meaningful discussion among those practitioners.

29. We encourage further 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 on Narcotic Drugs and the efforts of Member States to address and counter the world drug problem, to strengthen international and inter-agency cooperation, and encourage them to make available relevant information to the Commission, including during its future thematic discussions, in order to facilitate its work and to enhance coherence within the United Nations system at all levels with regard to the world drug problem.

30. We commit to supporting the Commission on Narcotic Drugs continuing, within its mandate, as the principal policymaking body of the United Nations with prime responsibility for drug control matters, including, but not limited to, fostering broad, transparent and inclusive discussions within the Commission, involving, as appropriate, all relevant stakeholders, such as law enforcement, judicial and health-care personnel, civil society, academia and relevant United Nations entities, on effective strategies to address and counter the world drug problem at all levels, including through the sharing of information, best practices and lessons learned.

31. We reaffirm our commitment, in line with the principle of common and shared responsibility, to implementing tangible and efficient measures, within our respective means, to counter criminal organizations involved in illicit drug trafficking, and to address the increasing links between drug trafficking, corruption and other forms of organized crime, and we express our resolve to strengthen international cooperation in this regard.

B. Data collection and analysis

32. We recognize the indispensable role of quality, timely, relevant, disaggregated, including geographically disaggregated, and reliable data in driving scientific evidence-based policies to better understand persistent, new and emerging trends, patterns and dynamics, and we commit to sharing data, in particular through the United Nations Office on Drugs and Crime annual report questionnaire and other tools of the Office, the International Narcotics Control Board and the World Health Organization, as appropriate and achievable.

33. We commit to promoting effective and sustainable capacity-building to strengthen national data collection, analysis and sharing in order to improve response rates and quality and expand the geographical and thematic reporting of related data in accordance with all commitments, including through the above-mentioned tools and in close cooperation with the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, as well as with other relevant partners, and through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission.

34. We underscore the importance of conducting domestic scientific evidence-based monitoring and evaluation of our own actions with a view to improving them and determining, where appropriate, the effectiveness of our drug policies and tools as

well as their impact on progress made in the implementation of all international drug policy commitments.

C. Technological innovation

35. We recognize the importance of benefiting from technological innovation and know-how to address persistent, new and emerging trends and challenges, and we acknowledge the need for increased international cooperation aimed at addressing and overcoming effectively challenges, obstacles and impediments at all levels to leverage those advancements for our joint efforts.

36. We acknowledge the importance of addressing existing technological gaps and the need to strengthen the capabilities of Member States through specialized, targeted, effective and sustainable technical assistance to Member States, upon their request.

D. Capacity-building and resource mobilization

37. We reaffirm our commitment to continuing to mobilize resources, including for the provision of technical assistance and capacity-building, at all levels, to ensure that all Member States can effectively address and counter emerging and persistent drug-related challenges.

38. We reiterate our commitment to increasing the provision of technical assistance and capacity-building to Member States, upon request, in particular those most affected by the world drug problem, including by illicit cultivation and production, transit and consumption.

39. We recognize the importance of increased efforts to promote viable domestic economic alternatives to the illicit cultivation, production and manufacturing of and trafficking in drugs, including through long-term, comprehensive, inclusive and sustainable alternative development programmes and development-oriented interventions and initiatives that benefit all, in particular those local communities and regions affected by or at risk of the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and the illicit manufacture and production of and trafficking in drugs, as well as other illicit drug-related activities in urban and rural areas, bearing in mind the United Nations Guiding Principles on Alternative Development,¹⁴ and noting the tenth anniversary of the Guiding Principles.

40. We request the United Nations Office on Drugs and Crime to continue providing enhanced technical and substantive support to the Commission on Narcotic Drugs for the implementation of and follow-up to all international drug policy commitments, subject to the availability of extrabudgetary resources.

41. We recognize the importance of supporting Member States, upon request, in their efforts to achieve the aims and implement the international drug control conventions, including through and in cooperation with the United Nations Office on Drugs and Crime, as well as the World Health Organization and other relevant United Nations entities and international and regional organizations within their respective mandates, by providing specialized, targeted, effective and sustainable technical assistance, including through effective actions aimed at enhancing capacity-building, mobilizing adequate financial assistance, and on a voluntary and mutually agreed basis transfer of technology.¹⁵

E. Review in 2029

42. We reiterate our resolve to review, within the Commission on Narcotic Drugs in 2029, our progress in implementing all our international drug policy commitments, in

¹⁴ General Assembly resolution 68/196, annex.

¹⁵ Some delegations noted the recommendations on the need for technology transfer on mutually agreed terms, as highlighted in paragraph 45 of the Bridgetown Covenant (TD/541/Add.2) of 7 October 2021.

line with the Ministerial Declaration of 2019 and taking into account the outcomes of the midterm review in 2024.

Resolution 67/1

Promoting recovery and related support services for people with drug use disorders

The Commission on Narcotic Drugs,

Reaffirming the commitment of States parties to achieving the goals and objectives of and implementing the obligations contained in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,¹⁶ the Convention on Psychotropic Substances of 1971¹⁷ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹⁸ in which States parties expressed their concern for the health and welfare of humankind,

Reaffirming also the Universal Declaration of Human Rights,¹⁹ which states in its articles 22 to 25, inter alia, that everyone has the right to social security, to work, to leisure and to a standard of living adequate for the health and well-being of themselves and their families, including medical care and necessary social services,

Recalling the commitments of Member States related to recovery and related support services contained 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 Problem²⁰ of 2019, as well as those contained in 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”,²¹ 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 Problem²² and the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²³ of 2009,

Recalling also the outcome document of the thirtieth special session of the General Assembly, 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 to 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 use disorders,

Recalling further its resolution 57/4 of 21 March 2014, entitled “Supporting recovery from substance use disorders”, its resolution 59/5 of 22 March 2016, entitled “Mainstreaming a gender perspective in drug-related policies and programmes”, and its resolution 64/3 of 16 April 2021, entitled “Promoting scientific evidence-based,

¹⁶ United Nations, *Treaty Series*, vol. 976, No. 14152.

¹⁷ *Ibid.*, vol. 1019, No. 14956.

¹⁸ *Ibid.*, vol. 1582, No. 27627.

¹⁹ General Assembly resolution 217 A (III).

²⁰ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

²¹ General Assembly resolution S-30/1, annex.

²² See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

²³ *Ibid.*, 2009, *Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services”,

Recalling its resolution 64/5 of 16 April 2021, in which Member States were called upon, 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,

Recognizing that further and specific efforts are needed to ensure that women and girls have access to scientific evidence-based, effective, gender-sensitive and culturally appropriate recovery and related support services,

Recognizing also the importance of adequate access of people with drug use disorders to health, care, social and treatment services, and underscoring the need to improve the capacity of Member States, and enhance international cooperation at all levels, to ensure access to recovery and related support services for people with drug use disorders, particularly women, children and youth,

Noting with appreciation relevant standards and guidelines developed by the United Nations Office on Drugs and Crime and the World Health Organization in the context of recovery and related support services,²⁴

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,

Underscoring that the recovery process from drug use disorders can include cycles of recovery and the recurrence of drug use disorder symptoms, and that after residential and intensive outpatient treatment, patients may benefit from transferring to long-term recovery management and a less intensive level of care, as appropriate, including active connection to recovery communities and other communities, and rapid access back to treatment when needed, and that such measures can support social reintegration,

Recalling the Sustainable Development Goals of the 2030 Agenda for Sustainable Development,²⁵ in which Member States committed to contributing to the achievement of the objectives set out therein, more specifically target 3.5 of the Goals,

Noting the importance of advancing the implementation of recovery and related support services, in accordance with domestic laws and taking into account national priorities, and the promotion of mechanisms to comprehensively and effectively support recovery and improve health, well-being and social functioning, including support for people with drug use disorders delivered in consultation with or led by people in recovery to benefit from their experiences, with due consideration of individual and environmental factors, including social, risk and protective factors,

Mindful of the need, in accordance with domestic law and taking into account national priorities, to alleviate risk factors that can make people in recovery from drug use disorders more vulnerable to the recurrence of symptoms of drug use disorders, and noting that these risk factors may include difficulties in accessing adequate and appropriate medicines, timely therapeutic and psychotherapeutic support, and social and peer group support, as well as economic hardship and difficulties in securing employment and access to housing,

²⁴ International Standards for the Treatment of Drug Use Disorders and International Standards on Drug Use Prevention.

²⁵ General Assembly resolution 70/1.

Recalling its resolution 61/11 of 16 March 2018, in which Member States were encouraged, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter,

Noting with appreciation the ongoing work and initiatives of relevant international organizations, academia, civil society and community-based organizations to support Member States, as applicable, in the development and implementation of scientific evidence-based programmes to enhance recovery and related support services,

Concerned by the fact that, in the absence of effective recovery and related support services, the burden of ongoing care to sustain recovery from drug use disorders falls largely on the family, communities and peer groups, who may lack appropriate training and skills,

Concerned also that women and girls carry a disproportionately high burden of care work to support recovery from drug use disorders and in providing economic sustainability for people in recovery from drug use disorders, which could limit their access to education and employment and their ability to exercise other rights on equal terms with men and boys,

1. *Calls upon* Member States to provide, promote, improve, and fund and facilitate, where appropriate, recovery and related support services for individuals who require such services, and as part of a balanced, comprehensive, scientific evidence-based approach to support people with drug use disorders, while also noting that such services should be consistent with their domestic law and national context, geographically and otherwise accessible, voluntary, affordable, gender- and age-sensitive and comprehensive;

2. *Recognizes* that recovery and related support services can be effective as part of a continuum of care and can help to facilitate long-term recovery and successful social reintegration, as well as support people in improving their health, well-being, social connections and social functioning, and alleviate risk factors that can make people in recovery from drug use disorders more vulnerable to the recurrence of drug use disorder symptoms;

3. *Encourages* Member States to take steps to build the capacity of recovery and related support services, including community-based recovery support services and, as appropriate, those in education settings and in workplaces, and to provide appropriate training in this regard;

4. *Also encourages* Member States, consistent with their domestic law and national context, to undertake scientific evidence-based measures aimed at increasing voluntary access for women and girls to recovery and related support services, and their participation and leadership in the development and provision of such services;

5. *Further encourages* Member States to design policies and to adopt measures, in accordance with domestic law and national priorities, aimed at supporting families, communities and peer groups who support and provide economic sustainability for people in recovery from drug use disorders and who may lack appropriate training and skills, in particular women and girls, who carry a disproportionately high burden of care in supporting people in recovery from drug use disorders;

6. *Requests* the United Nations Office on Drugs and Crime, in consultation with Member States, the World Health Organization and other relevant stakeholders, to develop scientific evidence-based guidelines on recovery and related support services;

7. *Also requests* the United Nations Office on Drugs and Crime, subject to the availability of extrabudgetary resources, and upon request by Member States, to provide scientific evidence-based technical assistance and capacity-building with a view to assisting them in establishing, developing and implementing scientific evidence-based recovery and related support services, in accordance with domestic policies and in line with the International Standards for the Treatment of Drug Use Disorders, and in collaboration with other relevant United Nations entities, relevant international and regional organizations, within their respective mandates, and invites Member States to consider the contributions of civil society, experts, academia, representatives of affected communities and other relevant stakeholders;

8. *Encourages* Member States to develop and implement recovery and related support services, in accordance with national legislation, with a view to helping people in the process of recovering from drug use disorders;

9. *Invites* Member States and other donors to consider providing extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

Resolution 67/2

Promoting awareness-raising, education, training and data collection as part of a comprehensive approach to ensuring access to and the availability of controlled substances for medical and scientific purposes, including for the treatment of children, and ensuring their rational use

The Commission on Narcotic Drugs,

Recalling the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,²⁶ in which the parties recognized that the medical use of narcotic drugs continued to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,

Recalling also the Convention on Psychotropic Substances of 1971,²⁷ in which it is recognized that the use of psychotropic substances for medical and scientific purposes is indispensable and that their availability for such purposes should not be unduly restricted,

Recalling further the commitments made in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²⁸ 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 Action²⁹ and 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”,³⁰ to ensure access to and the availability of controlled substances for medical and scientific purposes, while concurrently preventing their diversion into illicit channels, pursuant to the international drug control conventions,

Recalling the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our

²⁶ United Nations, *Treaty Series*, vol. 976, No. 14152.

²⁷ *Ibid.*, vol. 1019, No. 14956.

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

²⁹ *Ibid.*, 2014, *Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

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

Joint Commitments to Address and Counter the World Drug Problem,³¹ adopted at its sixty-second session, in 2019, in which Member States reiterated their resolve to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and address existing barriers in that regard, including affordability,

Reiterating that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing, and more specifically that efforts to increase access to internationally controlled substances for medical and scientific purposes contribute to the achievement of target 3.8 of the Sustainable Development Goals, which is focused on access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all,

Recalling the Universal Declaration of Human Rights,³² article 25 of which provides that all children are entitled to special care and assistance, and recalling the Convention on the Rights of the Child,³³ in particular article 24, in which its States parties recognized the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health,

Recalling also its resolution 63/3 of 6 March 2020 on promoting awareness-raising, education and training as part of a comprehensive approach to ensuring access to and the availability of internationally controlled substances for medical and scientific purposes and improving their rational use,

Recognizing the importance of appropriately mainstreaming gender and age perspectives in drug-related policies and programmes,

Recognizing also that the treatment of children involves unique challenges, including with regard to appropriate dosage forms and formulations and the monitoring of safety and efficacy in particular age ranges, and that the data required to adequately monitor access to age-appropriate paediatric medicines are insufficient,

Recognizing further the significance of developing and utilizing scientific evidence-based practices and domestic clinical guidelines relating to the medical needs and care of children, as well as the importance of the international exchange of best practices in this regard,

Concerned about the lack of access to quality, safe, effective and affordable medicines for children in appropriate dosage forms and formulations and the problems associated with ensuring the rational use of children's medicines in many countries,

Expressing concern about the persistent disparities in progress made with regard to the availability of and access to controlled substances for medical and scientific purposes, and emphasizing the need to address affordability, at the national and international levels, as part of a comprehensive approach in order to be able to ensure quality, safe and effective controlled medicines for all patients in need,

Bearing in mind the necessity of enhancing the availability of and access to controlled substances for medical and scientific purposes while preventing their diversion into illicit channels and non-medical use,

Taking note of the supplement to the *Report of the International Narcotics Control Board for 2022* entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*,³⁴ in which the Board reported that the lack of training and awareness among health-care professionals in some Member States remained one of the major obstacles,

³¹ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

³² General Assembly resolution 217 A (III).

³³ United Nations, *Treaty Series*, vol. 1577, No. 27531.

³⁴ E/INCB/2022/1/Supp.1.

