



United Nations

Commission on Narcotic Drugs
Report on the sixty-third session
(13 December 2019 and
2–6 March 2020)

Economic and Social Council
Official Records, 2020
Supplement No. 8



Commission on Narcotic Drugs

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(13 December 2019 and 2–6 March 2020)**



United Nations • New York, 2020

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.

The report of the Commission on Narcotic Drugs on its reconvened sixty-third session, to be held on 3 and 4 December 2020, will be issued as *Official Records of the Economic and Social Council, 2020, Supplement No. 8A* (E/2020/28/Add.1).

[23 March 2020]

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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 sixty-third session of the Commission on Narcotic Drugs was held from 2 to 6 March 2020. The present document contains the report on the sixty-third session. Chapter I contains the text of the resolutions and decisions adopted by the Commission or recommended by the Commission for adoption by the Economic and Social Council.

During its session, the Commission considered 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; the scheduling of substances in accordance with the international drug control treaties and other matters arising from those treaties; strategic management, budgetary and administrative questions; recommendations of the subsidiary bodies of the Commission; inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem; and matters relating to the Economic and Social Council, including the follow-up to and the review and implementation of the 2030 Agenda for Sustainable Development.

The Commission decided to include crotonylfentanyl and valeryl fentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol. The Commission further decided to include DOC in Schedule I of the Convention on Psychotropic Substances of 1971, AB-FUBINACA, 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA), 5F-MDMB-PICA (5F-MDMB-2201), 4F-MDMB-BINACA, 4-CMC (4-chloromethcathinone, clephedrone), *N*-ethylhexedrone and *alpha*-PHP in Schedule II of the 1971 Convention, and flualprazolam and etizolam in Schedule IV of the 1971 Convention. The Commission also decided to include methyl *alpha*-phenylacetoacetate (MAPA), including its optical isomers, in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The Commission also decided to continue during its sixty-third session the consideration of the recommendations of the World Health Organization on cannabis and cannabis-related substances and to vote at its reconvened sixty-third session, to be held in December 2020. The Commission adopted, pursuant to the commitment made in the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem, adopted in 2019, a revised and streamlined annual report questionnaire to reflect and assess progress made in the implementation of all commitments contained in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted in 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, adopted in 2014, and the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

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

The Commission adopted the following five resolutions, which cover a broad range of issues: “Promoting efforts by Member States to address and counter the world drug problem, in particular supply reduction-related measures, through effective partnerships with private sector entities”, “Promoting and improving the

collection and analysis of reliable and comparable data to strengthen balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem”, “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”, “Promoting the involvement of youth in drug prevention efforts” and “Promoting alternative development as a development-oriented drug control strategy”.

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-third session and provisional agenda for its sixty-fourth session

The Economic and Social Council:

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

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

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

Operational segment

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

Normative segment

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

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

10. Provisional agenda for the sixty-fifth session of the Commission.
11. Other business.
12. Adoption of the report of the Commission on its sixty-fourth 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 2019.¹

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

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

Resolution 63/1

Promoting efforts by Member States to address and counter the world drug problem, in particular supply reduction-related measures, through effective partnerships with private sector entities

The Commission on Narcotic Drugs,

Underscoring that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,² the Convention on Psychotropic Substances of 1971,³ the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁴ and other relevant international instruments constitute the cornerstone of the international drug control system,

Recalling that the Political Declaration adopted by the General Assembly at its twentieth special session, in 1998, devoted to countering the world drug problem together,⁵ the Political Declaration and Plan of Action on International Cooperation

¹ E/INCB/2019/1.

² United Nations, *Treaty Series*, vol. 976, No. 14152.

³ *Ibid.*, vol. 1019, No. 14956.

⁴ *Ibid.*, vol. 1582, No. 27627.

⁵ General Assembly resolution [S-20/2](#), annex.

towards an Integrated and Balanced Strategy to Counter the World Drug Problem⁶ 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,⁷ 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”,⁸ 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,⁹ adopted during the ministerial segment of the sixty-second session of the Commission, in 2019, are the important milestones in addressing and countering the world drug problem,

Reaffirming 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 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 International Narcotics Control Board and the World Health Organization,

Underscoring the important role played by relevant stakeholders, including private sector entities, in contributing to the efforts of Member States to address and counter the world drug problem,

Underscoring also that Member States and private sector entities are subject to a framework of national and international laws and regulations in their interactions with each other and in their respective activities,

Recognizing that the scope and definition of private sector entities differs by country and that private sector entities may be involved in manufacturing, transportation, communications, commerce and other sectors,

Welcoming the contributions by private sector entities to support Member States, in accordance with relevant and applicable laws and regulations, in their efforts to counter the world drug problem by fostering innovative approaches, exchanging information and safeguarding supply chains, products and platforms from criminal exploitation,

Noting with concern that drug traffickers continue to exploit tools of modern commerce, including financial transfer services and platforms, to traffic in precursors, pre-precursor chemicals and synthetic drugs, and welcoming efforts by the private sector to safeguard their supply chains, products and platforms from such exploitation,

Recognizing the important role of cooperation between Governments and information and communications technology companies to prevent, interdict and reduce online illicit drug trafficking and prevent the diversion of precursors, including by advancing partnerships with those companies, such as business-to-business service providers, and by preventing the use of cryptocurrencies in those illicit transactions,

Welcoming the level of interaction already achieved between Member States and the private financial sector with regard to identifying trends and exchanging relevant information related to illicit financial flows linked to drug trafficking, and encouraging Member States, in accordance with their national legislation and, where necessary, with the support of the United Nations Office on Drugs and Crime and

⁶ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

⁷ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

⁸ General Assembly resolution S-30/1, annex.

⁹ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

other relevant regional and international organizations, to enhance that interaction, including in financial centres and vulnerable commercial sectors,

Reiterating the importance of approaches to countering illicit drug and precursor trafficking that involve the cooperation and coordination among competent authorities, as well as industry and the private sector,

Welcoming the United Nations Toolkit on Synthetic Drugs and the United Nations Office on Drugs and Crime opioid strategy, which provide Member States with resources to address challenges posed by synthetic drugs, including by fostering cooperation with private sector entities and enhancing collaboration with relevant international organizations, including the World Health Organization, the International Narcotics Control Board, the World Customs Organization and the Universal Postal Union,

Highlighting the importance of the International Narcotics Control Board global communications platforms that facilitate real-time information exchange, specifically the Project Ion Incident Communication System and the Precursors Incident Communication System,

Highlighting also the importance of the International Narcotics Control Board global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales project and the importance of close coordination with the United Nations Office on Drugs and Crime as it is implemented,

Welcoming initiatives by the International Narcotics Control Board, in partnership with Member States, of convening expert working group meetings comprised of relevant public and private sector entities to explore and implement practical cooperative approaches to counter illicit trafficking in new psychoactive substances, non-medical synthetic opioids and related precursors, and expressing appreciation for the efforts of the International Narcotics Control Board to continue to provide updates to Member States on the outcomes of these meetings,

Concerned by the growing illicit trafficking and diversion of precursor chemicals, and recalling in this regard the *Guidelines for a Voluntary Code of Practice for the Chemical Industry*,¹⁰ issued by the International Narcotics Control Board,

Recognizing the legitimate need, in particular of the industry and trade sectors, to have access to precursor chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and the important role of the private sector in preventing diversion from the licit manufacture of and trade in such substances,

Recalling the lists of substances and precursors with no currently known legitimate medical or industrial uses, beyond limited research and analytical purposes, such as the limited international special surveillance list, which includes and highlights drug precursors with no known legitimate uses, developed by the International Narcotics Control Board, which are valuable tools used by relevant national authorities and other stakeholders, including the private sector, to help States and the private sector take appropriate measures to prevent the illicit manufacture of and trafficking in those substances and precursors,

Appreciating efforts by Member States in addressing challenges posed by synthetic drugs, including the scheduling of substances by class at the national level, where appropriate,

Concerned that the illicit use of materials and equipment used in the manufacture of narcotic drugs and psychotropic substances facilitates the proliferation of new psychoactive substances and undermines the ability of the international community to effectively control those substances, and welcoming in this regard the guidelines to prevent and investigate the diversion of materials and

¹⁰ United Nations publication, Sales No. E.09.XI.17.

equipment essential for illicit drug manufacture in the context of article 13 of the 1988 Convention, developed by the International Narcotics Control Board,

Recognizing that, where appropriate and in accordance with their domestic law, partnerships or cooperation between government and private sector entities may also be relevant and fruitful for addressing and countering other aspects of the world drug problem, such as demand reduction and related measures as well as the availability of and access to controlled substances exclusively for medical and scientific purposes,

1. *Encourages* Member States to establish and strengthen partnerships or cooperation with private sector entities to contribute to the efforts of Member States to address and counter the world drug problem, and reaffirms that such engagements must be in accordance with applicable domestic and international law, including the protection of personal or proprietary data, and respect human rights and fundamental freedoms, including rights concerning respect for privacy, bearing in mind also the principle of common and shared responsibility and the need to avoid the conflict of interest between supervising regulatory compliance and promoting voluntary cooperation;

2. *Encourages* partnering activities between countries with established voluntary public-private cooperation mechanisms and countries wishing to develop similar mechanisms, with a view to, inter alia, exchanging best practices and information in accordance with national legislation;

3. *Also encourages*, in accordance with national legislation, cooperation between authorities involved in identifying and countering drug trafficking, the diversion of precursors and the trafficking of scheduled and non-scheduled precursors used in the illicit manufacture of drugs and related money-laundering, and encourages private sector entities, including financial institutions, designated non-financial businesses and professions, and providers of money or value transfer services, to identify suspicious transactions;

4. *Invites* Member States and private sector entities to consider approaches and partnerships which afford a commensurate level of assurances and legal protections for the private sector when taking action to safeguard its platforms, services and supply chains and enhance the identification and disruption of illicit drug trafficking, the diversion and illicit trafficking of precursors and related money-laundering, such as through the ability of private sectors to close or deny services to drug traffickers;

5. *Urges* Member States to take further steps to prevent the diversion of drugs, including synthetic drugs, including through measures and initiatives addressing the training of relevant professionals and, where appropriate, education and raising public awareness and engaging with private sector entities;

6. *Encourages* Member States to make use of the *Guidelines for a Voluntary Code of Practice for the Chemical Industry*,¹⁰ issued by the International Narcotics Control Board, and the Board's model memorandum of understanding between Governments and private sector partners;

7. *Recognizes* the important contribution of the United Nations Office on Drugs and Crime early warning advisory on new psychoactive substances in identifying new dangerous substances appearing on illicit markets, and encourages Member States to contribute to and benefit from the advisories emanating from that early warning system;

8. *Encourages* Member States to make use of lists of substances and precursors with no currently known legitimate medical or industrial uses, beyond limited research and analytical purposes, such as the limited international special surveillance list, which includes and highlights drug precursors with no known legitimate uses, developed by the International Narcotics Control Board;

9. *Also encourages* Member States to consider applying the guidelines to prevent and investigate the diversion of materials and equipment essential for illicit

drug manufacture in the context of article 13 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁴ developed by the International Narcotics Control Board;

