United Nations E/CN.7/2023/L.1/Add.3

Economic and Social Council

Distr.: Limited
15 March 2023

Original: English

Commission on Narcotic Drugs
Sixty-sixth session
Vienna, 13–17 March 2023

Draft report

Rapporteur: Paul Williams (Canada)

Addendum

Implementation of the international drug control treaties

1. At its 5th and 6th meetings, on 15 March 2023, the Commission considered agenda item 5, which read as follows:

"Implementation of the international drug control treaties:

"(a) Changes in the scope of control of substances;

"(b) Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations;

"(c) International Narcotics Control Board;

"(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

"(e) Other matters arising from the international drug control treaties."

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

(a) Note by the Secretariat on changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization (E/CN.7/2023/8);

(b) Conference room paper containing comments by States parties on proposed scheduling recommendations by the World Health Organization (E/CN.7/2023/CRP.5).

3. Introductory statements were made by the Chief and a representative of the Drugs, Laboratory and Scientific Services Branch of UNODC. Introductory statements were also made by observers for the World Health Organization (WHO) and by the President of the International Narcotics Control Board (INCB). A video was presented by the Secretariat.

4. Statements were made by the representatives of China, Japan, South Africa, the United States, the Kingdom of the Netherlands, the Russian Federation, Canada, Brazil, Pakistan, Thailand, Belgium, Kazakhstan, Kenya, Mexico, Ghana and Algeria.

5. Statements were also made by the observers for Indonesia, the representative of the European Union, in its capacity as observer (also on behalf of its member States[1]), and the observers for India, Namibia, Belarus (online) and Burkina Faso.

6. A statement was made by the observer for the Committee on Economic, Social and Cultural Rights.

7. Statements were also made by the observers for the International Association for Hospice and Palliative Care, Physicians for Responsible Opioid Prescribing, Instituto RIA, Corporación ATS Acción Técnica Social, Dejusticia, the Transform Drug Policy Foundation, the European Coalition for Just and Effective Drug Policies, the DRCNet Foundation and the International Harm Reduction Association.

8. The representative of the Russian Federation and the representative of the European Union, in its capacity as observer, made statements in exercise of the right of reply.

A. Deliberations

1. Changes in the scope of control of substances

(a) Consideration of a proposal from the World Health Organization to place 2-methyl-AP-237 in Schedule I of the 1961 Convention

9. The observer for WHO informed the Commission that 2-methyl-AP-237 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. In common with other opioids, 2-methyl-AP-237 was an opioid receptor agonist that produced analgesia, respiratory depression and other typical opioid effects. Its potency was greater than that of morphine and similar to that of fentanyl. The observer stated that, on the basis of its mechanism of action, its known effects and self-reports of its use, 2-methyl-AP-237 was highly likely to be abused and had the potential to produce dependence similar to that induced by other opioids such as morphine and fentanyl. He also stated that, as a potent opioid, 2-methyl-AP-237 had the potential to produce severe adverse effects as well as death through respiratory depression, and that its use had been verified in reported fatalities, often with multiple substances involved. 2-Methyl-AP-237 had been detected in seized materials in countries across several regions. It had no therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and dependence and produced ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention, the WHO Expert Committee on Drug Dependence recommended that 2-methyl-AP-237 also be placed in Schedule I of the 1961 Convention.

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

10. The observer for WHO informed the Commission that etazene was a synthetic opioid that was closely related to opioids such as etonitazene and clonitazene, which were currently controlled under Schedule I of the 1961 Convention. In common with other opioids, etazene was an opioid receptor agonist that produced analgesia,

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

respiratory depression and other typical opioid effects. Its potency was greater than that of morphine and lower than that of fentanyl. The observer stated that, on the basis of its mechanism of action, its known effects and self-reports of its use, etazene was highly likely to be abused and had the potential to produce dependence similar to that induced by other opioids such as morphine and fentanyl. He also stated that, as a potent opioid, etazene had the potential to produce serious adverse effects, such as euphoria as well as death through respiratory depression. Its use had been verified in reported fatalities, typically in combination with other opioids or benzodiazepines. Etazene had been detected in seized materials in countries across several regions. It had no therapeutic use. The observer informed the Commission that, as the substance had potential for similar abuse and dependence and produced ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention, the Committee recommended that etazene also be placed in Schedule I of the 1961 Convention.