Emphasizing the important role of the scientific community, non-governmental organizations, health-care professionals and civil society in improving access to and the availability of internationally controlled substances for medical and scientific purposes,

Bearing in mind the important work and concerns of the World Health Assembly with regard to improving access to and the availability of internationally controlled substances for medical and scientific purposes, particularly for the relief of pain and suffering, and, in particular, on strengthening palliative care as a component of comprehensive care throughout the life course, on addressing the shortage of global medicines and vaccines and on cancer prevention and control in the context of an integrated approach,

Acknowledging the expertise and support provided by the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their respective mandates, in this area,

Noting with appreciation the joint global programme of the United Nations Office on Drugs and Crime, the World Health Organization and the Union for International Cancer Control on access to controlled drugs for medical purposes, while preventing diversion and abuse, and the global learning project implemented by the International Narcotics Control Board on improving the implementation of the international drug control conventions through strengthening capacity for the control of illicit activities related to narcotic drugs, psychotropic substances and precursor chemicals,

Welcoming the “Access and availability” initiative, led by the Chair of the Commission on Narcotic Drugs at its sixty-fifth session, with the stated objective of ensuring that no patient is left behind, and emphasizing the need for accelerated global action following the joint call to action on scaling up the implementation of international drug policy commitments on improving the availability of and access to controlled substances for medical and scientific purposes at the sixty-fifth session of the Commission,

1. *Reaffirms* all relevant international drug policy commitments, in particular those related to ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes while preventing their diversion into illicit channels and non-medical use;

2. *Calls upon* Member States, within their means, to increase the availability of and access to controlled substances for medical and scientific purposes, particularly for children, in a comprehensive manner, including by addressing issues related to affordability, as well as other existing barriers in this regard, such as legislation, regulatory systems, health-care systems, the training of health-care professionals, education, awareness-raising, estimates, assessments and reporting, benchmarks for the consumption of substances under control, and international cooperation and coordination;

3. *Urges* Member States to take into account the specific needs of children when assessing, developing and implementing domestic policies to improve access to and the availability of controlled substances for medical and scientific purposes;

4. *Calls upon* Member States to establish, strengthen and use data and information systems, as appropriate and within their means, for collecting disaggregated data on access to controlled substances for medical and scientific purposes throughout all levels of their health-care systems and, where appropriate, encompassing data on availability, usage and pricing;

5. *Requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, such as the United Nations Children’s Fund, within existing resources and their respective mandates, to assist Member States, upon their

request, in strengthening and developing their capacity to collect high-quality data on access and availability;

6. *Encourages* Member States, in accordance with their domestic laws, to include tailored education and training on the rational use of controlled substances for medical purposes in the curricula of all education programmes for health-care professionals, such as those for physicians, pharmacists and nurses, as well as in continuing medical education programmes, taking into consideration such factors as age and gender, as appropriate, with specific attention to the needs and circumstances of children, in order to address misconceptions related to pain, promote non-stigmatizing attitudes towards the rational use of controlled substances for medical purposes and respond to relevant health conditions, including mental health needs;

7. *Also encourages* Member States to develop and use scientific evidence-based practices and domestic clinical guidelines relating to the medical needs and care of children, to support paediatricians and other health professionals in delivering appropriate and essential health care to children, and to promote the exchange of best practices between Member States in this regard;

8. *Further encourages* Member States to promote the active engagement and participation of individuals and groups outside the public sector, such as the scientific community, academia, non-governmental organizations, civil society, health-care professionals and community-led organizations, in improving access to and availability of internationally controlled substances for medical and scientific purposes, including, where appropriate and in accordance with domestic legislation, in raising awareness of and improving the acceptance and understanding of the rational use of controlled substances for scientific and medical purposes, including for children, as well as to promote non-stigmatizing attitudes towards the rational use of controlled substances, including for children;

9. *Requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, such as the United Nations Children's Fund, within their respective mandates and subject to the availability of extrabudgetary resources, to develop technical guidance, and requests the United Nations Office on Drugs and Crime to support the World Health Organization, within their respective mandates and subject to the availability of extrabudgetary resources, in developing and updating guidelines for the rational use of controlled substances, with attention to the specific needs of children, in order to equip health-care professionals with the knowledge, skills and confidence that they need to prescribe controlled substances when clinically indicated;

10. *Also requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, to collaborate with the World Health Organization and other relevant United Nations entities, such as the United Nations Children's Fund, to continue to strengthen and improve their inter-agency cooperation in this area and, within their respective mandates, to continue to provide multidisciplinary support to Member States, in particular with regard to education, training and awareness-raising, including the provision of objective information, on the essential role and rational use of controlled substances for medical and scientific purposes, with attention to the needs of children;

11. *Calls upon* Member States to continue to work through the Commission on Narcotic Drugs to enhance, within their means, access to and the availability of controlled substances for medical and scientific purposes, in line with all their relevant international drug policy commitments, and to accelerate implementation in this regard;

12. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-ninth session on the implementation of the present resolution, taking into account the work of and

including the collaboration of the Office with the International Narcotics Control Board and the World Health Organization, within existing reporting obligations;

13. *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 67/3

Celebrating the tenth anniversary of the United Nations Guiding Principles on Alternative Development: effective implementation and the way forward

The Commission on Narcotic Drugs,

Recalling the United Nations Guiding Principles on Alternative Development, adopted by the General Assembly in its resolution 68/196 of 18 December 2013,

Underscoring that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,³⁵ the Convention on Psychotropic Substances of 1971³⁶ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,³⁷ together with other relevant international instruments, constitute the cornerstone of the international drug control system,

Underscoring also that in accordance with the 1988 Convention, each party shall take appropriate measures to prevent illicit cultivation of and to eradicate plants containing narcotic or psychotropic substances, such as opium poppy, coca bush and cannabis plants, cultivated illicitly in its territory, and that the measures adopted shall respect fundamental human rights and shall take due account of traditional licit uses, where there is historic evidence of such use, as well as the protection of the environment,

Underscoring further the importance of taking into consideration the needs and local context of Indigenous Peoples and local communities when adopting alternative development measures, including by substituting crops, where appropriate, and by promoting viable economic alternatives in all relevant settings,

Expressing concern that the illicit cultivation of crops and illicit manufacture, distribution and trafficking remain serious challenges in addressing and countering the world drug problem, and recognizing the need to strengthen sustainable crop control strategies and develop viable economic alternatives for the purpose of preventing and significantly and measurably reducing the illicit cultivation of crops, and the need to intensify joint efforts at the national, regional and international levels in a more comprehensive manner, in accordance with the principle of common and shared responsibility, including by means of enhanced, concrete and better-coordinated financial and technical assistance and action-oriented programmes, in order to tackle those challenges in a timely and efficient manner,

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 Rights³⁸ 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

³⁵ United Nations, *Treaty Series*, vol. 976, No. 14152.

³⁶ *Ibid.*, vol. 1019, No. 14956.

³⁷ *Ibid.*, vol. 1582, No. 27627.

³⁸ General Assembly resolution 217 A (III).

of common and shared responsibility, recalling the Sustainable Development Goals, and taking into account the specific situations of countries and regions,

Recalling 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”,³⁹ 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,

Recognizing the progress and contributions of alternative development programmes in addressing human vulnerabilities, including poverty, unemployment, a lack of opportunities, discrimination and social marginalization, as well as in mutually reinforcing endeavours to achieve the Sustainable Development Goals, in accordance with the 2030 Agenda for Sustainable Development,⁴⁰

Recalling all relevant United Nations resolutions on alternative development, including those adopted by the Commission on Narcotic Drugs,

Recalling also the 2030 Agenda, 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, and that the efforts to achieve the Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

Welcoming the holding of the expert group meeting on alternative development, on the theme “Joining international efforts on alternative development”, in Lima on 11 and 12 October 2023, and its contributions to alternative development, as well as the programme of events marking the tenth anniversary of the United Nations Guiding Principles on Alternative Development, held on the margins of the first intersessional meeting of the sixty-sixth session of the Commission, from 23 to 25 October 2023,

Welcoming also the announcement by the Government of Thailand of the upcoming international conference on the theme “From alternative development to the Sustainable Development Goals: empowering alternative development to address global challenges”, to be held in Thailand from 2 to 4 December 2024, which will provide a platform, open to all interested parties, for furthering collaboration on alternative development,

Noting with concern the findings of the *World Drug Report 2022* on drugs and the environment,⁴¹ aimed at providing a comprehensive overview of the current state of research on the direct and indirect impact on the environment of illicit drug crop cultivation, drug manufacture and drug policy responses, including regional variations, as well as the findings of the *World Drug Report 2023*⁴² on the nexus between drugs and crimes that affect the environment and convergent crime in the Amazon basin,

1. *Welcomes* the commemoration of the tenth anniversary of the United Nations Guiding Principles on Alternative Development in 2023, and encourages

³⁹ General Assembly resolution S-30/1, annex.

⁴⁰ General Assembly resolution 70/1.

⁴¹ *World Drug Report 2022*, booklet 5, *Drugs and the Environment* (United Nations publication, 2022).

⁴² *World Drug Report 2023*, booklet 2, *Contemporary Issues on Drugs* (United Nations publication, 2023).

Member States, relevant international organizations and other relevant stakeholders to continue and expand the implementation of the Guiding Principles, including through the promotion of partnerships with each other, enhancing technical and financial support and the sharing of experiences, best practices and challenges relating to the implementation of alternative development projects and programmes;

2. *Encourages* all Member States, relevant international organizations and other relevant stakeholders to participate in the international conference on the theme “From alternative development to the Sustainable Development Goals: empowering alternative development to address global challenges”, to be hosted by the Government of Thailand from 2 to 4 December 2024, in order to share knowledge, experiences and best practices in this regard;

3. *Encourages* Member States to increase their national, regional and international efforts in promoting viable economic alternatives, in particular through balanced, comprehensive, sustainable and inclusive alternative development programmes⁴³ based on national needs and priorities, taking into account relevant measures to protect the environment, in order to accelerate progress made in the implementation of international drug policy commitments as well as progress towards the attainment of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development;

4. *Acknowledges* the need for increased international cooperation aimed at addressing and overcoming challenges, obstacles and impediments at all levels to effectively implement the United Nations Guiding Principles on Alternative Development;

5. *Encourages* all Member States, relevant international organizations and other relevant stakeholders to continue to take into account the United Nations Guiding Principles on Alternative Development, as a crucial instrument for effective and sustainable development-oriented interventions for drug-related challenges and trends;

6. *Encourages* Member States to examine and address, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, the negative impact on the environment of the illicit cultivation of crops used for the production of narcotic drugs and other illicit drug-related activities, which may lead to deforestation and the pollution of soil and water, and to seize the opportunities offered by alternative development with regard to the restoration, conservation and sustainable use of the environment and the protection of biodiversity;

7. *Also encourages* Member States, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, 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;

8. *Further encourages* Member States, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, to take into account land rights and other related land management resources when designing, implementing, monitoring and evaluating alternative development programmes and, as appropriate, preventive alternative development programmes, including the land rights and other related land management resources of Indigenous Peoples and local communities, in accordance with domestic and applicable international law;

⁴³ Alternative development programmes may also be referred to in some particular contexts by some countries as integral development programmes.

9. *Encourages* Member States to also consider the development of viable economic alternatives, in particular for communities affected by or at risk of illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end to consider undertaking development-oriented interventions while ensuring that both men and women benefit equally from them, including through job opportunities, improved infrastructure and basic public services and, as appropriate, access and legal titles to land for farmers and local communities, which will also contribute to preventing, reducing or eliminating illicit cultivation and other drug-related activities;

10. *Also encourages* Member States to consider developing and implementing, in rural and urban areas, sustainable alternative development initiatives and to provide viable economic alternatives for those affected by illicit drug-related activities, including, inter alia, the illicit cultivation of crops used for the illicit production of narcotic drugs and psychotropic substances;

11. *Further encourages* Member States, including within their efforts to implement the United Nations Guiding Principles on Alternative Development, to engage, where appropriate, Indigenous Peoples and local communities affected by illicit drug crop cultivation and other illicit drug-related activities in the development and implementation, including within the decision-making process, in accordance with domestic and applicable international law, of policies and actions aimed at promoting sustainable alternative development, taking into account their culture, knowledge and traditions;

12. *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 and other drug-related crime challenges, and to develop viable economic alternatives, including legal products on the basis of market demand and value added production chains, as well as secure and stable markets with fair prices for producers, in accordance with international trade rules, as applicable, including the required infrastructure and a conducive environment, utilizing best practices and lessons learned from the United Nations Guiding Principles on Alternative Development;

13. *Also encourages* Member States to ensure the proper and coordinated sequencing of development interventions when designing, implementing and assessing sustainable alternative development programmes so that their beneficiaries, including smallholder farmers, have opportunities for viable and sustainable licit livelihoods, taking into account the circumstances of the region, country or area concerned;

14. *Encourages* Member States, international organizations, civil society and other relevant stakeholders to discuss and provide recommendations, at forthcoming expert group meetings on alternative development and other relevant international meetings, on options to further strengthen the effective implementation of, as well as on the way forward, including whether there is a need to update, the United Nations Guiding Principles on Alternative Development, for future consideration by the Commission, taking into account the latest scientific evidence, good practices and decisions taken by the Commission and other relevant bodies of the United Nations;

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

16. *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 67/4

Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach

The Commission on Narcotic Drugs,

Recognizing that the abiding concern of the three international drug control conventions is the health and welfare of humankind,

Reaffirming the commitment of States parties to achieving the goals and objectives of and implementing the obligations contained in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁴⁴ the Convention on Psychotropic Substances of 1971⁴⁵ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁴⁶

Recalling the commitments made by States parties to the Convention on the Rights of the Child,⁴⁷ in article 33 of which it is stated that States parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties,

Reaffirming its principal role as the policymaking body of the United Nations system with prime responsibility for drug control and other drug-related matters, and of 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, as well as the treaty-mandated roles of the Commission on Narcotic Drugs, the International Narcotics Control Board and the World Health Organization, and recognizing the contributions of other relevant United Nations entities and regional and international organizations, within their respective mandates,

Recalling its resolution 62/4 of 22 March 2019, in which it encouraged Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts, to implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs,

Recalling also its resolution 55/7 of 16 March 2012, in which it encouraged all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, including the use of opioid receptor antagonists such as naloxone,

Recalling further its resolution 61/11 of 16 March 2018, in which it encouraged Member States, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter,

⁴⁴ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁴⁵ *Ibid.*, vol. 1019, No. 14956.

⁴⁶ *Ibid.*, vol. 1582, No. 27627.

⁴⁷ *Ibid.*, vol. 1577, No. 27531.

Taking note of the publication of the United Nations Office on Drugs and Crime *World Drug Report 2023*,⁴⁸ in particular its chapter entitled “The synthetic drug phenomenon”, and noting with concern its findings that synthetic drugs are proliferating globally and offer criminals, including organized criminal groups, significant advantages with regard to the scalability of manufacturing, operational costs, geographical flexibility and reduced risks of detection, interdiction and prosecution, that consumers of synthetic drugs face growing challenges related to the unknown pharmacology and harms of such drugs, a lack of available treatments, therapies or antagonists for some new drugs, the potential development of an underground and unsafe market for such therapies, with the inherent risks of misuse and abuse of an unregulated practice, and increasingly dangerous mixtures of harmful substances in the drug supply, and also that developments in digital communications platforms have added a new dimension to drug distribution, including the use of the clear web, encrypted communications tools, certain social media applications and darknet markets,

Stressing with grave concern the increase in the number of overdose deaths associated with the use of drugs, including synthetic drugs, and the urgent need to raise awareness of and improve access to the prevention and treatment of drug overdose,

Noting with concern the executive summary of the *World Drug Report 2023*, in which it is stated that drug overdoses accounted for a quarter of drug-related deaths and that opioids, when used non-medically, continue to be the group of substances with the highest contribution to severe drug-related harm, including fatal overdoses,

Recognizing that a range of risk factors can make people particularly vulnerable to drug overdoses, including, but not limited to, having a substance use disorder, taking drugs by injection, resuming drug use after an extended period of abstinence (for example, following detoxification, release from incarceration or cessation of treatment), using prescription drugs, including opioids, without medical supervision, high prescribed dosage of drugs, using drugs in combination with alcohol and/or other substances, having concurrent medical conditions, as well as gender, age and socioeconomic status,

Recognizing also that a broad range of drug demand reduction services and programmes, including those in the areas of prevention, treatment, sustained recovery and related support services, provide approaches that serve the needs of persons in vulnerable situations and are differentiated on the basis of scientific evidence so that they respond best to the needs of those persons, taking into account gender and age considerations and cultural and socioeconomic background,

Recognizing further the importance of comprehensive, scientific evidence-based and balanced drug demand reduction measures implemented in conformity with the three international drug control conventions, which allow for sufficient flexibility for States parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law, including prevention, treatment, care and recovery, as well as other public health interventions to address the harms associated with illicit drug use, including drug overdose,

Recognizing the role of promoting healthy lifestyles, health and well-being and health-oriented responses as part of a comprehensive and multifaceted approach in the prevention of the non-medical use of drugs, and acknowledging the necessity of addressing vulnerabilities and fostering resilience among individuals, families, communities and society as a whole to complement other preventive measures, while also emphasizing the significance of evidence-based strategies and interventions as means to empower individuals with knowledge, skills and resilience,

⁴⁸ United Nations publication, 2023.