10. *Requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, within its treaty-based mandate, to assist Member States in their efforts to achieve the aims of the drug control conventions, as well as other regional and international organizations and other relevant stakeholders, as appropriate, in cooperation with Member States, to further develop practical tools and innovative methods of cooperation between Governments and relevant private sector entities, with the aim of preventing the exploitation of legitimate industries for purposes of the illicit manufacture of and trafficking in drugs, including synthetic drugs, and precursors;

11. *Invites* Member States to make use of the United Nations Toolkit on Synthetic Drugs to inform and implement national strategic interventions to address and counter the world drug problem, in particular supply reduction-related measures, through effective partnerships with private sector entities;

12. *Invites* the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their existing mandates and upon request, to provide technical assistance to Member States to support their efforts to address and counter the world drug problem, in particular supply reduction-related measures, through effective partnerships with private sector entities;

13. *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 63/2

Promoting and improving the collection and analysis of reliable and comparable data to strengthen balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem

The Commission on Narcotic Drugs,

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”,¹¹ in which Member States recognized that the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach,

Recalling also the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,¹² adopted at its sixty-second session, in 2019, in which Member States committed to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the

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

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

world drug problem, placing the safety, health and well-being of all members of society, in particular youth and children, at the centre of their efforts,

Recalling further that in the Ministerial Declaration, Member States committed to ensuring that the Commission-led follow-up on the implementation of all commitments to address and counter the world drug problem made since 2009 is done in a single track, which includes ensuring that the collection of reliable and comparable data, through a strengthened and streamlined annual report questionnaire, reflects all commitments,

Recalling the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem¹³ of 2009, in which Member States took account of the need for indicators and instruments for the collection and analysis of accurate, reliable and comparable data on all relevant aspects of the world drug problem and, where appropriate, the enhancement of new indicators and instruments, recommended that the Commission on Narcotic Drugs take further measures to address that issue, and recommended the establishment, through the Commission on Narcotic Drugs and in coordination with the Statistical Commission of the Economic and Social Council, of clear and measurable indicators in the area of supply reduction in order to accurately assess the achievement of any goals and targets that might be set by the international community beyond 2009,

Welcoming the expert-level consultations on strengthening and streamlining the existing annual report questionnaire that were convened by the United Nations Office on Drugs and Crime, in close consultation with Member States, in an inclusive manner,

Recalling the commitment of Member States to promoting and improving the collection, analysis and sharing of quality and comparable data, in particular through targeted, effective and sustainable capacity-building, in close cooperation with the International Narcotics Control Board and the World Health Organization, as well as with the United Nations Office on Drugs and Crime and other relevant partners, including through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission, with a view to strengthening national data-collection capacity in order to improve the response rate and expand the geographical and thematic reporting of related data in accordance with all commitments,

Reaffirming its resolution 58/7 of 17 March 2015, on strengthening cooperation with the scientific community, including academia, and promoting scientific research in drug demand and supply reduction policies in order to find effective solutions to various aspects of the world drug problem, in which it recognized the need to increase investment in scientific evidence-based research and evaluation in order to properly implement and assess effective drug demand and supply reduction policies and related programmes,

Acknowledging the participatory role that other relevant stakeholders, including civil society, affected populations and their families, community members and local organizations, may play in the development and implementation of data collection and the monitoring and evaluation of drug policies and programmes,

Acknowledging also that strengthening data collection and scientific research is essential for the development and evaluation of effective drug policies, that this requires comprehensive, timely, objective and reliable information on trends in drug use and their impact on health, as well as on developments in drug supply and the dynamics of the drug market, and that more research and scientific evidence-based knowledge is therefore needed for effective and efficient responses and interventions on all aspects of the world drug problem, taking into account that understanding and

¹³ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

assessing changes in the drug phenomenon requires a common effort, coordinated action and knowledge that no country can achieve alone,

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

Noting that despite considerable efforts made over the years to improve the data presented in the *World Drug Report*, which rely to a large extent on information submitted by Member States through the annual report questionnaire, challenges remain in producing such data because several Member States lack the monitoring systems necessary to produce objective, reliable and internationally comparable data,

Encouraging the work of the United Nations Office on Drugs and Crime on collecting, analysing and presenting data on the global drug situation, which is essential to better substantiate our actions at the national, regional and international levels and to be able to assess areas where we need to accelerate the implementation of our joint commitments to address and counter the world drug problem, and requesting the Office to continue to support Member States, at their request, in their efforts to collect and analyse data, including in the areas where data are scarce,

Taking note of the efforts of the United Nations Office on Drugs and Crime to coordinate and ensure effective United Nations inter-agency collaboration to support the implementation of international drug control policies and to promote the scientific evidence-based implementation of international commitments, in particular through improved and coordinated data collection,

Welcoming its close cooperation with the Statistical Commission, while also noting that the methodological challenges of collecting data in the area of drugs also requires appropriate methods and expertise,

Recalling its resolution 60/4 of 17 March 2017, on preventing and responding to the adverse health consequences and risks associated with the use of new psychoactive substances, and recognizing the progress made by the United Nations Office on Drugs and Crime in the collection of toxicological and pharmacological data on new psychoactive substances to inform scientific evidence-based responses and drug policy decisions,

Underscoring the need for Member States to enhance, where appropriate, their cooperation through the sharing of scientific information, best practices and lessons learned, in order to improve our balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem,

1. *Calls upon* Member States to analyse their policies and responses, including regarding demand and supply reduction, alternative development, international cooperation, access to and availability of controlled substances for medical and scientific purposes and cross-cutting issues such as drugs and human rights, youth, women, children, vulnerable members of society and communities, by gathering scientifically robust data on their effectiveness and efficiency in addressing and countering the world drug problem;

2. *Encourages* Member States to collect and share quantitative and qualitative data, disaggregated by age and sex, related to the world drug problem, including when providing information through the annual report questionnaire as well as when reporting to the Commission, as mandated by the three international drug control conventions, and to mainstream a gender perspective in the research and analysis on the various aspects of the world drug problem, with a view to addressing the knowledge gap on women and drug use;

3. *Calls upon* Member States to cooperate with one another, including through their competent national authorities and national statistical entities, and to invest in and share scientific information, best practices and lessons learned with the aim of increasing our capacity and collective knowledge regarding the effectiveness and efficiency of our responses to address and counter the world drug problem;

4. *Invites* all parties to analyse how the collection of reliable and comparable data to strengthen balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem can contribute to the achievement of the Sustainable Development Goals;

5. *Invites* the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, as well as regional and intergovernmental organizations, to streamline the international and regional collection of data and improve data-sharing between organizations, thereby strengthening inter-agency cooperation and avoiding duplication of work;

6. *Invites* the United Nations Office on Drugs and Crime to continue to strengthen its cooperation with the Statistical Commission as well as the scientific community, including academia, on the specific challenge of collecting and analysing data on the world drug problem, including on persistent and emerging challenges;

7. *Requests* the United Nations Office on Drugs and Crime, in cooperation with the International Narcotics Control Board, the World Health Organization, other relevant international organizations and also Member States, to develop and promote internationally recognized standards for collecting reliable, valid and comparable data on addressing the world drug problem, including through the improved and streamlined annual report questionnaire, in order to appropriately meet the needs of countries with different data-collection capacities and needs;

8. *Also requests* the United Nations Office on Drugs and Crime to continue promoting and strengthening regional capacity in data collection, analysis and reporting, which can allow Member States facing similar problems to share experiences and best practices and also, within the international system, avoid duplication of efforts and maximize the benefit gained from the expertise that exists within regional networks, such as the European Monitoring Centre for Drugs and Drug Addiction and its European information network on drugs and drug addiction, the Inter-American Drug Abuse Control Commission, the African Union, the Shanghai Cooperation Organization, the Central Asian Regional Information and Coordination Centre and the Association of Southeast Asian Nations;

9. *Further requests* the United Nations Office on Drugs and Crime to continue to convene an informal international scientific network as mandated in its resolution 58/7 and to consider the input of that network to the efforts of the Office to promote and improve the collection and analysis of reliable, valid and comparable data;

10. *Requests* the United Nations Office on Drugs and Crime, and invites the International Narcotics Control Board, the World Health Organization and other United Nations entities, to continue to provide, within their mandates, upon request, advice and assistance, based on scientific evidence-based knowledge, to States that are reviewing and updating their drug policies or responses;

11. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to brief Member States on a regular basis on the efforts of the Office to coordinate and ensure effective United Nations inter-agency collaboration to support the implementation of international drug control policies and to promote the scientific evidence-based implementation of international commitments, in particular through improved and coordinated data collection;

12. *Encourages* the United Nations Office on Drugs and Crime, in close cooperation with Member States, pertinent United Nations entities and intergovernmental and regional organizations, to develop and support the implementation of an approach for targeted capacity-building appropriate to the needs and conditions of different countries in order to facilitate the collection of reliable, valid and comparable data and the reporting of data required by the annual report questionnaire;

13. *Also encourages* the United Nations Office on Drugs and Crime to continue to facilitate, upon request, the exchange between Member States of best practices and lessons learned on the effects of their efforts in working towards balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem;

14. *Invites* Member States and other donors to consider providing extrabudgetary resources for the purposes of the present resolution, in accordance with the rules and regulations of the United Nations.

Resolution 63/3

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

The Commission on Narcotic Drugs,

Recalling the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,¹⁴ 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 1971,¹⁵ 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 article 12 of the International Covenant on Economic, Social and Cultural Rights,¹⁶ in which States parties recognized the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and in which it is stated that the steps to be taken by the States parties to the Covenant to achieve the full realization of that right shall include those necessary for the creation of conditions which would assure to all medical service and medical attention in the event of sickness,

Recognizing that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction as to race, religion, political belief or economic or social condition, and reaffirming its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies,

Recalling the 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,¹⁷ 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 this regard, including affordability,

Recalling also the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,¹⁸ in which Member States committed themselves

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

¹⁵ United Nations, *Treaty Series*, vol. 1019, No. 14956.

¹⁶ General Assembly resolution 2200 A (XXI), annex.

¹⁷ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

¹⁸ General Assembly resolution [S-30/1](#), annex.

to improving access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in that regard, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, while concurrently preventing their diversion, abuse and trafficking,

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 its resolution 53/4 of 12 March 2010, on promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse, its resolution 54/6 of 25 March 2011, on promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse, and its resolution 62/5 of 22 March 2019, on enhancing the capacity of Member States to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes,

Recalling also its resolution 61/11 of 16 March 2018, on promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users, and guided by the outcome document of the thirtieth special session of the General Assembly, in which Member States reiterated their resolve to prevent social marginalization and promote non-stigmatizing attitudes and to encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity,

Deeply concerned that the undertreatment of pain is still a significant challenge in the majority of countries, with children being disproportionately impacted, and that global disparity and imbalance in terms of access to internationally controlled substances, particularly in developing countries, remain, despite all efforts,¹⁹ and stressing the harms and risks associated with the lack of access to safe, effective, high-quality and affordable medicines,

Fully aware of the challenges posed by the misuse or non-medical use of opioids affecting some parts of the world, which underscores the need for a balanced and comprehensive approach to the problem at all levels,

Emphasizing that tens of millions of people currently require palliative care every year,²⁰ foreseeing the increased need for palliative care among ageing populations and the rise of non-communicable and other chronic diseases worldwide, considering the importance of palliative care for children, and in this regard acknowledging that Member States should have estimates of the quantities of internationally controlled substances needed for medical and scientific purposes, including medicines in paediatric formulations,

¹⁹ Supplement to the *Report of the International Narcotics Control Board for 2018*, World Health Organization, “Guideline for the management of chronic pain in children” (January 2020) and United Nations Office on Drugs and Crime, “Technical guidance: increasing access and availability of controlled substances” (March 2018).