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

11. The observer for WHO informed the Commission that etonitazepyne was a potent synthetic opioid that was closely related to opioids such as etonitazene and clonitazene, which were currently controlled under Schedule I of the 1961 Convention. In common with other opioids, etonitazepyne was an opioid receptor agonist that produced typical opioid effects, including analgesia, sedation and respiratory depression. Its potency was greater than that of morphine and fentanyl. The observer stated that, on the basis of its mechanism of action, its known effects and self-reports of its use, etonitazepyne was highly likely to be abused and had the potential to produce dependence similar to that induced by other opioids such as morphine and fentanyl. He also stated that, as a potent opioid, etonitazepyne had the potential to produce serious adverse effects as well as death through respiratory depression, and that its use had been verified in reported fatalities. Etonitazepyne had been detected in seized materials in countries across several regions. It had no therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and dependence and produced ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention, the Committee recommended that etonitazepyne also be placed in Schedule I of the 1961 Convention.

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

12. The observer for WHO informed the Commission that protonitazene was a synthetic opioid that was closely related to opioids such as etonitazene and clonitazene, which were currently controlled under Schedule I of the 1961 Convention. In common with other opioids, protonitazene was an opioid receptor agonist that produced analgesia and other typical opioid effects, including sedation and respiratory depression. Its potency was greater than that of morphine and similar to that of fentanyl. The observer stated that, on the basis of its mechanism of action, its known effects and self-reports of its use, protonitazene was highly likely to be abused and had the potential to produce dependence similar to that induced by other opioids such as morphine and fentanyl. He also stated that, as a potent opioid, protonitazene had the potential to produce serious adverse effects as well as death through respiratory depression, and that its use had been verified in reported fatalities in which the presence of protonitazene had been confirmed, usually in combination with other substances. Protonitazene had been detected in seized materials in countries across several regions. It had no therapeutic use. The observer informed the Commission that, as the substance had potential for similar abuse and dependence and produced ill-effects similar to those of many other opioids placed in Schedule I of the 1961 Convention, the Committee recommended that protonitazene also be placed in Schedule I of the 1961 Convention.

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

13. The observer for WHO informed the Commission that ADB-BUTINACA was a synthetic cannabinoid with a mechanism of action and effects similar to those of other cannabinoids that were currently controlled under Schedule II of the Convention on Psychotropic Substances of 1971. ADB-BUTINACA had been reported to produce effects such as euphoria, appetite stimulation, sedation and paranoia that were similar to the effects of other synthetic cannabinoid agonists. It was likely to be abused and it had the potential to produce dependence in a manner similar to other synthetic cannabinoids. The observer stated that, as a potent cannabinoid receptor agonist, ADB-BUTINACA had the potential to produce serious adverse effects. Cases of overdose resulting in loss of consciousness had been reported, and deaths had been attributed to the use of ADB-BUTINACA, both alone and when taken with other drugs. ADB-BUTINACA had been detected in seized materials in countries across several regions. It 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 other synthetic cannabinoids placed in Schedule II of the 1971 Convention, the Committee recommended that ADB-BUTINACA also be placed in Schedule II of the 1971 Convention.