Taking note of its intersessional thematic discussions held in 2023, in which representatives of many Member States, the United Nations Office on Drugs and Crime, the World Health Organization, relevant United Nations entities and civil society raised concerns about the increase in drug overdoses in many regions and shared views, best practices and lessons learned in addressing this issue as well as other challenges in the implementation of all drug policy commitments,

Recognizing advances in the area of drug overdose prevention and response, including efforts to address non-fatal and fatal overdoses, as appropriate, such as the improved collection, analysis and sharing of quality and comparable data on drug use and overdoses, the identification of best practices and lessons learned, and the expansion of community-led initiatives and scientific evidence-based drug demand reduction measures, as well as other public health interventions to address the harms associated with illicit drug use, including drug overdose,

Noting with appreciation that there are several key initiatives aimed at preventing the non-medical and non-scientific use of drugs that may lead to drug overdose, as well as initiatives to prevent and respond to drug overdose, including the United Nations Office on Drugs and Crime early warning advisory on new psychoactive substances, the United Nations Office on Drugs and Crime Youth Initiative, the “Listen first” initiative, the Children Amplified Prevention Services initiative, the United Nations Office on Drugs and Crime-World Health Organization programme on drug dependence treatment and care, and the Stop Overdose Safely initiative,

1. *Encourages* Member States to voluntarily develop and implement, within their means, in accordance with their domestic law and their obligations under the three international drug control conventions, scientific evidence-based demand reduction measures, including prevention, treatment and recovery support, as well as other public health interventions to address the harms associated with illicit drug use, including, inter alia, medication-assisted treatment, the managed distribution of overdose reversal medication such as naloxone and other measures based on scientific evidence to reduce drug-related mortality, the use of scientifically validated public health services, treatment for pregnant and post-partum women, mental health services and other scientific evidence-based measures, and to promote the inclusion of drug overdose prevention and response in national drug policies;

2. *Calls upon* Member States to promote and strengthen, as appropriate and in accordance with domestic legislation, regional and international cooperation in developing and implementing drug demand reduction measures, including drug use prevention, to enhance technical assistance and capacity-building provided to other Member States, upon request, with a view to reducing drug overdoses, to ensure non-discriminatory and voluntary access to a broad range of services to reduce drug overdoses, including psychosocial, behavioural and medication-assisted treatment as well as the managed distribution of overdose reversal medication such as naloxone, the use of scientifically validated public health services, and other scientific evidence-based measures, and to promote the inclusion of drug overdose prevention and response measures in national drug policies;

3. *Encourages* Member States to explore innovative approaches, as appropriate and in accordance with domestic legislation, to more effectively address public and individual health threats posed by the non-medical and non-scientific use of drugs, particularly overdose, by involving all relevant sectors, supporting research, data collection, the analysis of evidence and the sharing of information, reinforcing health-care systems and, as appropriate, in accordance with domestic law and pursuant to the aims of the international drug control conventions, if permitted by domestic law and included in national drug policies, harm reduction measures aimed at preventing and minimizing the adverse public health and social consequences of the non-medical use of drugs, including with the aim of preventing and responding to drug overdoses, and building the capacity of law enforcement and health-care professionals to respond to this challenge;

4. *Also encourages* Member States, as appropriate and in accordance with national legislation, to promote and strengthen the healthy and safe development of children and young people through scientific evidence-based early prevention, as part of a comprehensive and balanced strategy for drug overdose prevention, to encompass prenatal care, infancy and early and middle childhood, including through a cross-sectoral, multidisciplinary and multi-stakeholder approach that mainstreams a gender and age perspective and takes into account the impacts of individual and environmental factors, including social and economic, risk and protective factors, on health, and the International Standards on Drug Use Prevention, by raising awareness, identifying and reducing risk factors and enhancing protective factors as part of a comprehensive and balanced strategy for drug demand reduction;

5. *Invites* Member States, voluntarily and within their means, as well as the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations entities and regional and international organizations, within their respective mandates, to develop or strengthen systems for the collection, analysis and sharing of information related to drug overdoses, including, as appropriate, early warning networks, and the cooperation of all relevant stakeholders, including law enforcement, judicial and health-care personnel, civil society, the scientific community, academia and toxicology and forensic analysis laboratory networks, with a view to identifying trends and emerging threats and informing public health responses, including targeting resources to support overdose prevention and response efforts;

6. *Requests* the United Nations Office on Drugs and Crime, in collaboration with the World Health Organization and other relevant United Nations entities and regional and international organizations, to expand existing efforts related to overdose prevention and response, including by collecting and facilitating the exchange of best practices, including on community-based and community-led initiatives, scientific evidence-based prevention, demand reduction, treatment, recovery support and, if permitted by domestic law and included in national drug policies, other public health interventions to address the harms associated with illicit drug use, public awareness-raising and outreach initiatives, legislative approaches and any legal protections related to preventing and responding to overdoses, including those that encourage overdose victims and witnesses to contact emergency medical services, capacity-building for first responders, other relevant personnel, and individuals authorized under domestic law to administer overdose reversal medications, and other scientific evidence-based measures;

7. *Invites* Member States, within their means and in accordance with domestic laws, to support the efforts of the United Nations Office on Drugs and Crime, the World Health Organization, other relevant United Nations entities and regional and international organizations, within their respective mandates, as well as civil society, to assist Member States in their efforts to develop and implement, within their means, in accordance with domestic law and their obligations under the international drug control conventions, and taking into consideration domestic circumstances and patterns of drug use, scientific evidence-based demand reduction measures, including prevention, treatment and recovery support, as well as public health interventions to address the harms associated with illicit drug use;

8. *Requests* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, to convene an open-ended intergovernmental expert group meeting, with the participation of regional and international organizations, within their respective mandates, and non-governmental stakeholders, before the regular part of the sixty-eighth session of the Commission on Narcotic Drugs, subject to the availability of extrabudgetary resources, in all six official languages of the United Nations, on the international challenges posed by drugs, particularly synthetic drugs, including drug overdoses, and related challenges and to propose scientific evidence-based core elements for an international response;

9. *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.

Decision 67/1

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

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 48 votes to none, with 1 abstention, to include butonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 67/2

Inclusion of 3-chloromethcathinone (3-CMC) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include 3-chloromethcathinone (3-CMC) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 67/3

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

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include dipentylone in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 67/4

Inclusion of 2-fluorodeschloroketamine in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include 2-fluorodeschloroketamine in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 67/5

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

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with 1 abstention, to include bromazolam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Decision 67/6

Inclusion of 4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include 4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/7

Inclusion of 1-boc-4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include 1-boc-4-piperidone in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/8

Inclusion of P-2-P methyl glycidic acid (“BMK glycidic acid”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include P-2-P methyl glycidic acid (“BMK glycidic acid”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/9

Inclusion of the methyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the methyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/10

Inclusion of the ethyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the ethyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/11

Inclusion of the propyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the propyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/12

Inclusion of the isopropyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isopropyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/13

Inclusion of the butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include the butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/14

Inclusion of the isobutyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isobutyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/15

Inclusion of the *sec*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *sec*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/16

Inclusion of the *tert*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *tert*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/17

Inclusion of the methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of P-2-P methyl glycidic acid in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to P-2-P methyl glycidic acid

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided that the methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of P-2-P methyl glycidic acid would be included in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to P-2-P methyl glycidic acid.

Decision 67/18

Inclusion of the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (“PMK ethyl glycidate”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (“PMK ethyl glycidate”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/19

Inclusion of the propyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the propyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/20

Inclusion of the isopropyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isopropyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/21

Inclusion of the butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/22

Inclusion of the isobutyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the isobutyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/23

Inclusion of the *sec*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *sec*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/24

Inclusion of the *tert*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include the *tert*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 67/25

Inclusion of the ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to 3,4-MDP-2-P methyl glycidic acid

At its 9th meeting, on 19 March 2024, the Commission on Narcotic Drugs decided by consensus that the ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) would be included in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in the form of a footnote to 3,4-MDP-2-P methyl glycidic acid.

Chapter II

High-level segment

A. Opening of the high-level segment

3. The high-level segment of the sixty-seventh session of the Commission on Narcotic Drugs was held on 14 and 15 March 2024. The high-level segment was opened by the Chair of the Commission at its sixty-seventh session. A total of 137 States participated in the high-level segment.

4. The following persons addressed the Commission during the formal opening of the high-level segment:

Philbert Abaka Johnson, Ambassador and Permanent Representative of Ghana to the United Nations (Vienna) and Chair of the Commission

Dennis Francis, President of the General Assembly

António Guterres, Secretary-General of the United Nations (video message)

Ghada Waly, Executive Director of the United Nations Office on Drugs and Crime (UNODC) and Director-General of the United Nations Office at Vienna

Jallal Toufiq, President of the International Narcotics Control Board (INCB)

Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO) (video message)

Volker Türk, United Nations High Commissioner for Human Rights

B. General debate of the high-level segment

5. At the 1st meeting of the sixty-seventh session of the Commission on Narcotic Drugs, which was also the first meeting of the high-level segment, on 14 March, the following persons made statements during the general debate:

Laura Gabriela Gil Savastano, Ambassador and Permanent Representative of Colombia to the United Nations (Vienna) (on behalf of the Group of 77 and China)

Naimi Sweetie Aziz, Ambassador and Permanent Representative of the United Republic of Tanzania to the United Nations (Vienna) (on behalf of the Group of African States)

Bharat Kumar Regmi, Ambassador and Permanent Representative of Nepal to the United Nations (Vienna) (on behalf of the Group of Asia-Pacific States)

Darío Ernesto Chirú Ochoa, Ambassador and Permanent Representative of Panama (on behalf of the Group of Latin American and Caribbean States)

Ylva Johansson, Commissioner for Migration and Home Affairs of the European Commission (on behalf of the States Members of the United Nations that are members of the European Union)⁴⁹

Gustavo Petro Urrego, President of Colombia (video message), and Luis Gilberto Murillo, Minister of Foreign Affairs of Colombia (also delivering a joint statement on behalf of a number of Member States)⁵⁰

⁴⁹ The following countries aligned themselves with the statement: Albania, Bosnia and Herzegovina, Georgia, Iceland, Liechtenstein, Montenegro, North Macedonia, Norway, Republic of Moldova, San Marino, Serbia and Ukraine.

⁵⁰ The following countries aligned themselves with the statement: Albania, Andorra, Armenia, Australia, Austria, Belgium, Bolivia (Plurinational State of), Bosnia and Herzegovina, Brazil,

David Choquehuanca Céspedes, Vice-President of the Plurinational State of Bolivia

Mónica García Gómez, Minister of Health of Spain (video message)

Murat Nurtleu, Deputy Prime Minister and Minister of Foreign Affairs of Kazakhstan

Eduardo Enrique Reina, Secretary of State for Foreign Affairs of Honduras

Taulant Balla, Minister of the Interior of Albania

Lindiwe Zulu, Minister of Social Development of South Africa (video message)

Ceremonial interlude

Polina Lowry and Elías Haig, representatives of the UNODC Youth Forum

Nora Volkow, representative of the informal scientific network of UNODC and WHO

Matej Košir, Chair of the Vienna NGO Committee on Drugs

General debate (continued)

Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) (video message)

6. At the 2nd meeting of the sixty-seventh session of the Commission, on 14 March, the following persons made statements during the general debate:

Valentina Prevolnik Rupel, Minister of Health of Slovenia (video message)

Datuk Seri Saifuddin Nasution bin Ismail, Minister of Home Affairs of Malaysia

Kazembe Kazembe, Minister of Home Affairs and Cultural Heritage of Zimbabwe

Khamking Phuilamanyvong, Deputy Minister of Public Security of the Lao People's Democratic Republic, delivering a statement on behalf of the States Members of the United Nations that are members of the Association of Southeast Asian Nations⁵¹

Rodrigo Ferrés, Secretary of the Presidency of the Republic and President of the National Drug Board of Uruguay (video message)

Petra de Sutter, Deputy Prime Minister and Minister of Civil Service of Belgium

V.E.A. (Victor) Sannes, Deputy Director General for Public Health and National Drug Coordinator of the Kingdom of the Netherlands

Ivan Bartoš, Deputy Prime Minister of Czechia

Alfredo Mantovano, Undersecretary to the Presidency of the Council of Ministers of Italy

Henry Quartey, Minister of the Interior of Ghana

Ulan Niyazbekov, Minister of Internal Affairs of Kyrgyzstan

Bulgaria, Canada, Colombia, Costa Rica, Croatia, Cyprus, Czechia, Denmark, Dominican Republic, Ecuador, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Honduras, Hungary, Iceland, Ireland, Italy, Jamaica, Kiribati, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Montenegro, Netherlands (Kingdom of the), New Zealand, North Macedonia, Norway, Panama, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Timor-Leste, Ukraine, United Kingdom, United States and Uruguay.

⁵¹ Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

Marian-Catalin Predoiu, Vice Prime Minister and Minister of Internal Affairs of Romania

Lateef O. Fagbemi, Attorney General and Minister of Justice of Nigeria

Josephine Teo, Minister for Communications and Information and Second Minister for Home Affairs of Singapore

Esther Muinjangu, Deputy Minister of Health and Social Services of Namibia

Manuel Pizarro, Minister of Health of Portugal

Tawee Sodsong, Minister of Justice of Thailand

Eskandar Momeni Kalagari, Secretary-General of the Drug Control Headquarters of the Islamic Republic of Iran

Matar Diop, General Controller of Police and Coordinator of the Interministerial Committee for the Fight against Drugs of Senegal

Aftab Ahmad Khokher, Permanent Representative of Pakistan to the United Nations (Vienna)

Yazguly Agabayev, Deputy Minister of Internal Affairs of Turkmenistan

Pilar Alicia Varona Estrada, Vice-Minister of Justice of Cuba

María Gabriela Sommerfeld Rosero, Minister of Foreign Affairs of Ecuador

Rana Anwar Musa Abida, Chargé d'affaires of the Permanent Mission of Jordan to the United Nations (Vienna)

Darrin Jones, Executive Director of the International Criminal Police Organization (INTERPOL)

7. At the 3rd meeting of the sixty-seventh session of the Commission on Narcotic Drugs, on 14 March, the following persons made statements during the general debate:

Filomena Cacilda Maximiano Chitsonzo, Director of the Central Office for Prevention and Combating Drugs of Mozambique

Osama Abduljalil Abdulhadi, Ambassador and Permanent Representative of Libya to the United Nations (Vienna)

Shakya Nanayakkara, Chair of the National Dangerous Drugs Control Board of Sri Lanka (video message)

Annika Lisa Markovic, Ambassador and Permanent Representative of Sweden to the United Nations (Vienna)

Abdulaziz Mayoof Alromaihi, General Director of the General Directorate of Crime Detection and Forensic Science of Bahrain

Wojciech Konieczny, Secretary of State in the Ministry of Health of Poland

Ellen Rønning-Arnesen, State Secretary, Ministry of Health and Care Services of Norway

Van Vien Nguyen, Director General, Counter-Narcotics Police Department, Ministry of Public Security of Viet Nam

Carlo Andersen, Head of Division, Ministry of the Interior and Health of Denmark

David James Lilly, Chargé d'affaires of the Permanent Mission of New Zealand to the United Nations (Vienna)

Christos Mina, President of the National Addictions Authority of Cyprus

Jassim Yaaqob Y.A. al-Hamadi, Ambassador and Permanent Representative of Qatar to the United Nations (Vienna)

Yacouba Cisse, Ambassador and Permanent Representative of Côte d'Ivoire to the United Nations (Vienna)

Minami Hiroyuki, Ambassador in Charge of International Cooperation for Countering Terrorism and International Organized Crime of Japan

Itay Tavor, Alternate Permanent Representative of Israel to the United Nations (Vienna)

Ahmed Mohamed Said, representative of the International Network of People Who Use Drugs

Ivan Marques, Secretary for Multidimensional Security of the Organization of American States (OAS)

Massimo Barra, Chair of the Red Cross and Red Crescent Partnership on Substance Abuse, International Federation of Red Cross and Red Crescent Societies

Diego Andrés Lugo-Vivas, representative of the Vienna NGO Committee on Drugs

Mehmet Utku Öztürk, representative of the Turkish Green Crescent Society

8. At the same meeting, the observer for Israel made a statement in exercise of the right of reply.

9. At the 4th meeting of the sixty-seventh session of the Commission on Narcotic Drugs, on 15 March, the following persons made statements during the general debate:

Ya'ara Saks, Member of Parliament, Minister of Mental Health and Addictions and Associate Minister of Health of Canada

Rokas Uscila, Vice-Minister of Justice of Lithuania

Chris Philp, Member of Parliament, Minister of State for Crime, Policing and Fire of the United Kingdom of Great Britain and Northern Ireland

Michael Falzon, Minister for Social Policy and Children's Rights of Malta (video message)

Baker Fattah Hussen, Ambassador and Permanent Representative of Iraq to the United Nations (Vienna)

Emma McBride, Member of Parliament, Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health of Australia

Darío Ernesto Chirú Ochoa, Ambassador and Permanent Representative of Panama to the United Nations (Vienna)

Bakhtiyor Ibragimov, Ambassador and Permanent Representative of Uzbekistan to the United Nations (Vienna)

Bharat Kumar Regmi, Ambassador and Permanent Representative of Nepal to the United Nations (Vienna)

Werner Ovalle Ramírez, Vice-Minister of the Interior of Guatemala

Saeed Abdulla Alsuwaidi, Director General of the Federal General Department of Anti-Narcotics of the United Arab Emirates

Nicolas Prisse, President of the Interministerial Mission for Combating Drugs and Addictive Behaviours of France

Roberto Esteban Moro, Secretary of Integral Policies on Drugs of Argentina

Nina Vaskunlahti, Ambassador and Permanent Representative of Finland to the United Nations (Vienna)

Marthinus Hukom, Head of the National Narcotics Board of Indonesia

Zafar Samad, Director of the Drug Control Agency of Tajikistan

Youngbin Park, Director General, Narcotics and Organized Crime Department of the Republic of Korea

Levent Eler, Ambassador and Permanent Representative of Türkiye to the United Nations (Vienna)

Larbi Latroch, Ambassador and Permanent Representative of Algeria to the United Nations (Vienna)

Anne Lévy, Secretary of State, Director General of the Federal Office of Public Health of Switzerland