²⁰ World Health Assembly resolution 67.19 of 24 May 2014, preambular paragraph 10.

Affirming that access to internationally controlled substances for medical and scientific purposes, including for palliative care and emergency medical care, contributes to the right to the enjoyment of the highest attainable standard of physical and mental health,

Recalling that the International Narcotics Control Board, within its treaty-based mandates, collects statistical data provided by Member States, estimates of their legitimate requirements of narcotic drugs and assessments of their legitimate requirements of psychotropic substances, as well as data on licit manufacture and trade in such substances, and endeavours to ensure their availability for medical and scientific purposes,

Noting that the United Nations Office on Drugs and Crime, within its mandate, and in cooperation with Governments, collects statistical data provided by Member States on access to and the availability of internationally controlled substances for medical and scientific purposes,

Taking note of the United Nations Office on Drugs and Crime publication entitled “Technical guidance: increasing access and availability of controlled medicines”, in which it is underscored that increasing access to and the availability of controlled medicines requires an integration of actions within three core areas, namely, the strengthening and integration of systems, education and awareness, and supply chain management, while taking into account the following five cross-cutting themes: economic structure, consistent messaging, patient-centred care, prevention of diversion and non-medical use, and data and research,

Recalling the supplement to the *Report of the International Narcotics Control Board for 2018* entitled *Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*, in which it is noted that Member States have increasingly reported the lack of training and awareness among health-care professionals as a major impediment to the availability of controlled substances for medical and scientific purposes, including the fact that only 62 per cent of reporting countries have medical schools that offer palliative care courses,

Emphasizing the important role of the scientific community, non-governmental organizations and civil society, including health-care professionals, 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 on 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,²¹

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,

Recalling the memorandum of understanding of February 2017 between the World Health Organization and the United Nations Office on Drugs and Crime,

Noting the efforts of the United Nations Office on Drugs and Crime to coordinate and ensure effective United Nations inter-agency collaboration to support the implementation of international drug control policies and to promote the scientific, evidence-based implementation of international commitments, particularly with regard to access to and the availability of internationally controlled substances for medical and scientific purposes,

²¹ See World Health Assembly resolutions 67.19 of 24 May 2014, 69.25 of 28 May 2016 and 70.12 of 31 May 2017.

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,

Noting with appreciation also the United Nations Office on Drugs and Crime integrated strategy on the global opioid crisis, including the United Nations Toolkit on Synthetic Drugs, which, inter alia, promotes the rational use of, and access to, opioids for medical and scientific purposes,

1. *Reaffirms* all relevant international drug policy commitments, in particular those to effectively implement the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,¹⁸ on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion, and in particular the recommendation to take measures, in accordance with national legislation, to provide capacity-building and training, including with the support of relevant United Nations entities such as the World Health Organization and the United Nations Office on Drugs and Crime, targeted at competent national authorities and health-care professionals, including pharmacists, on adequate access to and use of controlled substances for medical and scientific purposes, including the relief of pain and suffering, consider the development and wider implementation of relevant clinical guidelines on the rational use of controlled medicines, and conduct appropriate awareness-raising campaigns under the coordination of relevant national health authorities and in cooperation with other relevant stakeholders;

2. *Reiterates* that a key objective of the international drug control system is to ensure the availability of and access to controlled substances for medical and scientific purposes while preventing their non-medical use or diversion into illicit channels and that to this end efforts are needed to address all the existing barriers, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessments and reporting, benchmarks for consumption of substances under control and international cooperation and coordination;

3. *Stresses* the importance of a comprehensive, strategic approach to improving access to and the availability of controlled substances for medical and scientific purposes and their rational use, including for emergency medical care;

4. *Encourages* Member States to make use of the technical support and guidance of the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their existing mandates, in improving access to and the availability of controlled substances for medical and scientific purposes and their rational use, including for emergency medical care;

5. *Encourages* the United Nations Office on Drugs and Crime, the World Health Organization and the Union for International Cancer Control to continue their work on the joint global programme, and invites the International Narcotics Control Board to continue, within its existing mandate, its work on the global learning project and the regional training seminars conducted in cooperation with the World Health Organization and the Office;

6. *Encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, within their existing mandates, to continue to develop the module on access to medicines of the United Nations Toolkit on Synthetic Drugs to include information and resources

on ensuring access to and the availability of controlled substances, and to operationalize and disseminate the information about the interventions included in the Toolkit by incorporating them, as appropriate, into the technical assistance and capacity-building programmes of the Office;

7. *Encourages* Member States to adopt measures for awareness-raising, which includes the provision of objective and adequate information to all relevant persons, including patients, family members and caregivers, and stresses the importance of the education and training of health-care professionals, such as physicians, pharmacists and nurses, on the essential role and rational use of controlled substances for medical and scientific purposes and the negative outcomes associated with non-medical use and diversion;

8. *Calls upon* Member States to promote the adequate provision and implementation of evidence-based guidelines and tools, comprehensive education and training programmes, and targeted awareness-raising initiatives, including the provision of objective and adequate information, on the essential role and rational use of controlled substances for medical and scientific purposes;

9. *Encourages* Member States to include in their education, awareness-raising and training programmes information on how cultural attitudes towards the management of health conditions, as well as the relief of pain, are acting as an impediment to access to and the availability of internationally controlled substances for medical purposes, including palliative care, for all those in need, including drug users;

10. *Urges* the United Nations Office on Drugs and Crime and the International Narcotics Control Board, and invites the World Health Organization, to continue strengthening and improving their inter-agency cooperation in this area and, within their respective mandates, to continue to provide multidisciplinary technical support to Member States, including with regard to education, training and awareness-raising, and also to continue to provide objective and adequate information on the essential role and rational use of controlled substances for medical and scientific purposes;

11. *Encourages* Member States and regional and international organizations to undertake initiatives that strengthen and facilitate cooperation and the exchange of information among competent national authorities, the scientific community, civil society and other relevant stakeholders, including in the private sector, with a view to improving access to and the availability of controlled substances for medical and scientific purposes and their rational use;

12. *Encourages* Member States, and invites the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other relevant international organizations, in accordance with their respective mandates, to facilitate, upon request, the provision of technical assistance to the States most affected by insufficient access to and lack of availability of international controlled substances for pain relief, in particular developing countries;

13. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-sixth session on the implementation of the present resolution, taking into account the work of and including its collaboration with the International Narcotics Control Board and the World Health Organization, within existing reporting obligations;

14. *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 63/4

Promoting the involvement of youth in drug prevention efforts

The Commission on Narcotic Drugs,

Reaffirming its commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind, as well as the individual and public health-related, social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, in particular among children and young people, and drug-related crime,

Affirming the importance of involving youth and youth-based organizations in the programmes of the United Nations and at the national, regional and international levels in matters of concern to them, in particular with respect to the misuse of narcotic drugs and psychotropic substances,

Bearing in mind that the definition of the term “youth” varies in different countries around the world and has changed continuously in response to fluctuating political, economic and sociocultural circumstances, and noting that in the World Programme of Action for Youth to the Year 2000 and Beyond,²² the world youth population is defined as the age cohort 15–24, but that other definitions also exist,

Reaffirming the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²³ of 2009, in which Member States are called upon to ensure that prevention programmes target and involve youth and children, with a view to increasing their reach and effectiveness and involving all stakeholders at the community level, including the target populations, their families, community members, employers and local organizations, in the planning, delivery, monitoring and evaluation of drug demand reduction measures,

Reaffirming also 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”,²⁴ in particular its operational recommendations to take effective and practical primary prevention measures that protect people, in particular children and youth, from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environments and by ensuring equal access to education and vocational training, and to increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness-raising campaigns, including by using the Internet, social media and other online platforms, develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services,

Recalling the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,²⁵ adopted at its sixty-second session, in 2019, in which Member States committed themselves to safeguarding our future and ensuring that no one affected by the world drug problem

²² General Assembly resolution 50/81, annex, and resolution 62/126, annex.

²³ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

²⁴ General Assembly resolution S-30/1, annex.

²⁵ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

is left behind by enhancing efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem, placing the safety, health and well-being of all members of society, in particular youth and children, at the centre of their efforts,

Recalling also Youth 2030: the United Nations Strategy on Youth, which informs the efforts of the United Nations, including the United Nations Office on Drugs and Crime, in stepping up support for the empowerment of young people while ensuring that these efforts fully benefit from their insights and ideas,

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

Recalling its resolution 60/7 of 17 March 2017, on promoting scientific evidence-based community, family and school programmes and strategies for the purpose of preventing drug use among children and adolescents, in which it invited Member States to involve, as appropriate, children and adolescents in the development, implementation, monitoring and evaluation of community, family and school drug prevention programmes and strategies,

Recalling also its resolution 61/7 of 16 March 2018, in which it encouraged Member States to promote, as appropriate, an effective participatory role for young people and the organizations that work with them when developing and implementing drug policies and programmes,

Recalling further its resolution 57/3 of 21 March 2014, in which it highlighted that prevention that is based on scientific evidence and on a process of adaptation to local culture and socioeconomic circumstances is the most cost-effective approach to preventing drug use and other risky behaviours and is therefore an investment in the well-being of children, adolescents, youth, families and communities,

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

Reaffirming its determination to give priority attention to the promotion of youth and their interests, and calling for increased participation of youth and youth-based organizations in the formulation of, as appropriate, local, national, regional and international development strategies and policies, which is particularly relevant to youth engagement in the prevention of non-medical use of drugs,

Recalling the 2030 Agenda for Sustainable Development,²⁶ in which it is highlighted that children and youth, especially those in vulnerable situations, should have access to lifelong learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society, while reiterating that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

Recalling also its resolution 58/2 of 17 March 2015, in which it is emphasized that children and young people are our most precious asset, and that they are the greatest source of hope for a better future,

Noting that the initiation of drug use among youth during developmental phases could lead to detrimental consequences later in life, such as increased risk of

²⁶ General Assembly resolution 70/1.

unemployment, physical health problems, dysfunctional social relationships, suicidal tendencies, mental illness and lower life expectancy,²⁷

Noting also the importance of inclusive and unprejudiced involvement of youth in drug prevention efforts, while taking into consideration the special needs and perspectives of youth in vulnerable situations, and involving them in the development, implementation and evaluation of prevention programmes involving youth,

Taking note of the *International Standards on Drug Use Prevention* of the United Nations Office on Drugs and Crime, and welcoming the second updated edition, in which it is noted that the general aim of substance use prevention is the healthy and safe development of children and youth, enabling them to realize their talents and potential and become contributing members of their community and society,