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

14. The observer for WHO informed the Commission that *alpha*-PiHP was a synthetic cathinone that was closely related to other cathinones, such as *alpha*-PHP and *alpha*-PVP, that were currently controlled under Schedule II of the 1971 Convention. The mechanism of action of *alpha*-PiHP was similar to that of other psychostimulants, including other cathinones and methamphetamine. Consistent with its psychostimulant mechanism of action, *alpha*-PiHP had been reported to produce effects such as euphoria, tachycardia, stimulation and vasoconstriction. In animal models, its potential for abuse was similar to that of methamphetamine and cocaine. In view of its actions and effects on the central nervous system, it would be expected to produce dependence similar to that induced by other psychostimulants such as methamphetamine. The observer stated that, as a psychostimulant with a mechanism of action and effects similar to those of methamphetamine, *alpha*-PiHP had the potential to produce serious adverse effects, including psychosis and cardiac events. Use of *alpha*-PiHP had been verified in reported fatalities and usually detected with other substances, including opioids and benzodiazepines. *Alpha*-PiHP had been detected in seized materials in countries across several regions. It 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 *alpha*-PiHP also be placed in Schedule II of the 1971 Convention.

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

15. The observer for WHO informed the Commission that 3-methylmethcathinone was a synthetic cathinone that was closely related to other cathinones, such as mephedrone, that were currently controlled under Schedule II of the 1971 Convention. The mechanism of action of 3-methylmethcathinone was similar to that of other psychostimulants, including other cathinones and methamphetamine. Consistent with its psychostimulant mechanism of action, 3-methylmethcathinone produced effects such as euphoria, tachycardia, agitation, anxiety, delirium and psychosis. It was likely to be abused and it had the potential to produce dependence in a manner similar to methamphetamine. The observer stated that severe adverse events reported in cases of 3-methylmethcathinone intoxication had included tachycardia, agitation, aggression, hypertension and hallucinations. Deaths had been reported as a result of 3-methylmethcathinone use, both alone and associated with other substances.

3-Methylmethcathinone had been detected in seized materials in countries across a number of regions. It had no therapeutic use. The observer informed the Commission that, as the substance had the potential for similar abuse and produced similar ill-effects as other cathinones placed in Schedule II of the 1971 Convention, the Committee recommended that 3-methylmethcathinone also be placed in Schedule II of the 1971 Convention.

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

16. Several speakers mentioned the continued global challenge posed by new psychoactive substances, in particular new synthetic opioids and synthetic cannabinoids, as well as non-scheduled chemicals and designer precursors. The need to strengthen national, regional and international efforts to address those threats and to protect and promote the health of the population, in particular children and young people, was underscored by a number of speakers.

17. In that regard, responses aimed at controlling new psychoactive substances under the international drug conventions, as well as national efforts to prevent trafficking in and abuse of such substances, were commended. The need for targeted national and regional strategies to complement international scheduling was also mentioned. A number of speakers also referred to various national and regional legislative responses on the matter.

18. The importance of multidisciplinary collaboration and evidence-based information-sharing among Member States, civil society stakeholders and the private sector was highlighted by several speakers.

19. The need for capacity-building at all levels was stressed, including through the sharing of expertise, testing technologies and methodologies for the detection and identification of new psychoactive substances. A number of speakers noted the important role of forensic laboratories in the identification of new substances in order to support early warning mechanisms.

20. The significant role of the UNODC global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme, the UNODC early warning advisory on new psychoactive substances and other regional early warning and information-sharing networks in informing the international community about trends relating to new psychoactive substances was also noted. It was stated that continued strong international cooperation was needed between UNODC, INCB, WHO and other United Nations bodies and agencies in order to analyse, detect, monitor and quickly share information on the use, spread and risks of new psychoactive substances.

21. With regard to designer precursors, several speakers expressed appreciation for the initiatives of INCB, including activities aimed at furthering international cooperation. The need for a proactive approach to identifying emerging precursors was noted, and Governments were urged to share relevant data with INCB. Several speakers expressed their commitment to working together globally to tackle non-scheduled chemicals and designer precursors.

3. International Narcotics Control Board

22. Several speakers expressed support and appreciation for the work of INCB and welcomed its annual report for 2022, as well as the supplement entitled *No Patient Left Behind: Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*. Some speakers welcomed the thematic chapter of the annual report on the use of cannabis for non-medical and non-scientific purposes, while other speakers raised concerns about the information provided in that chapter and highlighted the importance of gathering and analysing further data for the evaluation of drug control policies.