Mohammed Saleh Ali al Gheilani, General Director of the Directorate General of Combating Drugs and Psychotropic Substances of Oman

Burkhard Blienert, Commissioner of the Federal Government for Drug and Addiction Policy, Federal Ministry of Health of Germany

Johannes Rauch, Federal Minister of Social Affairs, Health, Care and Consumer Protection of Austria

Fernando Ramírez Serrano, Director of the Costa Rican Drug Institute

Talal Alfassam, Ambassador and Permanent Representative of Kuwait to the United Nations (Vienna)

Antony J. Blinken, Secretary of State of the United States of America

10. At the 5th meeting of the sixty-seventh session of the Commission on Narcotic Drugs, on 15 March, the following persons made statements during the general debate:

Asad Alam Siam, Ambassador and Permanent Representative of Bangladesh to the United Nations (Vienna)

Marta Rodriguez de Assis Machado, National Secretary of Drug Policy and Asset Management of Brazil

Abdullah Khalid Tawlah, Ambassador and Permanent Representative of Saudi Arabia to the United Nations (Vienna)

Juan Francisco Facetti Fernández, Ambassador and Permanent Representative of Paraguay to the United Nations (Vienna)

Joel Antonio Hernández García, Undersecretary for Multilateral Affairs and Human Rights, Ministry of Foreign Affairs of Mexico

Arpine Sargsyan, Deputy Minister of Internal Affairs of Armenia

Ihor Kuzin, Deputy Minister of Health and Chief State Sanitary Doctor of Ukraine (video message)

Julia Emma Villatoro Tario, Ambassador and Permanent Representative of El Salvador to the United Nations (Vienna)

Wai-huang Tsang, Vice-Commissioner of the National Narcotics Control Commission of China

Mohamed Zoheir, Head of the Anti-Narcotics General Administration, Ministry of the Interior of Egypt

Richard López Vargas, National Anti-Drugs Superintendent of the Bolivarian Republic of Venezuela, and Dalila Hernández, Minister Counsellor of the

Permanent Mission of the Bolivarian Republic of Venezuela to the United Nations (Vienna), delivering a statement on behalf of a group of States⁵²

Maimounata Ouattara, Ambassador and Permanent Representative of Burkina Faso to the United Nations (Vienna)

Islam Humbatov, Head of the General Department on the Fight against Narcotics, Ministry of Internal Affairs of Azerbaijan

Aleh Silvestrovich, Head of the Main Department for Drug Control and Combating Human Trafficking of Belarus

Dato Seri Paduka Awang Haji Sufian bin Haji Sabtu, Deputy Minister (Security and Law), Prime Minister's Office of Brunei Darussalam

Sergey Vasilievich Vershinin, Deputy Minister of Foreign Affairs of the Russian Federation, also delivering a statement on behalf of a group of States⁵³

Hasan Khaddour, Ambassador and Permanent Representative of the Syrian Arab Republic to the United Nations (Vienna)

Dimitrios Vartzopoulos, Deputy Minister of Health of Greece

Azzeddine Farhane, Ambassador and Permanent Representative of Morocco to the United Nations (Vienna)

Ibrahim Assaf, Ambassador and Permanent Representative of Lebanon to the United Nations (Vienna)

Catalino S. Cuy, Chairman of the Dangerous Drugs Board of the Philippines

Carlos Antonio Figueroa Henostroza, Executive President of the National Commission for Development and Life without Drugs of Peru (video message)

11. At the same meeting, the representative of the European Union, in its capacity as observer, the representative of the United States, the representative of Australia, the observer for Ukraine and the representative of the United Kingdom made statements in exercise of the right of reply.

12. At the 6th meeting of the sixty-seventh session of the Commission on Narcotic Drugs, on 15 March, the following persons made statements during the general debate:

Sanjay Malhotra, Revenue Secretary, Ministry of Finance of India

Eliseo Rodrigo Ruiz Ortiz, Deputy Head of Mission, Permanent Mission of Chile to the United Nations (Vienna)

Naimi Sweetie Aziz, Ambassador and Permanent Representative of the United Republic of Tanzania to the United Nations (Vienna)

Angela Vigliotta Mella, Ambassador and Permanent Representative of the Dominican Republic to the United Nations (Vienna)

Nason Banda, Director General, Drug Enforcement Commission of Zambia

Stephen Mairori, Chair of the National Authority for the Campaign against Drug Abuse of Kenya

⁵² Belarus, China, Cuba, Democratic People's Republic of Korea, Iran (Islamic Republic of), Myanmar, Nicaragua, Russian Federation, Syrian Arab Republic, Venezuela (Bolivarian Republic of), Zimbabwe and State of Palestine.

⁵³ Algeria, Angola, Azerbaijan, Bahrain, Bangladesh, Belarus, Brunei Darussalam, Burkina Faso, China, Côte d'Ivoire, Cuba, Democratic People's Republic of Korea, Egypt, India, Indonesia, Iran (Islamic Republic of), Iraq, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Libya, Mozambique, Myanmar, Namibia, Nicaragua, Nigeria, Pakistan, Qatar, Russian Federation, Saudi Arabia, Singapore, Sri Lanka, Sudan, Syrian Arab Republic, Tajikistan, Tunisia, Türkiye, United Arab Emirates, Uzbekistan, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe and State of Palestine.

Isabel de Jesus da Costa Godinho, Ambassador and Permanent Representative of Angola to the United Nations (Vienna)

Jim Walsh, National Drug Coordinator and Principal Officer, Ministry of Health of Ireland

Magdi Ahmed Mofadal Elnour, Ambassador and Permanent Representative of the Sudan to the United Nations (Vienna)

Jonathan Lucas, Member of the Board of Trustees of the United Nations Interregional Crime and Justice Research Institute

Olubusayo Akinola, Head of Social Welfare, Drug Control and Crime Prevention of the African Union Commission

Benjamin P. Reyes, Secretary-General, Secretariat of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific

13. At the same meeting, the representative of the Russian Federation made a statement in exercise of the right of reply.

C. Interactive, multi-stakeholder round tables of the high-level segment

14. On 14 and 15 March 2024, round-table discussions were held on the following topics:

- (a) Taking stock: work undertaken since 2019;
- (b) The way forward: the road to 2029.

15. The round-table discussion on the topic “Taking stock: work undertaken since 2019” was co-chaired by Asad Alam Siam, Ambassador and Permanent Representative of Bangladesh to the United Nations (Vienna), nominated by the Group of Asia-Pacific States, and Joel Antonio Hernández García, Undersecretary for Multilateral Affairs and Human Rights of Mexico, nominated by the Group of Latin American and Caribbean States.

16. The round-table discussion on the topic “The way forward: the road to 2029” was co-chaired by Götz Volker Carl Schmidt-Bremme, Ambassador and Permanent Representative of Germany to the United Nations (Vienna), nominated by the Group of Western European and other States, and Barbara Zvokelj, Ambassador and Permanent Representative of Slovenia to the United Nations (Vienna), nominated by the Group of Eastern European States.

Summary of the round-table discussion on the topic “Taking stock: work undertaken since 2019”

17. At the 6th meeting, on 15 March, the salient points of the first round table were presented by the Co-Chair, Mr. Siam. A summary of the salient points, which was not subject to negotiation, is presented below.

18. In reviewing the implementation of the commitments made in the Ministerial Declaration of 2019, some speakers highlighted that progress had been made, for example, through an improved understanding of the problem, a strengthened focus on health-related measures, and increased information-sharing between policymakers and practitioners at the national, regional and international levels.

19. Several speakers mentioned as achievements at the national level the development of national legislation and strategies, the establishment or strengthening of national early warning systems, the dismantling of drug trafficking operations by law enforcement, the creation of partnerships and inter-agency networks to support criminal justice systems in addressing drug supply, the expansion of alternative development programmes, service innovations in drug treatment services, a reduced incidence of HIV and hepatitis, and successful harm reduction programmes.

20. A number of speakers identified gaps in the implementation of the international drug policy commitments. Some speakers stated that current policies had not been able to address the challenges identified in the Ministerial Declaration of 2019 and called for a re-evaluation of the current drug control regime. Disproportionate effects of punitive policies on women and groups in vulnerable situations, including on Indigenous Peoples, were noted. Some speakers also reported on shifts in their national drug control policies towards decriminalization or legalization. Several speakers noted that adherence to and the implementation of the drug control conventions were key to international drug control. Some speakers also expressed concern about reported trends towards the legalization of the non-medical use of controlled substances.

21. Among the gaps identified, several speakers mentioned the increase in the number of people with drug use disorders; the increase in the number of drug-related deaths, including overdose deaths; the continued high transmission rates of HIV, hepatitis C and other blood-borne diseases associated with drug use; the lack of adequate drug treatment and health services in many countries; stigma as a barrier to accessing available treatment services; low and unequal access to and availability of internationally controlled substances for the relief of pain and palliative care; the increased number and use of new psychoactive substances; the threat of synthetic drugs, including synthetic opioids; the prominence of organized criminal groups and the increase in drug-related violence; the increased criminal misuse of information and communications technologies for drug trafficking; and the impact of drugs on the environment. Some speakers referred to the additional challenges posed by crisis situations on the world drug problem. Many speakers reported gaps in the geographical coverage and availability of reliable data. A number of speakers noted with concern human rights challenges associated with drug policies, and referred in that regard to the use of the death penalty for drug-related offences, extrajudicial killings, arbitrary arrests and detention, disproportionate sentencing, torture and other cruel, inhuman or degrading treatment, and discrimination.

22. Many speakers stressed the importance of balanced, integrated, comprehensive and scientific evidence-based drug policies. The importance of effective prevention programmes, especially those targeting young people, was underscored by many speakers. Many speakers also called for sustainable funding at the national level to address drug-related problems. A number of speakers underlined the importance of a public health-centred and human rights-based approach that integrated a gender perspective and was tailored to the needs of different populations, especially those most affected by the world drug problem.

23. Many speakers called upon the international community to support States in their efforts to address drug-related challenges, including through information-sharing and technical assistance. A number of speakers underscored the importance of partnerships and the involvement of relevant stakeholders, including law enforcement, judicial and health-care personnel, civil society, academia, communities and the private sector, in fulfilling the international drug policy commitments.

Summary of the round-table discussion on the topic “The way forward: the road to 2029”

24. Also at the 6th meeting, the salient points of the second round table were presented by the Co-Chair, Ms. Zvokelj. A summary of the salient points, which was not subject to negotiation, is presented below.

25. Discussing the way forward towards the review in 2029 of progress in implementing all international drug policy commitments pursuant to the Ministerial Declaration of 2019, many speakers underscored the need for the international community to strengthen comprehensive, balanced, integrated and evidence-based policies and interventions that placed people at the centre.

26. Several speakers acknowledged the complexity and multifaceted nature of the world drug problem and underscored the principle of common and shared responsibility. The need to reduce drug supply and demand, while minimizing drug-related harm, was highlighted by a number of speakers.

27. Strengthened cooperation and coordination at the national, regional and international levels was considered a crucial element in effectively addressing all drug-related challenges.

28. The importance of ensuring a continuum of care, including early prevention, treatment, recovery and rehabilitation, as well as measures to reduce the negative consequences of drug use, was mentioned by several speakers. In that context, reducing stigma and discrimination to ensure effective access to treatment was highlighted.

29. Prevention programmes, in particular those targeting children and youth, were mentioned as a key pillar of drug policy. The need to focus on preventive drug efforts, in particular the need to increase youth resilience through education and skills, was highlighted by several speakers. Some speakers noted the low risk perception associated with drug use, and expressed concern that it would lead to increased consumption.

30. Several speakers stressed the need for better intelligence-sharing and coordination among law enforcement entities and countries to address and counter illicit drug production, drug trafficking and money-laundering, including online.

31. Several speakers expressed concern about the threats posed by synthetic drugs and referred to the Global Coalition to Address Synthetic Drug Threats as an example of joint international efforts.

32. The need for a multisectoral approach in the development and implementation of drug policies, with the engagement of law enforcement and the judicial, health, education and social sectors, as well as the inclusion of diverse stakeholders, such as civil society, academia, the private sector and communities with lived experiences, was highlighted by a number of speakers.

33. Many speakers underscored the need to bridge gaps in the collection, analysis and sharing of data on both drug supply and demand in order to better identify and monitor global drug trends and to develop evidence-based drug policies. Investing in capacity-building was considered key in that regard. The importance of evaluating drug policies was also noted as a way of assessing the effectiveness of and improving interventions in the future.

34. Acknowledging the rapidly changing drug situation and methods employed by criminal groups, many speakers underlined the relevance and potential of innovation in drug policies and practices, and of leveraging technology in a responsible manner to complement existing efforts. Several speakers underlined that sustainable resource mobilization was critical to effectively meeting international drug policy commitments and to ensuring technical assistance and capacity-building where needed.

35. Many speakers reiterated their commitment to the international drug control conventions as the cornerstone of the international drug control system. Several speakers noted that many drug-related challenges had changed since the adoption of the drug control conventions. Some speakers noted that the conventions allowed sufficient flexibility for States parties to design and implement drug policies that were adapted to new realities in order to achieve the aims of the conventions. Other speakers emphasized the importance of adhering to the provisions of the conventions and expressed concern that the legalization of controlled substances for non-medical use would undermine their effective implementation.

36. Several speakers underlined the importance of drug policies that respected and promoted human rights, and in that regard referred to the need for proportionate responses, decriminalization measures, alternatives to incarceration, harm reduction

programmes and drug use treatment services that were voluntary, humane and evidence-based.

37. Several speakers noted the importance of social development, addressing inequalities and increasing employment opportunities for affected communities, including through alternative development programmes, for effectively addressing the world drug problem in a comprehensive manner and for achieving the goals of the 2030 Agenda for Sustainable Development.

38. The importance of integrating a gender perspective into drug policies and of tailoring measures to the needs of marginalized groups was also underlined.

39. A number of speakers underlined the leading role of the Commission in addressing all aspects of the world drug problem, and of UNODC in supporting the efforts of Member States to that end.

40. The importance of cohesion, unity and strong political will was emphasized by many speakers as vital for advancing the implementation of all international drug policy commitments on the way to 2029.

D. Pledge for action

41. During the general debate, pledges in the context of the Chair's "Pledge for action" initiative were made by the representative of the European Commission (on behalf of the States Members of the United Nations that are members of the European Union) and by the representatives of Albania, Algeria, Argentina, Armenia, Australia, Austria, Belgium, Brazil, Brunei Darussalam, Burkina Faso, Canada, Chile, China, Colombia, Cyprus, Czechia, Denmark, Ecuador, Egypt, El Salvador, Finland, France, Germany, Ghana, Greece, Guatemala, Ireland, Italy, Japan, Kazakhstan, Kenya, Kyrgyzstan, Lithuania, Malaysia, Malta, Mexico, Morocco, Namibia, Netherlands (Kingdom of the), New Zealand, Nigeria, Norway, Pakistan, Paraguay, Poland, Portugal, the Republic of Korea, the Russian Federation, Senegal, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Tajikistan, Thailand, Türkiye, the United Arab Emirates, the United Kingdom, the United Republic of Tanzania, the United States, Venezuela (Bolivarian Republic of) and Zimbabwe.

E. Adoption of the high-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019

42. At the 1st meeting of the sixty-seventh session of the Commission, on 14 March 2024, the ministers and government representatives participating in the high-level segment adopted the high-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following up to the Ministerial Declaration of 2019 (E/CN.7/2024/L.6).

F. Closure of the ministerial segment

43. A closing statement was made by the Chair of the Commission at its sixty-seventh session.

Chapter III

Strategic management, budgetary and administrative questions

44. At its 7th meeting, on 18 March 2024, 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.”

45. 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.7/2024/2-E/CN.15/2024/2](#));

(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.7/2024/3-E/CN.15/2024/3](#));

(c) Note by the Secretariat on the draft proposed programme plan for 2025 and programme performance for 2023 ([E/CN.7/2024/4-E/CN.15/2024/4](#)).

46. An introductory statement was made by the Director of the Division for Management of UNODC.

47. The observer for Albania, in her capacity as First Vice-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.

48. Statements were made by the representatives of Japan, South Africa, the United States, China, the Russian Federation, Colombia and the Islamic Republic of Iran.

49. The observers for Burkina Faso and Pakistan also made statements.

Deliberations

50. A number of speakers underlined the key role of the Commission as the policymaking body of the United Nations with prime responsibility for drug-related issues and the role of UNODC in technical assistance programming. Many speakers commended the work of UNODC in supporting Member States’ efforts to implement all international drug policy commitments, as well as the technical assistance provided by the Office with a view to strengthening national capacities in a broad range of drug-related areas. The importance of UNODC research work was underlined, as were the principles of accuracy, transparency and impartiality, by which it should be guided.