Noting with appreciation the United Nations Office on Drugs and Crime Youth Initiative, including the annual Youth Forum, held since 2012 on the margins of the regular sessions of the Commission, which serves as an important informal platform for young people to share their visions and different perspectives on how to better protect the health and well-being of their peers and provides them with an opportunity to convey their joint message to the global-level policymakers in the fields of prevention of non-medical use of drugs, health promotion and youth empowerment,

Welcoming the “Listen first” initiative launched and developed by the United Nations Office on Drugs and Crime and the World Health Organization, in partnership with Member States, to increase support for scientific evidence-based drug prevention efforts and for the protection of the well-being of children and youth, their families and communities,

Welcoming also the development by the United Nations Office on Drugs and Crime of scientific evidence-based programmes, available in the public domain, as useful tools to implement in practice the *International Standards on Drug Use Prevention* of the United Nations Office on Drugs and Crime and the World Health Organization, in particular tools and technical assistance programmes to support the skills of parents, caregivers and families to strengthen the resilience of children and youth to support their healthy and safe development,

Welcoming further the publication in 2020 by the United Nations Office on Drugs and Crime of the “Handbook on youth participation in drug prevention work”, which seeks to motivate Member States to provide opportunities for young people to become involved, as appropriate, in the development and implementation of appropriate scientific evidence-based drug use prevention programmes that affect youth, as part of a comprehensive substance use prevention system,

Recognizing the important role played by civil society in promoting the involvement of youth in drug prevention efforts,

Welcoming the Universal Prevention Curriculum, which provides Member States with comprehensive, evidence-based training materials on prevention science and best practices for use by drug use prevention programme personnel, including managers, developers and practitioners,

Welcoming also the thematic chapter of the report of the International Narcotics Control Board for 2019, entitled “Improving substance use prevention and treatment services for young people”,

1. *Acknowledges* the contribution of young people and youth-based associations and volunteer organizations in the prevention of non-medical use of drugs, and underlines the importance of taking their experience into consideration in the development, implementation and evaluation of relevant scientific and evidence-based national programmes and strategies;

²⁷ See *World Drug Report 2018*, booklet 4.

2. *Recognizes* the importance of involving young people, their parents and families and of supporting youth-based organizations in appropriate scientific and evidence-based efforts at the national, regional and international levels to prevent the non-medical use of drugs among young people, and calls upon Member States to consider ways to increase the meaningful participation of and support youth in raising awareness of the risks and dangers associated with the non-medical use of drugs and in promoting healthy lifestyles among their peers, at educational institutions and within their communities, through community-based interventions led by, or targeted at, young people;

3. *Underlines* the valuable contribution made by the Youth Forum to the work of the Commission by bringing the voice of young people to the attention of policymakers and representatives of Governments for their consideration, and encourages Member States to select on a regular basis young leaders active in the areas of the prevention of non-medical use of drugs, health promotion and youth empowerment at the national level for nomination as participants in the Youth Forum on a voluntary basis;

4. *Welcomes* the participation of youth in the Youth Forum, takes note of statements delivered by representatives of the Youth Forum at the regular sessions of the Commission, and invites Member States to take into account youth-led solutions to addressing and countering the world drug problem;

5. *Requests* the United Nations Office on Drugs and Crime to continue to provide, as appropriate, opportunities for the meaningful involvement of young people in scientific and evidence-based efforts aimed at preventing the non-medical use of drugs, promoting health and empowering youth, including by promoting and supporting the Youth Forum and the Youth Initiative, as well as by disseminating the “Handbook on youth participation in drug prevention work”;

6. *Invites* Member States, the United Nations Office on Drugs and Crime and other relevant international and civil society organizations to make the best use of the “Handbook on youth participation in drug prevention work” published in 2020 and to consider opportunities for the useful and meaningful involvement of young people in the development and implementation of prevention programmes and policies based on scientific evidence, for example, the Universal Prevention Curriculum and the “Handbook on youth participation in drug prevention work”;

7. *Encourages* Member States to consider a gender-sensitive approach when seeking the involvement of youth in the development, implementation and evaluation of drug prevention and health promotion efforts, as appropriate, in the framework of domestic drug policies;

8. *Also encourages* Member States to exchange, through the United Nations Office on Drugs and Crime, best practices and information on effective national mechanisms that promote the meaningful involvement of young people, including through appropriate social media channels, in awareness-raising campaigns and the development and implementation of national programmes aimed at the prevention of non-medical drug use;

9. *Invites* Member States and the United Nations Office on Drugs and Crime to make the best use of the International Day against Drug Abuse and Illicit Trafficking and International Youth Day to involve youth in prevention initiatives against the non-medical use of drugs among young people;

10. *Encourages* Member States to consider joining and supporting the implementation of the “Listen first” initiative, launched by the United Nations Office on Drugs and Crime and the World Health Organization;

11. *Also encourages* Member States to expand the coverage and quality of scientific evidence-based prevention programmes, bearing in mind the *International Standards on Drug Use Prevention* of the United Nations Office on Drugs and Crime and the World Health Organization, including those aimed at

supporting the skills of parents, caregivers and families to strengthen the resilience of children and youth against non-medical use of drugs and to support their healthy and safe development;

12. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission on Narcotic Drugs on the implementation of the present resolution, within existing reporting obligations, at its sixty-fourth session;

13. *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 63/5

Promoting alternative development as a development-oriented drug control strategy

The Commission on Narcotic Drugs,

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

Reaffirming that drug policies and programmes, including in the field of development, should be undertaken in accordance with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights²⁸ and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States, as well as the principle of common and shared responsibility, recalling the Sustainable Development Goals, and taking into account the specific situations of countries and regions,

Underscoring that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,²⁹ the Convention on Psychotropic Substances of 1971³⁰ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,³¹ together with other relevant international instruments, constitute the cornerstone of the international drug control system,

Recalling that the Political Declaration adopted by the General Assembly at its twentieth special session, in 1998, devoted to countering the world drug problem together,³² the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem³³ 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,³⁴ 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”,³⁵ and the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to

²⁸ General Assembly resolution 217 A (III).

²⁹ United Nations, *Treaty Series*, vol. 976, No. 14152.

³⁰ *Ibid.*, vol. 1019, No. 14956.

³¹ *Ibid.*, vol. 1582, No. 27627.

³² General Assembly resolution S-20/2, annex.

³³ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

³⁴ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

³⁵ General Assembly resolution S-30/1, annex.

Address and Counter the World Drug Problem,³⁶ adopted during the ministerial segment of the sixty-second session of the Commission, in 2019, are the important milestones in addressing and countering the world drug problem,

Emphasizing that alternative development should also be considered for implementation in the framework of a sustainable crop control strategy, which may include, inter alia, eradication and law enforcement, according to the national context, in the light of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and the outcome document of the thirtieth special session of the General Assembly, held in 2016, and taking into consideration the United Nations Guiding Principles on Alternative Development, adopted by the General Assembly in its resolution 68/196 of 18 December 2013,

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

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

Recalling the 2030 Agenda for Sustainable Development,³⁷ and stressing that the implementation of the United Nations Guiding Principles on Alternative Development should be aligned with the efforts to achieve those relevant objectives within the Sustainable Development Goals that are related to the issue of alternative development, which falls within the mandate of the Commission on Narcotic Drugs, and that the efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

Welcoming the holding of the expert group meeting on alternative development entitled “Advancing alternative development and development-oriented drug policies”, hosted by Germany, Peru, Thailand and the United Nations Office on Drugs and Crime, in Chiang Rai Province, Thailand, from 15 to 17 December 2019, and the International Conference on Rising to the Challenge of Sustainable Development Goals (SDGs) through Sustainable Highland Development: The Royal Project Model, held in Chiang Mai Province, Thailand, from 22 to 24 December 2019, with the participation of Member States, international organizations, representatives of civil society and academia, experts and representatives of affected communities,

Reaffirming its 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 that alternative development programmes can contribute to the efforts of Member States to address human vulnerabilities, including poverty, unemployment, a lack of opportunities, discrimination and social marginalization,

³⁶ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

³⁷ General Assembly resolution 70/1.

1. *Encourages* Member States to apply the United Nations Guiding Principles on Alternative Development³⁸ when designing, implementing, monitoring and evaluating alternative development programmes and projects;
2. *Encourages* 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 encourages Member States to consider development-oriented interventions, while ensuring that both men and women benefit equally from them;
3. *Urges* Member States to promote development-oriented drug control strategies, including alternative development, with a view to implementing relevant international drug policy commitments, which are complementary to and mutually reinforcing with their efforts to achieve the Sustainable Development Goals;
4. *Invites* Member States, while implementing alternative development programmes, to consider the importance of community-based agreements that enable communities to sustain their development;
5. *Takes note* of the conference room paper submitted jointly by Germany, Peru and Thailand and the United Nations Office on Drugs and Crime, which contains a summary of the discussions and conclusions of the expert group meeting held in Chiang Rai Province, Thailand, from 15 to 17 December 2019, bearing in mind its non-binding nature and that it does not necessarily reflect the positions of all participants, and expresses its appreciation for the efforts of the co-sponsors of the expert group meeting;
6. *Encourages* Member States to continue sharing lessons learned, best practices and expertise and enhancing dialogues on development-oriented drug control policies and programmes, including on the implementation of the United Nations Guiding Principles on Alternative Development;
7. *Urges* Member States to continue to promote data collection, research and the sharing of information for identifying the causes of illicit drug crop cultivation and other illicit drug-related activities and providing evidence, in order to identify the factors driving illicit cultivation and to design better impact assessments;
8. *Invites* relevant international financial institutions, United Nations entities, non-governmental organizations and the private sector, as appropriate, to consider increasing their support, including through long-term and flexible funding, for the implementation of comprehensive and balanced development-oriented drug control programmes and viable economic alternatives, in particular alternative development, including, as appropriate, preventive alternative development programmes, based on identified needs and national priorities, for areas and populations affected by or vulnerable to the illicit cultivation of drug crops, with a view to its prevention, reduction and elimination, and encourages States, to the extent possible, to stay strongly committed to financing such programmes;
9. *Encourages* Member States to engage in and promote partnerships with each other, as well as with all relevant stakeholders, including regional and international organizations, the private sector, civil society and financial institutions, in the implementation of alternative development projects and programmes;
10. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-fourth session on the implementation of the present resolution;
11. *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.

³⁸ General Assembly resolution 68/196, annex.

Decision 63/1

Inclusion of methyl *alpha*-phenylacetoacetate (MAPA), including its optical isomers, in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include methyl *alpha*-phenylacetoacetate (MAPA), including its optical isomers, in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 63/2

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

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 47 votes to none, with one abstention, to include crotonylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 63/3

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

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include valeryl fentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 63/4

Inclusion of DOC in Schedule I of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include DOC in Schedule I of the Convention on Psychotropic Substances of 1971.