23. With regard to the implementation of drug control policies, the central role of health, including mental health, and the protection of human rights, including promoting equality, non-discrimination and non-stigmatization of people who use drugs, was emphasized. Some speakers highlighted the importance of ensuring the availability of medicines containing internationally controlled substances, including for small countries, as well as evidence-based prevention and the provision of treatment services, including in emergency situations.

24. Speakers reiterated their commitment to the international drug control conventions. The importance of international cooperation in line with the principle of common and shared responsibility was highlighted. Some delegations made reference to the challenges posed by specific substances, such as fentanyl, opioids and new psychoactive substances.

25. A number of speakers mentioned the importance of capacity-building and technical assistance. In that regard, reference was made to INCB global programmes, namely, INCB Learning and the Global Rapid Interdiction of Dangerous Substances (GRIDS) Programme, as well as to other INCB initiatives, such as the recently launched Pre-Export Notification Online (PEN Online) Light system, the work of INCB on the digitalization of trade and on reporting requirements for cannabis-related substances, as well as the work of INCB on access to and the availability of controlled substances for medical and scientific purposes. Delegations highlighted the valuable contribution of those projects to enhancing global cooperation in implementing the three international drug control conventions and expressed appreciation for the efforts of the Board, either in supporting or supervising Member States in the implementation of the treaties.

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

26. Many speakers highlighted the importance of ensuring the availability of and access to narcotic drugs and psychotropic substances for medical and scientific purposes, and recognized the work carried out by INCB, WHO, UNODC and the Commission in that regard.

27. Several speakers expressed concern about the persistent global disparity in the levels of availability and affordability of controlled substances for medical purposes. Problems in the procurement of essential medications at the international level and problems with the granting of export licences for controlled substances were mentioned as obstacles to ensuring access for medical purposes. Speakers raised the issue of the difficulties encountered by countries in emergency situations – with some citing terrorism, war and sanctions – in gaining access to urgently needed internationally controlled medicines. Some speakers also highlighted the problem of the non-medical use of controlled substances, in particular strong opioids, as a reason for many overdose deaths in some regions.

28. Many speakers expressed their commitment to addressing those issues in the context of the legal framework provided by the international drug control conventions. Several speakers described the measures taken by their Governments to improve access to and the availability of controlled substances for medical purposes. A number of speakers reiterated the importance of the technical assistance and continued support provided by INCB, WHO, UNODC and other organizations, and encouraged Member States and relevant international organizations to take concrete steps in that direction.

29. Some speakers expressed their appreciation and support for the global “Access and availability” initiative led by the Chair of the Commission at its sixty-fifth session, an awareness-raising campaign aimed at scaling up the implementation of international commitments on improving the availability of and access to controlled substances for medical and scientific purposes.

5. Other matters arising from the international drug control treaties

30. Speakers recalled that the international drug control conventions were the cornerstone of the international drug control system. States were urged to ensure full compliance with the three international drug control conventions. Speakers also underlined the role of the Commission as the policymaking body of the United Nations with prime responsibility for drug control and other drug-related matters. Reference was made to the persisting challenges of drug cultivation, production and trafficking, as well as to the dynamically expanding market for new psychoactive substances. The need for consolidated actions in line with the principle of common and shared responsibility, as outlined in the outcome document of the thirtieth special session of the General Assembly, held in 2016, was highlighted. In addition, the contribution to the achievement of the Sustainable Development Goals of integrated and balanced drug policies that respected the principle of common and shared responsibility and human rights was underlined.

B. Action taken by the Commission

31. At its 5th meeting, on 15 March 2023, the Commission decided by 47 votes to none, with no abstentions, to include 2-methyl-AP-237 in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

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

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

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

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

36. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include *alpha*-PiHP in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

37. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include 3-methylmethcathinone in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)