51. A number of speakers commended the UNODC Strategy 2021–2025 and the regional strategic visions, and some speakers reported on ongoing programming in their countries. The importance of coordination and complementarity in the implementation of the Strategy and the regional strategic visions was underlined. The efforts of UNODC in mainstreaming gender and age perspectives into drug-related

policies and programmes were commended. The work undertaken by INCB was also welcomed.

52. Several speakers called for a strategic approach to resource allocation, with a view to supporting comprehensive integrated approaches to addressing the world drug problem. A number of speakers called for a strengthening of efforts to counter the illicit manufacturing of, trafficking in and use of synthetic drugs. Alternative development and capacity-building in forensics were also mentioned as priority areas for some countries. Furthermore, a number of speakers highlighted the importance of prevention and work with young people and women. The need to tailor programmes and resource allocation to the specific needs of countries was also underlined.

53. Many speakers praised the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC as an important forum for dialogue with Member States and the Office. Some speakers underlined that the regular exchange of information and views contributed to the accountability and transparency of the Office's management.

54. The challenging financial situation of the Office, due to the regular budget liquidity crisis and the decrease in the general-purpose fund, was noted with concern. A number of speakers underlined the need for sufficient, adequate and predictable funding for UNODC. Support was expressed for the use of evaluation and institutional learning to improve the delivery of UNODC technical assistance. The Office's efforts to implement results-based management and reform processes in line with the Secretary-General's quintet of change were commended.

55. A number of speakers welcomed the efforts of UNODC to improve gender parity and staff diversity, including geographical representation, and urged the Office to make further efforts with regard to geographical representation. At the same time, it was emphasized that the basis for candidate selection should be merit and competence, as enshrined in the Charter of the United Nations.

56. The importance of ensuring multilingualism in intergovernmental meetings and in activities for young people was also mentioned.

Chapter IV

Implementation of the international drug control treaties

57. At its 7th, 8th and 9th meetings, on 18 and 19 March 2024, 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.”

58. 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 ([E/CN.7/2024/12](#));

(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: (a) P-2-P methyl glycidic acid (“BMK glycidic acid”) and its methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters; and (b) the ethyl ester of 3,4-MDP-2-P methyl glycidic acid (“PMK ethyl glycidate”) and six additional esters of 3,4-MDP-2-P methyl glycidic acid ([E/CN.7/2024/13](#));

(c) 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: 4-piperidone and 1-boc-4-piperidone ([E/CN.7/2024/14](#));

(d) Conference room paper containing comments by States parties on proposed scheduling recommendations by the World Health Organization ([E/CN.7/2024/CRP.7](#)).

59. The Chief of the Drugs, Laboratory and Scientific Services Branch of UNODC made introductory statements. Introductory statements were also made by observers for WHO and by the President of INCB. An observer for the Junior Doctors Network of the World Medical Association also made an introductory statement.

60. Statements were made by the representatives of Japan, Singapore, China, the United States, Colombia, Mexico, Kenya, India, Indonesia, the United Kingdom, the Kingdom of the Netherlands, France, Algeria, South Africa, Belgium, Thailand, the United Republic of Tanzania, Nigeria, the Russian Federation (video message and in person), the Islamic Republic of Iran, Brazil and Guatemala.

61. Statements were also made by the representative of the European Union, in its capacity as observer (also on behalf of its member States),⁵⁴ and by the observers for

⁵⁴ Also on behalf of: Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, Republic of Moldova, San Marino, Serbia, Türkiye and Ukraine (agenda item 5 (b)); Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Liechtenstein, Montenegro, North Macedonia, Norway, Republic of Moldova, San Marino, Serbia and Ukraine (agenda item 5 (c)); and Albania, Armenia, Bosnia and Herzegovina,

Pakistan, Türkiye, Malaysia, the Bolivarian Republic of Venezuela, Burkina Faso and Georgia.

62. Statements were also made by the observers for INTERPOL, the Sovereign Order of Malta and OAS.

63. Statements were also made by the observers for Smart Approaches to Marijuana, the Worldwide Hospice Palliative Care Alliance, Physicians for Responsible Opioid Prescribing, the International Association for Hospice and Palliative Care, the Union for International Cancer Control, the European Coalition for Just and Effective Drug Policies, the Transform Drug Policy Foundation, Centro de Estudios de Derecho, Justicia y Sociedad (Dejusticia), Instituto RIA and Corporación Acción Técnica Social.

A. Deliberations

1. Changes in the scope of control of substances

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

64. The observer for WHO informed the Commission that butonitazene was a synthetic opioid with a mechanism of action and effects similar to those of other opioids that were currently controlled under Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, and that, in common with other opioids, butonitazene was an opioid receptor agonist that produced analgesia and other typical opioid effects. The observer stated that, on the basis of its mechanism of action, its known effects and self-reports of its use, butonitazene was highly likely to be abused, had the potential to produce dependence similar to that of other opioids such as morphine and fentanyl, and also had the potential to produce severe adverse effects, as well as death through respiratory depression. Butonitazene had been detected in seizures from multiple countries in two regions and had no therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and dependence and was liable to produce ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention as amended, the WHO Expert Committee on Drug Dependence recommended that butonitazene also be placed in Schedule I of the 1961 Convention as amended.

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

65. The observer for WHO informed the Commission that 3-chloromethcathinone (3-CMC) was a synthetic cathinone that was closely related to other cathinones currently controlled under Schedule II of the Convention on Psychotropic Substances of 1971, such as 4-chloromethcathinone (4-CMC). The mechanism of action of 3-CMC was similar to that of other psychostimulants, including other cathinones and methamphetamine. The observer stated that in cases of intoxication requiring hospitalization, 3-CMC had been reported to produce effects such as agitation, restlessness, seizures, high blood pressure, sweating and chest pain, which were consistent with its psychostimulant mechanism of action. In view of its action and effects on the central nervous system, 3-CMC would be expected to produce dependence similarly to other psychostimulants, such as methamphetamine, and clinical admissions associated with dependence on 3-CMC had been reported. The observer underlined that, as a psychostimulant with a mechanism of action and effects similar to those of methamphetamine, 3-CMC had the potential to produce serious adverse effects, including psychosis and cardiac events. The use of 3-CMC had been verified in reported fatalities, usually in combination with other substances. 3-CMC had also been detected in an increasing number of countries in most regions of the

Georgia, Iceland, Montenegro, North Macedonia, Norway, Republic of Moldova, San Marino, Serbia, Türkiye and Ukraine (agenda item 5 (d)).

world, with recent increases coinciding with the international control of 4-CMC. The substance had no therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and produced ill-effects similar to those of other cathinones placed in Schedule II of the 1971 Convention, the Committee recommended that 3-CMC also be placed in Schedule II of the 1971 Convention.

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

66. The observer for WHO informed the Commission that dipentylone was a synthetic cathinone closely related to other cathinones, such as mephedrone, that were currently controlled under Schedule II of the 1971 Convention. The mechanism of action of dipentylone was similar to that of other psychostimulants, including other cathinones and methamphetamine. In cases of intoxication requiring hospitalization, dipentylone had been reported to produce effects such as agitation and tachycardia that were consistent with its psychostimulant mechanism of action. The observer stated that fatal intoxications involving dipentylone had also been reported by a number of countries, and that there had also been cases of driving under the influence of dipentylone. The observer stated that evidence from animal models suggested that dipentylone was likely to have a potential for abuse similar to that of methamphetamine and that, on the basis of its mechanism of action, it would also be expected to produce dependence in a manner similar to methamphetamine. Dipentylone had been detected in seized materials in countries across a number of regions. The substance had no therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and produced ill-effects similar to those of other cathinones placed in Schedule II of the 1971 Convention, the Committee recommended that dipentylone also be placed in Schedule II of the 1971 Convention.

(d) Consideration of a proposal from the World Health Organization to place 2-fluorodeschloroketamine in Schedule II of the 1971 Convention

67. The observer for WHO informed the Commission that the mechanism of action of 2-fluorodeschloroketamine was uncertain, but that it had effects similar to those of *N*-methyl-D-aspartate receptor antagonists such as phencyclidine (PCP). Effects documented during clinical admissions due to 2-fluorodeschloroketamine intoxication, including dissociation, confusion, agitation, tachycardia and hypertension, were similar to those produced by PCP. The observer stated that 2-fluorodeschloroketamine use had been associated with a range of severe adverse effects, including psychosis, agitated delirium, loss of consciousness and cardiovascular effects such as tachycardia and hypertension, and that cases of fatal intoxication as well as cases of driving under the influence of 2-fluorodeschloroketamine had been reported. Seizures of 2-fluorodeschloroketamine had been reported in a number of countries from several different regions. 2-Fluorodeschloroketamine had no therapeutic use. The observer informed the Commission that, as the substance had potential for similar abuse and produced ill-effects similar to those of PCP, which was controlled under Schedule II of the 1971 Convention, the Committee recommended that 2-fluorodeschloroketamine also be placed in Schedule II of the 1971 Convention.

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

68. The observer for WHO informed the Commission that bromazolam was a benzodiazepine with a chemical structure and effects similar to alprazolam, which was placed in Schedule IV of the 1971 Convention. The substance had been found in tablet and capsule forms, and in sugar confectionary products, and was understood to be mainly used orally. Bromazolam had a mechanism of action similar to that of other benzodiazepines and had a high potency and a short to intermediate duration of action. Unconfirmed reports suggested that it had benzodiazepine-like effects, including hypnotic, sedative, muscle-relaxant and euphoric effects. Evidence from an animal model suggested that the substance had abuse potential similar to that of other

benzodiazepines and that, on the basis of its mechanism of action, it would be expected to produce typical benzodiazepine dependence. Bromazolam had been confirmed in multiple countries and regions as a causal or contributory agent in several deaths and non-fatal intoxications, and its presence had been confirmed in instances of driving under the influence of drugs. The substance was not known to have any therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and produced ill-effects similar to those of benzodiazepines placed in Schedule IV of the 1971 Convention, the Committee recommended that bromazolam also be placed in Schedule IV of the 1971 Convention.

(f) Consideration of proposals from the International Narcotics Control Board to place 4-piperidone and 1-boc-4-piperidone in Table I of the 1988 Convention

69. The President of INCB informed the Commission that 4-piperidone was an early-stage precursor involved in most synthetic routes to fentanyl and some fentanyl analogues and that, specifically, it could be used to make NPP (*N*-phenethyl-4-piperidone), ANPP (4-anilino-*N*-phenethylpiperidine), 4-AP (*N*-phenyl-4-piperidinamine) and norfentanyl, all four of which were listed in Table I of the 1988 Convention. 1-Boc-4-piperidone was a chemically protected derivative of 4-piperidone and could be used to make 1-boc-4-AP (*tert*-butyl 4-(phenylamino)piperidine-1-carboxylate) and subsequently norfentanyl, both of which were listed in Table I of the 1988 Convention. 1-Boc-4-piperidone could also be converted back into 4-piperidone. The final products, fentanyl and fentanyl analogues, were very potent narcotic drugs, typically 10 to 100 times stronger than heroin. Their high potency continued to result in overdose deaths in users and in inadvertent exposure of law enforcement personnel and other personnel along the distribution chain.

70. The President of INCB reported that, in making its assessment pursuant to article 12, paragraph 4, of the 1988 Convention, the Board had found that:

(a) The volume and extent of public health or social problems caused by illicitly manufactured fentanyl and fentanyl analogues were issues that warranted international action;

(b) 4-Piperidone and 1-boc-4-piperidone were very suitable precursors for the illicit manufacture of fentanyl and a number of fentanyl analogues, and incidents of illicit use involving the two substances had been reported since 2019;

(c) There was limited known legitimate manufacture of and trade in 4-piperidone and 1-boc-4-piperidone, limited to small amounts, typically for research and development purposes.

71. The President informed the Commission that, in the light of its findings, the Board recommended adding 4-piperidone and 1-boc-4-piperidone to Table I of the 1988 Convention. He expressed the view of the Board that international control of the two substances would limit their availability for illicit drug manufacture and subsequently reduce the quantity of fentanyl and fentanyl analogues manufactured illicitly from them, that the proposed controls would have no adverse effect on the availability of the two substances for any of the limited known legitimate uses, and that placement in Table I would enable Governments to request pre-export notifications as a means of monitoring shipments entering their territory.

(g) Consideration of proposals from the International Narcotics Control Board to place P-2-P methyl glycidic acid (“BMK glycidic acid”) (all stereoisomers) and its methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters in Table I of the 1988 Convention

72. The President of INCB stated that all nine substances in question were chemically very closely related and could be used interchangeably in the illicit manufacture of 1-phenyl-2-propanone (P-2-P), a chemical already listed in Table I of

the 1988 Convention. They were all designer precursors, that is, purpose-made chemicals with no known legitimate uses and no regular trade.

73. The President of INCB reported that in making its assessments pursuant to article 12, paragraph 4, of the 1988 Convention, the Board had found that:

(a) All nine substances were highly suitable for the illicit manufacture of P-2-P, a precursor already listed in Table I of the 1988 Convention, which was in turn used in the illicit manufacture of amphetamine and methamphetamine;

(b) Incidents of illicit manufacture and trafficking involving P-2-P methyl glycidic acid had been known since 2012, incidents involving its methyl ester since 2016 and incidents involving its ethyl ester since 2023, with increasing frequency and amounts reported since late 2022;

(c) Seizures of the other six esters (i.e. the propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters) had not yet been brought to the Board's attention; however, the six esters were direct substitutes for the methyl and ethyl esters and could be converted to P-2-P using the same technology and processes;

(d) There was no known legitimate manufacture of and trade in the nine substances other than in very small amounts for research and development purposes.

74. The President informed the Commission that, in the light of its findings, the Board recommended adding all nine substances (all stereoisomers of each substance) to Table I of the 1988 Convention. He expressed the view of the Board that international control of the nine substances would limit their availability for illicit drug manufacture and subsequently reduce the quantity of amphetamine and methamphetamine manufactured illicitly from them. For the six esters for which no seizures had yet been brought to the Board's attention, scheduling was recommended in order to prevent an instant shift to those esters, effectively putting Commission resolution 65/3 of March 2022 into practice. The proposed controls would have no adverse effect on the availability of the nine substances for any of the known research and development purposes, given the very limited to non-existent legitimate market for and trade in the substances. Placement in Table I would enable Governments to request pre-export notifications as a means of monitoring any trade in the substances. The President recalled that, given the close chemical relationship between the substances, the Board proposed that the eight named esters be included in Table I as a footnote to P-2-P methyl glycidic acid.

(h) Consideration of proposals from the International Narcotics Control Board to place the ethyl ester of 3,4-MDP-2-P methyl glycidic acid ("PMK ethyl glycidate") (all stereoisomers) as well as its propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters in Table I of the 1988 Convention

75. The President of INCB stated that the seven substances were very closely related to each other and to two substances already listed in Table I of the 1988 Convention, namely, 3,4-MDP-2-P methyl glycidic acid and its methyl ester, and that all of those substances could be used interchangeably in the illicit manufacture of 3,4-methylenedioxypheyl-2-propanone (3,4-MDP-2-P), a chemical already listed in Table I of the 1988 Convention. They were all designer precursors, that is, purpose-made chemicals with no known legitimate uses and no regular trade.

76. The President of INCB reported that, in making its assessments pursuant to article 12, paragraph 4, of the 1988 Convention, the Board had found that:

(a) The seven substances were highly suitable for the illicit manufacture of 3,4-MDP-2-P, a precursor already listed in Table I of the 1988 Convention, which was in turn used in the illicit manufacture of 3,4-methylenedioxymethamphetamine (MDMA) and related substances;

(b) Incidents of illicit manufacture and trafficking involving the ethyl ester of 3,4-MDP-2-P methyl glycidic acid had been known since 2021, with a major increase in frequency and amounts reported since the end of 2022;

(c) Seizures of the other six esters (i.e. the propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl ester) had not yet been brought to the Board's attention; however, the six esters were direct substitutes for the ethyl ester and the already controlled methyl ester and could be converted to 3,4-MDP-2-P using the same technology and processes;

(d) There was no known legitimate manufacture of and trade in the seven substances other than in very small amounts for research and development purposes.

77. The President informed the Commission that, in the light of its findings, the Board recommended adding all seven substances (all stereoisomers of each substance) to Table I of the 1988 Convention. He expressed the view of the Board that international control of the seven substances would limit their availability for illicit drug manufacture and subsequently reduce the quantity of MDMA manufactured illicitly from them. For the six esters for which no seizures had yet been brought to the Board's attention, scheduling was recommended to prevent an instant shift to those esters, effectively putting Commission resolution 65/3 of March 2022 into practice. The proposed controls would have no adverse effect on the availability of the seven substances for any of the known research and development purposes, given the very limited to non-existent legitimate market for and trade in the substances. Placement in Table I would enable Governments to request pre-export notifications as a means of monitoring any trade in the substances. The President recalled that, given the close chemical relationship between the substances, the Board proposed that the seven named esters be included in Table I as a footnote to 3,4-MDP-2-P methyl glycidic acid, which had been under international control since November 2019.