Decision 63/5

Inclusion of AB-FUBINACA in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include AB-FUBINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/6

Inclusion of 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 49 votes to none, with no abstentions, to include 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/7

Inclusion of 5F-MDMB-PICA (5F-MDMB-2201) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include 5F-MDMB-PICA (5F-MDMB-2201) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/8

Inclusion of 4F-MDMB-BINACA in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 49 votes to none, with no abstentions, to include 4F-MDMB-BINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/9

Inclusion of 4-CMC (4-chloromethcathinone, clephedrone) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 49 votes to none, with no abstentions, to include 4-CMC (4-chloromethcathinone, clephedrone) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/10

Inclusion of *N*-ethylhexedrone in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include *N*-ethylhexedrone in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/11

Inclusion of *alpha*-PHP in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 49 votes to none, with no abstentions, to include *alpha*-PHP in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 63/12

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

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include flualprazolam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Decision 63/13

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

At its 6th meeting, on 4 March 2020, the Commission on Narcotic Drugs decided by 50 votes to none, with no abstentions, to include etizolam in Schedule IV of the Convention on Psychotropic Substances of 1971.

Decision 63/14

Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances

The Commission on Narcotic Drugs, at its 6th meeting, on 4 March 2020, recalled its mandate to vote on scheduling recommendations as laid out in the international drug control conventions and decided to continue during its current sixty-third session the consideration of the recommendations of the World Health Organization on cannabis and cannabis-related substances, bearing in mind their complexity, in order to clarify the implications and consequences of, as well as the reasoning for, these recommendations, and decided to vote at its reconvened sixty-third session in December 2020, in order to preserve the integrity of the international scheduling system.

Decision 63/15

Improved and streamlined annual report questionnaire

The Commission on Narcotic Drugs, at its 7th meeting, on 4 March 2020:

(a) Decided, pursuant to the commitment made in the 2019 Ministerial Declaration,³⁹ to adopt the annual report questionnaire as submitted to the Commission in the note by the Secretariat entitled “Improved and streamlined annual report questionnaire”,⁴⁰ to reflect and assess progress made in the implementation of all commitments contained in the 2009 Political Declaration and Plan of Action,⁴¹ the

³⁹ 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 (see *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B).

⁴⁰ The annual report questionnaire adopted by the Commission is contained in document [E/CN.7/2020/12](#). The adoption of the annual report questionnaire does not entail endorsement by the Commission of the guidelines contained in the related conference room paper.

⁴¹ Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (see *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C).

2014 Joint Ministerial Statement⁴² and the outcome document of the special session of the General Assembly held in 2016;⁴³

(b) Recognized the existence of different national data-collection practices and approaches to drug-related matters as well as of different national societal contexts in the process of data collection, while recognizing also the importance of improving the comparability of reported data;

(c) Requested the United Nations Office on Drugs and Crime to continue to provide enhanced technical and substantive support and targeted, effective and sustainable capacity-building to requesting Member States, in close cooperation with the International Narcotics Control Board, the World Health Organization and other relevant partners, with a view to strengthening national data-collection capacity in order to improve the response rate and expand the geographical and thematic reporting of related data in accordance with all commitments, and invited existing and emerging donors to provide extrabudgetary resources for these purposes;

(d) Requested Member States to complete and submit their response to the annual report questionnaire, to the best of their capabilities and in accordance with national legislation, promptly and not later than 30 June of each year;

(e) Also requested Member States to appoint a national focal point, as appropriate in their national context, to facilitate the completion of the annual report questionnaire, working in consultation with their permanent mission accredited to the United Nations Office at Vienna.

⁴² Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (see *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C).

⁴³ Outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, adopted by the General Assembly in its resolution [S-30/1](#).

Chapter II

General debate

3. At the 1st to 4th meetings of its sixty-third session, on 2 and 3 March 2020, the Commission considered agenda item 3, entitled “General debate”.

4. At the 1st meeting of the session, on 2 March, the following persons made statements:

Deputy Minister of the Ministry of Home Affairs of Myanmar

Minister of Health and Care Services of Norway

Senator and Minister in the Ministry of National Security of Jamaica

Minister of State for Narcotics Control, Ministry of Narcotics Control of Pakistan

Deputy Commissioner, National Narcotics Control Commission of China

Head of the State Service for Combating Drug Trafficking, Ministry of Internal Affairs of Kyrgyzstan

Director General, Government Delegation for the National Plan on Drugs of Spain

Deputy Minister for Foreign Affairs of the Russian Federation

Ambassador-at-large, Special Representative for Transnational Criminal Threats, Ministry of Europe and Foreign Affairs of France

Permanent Representative of Italy to the United Nations (Vienna)

National Director, National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption of Chile

Secretary-General, Drug Control Headquarters, Office of the President of the Islamic Republic of Iran

Commissioner-General (Police), Head of the National Narcotics Agency of Indonesia

Head of Delegation of Bahrain

5. At the 2nd meeting of the session, on 2 March, the following persons made statements:

Permanent Representative of Germany to the United Nations (Vienna)

Permanent Representative of Peru to the United Nations (Vienna)

Deputy Permanent Representative of Switzerland to the United Nations (Vienna)

Principal Deputy Assistant Secretary, Bureau of International Narcotics and Law Enforcement Affairs of the Department of State of the United States of America

Permanent Representative of Iraq to the United Nations (Vienna)

Permanent Representative of Finland to the United Nations (Vienna)

Permanent Representative of Slovenia to the United Nations (Vienna)

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

Permanent Representative of Lithuania to the United Nations (Vienna)

Permanent Representative of Czechia to the United Nations (Vienna)

Permanent Representative of Australia to the United Nations (Vienna)

Director, National Bureau for Drug Prevention of Poland

Director, General Department for Combating Drugs, Ministry of the Interior of Libya

Permanent Representative of Tunisia to the United Nations (Vienna)

Deputy Permanent Representative of Qatar to the United Nations (Vienna)

Head of the Public International Law Department, Ministry of Justice of Georgia

Permanent Representative of Sweden to the United Nations (Vienna)

Head of the Department for Controlled Psychoactive Substances and Precursors, Ministry of Health of Serbia

Deputy Director General, Ministry of Health of New Zealand

Director of International Relations of the Ministry of Justice of Cuba

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

Director, International Organizations and Security Directorate, Ministry of Home Affairs of Singapore

Permanent Representative of the Dominican Republic to the United Nations (Vienna)

Permanent Representative of the Syrian Arab Republic to the United Nations (Vienna)

Deputy Minister of the Interior of Afghanistan

Director General, General Directorate of Narcotics Control of Saudi Arabia

Permanent Representative of El Salvador to the United Nations (Vienna)

Permanent Representative of Malta to the United Nations (Vienna)

6. At the 3rd meeting of the session, on 2 March, the following persons made statements:

Secretary of State, Head of the Secretariat for Comprehensive Drug Policies of Argentina

Joint Head of the Drug and Alcohol Unit of the Home Office of the United Kingdom

Permanent Representative of Mexico to the United Nations (Vienna)

Deputy Minister of Labour and Social Policy of North Macedonia

Director, Drug Control Agency of Tajikistan

Deputy Secretary-General, Narcotics Control Board, Ministry of Justice of Thailand

Permanent Representative of Japan to the United Nations (Vienna)

Director, Anti-Narcotics General Administration of Egypt

Permanent Representative of Malaysia to the United Nations (Vienna)

Secretary of State of Health for the Hospital Area of Angola

National Drug Coordinator, Ministry of Health, Welfare and Sport of the Netherlands

Additional Secretary, Department of Revenue of India

Chief, Judicial Police of the Anti-Narcotics Department of Jordan

Chief of the National Anti-Drug Office, Ministry of People's Power for Internal Relations, Justice and Peace of the Bolivarian Republic of Venezuela

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

Permanent Representative of Morocco to the United Nations (Vienna)

Permanent Representative of Belgium to the United Nations (Vienna)

Commissioner, President of the Health Regulation Agency of Honduras

Permanent Representative of Albania to the United Nations (Vienna)

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

Permanent Representative of Armenia to the United Nations (Vienna)

Deputy Minister of Internal Affairs of Turkmenistan

Permanent Representative of the Philippines to the United Nations (Vienna)

Permanent Representative of Turkey to the United Nations (Vienna)

Permanent Representative of Uruguay to the United Nations (Vienna)

Deputy Permanent Representative of Bangladesh to the United Nations (Vienna)

Permanent Representative of Namibia to the United Nations (Vienna)

Permanent Representative of Brazil to the United Nations (Vienna)

7. At the 4th meeting of the session, on 3 March, the following persons made statements:

Permanent Representative of Nepal to the United Nations (Vienna)

Permanent Representative of Lebanon to the United Nations (Vienna)

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

Chairman, National Dangerous Drugs Control Board of Sri Lanka

Permanent Representative of Colombia to the United Nations (Vienna)

Deputy Permanent Representative of the Lao People's Democratic Republic to the United Nations (Vienna)

Permanent Representative of Portugal to the United Nations (Vienna)⁴⁴

Deputy Permanent Representative of Algeria to the United Nations (Vienna)

Chargé d'Affaires of the Permanent Mission of the Sudan to the United Nations (Vienna)

Head of the Anti-Drug and Smuggling Unit of the Mauritius Police Force

Permanent Representative of Ecuador to the United Nations (Vienna)

Director General, Controlled Substances Directorate of Health Canada

Head of Delegation and State Security Service, Azerbaijan

Chief Administrative Secretary, Ministry of the Interior and Coordination of the National Government of Kenya

Director General, Drug Law Enforcement Agency of the Gambia

Chargé d'Affaires, Permanent Mission of Nigeria to the United Nations (Vienna)

Chief of the Department for Combating Drug Trafficking and Drug Control, Ministry of Internal Affairs of Kazakhstan

⁴⁴ Also delivered a statement on behalf of the Pompidou Group of the Council of Europe.

Alternate Permanent Observer of the State of Palestine to the United Nations (Vienna)

Vice-Chair of the Working Group on Arbitrary Detention, Office of the United Nations High Commissioner for Human Rights

Special Adviser to the Deputy Executive Director of the Joint United Nations Programme on HIV/AIDS

Adviser, Human Rights and Drug Policy, Thematic Engagement, Special Procedures and Right to Development Division, Office of the United Nations High Commissioner for Human Rights

Director, Department of Mental Health and Substance Abuse, World Health Organization

Secretary-General, Shanghai Cooperation Organization

Coordinator of Activities to Address Transnational Threats, Transnational Threats Department, Organization for Security and Cooperation in Europe⁴⁵

Secretary for Multidimensional Security of the Organization of American States

Alternate Permanent Representative of the Permanent Observer Mission of the Sovereign Order of Malta

Chairman, International Federation of Red Cross and Red Crescent Societies

Representative of Grupo de Mujeres de la Argentina – Foro de VIH, Mujeres y Familia

⁴⁵ Statement delivered in writing.

Chapter III

Strategic management, budgetary and administrative questions

8. At its 5th meeting, on 3 March 2020, 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.”

9. 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.7/2020/2-E/CN.15/2020/2](#));

(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.7/2020/3-E/CN.15/2020/3](#));

(c) Note by the Secretariat on the draft proposed programme plan for 2021 and performance information for 2019 ([E/CN.7/2020/13-E/CN.15/2020/15](#)).