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

78. Many speakers mentioned the continued global challenge posed by synthetic drugs and new psychoactive substances, in particular synthetic opioids, as well as designer precursors. They underlined the need to strengthen national, regional and international efforts to address those threats. The importance of international scheduling was mentioned, and support was expressed for the treaty-mandated roles of the Commission, WHO and INCB.

79. A number of speakers shared their national experiences, including legislative responses, supply and demand reduction strategies and scheduling procedures, including the role of early warning mechanisms in responding to new psychoactive substances and precursor chemicals. The need for greater national efforts to implement the international drug control conventions was highlighted. In addition, the importance of providing information to INCB, WHO and UNODC on new substances or precursor chemicals encountered was underscored. In that respect, the efforts of UNODC and Member States to implement Commission resolution 66/3, on strengthening information-sharing to increase scientific evidence-based support for international scheduling and the effective implementation of international scheduling decisions, was commended.

80. The need for capacity-building at all levels, including with regard to forensic drug testing and toxicology laboratories, was stressed, including the sharing of expertise, testing technologies and methodologies. A number of speakers noted the importance of enhancing data-sharing on new psychoactive substances, including on their chemical composition, pharmacology and toxicology and the treatment of new psychoactive substance use disorders.

81. Several speakers expressed their support for the proposal by INCB to add 16 closely related amphetamine-type stimulant precursors to Table I of the 1988 Convention as an important contribution to curbing the synthetic drug problem. On the other hand, it was underlined that, according to current evidence, not all precursors proposed for scheduling fulfilled the criterion of frequent use in the illicit

manufacture of a narcotic drug or psychotropic substance. A number of speakers stressed the need for proactive approaches in international drug control in order to address emerging drugs and precursors and encouraged INCB to continue assessing other related chemicals and identifying innovative approaches to designer precursors, in line with Commission resolution 65/3.

3. International Narcotics Control Board

82. Many speakers expressed support and appreciation for the work of INCB and emphasized its important treaty-based role in addressing the world drug problem. Many speakers reiterated their commitment to the international drug control conventions and expressed appreciation for the Board's efforts in supporting Member States in carrying out their treaty obligations, including in ensuring the availability of controlled substances for medical and scientific purposes. Several speakers highlighted the work of INCB in the area of synthetic drugs and welcomed the support provided by the Board to countries in preventing the production of, trafficking in and consumption of new psychoactive substances through the Precursors Incident Communication System (PICS), the Pre-Export Notification Online (PEN Online) system, PEN Online Light and the Project Ion Incident Communication System (IONICS).

83. Several countries welcomed the INCB annual report for 2023 as an important, insightful and critical resource to assist Member States in their activities in line with the international drug control conventions. Several countries voiced their support for the work of INCB and its support for States parties in the area of access to drugs for licit purposes and limiting their diversion into illicit channels. The important role of INCB in data collection and capacity-building was recognized by many speakers.

84. In particular, INCB global programmes and initiatives, namely, INCB Learning and the e-modules developed by that programme, the Global Rapid Interdiction of Dangerous Substances (GRIDS) Programme, and programmes such as the Scanning of Novel Opioids on Online Platforms (SNOOP) tool and the Project Ion Incident Communication System (IONICS) were highlighted.

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

85. Many speakers highlighted the importance of ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes and recognized the work carried out by the Commission and by INCB, UNODC and WHO in that regard. The role of the international drug conventions in achieving that goal was underlined. A number of speakers underlined the need to place human rights and public health objectives at the centre of policies regarding controlled medicines.

86. Several speakers expressed concern about the persistent global disparity in the levels of availability of controlled substances for medical purposes. The affordability of internationally controlled medications was highlighted by several speakers as a central barrier. Several speakers also made reference to disparities at the national level between urban and rural settings. Reference was made to the difficulties encountered in emergency situations, especially natural disasters and armed conflict. A number of speakers underlined the urgent need to ensure access to controlled medicines for the treatment of children, in particular medicines that meet the specific requirements for that age group.

87. Some speakers highlighted the problem of the non-medical use of controlled substances, in particular opioids, and the challenges of overdose prevention. The use of falsified or counterfeit medications was also mentioned.

88. A number of speakers reported on the measures taken by their Governments to improve access to and the availability of controlled substances for medical purposes.

89. A number of speakers called for strengthening international cooperation with all stakeholders, as well as increased resource allocation to ensure the availability of controlled substances in low- and middle-income countries, in particular by ensuring access to affordable opioid analgesics, such as morphine. The role of the Commission as well as INCB, WHO and UNODC in providing continued support to Member States was underlined.

5. Other matters arising from the international drug control treaties

90. The unprecedented levels of both demand and supply of controlled substances at the global level was highlighted, and the need for comprehensive and integrated drug policies was underlined. Several speakers reported on national efforts to address the world drug problem through, inter alia, prevention, treatment, harm reduction, data collection, national scheduling and control measures such as licensing systems, as well as through international cooperation.

B. Action taken by the Commission

91. At its 9th meeting, on 19 March 2024, the Commission decided by 48 votes to none, with 1 abstention, to include butonitazene in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/1.)

92. At the same meeting, the Commission decided by 50 votes to none, with 1 abstention, to include 3-chloromethcathinone (3-CMC) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/2.)

93. At the same meeting, the Commission decided by 50 votes to none, with 1 abstention, to include dipentylone in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/3.)

94. At the same meeting, the Commission decided by 50 votes to none, with 1 abstention, to include 2-fluorodeschloroketamine in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/4.)

95. At the same meeting, the Commission decided by 50 votes to none, with 1 abstention, to include bromazolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/5.)

96. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include 4-piperidone in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/6.)

97. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include 1-boc-4-piperidone in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/7.)

98. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include P-2-P methyl glycidic acid ("BMK glycidic acid") (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/8.)

99. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the methyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/9.)

100. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the ethyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/10.)

101. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the propyl ester of P-2-P methyl glycidic acid (all

stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/11.)

102. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the isopropyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/12.)

103. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include the butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/13.)

104. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the isobutyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/14.)

105. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the *sec*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/15.)

106. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the *tert*-butyl ester of P-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/16.)

107. At the same meeting, the Commission decided by consensus that the methyl, ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of P-2-P methyl glycidic acid would be included in Table I of the 1988 Convention in the form of a footnote to P-2-P methyl glycidic acid. (For the text of the decision, see chap. I, sect. B, decision 67/17.)

108. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the ethyl ester of 3,4-MDP-2-P methyl glycidic acid ("PMK ethyl glycidate") (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/18.)

109. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the propyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/19.)

110. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the isopropyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/20.)

111. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/21.)

112. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the isobutyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/22.)

113. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the *sec*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/23.)

114. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include the *tert*-butyl ester of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 67/24.)

115. At the same meeting, the Commission decided by consensus that the ethyl, propyl, isopropyl, butyl, isobutyl, *sec*-butyl and *tert*-butyl esters of 3,4-MDP-2-P methyl glycidic acid (all stereoisomers) would be included in Table I of the 1988 Convention in the form of a footnote to 3,4-MDP-2-P methyl glycidic acid. (For the text of the decision, see chap. I, sect. B, decision 67/25.)

116. Statements in explanation of vote were made by the representatives of Brazil, the Russian Federation, Guatemala, China, Belgium, India and the United States.

117. At its 15th meeting, on 22 March 2024, the Commission adopted a revised draft resolution entitled “Promoting awareness-raising, education, training and data collection as part of a comprehensive approach to ensuring access to and the availability of controlled substances for medical and scientific purposes, including for the treatment of children, and ensuring their rational use” (E/CN.7/2024/L.4/Rev.2), sponsored by Albania, Andorra, Australia, Belgium (on behalf of the States Members of the United Nations that are members of the European Union), Brazil, Burkina Faso, Canada, Chile, Colombia, Côte d’Ivoire, the Dominican Republic, Ecuador, El Salvador, Ghana, Guatemala, Honduras, Japan, Kyrgyzstan, Lebanon, Morocco, Nigeria, Norway, Singapore, Switzerland, Thailand, the United Kingdom, the United States and Zimbabwe. (For the text of the resolution, see chap. I, sect. B, resolution 67/2.) Upon the adoption of the revised draft resolution, the representatives of Belgium and Côte d’Ivoire made statements.

118. At its 16th meeting, on 22 March 2024, the representative of Thailand made a statement and moved for the closure of the debate on the draft proposal entitled “Celebrating the tenth anniversary of the United Nations Guiding Principles on Alternative Development: effective implementation and the way forward” (E/CN.7/2024/L.2/Rev.1), as further revised, under rule 50 of the rules of procedure of the functional commissions of the Economic and Social Council. The representative of the Islamic Republic of Iran objected to the closure of debate on the item. The Commission decided to close the debate with 44 votes in favour, 1 vote against and 5 abstentions. The representative of Thailand raised a point of order. The representative of the Islamic Republic of Iran requested a vote on E/CN.7/2024/L.2/Rev.1, as further revised.

119. The Commission adopted by a vote of 45 to none, with 3 abstentions, the revised draft resolution E/CN.7/2024/L.2/Rev.1, as further revised, sponsored by Albania, Antigua and Barbuda, Belgium (on behalf of the States Members of the United Nations that are members of the European Union), Bolivia (Plurinational State of), Brazil, China, Colombia, the Dominican Republic, Ecuador, Guatemala, Honduras, Indonesia, Japan, Malaysia, Morocco, Norway, Peru, the Philippines, Singapore, Switzerland, Thailand, Trinidad and Tobago, the United Kingdom, the United States and Uruguay (For the text of the resolution, see chap. I, sect. B, resolution 67/3.)

120. The representatives of Thailand, Brazil and Peru made statements. Statements in explanation of vote were provided by the representatives of the United Kingdom, Canada, the Islamic Republic of Iran, Armenia, the Russian Federation and Chile.

121. The representative of Thailand expressed delight at the adoption of the resolution, which was the only one on supply reduction tabled during the sixty-seventh session of the Commission on Narcotic Drugs, while also expressing sadness, as it was the first Commission resolution that had ever had to be adopted by a vote. She thanked the other original sponsors, Germany and Peru, for their close cooperation throughout the process, bound by the commitment to promote a drug control strategy that took into account the well-being of people despite their different drug policies, and expressed delight that Colombia was interested in joining the group. She also thanked all additional sponsors for sending a strong message of support for the cause of improving

the lives of those affected by and at risk of illicit drug-related activities. The representative further thanked the Chair of the Committee of the Whole, the Permanent Representative of Slovenia, for her able guidance and her instrumental role in trying to help delegations reach the needed consensus, even though they did not manage to do so in time. She expressed sincere appreciation to all delegates who had participated constructively in the discussion and negotiation of the draft resolution, recognizing that many of them were not entirely pleased with the outcome of the negotiation but had nonetheless demonstrated their willingness to compromise for the greater good of humanity, especially in the developing world. She assured delegations whose comments had not been reflected in the final document that her delegation would continue to take those comments into account in its future work. She expressed hope for a more constructive discussion in 2025 and reaffirmed her belief in the Vienna spirit in that regard.

122. The representative of the United Kingdom thanked the delegation of Thailand for the way in which they had conducted the negotiations on the draft resolution. He agreed with Thailand that the spirit of Vienna was not dead, as was evident in the negotiations in the Committee of the Whole and in informal negotiations. He raised the question of whether, given that there had been no votes against the proposal, the resolution had been passed by consensus.

123. The representative of Brazil raised the same question as the United Kingdom regarding adoption by consensus in the absence of votes against the resolution. He congratulated Thailand on pushing the resolution forward, which deepened and broadened the understanding and the concept of alternative development itself.

124. The representative of Canada expressed appreciation for the efforts of the sponsors to streamline the resolution on alternative development and to ensure a forward-looking text. She stated that her country's vote in favour of the resolution reflected support for the sponsors in their efforts and the importance of commemorating the tenth anniversary of the United Nations Guiding Principles on Alternative Development. She noted that the final text reflected important additions from sponsors and other delegations on the evolution of alternative development over the past 10 years. The representative expressed regret that those efforts and the balanced and focused text had been adversely affected by unrelated topics and old debates. She noted that Canada remained committed to retaining a forward-looking focus in the work of the Commission, and she expressed continued hope for the spirit of consensus in Vienna.

125. The representative of the Islamic Republic of Iran noted that there had not been consensus on the resolution and that the vote had been requested as a result. He expressed regret that, despite the efforts of the Iranian delegation, the sponsors of the resolution had chosen a path that was neither in line with the spirit of Vienna nor in line with the spirit of the Commission. The representative noted that the Islamic Republic of Iran was located at the frontier of drug smuggling in its region and that it was facing unjustified unilateral sanctions by a State that was addicted to imposing sanctions and that had worked towards the exclusion of agreed language from the draft text. He noted that obstacles, impediments and challenges existed that were in contravention with the Charter of the United Nations and with international law. He also noted that the Iranian proposal was agreed text from previous resolutions that had been disregarded by the sponsors, namely, calling for recognition of the fundamental role of effective international cooperation in preventing and combating drug-related crime, in particular through alternative development programmes, and to that end underlining the importance of addressing, tackling and effectively responding to international challenges and barriers, in particular measures, that hindered such cooperation and were not consistent with the Charter and obligations under international law, and in that regard urging States, consistent with their international obligations, to refrain from applying such measures. He expressed regret that the Commission had departed from past practice. The representative noted that the Islamic Republic of Iran would continue to honour its commitments with regard to the three international drug control conventions and counter drug trafficking in all those aspects.

126. The representative of Armenia thanked the delegations of Thailand, Germany and Peru for their hard work in getting the resolution adopted, given the importance of alternative development and the relevant United Nations guiding principles. The representative explained the abstention by Armenia as a means of emphasizing the importance of preserving consensus with regard to the adoption of substantive resolutions to ensure universal international support and promote their comprehensive implementation.

127. The representative of the Russian Federation noted that his delegation had voted in support of the resolution. He also noted that the resolution was good but could have been improved further by the proposal of the Islamic Republic of Iran, especially considering that the proposal had been based on consensus language from the previous year. Regret was expressed that the improvement had not been possible owing to the objection raised by a number of countries.

128. The representative of Peru joined Thailand in expressing satisfaction at the adoption of the resolution and recognized the arduous, extensive work of the Thai delegation. He noted the need to ensure that future work be done in the spirit of Vienna, in a responsible manner.

129. The representative of Chile thanked delegations for the support provided for their resolution. He expressed regret that the Commission had voted for the first time ever on the resolution tabled by Thailand, and stressed the need to work on recovering the true Vienna spirit, as well as the need to ensure that consensus would not become a true obstacle in multilateral practice.

130. At the same meeting, the representative of the United States made a statement and moved for the closure of the debate on the draft proposal entitled “Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach” (E/CN.7/2024/L.5/Rev.2), as further revised, under rule 50 of the rules of procedure of the functional commissions of the Economic and Social Council. The Commission decided to close the debate with 45 votes in favour, no votes against and no abstentions. The representative of the Russian Federation made a statement and requested a vote on revised draft resolution E/CN.7/2024/L.5/Rev.2, as further revised. The representative of the United States raised a point of order.

131. The Commission adopted by a vote of 38 votes to 2, with 6 abstentions, the revised draft resolution E/CN.7/2024/L.5/Rev.2, as further revised, sponsored by Albania, Antigua and Barbuda, Argentina, Australia, Belgium (on behalf of the States Members of the United Nations that are members of the European Union), Brazil, Canada, Chile, Colombia, Costa Rica, Ghana, Guatemala, Honduras, Japan, Morocco, New Zealand, Norway, Peru, Switzerland, the United Kingdom, the United States and Uruguay. (For the text of the resolution, see chap. I, sect. B, resolution 67/4.)

132. The representatives of the United States, Canada and the United Kingdom made statements. Statements in explanation of vote were made by the representatives of the Russian Federation, Singapore, China, the Islamic Republic of Iran and Switzerland. An explanation of position was provided by the representative of the European Union, in its capacity as observer.

133. The representative of the United States thanked the Chair of the Commission and the Chair of the Committee of the Whole for guiding the deliberations in such an expert and successful manner, which had allowed the Commission to reach a decision to adopt the resolution and other resolutions. He expressed gratitude to all countries that had joined in sponsoring the revised draft resolution and to all of those with whom the delegation had worked during both formal and informal negotiations. He also expressed special thanks to those countries that, in the end, could not support the resolution. The representative expressed appreciation for the frank and open exchange of ideas, which had contributed to a better resolution. He expressed regret that the resolution had resulted in a vote. The representative explained that the United States

had tabled the resolution to raise awareness of and strengthen global responses to the overdose crisis facing many countries, including the United States. He noted that, to all but a few countries in the room, overdose prevention and response included primary prevention, evidence-based treatment, harm reduction and recovery support. He noted further that it was an overdose prevention and response resolution, focused on driving international responses to save lives, and that those efforts had been moved forward. The representative confirmed that the United States remained committed to the spirit of Vienna, working intensively over the past several months and throughout the week to address the concerns of all delegations, in particular on the topic of harm reduction. He referred to the small number of delegations voicing reservations about the inclusion of that term, who had been listened to and worked with in good faith, and he noted that the number of references to the term had been reduced from nine in the zero draft to four in the first revision, and to one in the final revised draft that had been proposed in the Committee of the Whole. He recalled having inserted no less than seven caveats to make delegations feel comfortable with the term, which had been widely used by INCB, UNODC and WHO for decades, and having taken every opportunity to stress that the resolution did not impose their view on other Member States or compel them to take any action not in line with their domestic legal frameworks. He expressed regret that a minority of States had pushed the spirit of Vienna to the brink, but pointed out that the vote count for the resolution had demonstrated that a small number of States were utilizing the consensus-based decision-making process to hold the Commission hostage, putting their domestic interests above the collective goals of the Commission.

134. In his explanation of vote, the representative of the Russian Federation referred to the round of applause in the room upon the adoption of the resolution and mentioned that he would have gladly joined, but that the circumstances did not allow him to do so. He noted that the resolution was not bad and that its core elements and topic, namely, fighting overdose, were very important, but that the way in which the resolution had been adopted, and the way in which it had been submitted, could hardly be called an achievement on the part of the Commission. He noted that it was a major step backwards and that the vote was a dire situation, which could hardly be a cause for applause, but more a reason for lament. The representative recalled that the Russian Federation had always attributed special importance to preserving the Vienna spirit and consensus-based decision-making, including in the Commission. He also noted that his delegation was always willing to seek reasonable compromises with a view to reaching consensus. He recalled preparing a draft resolution on combating drug-related crime committed using information and communications technology two years earlier, and that it had become evident that a number of countries were not willing to support the draft resolution for political reasons, even though the resolution was a very good one, and that if it had been put to a vote, the work would not have been effective. He expressed regret that several countries had, at the national level, substantially lowered the bar compared to what had previously been agreed upon in the Commission. The stated aim of those countries was merely harm reduction, and they had, in effect, raised the white flag in the war on drugs. He noted that the concept of harm reduction as an objective and a political aim meant accepting drug consumption as the norm and that the Russian Federation completely disagreed with that concept. The representative stated that the task of the international community was not to reduce harm but rather to prevent harm, and that lowering the bar in that regard was completely unacceptable. He recognized that the drug control conventions gave each State latitude in developing those forms and methods of drug control which, according to the State authorities, best served national interests. He pointed out that it was nonetheless inadmissible for questionable concepts and practices applied at the national level to be imposed on the entire international community. It was noted that the resolution under discussion was an attempt to impose the disputed practices of some countries on the Commission. The sponsors included nine references to the notion of harm reduction in the zero draft, then reduced the number to four and eventually to one reference. The representative raised the question of why the final reference had not been removed, and in that context suggested that the sponsors had

never aimed to adopt the resolution by consensus but had known that it would be put to a vote. The representative noted that it was dreadful for the Commission and that it was not possible to applaud in that context. He also noted that the proponents of harm reduction were aware of all the deficiencies in their conceptual framework and sought to bolster their approach by means of a decision of the Commission. Nonetheless, such practices had not received the blessing that they would have received through consensus adoption of the resolution, and the provisions of the resolution pertaining to so-called harm reduction were politically and legally null and void for his delegation. He expressed hope that future work on important resolutions would be structured in line with the normal, long-standing methods and norms of multilateral diplomacy, which had proven to be effective at the international platform in Vienna. He also mentioned that those traditions needed to be protected and that they should not be subjected to a test of strength. The representative noted that there had been an excellent opportunity to adopt a robust consensus resolution on the exceptionally important matter of combating overdoses and expressed regret that the chance had been wasted, which was painful. He stated that on the one side was the Vienna spirit, the rules of consensus, a strong collective signal, a unanimous signal on the part of the Commission on the issue of overdoses, and on the other part, on the other side of the scale, he noted one reference to harm reduction in paragraph 3 of the resolution. He expressed regret that the sponsors had unfortunately not opted for the Vienna spirit of consensus and for a robust collective signal on the part of the Commission and had instead opted in favour of preserving those two dubious and contentious words that they had simply wanted to keep in the resolution. He agreed with the representative of the European Union, who had reaffirmed the importance of the Vienna spirit and the importance of consensus, and he also pinned his hopes on ensuring that the mistakes made that year would not be repeated the following year.

135. The representative of Singapore noted that Singapore had voted in favour of the resolution and thanked the United States for tabling it. He voiced strong support for the intention behind the resolution, which was also the reason for supporting the Global Coalition to Address Synthetic Drug Threats. He pointed out that Singapore was a strong and consistent advocate of international cooperation to counter the world drug problem and attached great importance to the Commission as the primary global drug policymaking body and to preserving the spirit of collaboration, consensus and willingness to find common ground that had characterized and underpinned its work. He stated that, throughout the course of the negotiations, his delegation had made a number of proposals to try to bridge the gaps, to find common ground and to achieve consensus on the resolution. He expressed regret that those proposals had not been given sufficient consideration and that the long-standing Vienna spirit of consensus and cooperation had been ruptured over the issue of harm reduction. He pointed out that Singapore was a firm advocate of harm prevention and that his Government had not given up in the fight against drugs. Prevention was a cornerstone of his country's strategy and of the global drug strategy, and Singapore strongly believed that it must be prioritized. The representative mentioned that there was a wealth of undisputed evidence underpinning the effectiveness of prevention, but also acknowledged that harm reduction, despite lacking an intergovernmentally agreed definition, had its merits and was important to some countries in tackling their domestic drug problem. The representative noted that Singapore strongly believed that countries that adopted harm reduction measures should also consider having recovery and abstinence as the end goals. He further noted that there was no "one size fits all" approach to resolving the world drug problem. All countries had the right to decide and implement policies that were best suited to their context, and many countries had implemented harm reduction strategies, while other countries had not. Despite the breaking of the Vienna spirit of consensus, he strongly urged member States to redouble efforts to continue working together to counter and tackle the world drug problem in good faith and in a constructive manner.

136. The representative of China noted that, as a member of the Commission, China had always taken a positive and constructive attitude and upheld the Vienna spirit of consensus. She expressed regret that the resolution had set a precedent for voting. It

was noted that China opposed the inclusion of harm reduction in a resolution of the Commission. The representative mentioned that her delegation had fully expressed its position during the consultations of the Committee of the Whole over the past few days and had shown a maximum of flexibility. She pointed out that China regretted that the resolution had been adopted by a vote, and she called upon all parties to abide by the international drug control conventions and to adopt a comprehensive and balanced approach to addressing the global drug issue. She explained that China had no objection to interventions to reduce the harm associated with drug abuse, such as needle exchange programmes and methadone maintenance treatments, which had long been carried out in China. She noted with concern that in some countries harm reduction interventions included practices suspected of indulging or even legalizing drug abuse, such as legitimate drug consumption rooms. The representative noted that such interventions were contrary to the drug control conventions, that there was no consensus in the international community on the concept and definition of harm reduction and that it had also not been subject to a wider and more professional consultation on the basis of scientific evidence. As a result, the delegation did not consider it appropriate to include the term in a resolution of the Commission that was binding on Member States.

137. The representative of Canada thanked the United States for tabling the resolution on such an important topic, which highlighted the grave problem of overdoses and offered ways forward to reduce them. He noted that overdose prevention, reversal, treatment, care and recovery were extremely important components of international drug policy, representing a question of the health and safety of humankind, of life or death. Canada regretted that the resolution had gone to a vote, especially given the strength of the scientific evidence supporting the effectiveness of harm reduction measures, both in terms of preventing overdose deaths and reducing other harms, such as the transmission of blood-borne viruses. The representative pointed out that harm reduction saved lives. He also pointed out that Canada believed that supply and demand reduction measures were critically important, but that they were clearly not enough. He noted that Canada had engaged in exhaustive negotiations, and he thanked those delegations who had listened to the views of others, proposed ideas, sought compromises and negotiated in good faith. He mentioned that, as a committed member of the Commission, Canada looked forward to the implementation of that important resolution, and that his country was also ready to work constructively with all delegations in the room in restoring consensus in the Commission.

138. The representative of the United Kingdom congratulated the United States and thanked the Chair of the Commission and the Chair of the Committee of the Whole for all their efforts to work towards consensus using a transparent and inclusive approach. The representative expressed pride in the fact that the United Kingdom had been the first to join in sponsoring the resolution as a sign of recognition of the importance of a resolution on that vital issue. He noted that the United Kingdom had voted in favour and mentioned the importance of the topic of the resolution, not only to the sponsors but also to the wider Commission.

139. The representative of the Islamic Republic of Iran, in his explanation of vote, noted that, although his country was a pioneer in the implementation of harm reduction and treatment of overdose in its region, and despite the level of cooperation exhibited by his delegation, the main sponsor of the resolution had sadly not accommodated most of the concerns raised by the Iranian delegation during the negotiations. The representative noted that his delegation had tried to introduce relevant concepts to the text which had been ignored and neglected by the sponsor. He explained that his delegation had therefore abstained from voting on the resolution. He expressed hope that the Commission would not experience such a procedure again and would no longer be affected by the political atmosphere.

140. The representative of Switzerland thanked the delegation of the United States for its very hard work and congratulated it on the adoption of a fundamental resolution aimed at prevention, treatment and rehabilitation following overdoses. He pointed out

that people were dying of overdoses at that very moment, which was why the document was so important. Switzerland was very well aware of the difficulties that the term “harm reduction” posed to certain delegations, and its delegation had worked hard to find solutions to address the concerns of all colleagues. He recalled that a record number of caveats had been introduced into the resolution and that Switzerland had agreed to reduce the number of mentions of harm reduction to respond to the concerns of other delegations. He referred to the adoption of the resolution as the result of a group effort in which all should take pride.

141. The representative of the European Union, in its capacity as observer, speaking also on behalf of its member States, expressed regret that the Commission had not been able to adopt all draft resolutions by consensus at its sixty-seventh session. The European Union and its member States had always valued the Vienna spirit and the principle of consensus, had always stood for them and had worked tirelessly to defend them. He stressed that consensus could not result in a veto right for every member State. The Vienna spirit was an expression of the willingness and dedication of all parties concerned to work together to find joint solutions, even on the most difficult topics. It required good faith, a willingness to listen to each other and a certain degree of flexibility; that had always been the approach of the European Union and its member States. He referred to the adoption of resolutions by vote as something the Union would not see favourably, and he encouraged all delegations to take that development as an opportunity to learn some lessons and as an occasion to revitalize the Vienna spirit, to angle back to its true, genuine meaning and to return the following year, as well as to the upcoming session of the Commission on Crime Prevention and Criminal Justice, with a renewed commitment to consensus, mutual understanding and respect for the original spirit that had guided them so well in past decades. He congratulated the Chair of the Commission and the Chair of the Committee of the Whole on their able leadership and all those who had submitted resolutions, namely, Belgium (on behalf of the States members of the European Union), Chile, Côte d’Ivoire, Germany, Peru, Thailand and the United States, on the successful adoption of the resolutions.

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

142. At its 10th meeting, on 19 March 2024, and its 11th meeting, on 20 March 2024, the Commission considered agenda item 6, entitled “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”.

143. For its consideration of item 6, 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.7/2024/2-E/CN.15/2024/2](#));

(b) Report of the Secretariat on the world situation with regard to drug abuse ([E/CN.7/2024/6](#));

(c) Report of the Secretariat on the world situation with regard to drug trafficking ([E/CN.7/2024/7](#));

(d) Report of the Executive Director on progress made in the implementation of all international drug policy commitments to address and counter the world drug problem ([E/CN.7/2024/8](#));

(e) Report of the Executive Director on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users ([E/CN.7/2024/9](#));

(f) Conference room paper containing the Chair’s summary on the thematic discussions on the implementation of all international drug policy commitments, following up to the Ministerial Declaration of 2019 (23–25 October and 4–6 December 2023) ([E/CN.7/2024/CRP.1](#));

(g) Conference room paper containing a compilation of the Chairs’ summaries on the thematic discussions on the implementation of all international drug policy commitments, following up to the Ministerial Declaration of 2019: 2019–2023 ([E/CN.7/2024/CRP.2](#));

(h) Conference room paper containing the 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.7/2024/CRP.5](#)).

144. 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 Drugs, Laboratory and Scientific Services Branch and the Chief of the Organized Crime and Illicit Trafficking Branch of UNODC.

145. Statements were made by the representatives of South Africa, the Kingdom of the Netherlands, Switzerland, Canada, Thailand, China, the Republic of Korea, the United States, the United Republic of Tanzania, Nigeria, the United Kingdom, India, Kenya, the Russian Federation, Colombia, Algeria, Morocco, Indonesia, Ghana and the Plurinational State of Bolivia.

146. Statements were made by the representative of the European Union, in its capacity as observer (on behalf of the States Members of the United Nations that are members of the European Union),⁵⁵ and by the observers for Czechia, Greece,

⁵⁵ The following countries associated themselves with the statement: Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, Republic of Moldova, San Marino, Serbia and Ukraine.

Pakistan, Burkina Faso, Zambia, Malaysia, Namibia, Kuwait, Cuba, Angola, Uganda, Azerbaijan, the Gambia, Antigua and Barbuda and Uzbekistan.

147. Statements were also made by the observers for the Office of the United Nations High Commissioner for Human Rights (OHCHR), UNAIDS, INTERPOL, the African Union and the International Federation of Red Cross and Red Crescent Societies.

148. Statements were also made by the observers for the Singapore Anti-Narcotics Association, Community Alliances for Drug Free Youth, Asociación Proyecto Hombre, Dejusticia, the International Drug Policy Consortium, the Helsinki Foundation for Human Rights, the Eurasian Harm Reduction Association, Youth Resource, Information, Support, Education (Youth RISE), Students for Sensible Drug Policy, Rede Brasileira de Redução de Danos e Direitos Humanos (REDUC), the Multidisciplinary Association for Psychedelic Studies and the European Coalition for Just and Effective Drug Policies.

A. Deliberations

149. A number of speakers commended the Chair of the sixty-seventh session for his leadership and welcomed the adoption of the outcome document of the 2024 midterm review at the opening of the high-level segment, on 14 March.

150. Many speakers reaffirmed their commitment to implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 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 Action, the outcome document of the thirtieth special session of the General Assembly, held in 2016, and 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. Furthermore, many speakers reiterated the commitment of their countries to enacting national policies and strategies in line with the three international drug control conventions, which, along with other relevant international instruments, constituted the cornerstone of the international drug control system.

151. Some speakers highlighted the insufficient progress in fulfilling the international drug policy commitments, expressing concern that the existing drug control system, and in particular punitive measures, were often considered inadequate to address the evolving world drug problem. Speakers advocated the use of alternative, human rights-based, non-stigmatizing, non-discriminatory and people-centred approaches. Many speakers emphasized that efforts to fulfil all international drug policy commitments should be aligned with the goals and objectives of the 2030 Agenda.

152. A number of speakers expressed support for organizing thematic discussions during the intersessional meetings leading up to the review in 2029 of progress in the implementation of all international drug policy commitments and stressed the need to take into account the changing nature of challenges identified in the Ministerial Declaration of 2019. Many speakers described growing challenges, including threats posed by synthetic drugs, an increase in the non-medical use of pharmaceutical drugs, persistent threats from new psychoactive substances, rising polysubstance use, new trafficking routes, the increased use of information and communications technologies for drug-related crimes, and the impact of illicit drug markets on the environment and on communities. Several speakers emphasized the impact of humanitarian crises on addressing the challenges identified in the Ministerial Declaration of 2019. Regarding synthetic drugs, a number of speakers welcomed the Global Coalition to Address Synthetic Drug Threats and referred to the UNODC Synthetic Drug Strategy and the Toolkit on Synthetic Drugs, which UNODC had developed in collaboration with INCB and WHO. The importance of addressing persistent, new and emerging challenges through the Commission was highlighted.

153. Many speakers underlined the necessity of a balanced, integrated, comprehensive, multidisciplinary and evidence-based approach to drug policy. Several speakers shared information on national efforts related to legislation, policy and strategy development, the strengthening of institutions and capacity-building, and international and regional cooperation to support the implementation of international drug policy commitments. Some speakers stressed the need to address underlying factors contributing to the non-medical use of drugs and called for a holistic, people-centred and non-stigmatizing approach.