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

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

12. Statements were made by the representatives of the United States, Jamaica, Japan, China, Switzerland, Brazil and Mexico.

Deliberations

13. Several speakers expressed appreciation for the work of the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC in enhancing the transparency and accountability of the Office and in strengthening cooperation and trust between Member States and UNODC. It was noted that the working group served as a useful forum for regular consultations and review, including on matters related to the Office’s programme plans, the implementation of global thematic, regional and country programmes, and financial, administrative and other issues.

14. A number of speakers expressed concern about the decline in general-purpose funding and underlined that, despite the efforts of UNODC in generating funding partnerships outside traditional sources, the decline in unearmarked funding remained an obstacle to UNODC discharging its mandates and to the continuity of the provision of technical assistance, in particular to developing countries.

15. UNODC was encouraged to maintain close dialogue with Member States and to be more transparent and realistic in developing its budget. Several speakers emphasized the need for open and transparent management of resources, encouraged UNODC to engage in a more transparent decision-making process in relation to the distribution of programme support costs and underlined the need for a more efficient, flexible, broader and more transparent use of programme support cost funds at headquarters and in the field, including to support the field presence of UNODC across the world.

16. Several speakers expressed their appreciation for the continued efforts of UNODC towards achieving gender parity and a geographically balanced workforce, bearing in mind Article 101 of the Charter of the United Nations, as outlined in the report of the Executive Director on gender balance and geographical representation within UNODC (E/CN.7/2019/15-E/CN.15/2019/17). The importance of continuing and updating the Office's workforce planning strategy to reach 50/50 gender balance was emphasized. Many speakers shared their concern about the current geographical balance of the Office's staff composition and urged UNODC to continue to enhance the representation of underrepresented countries, subregions and regions, especially in the Professional and higher categories, and to report on progress made in that regard.

17. Several speakers expressed support for the strengthened involvement of UNODC in the United Nations development system at the field level and encouraged the Office to remain fully engaged in both the United Nations development system and management reform, in particular ensuring that UNODC field offices are well integrated in and can effectively contribute to the work of United Nations country teams.

18. Some speakers commended the ongoing efforts of UNODC to align itself to the United Nations reform processes and highlighted the successful implementation of the "capacity surge" in priority countries and thematic areas in 2019 as a good practice. Speakers further encouraged UNODC to ensure its integration into United Nations country teams under the leadership of resident coordinators, while maintaining guidance, oversight and accountability from headquarters.

19. With regard to coherence within the United Nations system, one speaker welcomed the adoption of the United Nations system common position on drug-related matters and called for regular briefings on the work of the UNODC-led task team. Another speaker welcomed the increased involvement of relevant United Nations entities and agencies in the work of the Commission.

Chapter IV

Implementation of the international drug control treaties

20. At its 5th, 6th and 7th meetings, on 3 and 4 March 2020, the Commission considered agenda item 5, which read as follows:

“Implementation of the international drug control treaties:

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

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

(a) Note by the Secretariat on changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on new psychoactive substances and medicines (E/CN.7/2020/10);

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

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

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

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

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

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

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

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

22. Introductory statements were made by the Chief of the Laboratory and Scientific Section of UNODC and a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch of UNODC. Introductory statements were also made by the President of the International

Narcotics Control Board (INCB) and observers for the World Health Organization (WHO).

23. Statements were made by the representatives of Japan, the United States, Canada, India, Jamaica, China, Turkey, Thailand, Chile, the Russian Federation, South Africa, Nigeria, Mexico, Switzerland, the Sudan, Egypt, the United Kingdom, Brazil, Kenya, Pakistan, the Netherlands, and Croatia on behalf of the European Union and its member States.⁴⁶

24. Statements were made by the observers for the European Union (also on behalf of its member States),^{47,48,49} Singapore, Indonesia, the Islamic Republic of Iran, the State of Palestine and the Bolivarian Republic of Venezuela.

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

A. Deliberations

1. Changes in the scope of control of substances

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

26. The President of INCB stated that methyl *alpha*-phenylacetoacetate (MAPA) was a substitute chemical for several amphetamine and methamphetamine precursors in Table I of the 1988 Convention, namely P-2-P, APAAN and the recently controlled APAA. MAPA had started to emerge in late 2017, with an increase in the number of seizures and in the amounts seized since November 2018. The emergence of MAPA was closely linked to an increase in scrutiny over APAA.

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

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

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

⁴⁶ For item 5 (d), Albania, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, Serbia and Ukraine aligned themselves with the statement.

⁴⁷ For item 5 (a), Albania, Bosnia and Herzegovina, Georgia, Iceland, Mexico, Montenegro, North Macedonia, the Republic of Moldova, Serbia, Ukraine and Uruguay aligned themselves with the statement.

⁴⁸ For item 5 (b), Albania, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, the Republic of Moldova, San Marino, Serbia and Ukraine aligned themselves with the statement.

⁴⁹ For item 5 (c), Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, San Marino, Serbia and Ukraine aligned themselves with the statement.

opioids placed in Schedule I of the 1961 Convention, such as oxycodone and fentanyl, WHO recommended that crotonylfentanyl also be placed in Schedule I of the 1961 Convention.

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

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

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

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

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

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

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

32. The observer for WHO informed the Commission that 5F-AMB-PINACA was a synthetic cannabinoid that was used by smoking plant material sprayed with the

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

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

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

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

34. The observer for WHO informed the Commission that 4F-MDMB-BINACA, also known as 4F-MDMB-BUTINACA, was a synthetic cannabinoid that had been detected in powder form, in liquids used for vaping and as a constituent in plant mixtures used for smoking. 4F-MDMB-BINACA shared a common mechanism of action on the central nervous system with other synthetic cannabinoids that had been placed in Schedule II of the 1971 Convention. It was thus likely to be abused and had the potential to produce dependence. 4F-MDMB-BINACA had been detected in cases of drug-related fatalities and in cases of impaired driving, frequently together with other psychoactive substances. Its adverse effects included paranoia, agitation, confusion, chest pain and vomiting. 4F-MDMB-BINACA had been detected in numerous countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cannabinoids placed in Schedule II of the 1971 Convention, WHO recommended that 4F-MDMB-BINACA also be placed in Schedule II of the 1971 Convention.

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

35. The observer for WHO informed the Commission that 4-CMC was a synthetic cathinone that was also known as 4-chloromethcathinone and clephedrone. It had been detected as a powder that was administered orally, by nasal insufflation or by intravenous injection. 4-CMC shared a common mechanism of action on the central nervous system with other cathinones and with stimulants, such as 3,4-methylenedioxymethamphetamine (MDMA), that had been placed in Schedule II of the 1971 Convention. It produced adverse effects typical of psychostimulants, including hypertension, agitation, paranoia and tachycardia.

4-CMC use had been associated with fatalities due to overdose, suicide and traffic accidents. The adverse effects were similar to those of other psychostimulants, such as amphetamine and MDMA, as well as other cathinones. The effects of 4-CMC indicated that it had significant potential for dependence and a high likelihood of abuse. There was evidence of the use of 4-CMC in a number of countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cathinones placed in Schedule II of the 1971 Convention, WHO recommended that 4-CMC also be placed in Schedule II of the 1971 Convention.

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

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

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

37. The observer for WHO informed the Commission that *alpha*-PHP was a synthetic cathinone that had been detected in crystalline and powder forms. It had been administered orally, sublingually or by nasal insufflation, inhalation of vapour or intravenous injection. *alpha*-PHP shared a common mechanism of action on the central nervous system with other cathinones and with stimulants, such as methamphetamine, that had been placed in Schedule II of the 1971 Convention. It produced adverse effects typical of psychostimulants, including agitation, paranoia, hallucinations and tachycardia. *alpha*-PHP had been identified as the cause of multiple fatalities and clinical admissions. The effects of *alpha*-PHP indicated that it had significant potential for dependence and a high likelihood of abuse. There was evidence of the use of *alpha*-PHP in a number of countries in various regions. It had no therapeutic use. As it had the potential for similar abuse and produced ill-effects similar to those of other synthetic cathinones placed in Schedule II of the 1971 Convention, WHO recommended that *alpha*-PHP also be placed in Schedule II of the 1971 Convention.

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

38. The observer for WHO stated that flualprazolam was a benzodiazepine with a chemical structure and effects similar to alprazolam and triazolam. It had been found in tablet, powder and liquid forms and was understood to be mainly used orally. Flualprazolam produced effects similar to those of other benzodiazepines, such as alprazolam, that had been placed in Schedule IV of the 1971 Convention. Reported adverse effects included sedation, loss of consciousness, disinhibition and memory impairment similar to other benzodiazepines. Flualprazolam had contributed to cases of fatal and non-fatal intoxication and of impaired driving. Benzodiazepines such as flualprazolam posed a significant risk when combined with opioids because they could potentiate the respiratory depressant effects of opioids. The effects of

flualprazolam indicated that it had the potential for dependence and likelihood of abuse. There was evidence of the use of flualprazolam in several countries in various regions. It was not used therapeutically. As it had the potential for similar abuse and produced ill-effects similar to those of benzodiazepines placed in Schedule IV of the 1971 Convention, WHO recommended that flualprazolam also be placed in Schedule IV of the 1971 Convention.

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

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

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

40. The Chair introduced a draft decision entitled “Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances” (E/CN.7/2020/L.8), by which the Commission would recall its mandate to vote on scheduling recommendations as laid out in the international drug control conventions and decide to continue during its sixty-third session the consideration of the recommendations of WHO on cannabis and cannabis-related substances, bearing in mind their complexity, in order to clarify the implications and consequences of, as well as the reasoning for, those recommendations, and would decide to vote at its reconvened sixty-third session, to be held in December 2020, in order to preserve the integrity of the international scheduling system.

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

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

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

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

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

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

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

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

48. Several speakers expressed appreciation for the work of WHO and UNODC in addressing the challenge of new psychoactive substances and considered the timely scheduling of the most harmful substances by the Commission in recent years to be essential in reducing trafficking and abuse of those substances. Several speakers highlighted the importance of the UNODC early warning advisory on new psychoactive substances for alerting the international community to developments in the market of new psychoactive substances. The importance of scientific evidence-based reviews of substances, including information on toxicity and harm, was highlighted by some speakers, and the efforts of WHO in that regard were acknowledged.

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

50. Some speakers echoed the concerns of INCB regarding non-scheduled chemicals and designer precursors with no known legitimate use and trade and in that regard referred to the increasing complexity of the precursors landscape and the pace at which it was evolving. Several speakers shared examples of approaches taken or initiated at the national or regional level and expressed their support for a broad approach at the global level, including international cooperation, cooperation with

industry and continued reflection on how to provide authorities worldwide with a common basis for action.

3. International Narcotics Control Board

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

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

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

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

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

55. Several speakers expressed concern regarding the global disparity in levels of availability, and Member States were encouraged to balance the importance of access to medicines and quality of medicines with concerns regarding the non-medical use of controlled substances.

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

57. A number of speakers expressed the view that the Commission, UNODC and INCB should continue to support countries in addressing those problems in the light of national conditions in order to strike a policy balance between control requirements and availability, as called for in the outcome document of the thirtieth special session of the General Assembly, on the world drug problem, held in 2016.

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

5. Other matters arising from the international drug control treaties

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

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

B. Action taken by the Commission

61. At its 6th meeting, on 4 March 2020, the Commission decided by 47 votes to none, with no abstentions, to include methyl *alpha*-phenylacetoacetate (MAPA), including its optical isomers, in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/1.)

62. At the same meeting, the Commission decided by 47 votes to none, with one abstention, to include crotonylfentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/2.)

63. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include valeryl fentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/3.)

64. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include DOC in Schedule I of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/4.)

65. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include AB-FUBINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/5.)

66. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/6.)

67. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 5F-MDMB-PICA (5F-MDMB-2201) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/7.)

68. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include 4F-MDMB-BINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/8.)

69. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include 4-CMC (4-chloromethcathinone, clephedrone) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/9.)

70. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include *N*-ethylhexedrone in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/10.)

71. At the same meeting, the Commission decided by 49 votes to none, with no abstentions, to include *alpha*-PHP in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/11.)

72. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include flualprazolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/12.)

73. At the same meeting, the Commission decided by 50 votes to none, with no abstentions, to include etizolam in Schedule IV of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 63/13.)

74. At the same meeting, the Commission adopted the draft decision ([E/CN.7/2020/L.8](#)) on changes in the scope of control of substances: proposed scheduling recommendations by WHO on cannabis and cannabis-related substances. (For the text of the decision, see chap. I, sect. B, decision 63/14.)

75. At its 10th meeting, on 6 March 2020, the Commission adopted a revised draft resolution (E/CN.7/2020/L.4/Rev.1), sponsored by Afghanistan, Albania, Argentina, Australia, Canada, Colombia, Croatia,⁵⁰ El Salvador, Georgia, Guatemala, Honduras, Mexico, Montenegro, Morocco, New Zealand, North Macedonia, Norway, Paraguay, Peru, Russian Federation, the United Kingdom, Ukraine and Uruguay (For the text of the resolution, see chap. I, sect. B, resolution 63/3.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. Upon the adoption of the revised draft resolution, the representative of Australia made a statement, also on behalf of the European Union and its member States, expressing concern about the disproportionate impact on children and the risks of use of unsafe, falsified or low-quality controlled substances, and reiterating the importance of providing objective and adequate information to all relevant persons, including patients, family members and caregivers, on the rational use of controlled substances. The crucial role of providing evidence-based guidelines and tools, comprehensive education and training programmes for health-care professionals was also underscored in that regard.

⁵⁰ On behalf of the States Members of the United Nations that are members of the European Union.

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

76. At its 5th, 7th and 8th meetings, on 3, 4 and 5 March 2020, the Commission considered agenda item 6, which reads as follows:

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

(a) Consideration of the improved and streamlined annual report questionnaire, as reflected in the Ministerial Declaration of 2019.⁵¹”

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

(a) Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem;⁵²

(b) Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem;⁵³

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

(d) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime ([E/CN.7/2020/2-E/CN.15/2020/2](#));

(e) Report of the Secretariat on the world situation with regard to drug abuse ([E/CN.7/2020/4](#));

(f) Report of the Secretariat on the world situation with regard to drug trafficking ([E/CN.7/2020/5](#));

(g) Report of the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem ([E/CN.7/2020/6](#));

(h) Report of the Executive Director on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users ([E/CN.7/2020/8](#));

(i) Note by the Secretariat on the improved and streamlined annual report questionnaire ([E/CN.7/2020/12](#));

(j) Chair’s summary by Ambassador Mirghani Abbaker Altayeb Bakhiet (Sudan), Chair of the Commission on Narcotic Drugs at its sixty-second session, on the thematic discussions on the implementation of all international drug policy commitments, following up the Ministerial Declaration of 2019 (16–18 October 2019) ([E/CN.7/2020/CRP.1](#));

⁵¹ 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, eleventh paragraph of the section entitled “Way forward”.

⁵² See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

⁵³ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

(k) Note by the Secretariat on the implementation of all international drug policy commitments, following up the Ministerial Declaration of 2019 (E/CN.7/2020/CRP.2);

(l) Guidelines for the completion of the annual report questionnaire (E/CN.7/2020/CRP.3, as reissued);

(m) Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative (E/CN.7/2020/CRP.8).

78. The Commission observed a minute of silence in memory of the deceased former Secretary-General Javier Pérez de Cuéllar.

79. Introductory statements were made by the Chief of the Research and Trend Analysis Branch, the Chief of the Drug Prevention and Health Branch, the Chief of the Organized Crime and Illicit Trafficking Branch and the Chief of the Sustainable Livelihoods Unit of UNODC, and by a representative of the secretariat of the Commission. A representative of the scientific community made a statement, and the Commission also viewed a video message by another representative of the scientific community. A statement was also made by representatives of the UNODC Youth Forum.

80. Statements were made by the representatives of Croatia (on behalf of the European Union and its member States, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Norway, the Republic of Moldova, Serbia and Ukraine), Japan, Nigeria, South Africa, China, Egypt, Canada, India, the United States, Mexico, Pakistan, Thailand, Kenya and Peru.

81. Statements were also made by the observers for Indonesia, the Islamic Republic of Iran, Zambia and the United Republic of Tanzania.

82. The observer for the Office of the United Nations High Commissioner for Human Rights made a statement. Statements were also made by the observers for the International Federation of Non-Governmental Organizations for the Prevention of Drug and Substance Abuse, FORUT – Campaign for Development and Solidarity, Association nationale Al Hidn, Frontline AIDS, Harm Reduction International, the Vienna NGO Committee on Drugs, the Slum Child Foundation and the International Association for Hospice and Palliative Care.

A. Deliberations

83. Several speakers reiterated the commitment made in the Ministerial Declaration of 2019 to accelerate the implementation of all international drug policy commitments made in the past decade, with a number of speakers underlining that the three international drug control conventions and other relevant international instruments constituted the cornerstone of the international drug control system. Several speakers reiterated their commitment to a balanced, integrated, comprehensive, multidisciplinary and evidence-based approach to the world drug problem, while respecting, protecting and promoting human rights and fundamental freedoms in the development and implementation of drug policies.

84. A number of speakers reaffirmed the principal role of the Commission as the United Nations policymaking body for drug-related matters. In addition, several speakers highlighted the important roles played by United Nations entities, in particular by UNODC, WHO and INCB, and underscored the importance of cooperation at all levels. Many speakers emphasized the importance of increased cooperation at the national, regional and international levels and of the enhanced provision of capacity-building, technical assistance and targeted training to support Member States in the effective implementation of all international drug policy commitments, in line with the Ministerial Declaration of 2019.

85. Many speakers underlined the need for a comprehensive, public health- and rights-based, integrated and holistic approach to the world drug problem. In this context, several speakers shared examples of programmes and interventions implemented at the national level, including awareness-raising in the community and prevention programmes in families, schools and communities.

86. Some speakers underlined the need to address the root causes of drug use, underscoring the importance of implementing multisectoral approaches for the treatment of drug use disorders. Some speakers reported on treatment services and interventions offered in their countries, including specialized drug treatment services and treatment in prison settings. Some speakers also underlined the importance of strengthening rehabilitation, recovery and social reintegration efforts for people with drug use disorders, including vocational training, livelihood support and the provision of recovery programmes. Some speakers reported high HIV and hepatitis C prevalence among people who inject drugs and shared information on national policies and programmes to minimize the adverse public health consequences of drug use as part of a comprehensive approach.

87. Some speakers emphasized the need to take measures to increase access to controlled substances for medical and scientific purposes, in particular for pain management and palliative care, including by, for example, placing certain medicines on the essential medicine list, expanding national coverage of distribution networks, improving online import and export processes, and enhancing the provision of training, in particular sensitization, for health-care workers and other stakeholders.

88. Several speakers referred to both persistent and emerging challenges posed by the world drug problem. Many speakers highlighted the links between drug-related offences, transnational organized crime and corruption. Many speakers gave examples of activities undertaken at the national level in support of the Ministerial Declaration of 2019. Such activities included strengthening international and inter-agency cooperation, strengthening border management and countering money-laundering, as well as developing, implementing and reviewing legislative, policy and administrative frameworks, enhancing the efficiency of adjudicating drug-related cases and streamlining mutual legal assistance processes.

89. A number of speakers reported on national initiatives to establish drug control and prevention strategies, multi-agency task forces and committees to address drug-related challenges. They referred to different governmental stakeholders involved in the implementation of relevant policies. Several speakers highlighted the importance of engaging with civil society in national policies on the management of drug abuse.

90. Several speakers referred to the conclusion of bilateral agreements or arrangements to strengthen international cooperation, both of a judicial and a law enforcement nature, in countering drug trafficking and, in particular, to detect and disrupt the activities of transnational organized criminal groups in that area. Emphasis was placed on the need to simplify the process of extradition and mutual legal assistance with a view to further promoting international cooperation to counter drug-related offences and to further advance practices such as the exchange of personnel, information and experiences. Several speakers referred to the importance of regional and international cooperation in combating illicit drug flows, including the work of global and regional networks in the exchange of information and the coordination of multi-jurisdictional anti-drug operations.

91. Police-to-police agreements on capacity-building and joint operations to address drug-related issues were reported by some speakers. The significance of training activities for enhancing the skills of competent authorities, including law enforcement and border management authorities, was stressed. Several speakers expressed their gratitude to UNODC for providing technical assistance on countering drug trafficking and encouraged further assistance in this regard, in particular to developing countries.

92. A number of speakers underscored the importance of including alternative development in broader supply reduction programmes and national development strategies. Speakers reiterated the importance of promoting alternative development as a development-oriented drug control strategy and highlighted good practices and regional and national initiatives in that area. A number of speakers reaffirmed their commitment to addressing drug-related socioeconomic and environmental issues related to illicit crop cultivation in the framework of the 2030 Agenda for Sustainable Development, including through initiatives on skills development and livelihood support.

93. Many speakers welcomed the adoption of the multi-year workplan in June 2019, during the sixty-second session of the Commission, and the holding of the interactive meetings in the fourth quarter of each year in the period leading up to 2024, to discuss how to address the challenges identified in the Ministerial Declaration of 2019 through the implementation of all international drug policy commitments made over the past decade. Appreciation was expressed to the secretariat of the Commission for the organization of the thematic discussions, which served as a mechanism for the exchange of good practices and the discussion of trends at the national, regional and global levels. One speaker proposed that more time be allowed for national experts to exchange national good practices and lessons learned in the implementation of the policy commitments and that the thematic session be held back to back with other meetings of the Commission, such as the reconvened session.

94. One speaker reported on a national workshop on the implementation of all international drug policy commitments, following up on the Ministerial Declaration of 2019, organized with the support of the secretariat of the Commission, and underscored that the workshop had enhanced the understanding of the international drug policy commitments contained in the Political Declaration and Plan of Action of 2009, the Joint Ministerial Statement of 2014, and the outcome document of the special session of the General Assembly held in 2016, and had strengthened inter-agency collaboration among national authorities involved in the design, implementation and evaluation of national drug policies.