154. A number of speakers reported on demand reduction efforts at the national level and provided information on the implementation of prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, including initiatives aimed at minimizing the public health and social consequences of drug abuse, referred to by many as harm reduction.

155. In addition, a number of speakers shared information on educational initiatives and awareness-raising campaigns in various settings, in particular in schools and other educational institutions. Those initiatives included building the capacity of relevant stakeholders, including at the community level. Speakers also referred to the engagement of religious leaders, leaders of Indigenous communities, people in recovery and civil society organizations in national awareness-raising efforts.

156. The national initiatives reported included the adoption of multidisciplinary approaches in work with academia and the private sector. Among the specific initiatives mentioned was the use of information and communications technologies, such as mobile applications, for demand reduction efforts, thus supporting the development of innovative prevention and treatment interventions. The piloting of wastewater analysis was mentioned as another initiative to monitor the consumption of drugs in communities, and some speakers underlined the need for data collection, early warning systems and research for the development of evidence-based policies on and responses to the non-medical use of controlled substances.

157. Many speakers noted that the increased non-medical use of drugs among young people was a concern. In addressing the specific needs of young people, some speakers reported on the implementation of life skills programmes and positive parenting programmes, including the Children Amplified Prevention Services (CHAMPS) initiative, the Unplugged programme and the “Line Up, Live Up” initiative supported by UNODC.

158. The necessity of increasing the availability, accessibility, affordability and quality of treatment services in various settings was acknowledged by a number of speakers. Many speakers expressed concern about the high levels of overdoses and deaths attributed to drug use in some parts of the world and the importance of learning from experiences in different countries in addressing the management of non-fatal and fatal overdoses. Some speakers highlighted the importance of developing voluntary, gender- and age-sensitive and responsive treatment and care services, including in prison settings and for vulnerable members of society, including individuals with disabilities or psychiatric comorbidities.

159. A number of speakers referred to national initiatives to prevent the transmission of HIV, hepatitis and other infections associated with drug use, and emphasized the importance of scaling up evidence-based HIV and hepatitis prevention, treatment and care services and of ensuring non-discriminatory access to services in the community and in prison settings. In that context, information was shared on joint efforts with civil society organizations, including community-led organizations, in implementing national health policies for the prevention and treatment of HIV and AIDS.

160. Several speakers expressed concern at the inadequate access to and availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and some speakers highlighted the issue of affordability and other barriers. A number of speakers reported on progress made at the national level in addressing those barriers, including the introduction of electronic medical

prescriptions, the establishment of local production facilities, the enhancement of monitoring and tracking capabilities, the provision of training for health-care providers, the distribution of guidelines and educational tools and the implementation of awareness-raising campaigns.

161. In discussing supply reduction efforts, several speakers informed the Commission about successful investigations of drug trafficking cases, seizures and actions leading to the dismantling of organized criminal groups. Statistics on drug seizures and asset confiscation were reported. Some speakers shared information on successful law enforcement operations, including joint investigations, and the formation of coalitions and partnerships at the regional and international levels, which in some cases had led to significant seizures of controlled substances, including cocaine and synthetic opioids. In that context, a number of speakers welcomed the assistance provided by UNODC, including through its Container Control Programme, the Airport Communication Programme (AIRCOP) and the UNODC global programme on strengthening criminal justice cooperation along trafficking routes (CRIMJUST). The importance of adopting a holistic, multilevel and responsive strategy focusing on disrupting criminal networks and their financial flows, among other aspects, was emphasized by some speakers. The need for long-term sustainable alternative development programmes, including community empowerment, was underscored by several speakers.

162. The importance of international, regional and bilateral cooperation efforts to address the world drug problem, based on the principle of common and shared responsibility, was highlighted by many speakers. In that regard, reference was made to the added value of the regional meetings of heads of national drug law enforcement agencies, as well as that of other regional and subregional initiatives, as a means of exchanging experiences and best practices among participating countries. Some speakers stressed the need to further strengthen cooperation and coordination among national authorities at all levels, in particular in the health, education, social, justice and law enforcement sectors, with a view to protecting youth and other vulnerable members of society. The necessity of accurate and reliable data and the importance of national policy evaluation and data- and intelligence-sharing were underlined by several speakers. The importance of early warning mechanisms was emphasized, and speakers encouraged Member States to utilize relevant UNODC and INCB tools. The need for the active and meaningful participation and involvement of the scientific community, civil society and vulnerable members of society in the development and implementation of drug policies was underlined by a number of speakers.

163. The need for technical assistance and capacity-building, including training for law enforcement agencies, national laboratories, health-care professionals and civil society service providers, as well as financial assistance and resource mobilization efforts, was emphasized by many speakers.

B. Action taken by the Commission

164. At its 15th meeting, on 22 March 2024, the Commission adopted a revised draft resolution (E/CN.7/2024/L.3/Rev.2) entitled “Promoting recovery and related support services for people with drug use disorders”, sponsored by Albania, Australia, Belgium (on behalf of the States Members of the United Nations that are members of the European Union), Brazil, Canada, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Japan, Lebanon, New Zealand, Norway, Peru, Singapore, Switzerland, Thailand, the United Kingdom, the United States and Uruguay. (For the text of the resolution, see chap. I, sect. B, resolution 67/1.)

Chapter VI

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

165. At its 11th and 12th meetings, on 20 March 2024, the Commission considered agenda item 7, entitled “Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem”.

166. For its consideration of item 7, the Commission had before it the following:

(a) Note by the Secretariat on promoting coordination and alignment of decisions between the Commission on Narcotic Drugs and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS ([E/CN.7/2024/10](#));

(b) Conference room paper prepared by the Secretariat on inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem ([E/CN.7/2024/CRP.3](#)).

167. Introductory remarks were delivered by a representative of the Drugs, Laboratory and Scientific Services Branch of UNODC.

168. Statements were made by the representatives of Argentina, Malta, the Republic of Korea, Singapore, Thailand, China, the United Kingdom, Kenya, the United States, South Africa, Nigeria, Indonesia, Colombia, Australia, Ghana, Trinidad and Tobago, the Russian Federation, Morocco and India.

169. Statements were made by the representative of the European Union, in its capacity as observer (on behalf of the European Union and its member States),⁵⁶ and by the observers for Norway, Burkina Faso, the Bolivarian Republic of Venezuela and Namibia.

170. Statements were also made by the observers for OHCHR, UNAIDS and INTERPOL. An observer for the International Harm Reduction Association also made a statement.

171. At the 11th meeting, the observer for Israel made a statement in exercise of the right of reply.

Deliberations

172. Many speakers underscored the importance of an inter-agency approach and effective international cooperation in addressing the world drug problem, in line with the principle of common and shared responsibility. Speakers reaffirmed their continued commitment to the work of UNODC as the leading United Nations entity on drug-related matters. The importance of collaboration with INCB and WHO, as well as with other relevant entities, such as OHCHR, UNAIDS and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), within their mandated functions, was highlighted.

173. Many speakers encouraged enhanced partnerships and continued collaboration across the United Nations system, as well as with civil society and other stakeholders, to assist Member States in addressing the multifaceted and complex challenges of the world drug problem, in line with international drug policy commitments, and in implementing the international drug control conventions. A significant number of speakers also stressed the importance of a balanced, comprehensive, human rights- and evidence-based approach, as well as that of science and evidence.

⁵⁶ Also on behalf of Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Liechtenstein, Montenegro, North Macedonia, Norway, the Republic of Moldova, San Marino, Serbia and Ukraine.

174. Some speakers referred to the United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration (CEB/2018/2, annex I), its contribution to promoting coherence in drug policy and the leadership by UNODC of the United Nations system coordination task team on the implementation of the United Nations system common position.

175. Some speakers also mentioned the report of OHCHR entitled “Human rights challenges in addressing and countering all aspects of the world drug problem” (A/HRC/54/53) as a tool that provided relevant recommendations to address global drug policy with a broader perspective grounded in human rights and public health. At the same time, some speakers expressed concern about the adoption by some United Nations bodies, including OHCHR, of recommendations that were at variance with the three international drug control conventions, and noted their counterproductive nature for international anti-narcotics cooperation.

176. A number of speakers mentioned the threat posed by synthetic drugs, illicit drug trafficking and related crimes, and highlighted the necessity of taking effective measures, including through capacity-building, technical assistance and information exchange. Reference was made to specific initiatives, in particular those aimed at improving the capacity of law enforcement agencies at seaports, airports and land border crossings, as well as the role of laboratories and early warning systems. The UNODC Synthetic Drug Strategy was also mentioned.

177. Many speakers highlighted the importance of cooperation and coordination across all sectors at the national, regional and international levels and the need for a multidisciplinary approach to effectively address the world drug problem. A number of speakers also mentioned examples of various national and regional efforts, as well as examples of cooperation with other Member States, UNODC and other United Nations entities and international organizations, that had contributed to progress in various thematic areas, including with regard to preventing and reducing the harm associated with the transmission of HIV/AIDS and other infectious diseases, ensuring the availability of and access to internationally controlled substances for medical and scientific purposes, as well as initiatives to prevent drug use and provide evidence-based treatment of drug use disorders.

178. A number of speakers also referred to the Commission on Narcotic Drugs as the policymaking body of the United Nations with prime responsibility for drug control, to its subsidiary bodies and to its important role in shaping global policy and promoting collaboration among Member States and relevant organizations.

Chapter VII

Recommendations of the subsidiary bodies of the Commission

179. At its 12th meeting, on 20 March 2024, the Commission considered agenda item 8, entitled “Recommendations of the subsidiary bodies of the Commission”.

180. 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 on Narcotic Drugs (E/CN.7/2024/11).

181. An introductory statement was made by a representative of the Secretariat to the Governing Bodies of UNODC.

182. Statements were made by the representatives of South Africa, Thailand, China, the Republic of Korea, Nigeria, Kenya, Indonesia, the United States, Ghana, Colombia and Algeria.

183. Statements were also made by the observers for Albania, Ecuador and Kyrgyzstan.

Deliberations

184. Many speakers expressed appreciation for the work of the subsidiary bodies and underlined their role as an important forum for the regional and international exchange of information, good practices and lessons learned that should be strengthened. They highlighted the opportunities that the subsidiary bodies provided for law enforcement cooperation. A speaker mentioned the need for the subsidiary bodies to focus holistically on both law enforcement and public health approaches to drug policy and encouraged the Commission to explore ways to broaden their reach to include recommendations and observations beyond law enforcement, namely, those of health-care professionals and local governments.

185. A number of speakers reported on the meetings of subsidiary bodies held in 2023 and hosted by their Governments. They noted the broad participation and the work undertaken during the meetings and highlighted the cooperative spirit that had led to the adoption of concrete recommendations, namely, on regional and international cooperation to reduce the illicit cultivation and production of drugs, including alternative development; financial investigations in drug trafficking cases and the role of cryptocurrencies in drug trafficking and related money-laundering; measures to counter the illicit manufacturing and diversion of precursor chemicals; and the link between drugs and the environment. A number of speakers expressed appreciation to the Governments that had hosted the meetings of subsidiary bodies in 2023 and to the secretariat for the support provided for the organization of the meetings.

186. A number of speakers reported on efforts at the national level to implement the recommendations made by their respective regional subsidiary bodies, including on alternative development, police-to-police cooperation, joint investigations, the disruption of organized criminal networks and illicit financial flows, the seizure of cryptocurrencies, the dismantling of clandestine manufacturing facilities for synthetic drugs and the final disposal of synthetic drugs. The importance of education and awareness-raising in relation to drugs and the environment was also highlighted.

187. The representative of Ghana expressed the readiness of his Government 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 resolutions 75/290 A and 75/290 B, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development

188. At its 13th meeting, on 21 March 2023, 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 resolutions 75/290 A and 75/290 B, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development”.

189. A representative 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.

190. Statements were made by the representatives of Thailand, Canada, the United States and Colombia.

191. A statement was also made by the observer for the International Drug Policy Consortium.

Deliberations

192. Speakers reiterated their commitment to the implementation of the 2030 Agenda and underlined that efforts to effectively address the world drug problem and efforts to achieve the Sustainable Development Goals were complementary and mutually reinforcing. Some speakers expressed hope that the Summit of the Future would bring new momentum to the implementation of the 2030 Agenda and reported on their voluntary national reviews and other preparations for the high-level political forum on sustainable development.

193. Some speakers called for comprehensive, people-centred, evidence-based drug policies based on respect for human rights, health and the environment, as well as measures to address crime. The important role of alternative development for the implementation of the 2030 Agenda was underlined. A speaker stated that advancing gender equality and the empowerment of all women and girls was an important way to accelerate progress towards the achievement of all the Sustainable Development Goals.

194. Some speakers underlined the role of UNODC as the leading entity in the United Nations system for addressing the world drug problem, and the importance of effective inter-agency collaboration among United Nations entities to enhance system-wide coherence.

Chapter IX

Provisional agenda for the sixty-eighth session of the Commission

195. At its 14th meeting, on 21 March 2024, the Commission considered agenda item 10, entitled “Provisional agenda for the sixty-eighth 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-seventh session and provisional agenda for its sixty-eighth session” (E/CN.7/2024/L.7).

Action taken by the Commission

196. At its 14th meeting, on 21 March 2024, the Commission decided to recommend for adoption by the Economic and Social Council the draft decision containing the draft provisional agenda for the sixty-eighth session of the Commission (E/CN.7/2024/L.7). (For the text of the draft decision, see chap. I, sect. A, draft decision I.)

Chapter X

Other business

197. At its 14th meeting, on 21 March 2024, 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-seventh session

198. At its 15th meeting, on 22 March 2024, the Commission considered agenda item 12, entitled “Adoption of the report of the Commission on its sixty-seventh session”. The Rapporteur introduced the draft report.

199. At the same meeting, the Commission adopted the report on its sixty-seventh session (E/CN.7/2022/L.1 and E/CN.7/2022/L.1/Add.1–7), as orally amended.

Chapter XII

Organization of the session and administrative matters

A. Informal pre-session consultations

200. At the pre-session consultations chaired by the Chair of the Commission on Narcotic Drugs, Philbert Abaka Johnson (Ghana), and the Second Vice-Chair of the Commission, Barbara Zvokelj (Slovenia), and held on 13 March 2024, the Commission conducted a preliminary review of draft proposals that had been submitted by the deadline of 14 February 2024, pursuant to Commission decision 55/1, and dealt with organizational matters of the sixty-seventh session.

B. Opening and duration of the session

201. The Commission held its sixty-seventh session, including the high-level segment, in Vienna from 14 to 22 March 2024. On 14 March 2024, the Chair of the Commission opened the session.

C. Attendance

202. The session was attended by representatives of 52 States members of the Commission (1 member State was not represented). Also attending were observers for 88 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.

D. Election of officers

203. 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.

204. 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-sixth session, on 8 December 2023, opened its sixty-seventh session for the purpose of electing its Bureau for that session. At that meeting, the Commission elected the members of the Bureau.

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

<i>Office</i>	<i>Regional group</i>	<i>Officer</i>
Chair	African States	Philbert Abaka Johnson (Ghana)
First Vice-Chair	Asia-Pacific States	Asad Alam Siam (Bangladesh)
Second Vice-Chair	Eastern European States	Barbara Zvokelj (Slovenia)

<i>Office</i>	<i>Regional group</i>	<i>Officer</i>
Third Vice-Chair	Western European and other States	Natasha Meli Daudey (Malta)
Rapporteur	Latin American and Caribbean States	Fabio Esteban Pedraza Torres (Colombia)

206. 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.

207. During the sixty-seventh session of the Commission, the extended Bureau met on 19 and 21 March 2024 to consider matters related to the organization of work.

E. Adoption of the agenda and other organizational matters

208. At its 1st and 7th meetings, on 14 and 18 March 2024, the Commission considered the agenda and other organizational matters of the session. At its 1st meeting, the Commission adopted by consensus its provisional agenda and organization of work ([E/CN.7/2024/1](#)), pursuant to Economic and Social Council decision 2023/318. The agenda was as follows:

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

High-level segment

3. High-level segment:
 - (a) Opening of the high-level segment;
 - (b) General debate of the high-level segment;
 - (c) Interactive, multi-stakeholder round tables of the high-level segment:
 - (i) Taking stock: work undertaken since 2019;
 - (ii) The way forward: the road to 2029;
 - (d) Closure of the high-level segment.

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 resolutions 75/290 A and 75/290 B, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.
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10. Provisional agenda for the sixty-eighth session of the Commission.
 11. Other business.
 12. Adoption of the report of the Commission on its sixty-seventh session.

F. Documentation

209. The documents before the Commission at its sixty-seventh session are listed in conference room paper E/CN.7/2024/CRP.14.

G. Closure of the session

210. At the 16th meeting, on 22 March 2024, a closing statement was made by the Executive Director of UNODC. The Chair of the Commission made closing remarks.