95. While highlighting the importance of balanced and comprehensive evidence-based policies addressing the various aspects of the world drug problem, many speakers welcomed the adoption of the revised and streamlined annual report questionnaire and expressed appreciation for the work undertaken by UNODC since 2017. Appreciation was also expressed to the Chair of the Commission at its sixty-third session for guiding the informal consultations on the draft decision through which the revised and streamlined annual report questionnaire was adopted.

96. Several speakers emphasized that the revision of the annual report questionnaire needed to be followed by significant investment in technical assistance and capacity-building in order to enhance the ability of Member States to generate and report on data related to the drug situation in its many facets, with the aim of improving the response rate and geographical and thematic coverage in accordance with all commitments. The importance of providing e-learning tools to guide the completion of the annual report questionnaire was emphasized, and some speakers also highlighted the importance of synergy and cooperation with international partners in implementing those capacity-building efforts.

97. Several speakers illustrated recent and ongoing efforts of their countries to improve the national data-collection infrastructure, including inter-agency coordination, as well as specific drug-related data-collection initiatives in their countries. Some speakers welcomed the request in the decision on the improved and streamlined annual report questionnaire for Member States to appoint a national focal point, as appropriate in their respective national contexts, to facilitate the completion of the annual report questionnaire, working in consultation with their permanent missions accredited to the United Nations in Vienna. One speaker emphasized the importance of shareability of the questionnaire among relevant national institutions

in order to ensure efficiency in the data-collection process and to safeguard the quality of collected data.

98. Several speakers noted the existence of different national data-collection practices and approaches to drug-related matters, as well as of different national societal contexts in the process of data collection, and expressed satisfaction that those aspects were recognized in the decision on the revised and streamlined annual report questionnaire. Some speakers also recalled that the adoption of the annual report questionnaire did not entail an endorsement by the Commission of the technical guidelines contained in the related conference room paper (E/CN.7/2020/CRP.3, as reissued). A number of speakers expressed support for the decision to include a footnote in that paper explaining that neither the Commission nor the experts had endorsed the technical guidelines for the revised and streamlined annual report questionnaire.

99. The importance of regional and global networks of professionals and practitioners as a means to improve data generation, collection and reporting capacities was also highlighted, and a call was made for further efforts to build and strengthen such networks.

B. Action taken by the Commission

100. At its 7th meeting, on 4 March 2020, the Commission adopted a draft decision (E/CN.7/2020/L.7) on the improved and streamlined annual report questionnaire. (For the text of the decision, see chap. I, sect. B, decision 63/15.)

101. At its 10th meeting, on 6 March 2020, the Commission adopted a revised draft resolution (E/CN.7/2020/L.2/Rev.1), sponsored by Afghanistan, Canada, Colombia, Ecuador, El Salvador, Georgia, Honduras, Japan, Morocco, Paraguay, Thailand, the United Kingdom and the United States. (For the text of the resolution, see chap. I, sect. B, resolution 63/1.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement.

102. At the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2020/L.3/Rev.1), sponsored by Afghanistan, Albania, Australia, Bosnia and Herzegovina, Canada, Colombia, Croatia,⁵⁴ Georgia, Honduras, Kenya, Mexico, New Zealand, Montenegro, North Macedonia, Norway, Peru, the Russian Federation, Switzerland, Ukraine, the United Kingdom, the United States and Uruguay. (For the text of the resolution, see chap. I, sect. B, resolution 63/2.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. Upon the adoption of the revised draft resolution, the representative of Canada made a statement expressing his country's support for the United Nations common position to foster the development and implementation of international drug control policies through effective inter-agency collaboration. The representative of Mexico underscored the importance of collecting strong and reliable data for the implementation of the comprehensive follow-up to all commitments reiterated in the Ministerial Declaration of 2019, while highlighting the need for the Commission to strengthen its cooperation with the United Nations Statistical Commission. The representative of Switzerland stressed that the United Nations system common position on drug-related matters and the related United Nations system coordination task team were key in improving effective inter-agency collaboration and coordinated data collection by all relevant United Nations agencies, and further proposed that a dedicated item be included in the agenda of the Commission, with the coordination task team to report to the Commission on the actions undertaken in the implementation of the United Nations common position. The observer for New Zealand also made a statement highlighting that data collection was vital for the better understanding of the world drug situation and for informing evidence-based policymaking. The observer for the European Union shared similar views on

⁵⁴ On behalf of the States Members of the United Nations that are members of the European Union.

inter-agency cooperation among United Nations entities and on strengthening close cooperation with other relevant regional and international organizations to ensure improved data collection and evidence-based policy decisions.

103. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2020/L.5/Rev.1), sponsored by Azerbaijan, Belarus, China, Croatia,⁵⁵ the Dominican Republic, Egypt, El Salvador, Guatemala, Honduras, Indonesia, Japan, Kazakhstan, Kenya, Kyrgyzstan, Malaysia, Morocco, Myanmar, Namibia, Nicaragua, Nigeria, Pakistan, Peru, the Philippines, Qatar, the Russian Federation, Singapore, the Syrian Arab Republic, Tajikistan, Thailand, Turkmenistan, the United Arab Emirates, Venezuela (Bolivarian Republic of) and Viet Nam. (For the text of the resolution, see chap. I, sect. B, resolution 63/4.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. Upon the adoption of the revised draft resolution, the representative of the Russian Federation made a statement underscoring that, with the adoption of the resolution, the Commission had taken another important step in protecting the young generation from the drug threat.

104. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2020/L.6/Rev.1), sponsored by Bolivia (Plurinational State of), Brazil, Chile, Colombia, Croatia,⁵⁶ Germany, Indonesia, Japan, Malaysia, Morocco, Myanmar, Nigeria, Paraguay, Peru, the Russian Federation, Senegal, Singapore and Thailand. (For the text of the resolution, see chap. I, sect. B, resolution 63/5.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. Upon the adoption of the revised draft resolution, the representative of Peru underscored the key role that international cooperation played in the development and implementation of alternative development programmes, based on the principle of common and shared responsibility, stressing that measures to tackle illicit cultivation were focused on addressing the problem, which affected the entire international community. The observer for the Plurinational State of Bolivia made a statement highlighting the importance of mitigating the socioeconomic and legal implications of the world drug problem, while placing emphasis on protecting the health of the most vulnerable people. The observer for Senegal noted the important contribution made by the resolution to the achievement of the Sustainable Development Goals, in particular with regard to the eradication of poverty, and emphasized the importance of ensuring the exchange of good practices between countries with sufficient experience in alternative development and those which had just started developing and implementing such programmes.

⁵⁵ On behalf of the States Members of the United Nations that are members of the European Union.

⁵⁶ On behalf of the States Members of the United Nations that are members of the European Union.

Chapter VI

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

105. At its 8th meeting, on 5 March 2020, the Commission considered agenda item 7, entitled “Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem”.

106. For its consideration of item 7, the Commission had before it the note by the Secretariat on promoting coordination and alignment of decisions between the Commission on Narcotic Drugs and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (E/CN.7/2020/7).

107. Statements were made by the representatives of Jamaica, South Africa, Chile, Ukraine, the United States and Switzerland.

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

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

Deliberations

110. Several speakers expressed support for the principal role of the Commission as the policymaking body of the United Nations in drug-related matters and the role of UNODC as the leading entity in the United Nations system for drug-related matters and welcomed the ongoing inter-agency cooperation and coordination efforts, under the lead of the Commission, to further the implementation of all international drug policy commitments. Several speakers commended UNODC on its cooperation with other relevant United Nations entities, within their respective mandates.

111. Several speakers welcomed the cooperation of UNODC with WHO and INCB in the implementation of the international drug control conventions, taking into account their respective treaty-based mandates. One speaker welcomed the opening of a UNODC liaison office in Geneva.

112. Several speakers highlighted the importance of coherence within the United Nations system and welcomed the United Nations system common position on drug-related matters, also making reference to the work of the related United Nations system coordination task team. One speaker emphasized that the policymaking authority of the Commission should not be transferred to a task team established to enhance United Nations system-wide collaboration, and another speaker mentioned that the task team should regularly report to the Commission on its activities and proposed that a standing item on that matter be added to the agenda of the Commission.

113. Several speakers encouraged the sharing of information and data among relevant United Nations agencies, as well as with other relevant subregional, regional and international organizations, with a view to making the work more effective. Some speakers highlighted the importance of international cooperation to counter the use of new technologies for drug trafficking.

114. A number of speakers underscored the importance of enhancing cooperation at the national, regional and international levels to effectively address all aspects of the world drug problem. Some speakers reported on their States’ efforts to strengthen cooperation and coordination among domestic actors and enhance bilateral and

regional cooperation, and in that connection, made reference to the sharing of experiences and good practices, and joint operations.

Chapter VII

Recommendations of the subsidiary bodies of the Commission

115. At its 9th meeting, on 5 March 2020, the Commission considered agenda item 8, entitled “Recommendations of the subsidiary bodies of the Commission”.

116. 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.7/2020/9).

117. Introductory statements were made by the Chief of the Secretariat to the Governing Bodies of UNODC and the Chief of the Implementation Support Section of the Organized Crime and Illicit Trafficking Branch of UNODC.

118. Statements were made by the representatives of China and the United States.

119. The observers for Mauritius, Portugal, the Republic of Korea and Senegal also made statements.

Deliberations

120. The observer for Mauritius addressed the Commission on the outcome of the Twenty-ninth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, which he had chaired in Balaclava, Mauritius, in September 2019. Participants in the Meeting had discussed drug trafficking by sea, illicit financial flows and the use of the darknet and cryptocurrencies in relation to the drug trade. Participants had also considered the specific needs of children and youth in contact with the justice system for drug-related offences, which was of particular relevance to the African continent, given the high percentage of young people there.

121. The observer for Portugal addressed the Commission on the outcome of the Thirteenth Meeting of Heads of National Drug Law Enforcement Agencies, Europe, hosted by the Government of Portugal in Lisbon in July 2019. He highlighted that the Meeting had been an important opportunity to discuss the main trends and challenges concerning drug trafficking and effective measures to address it, as well as international cooperation and technical assistance in that regard. Participants had discussed ways to strengthen cooperation to address the multifaceted and dynamic nature of the world drug problem by ensuring holistic national responses through improved cooperation among domestic authorities, in particular the law enforcement, health and justice sectors.

122. Referring to the Forty-third Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, the observer for the Republic of Korea expressed appreciation for the consideration during the Meeting of challenges relating to the use of the darknet to trade drugs and cryptocurrencies for money-laundering. She informed participants of the interest of the Government of the Republic of Korea in hosting the Forty-fourth Meeting.

123. Several speakers highlighted the key role played by the subsidiary bodies in accelerating the implementation of all international drug policy commitments, in line with the Ministerial Declaration of 2019, referring in particular to the contributions and concrete recommendations made by the experts attending the meetings of the subsidiary bodies, which were of value to the States in the respective region, as well as to the Commission.

124. Some speakers welcomed the holistic approach of the subsidiary bodies, involving the law enforcement, justice and health sectors. One speaker noted that the subsidiary bodies should focus on the enhancement of cooperation among national law enforcement agencies.

Chapter VIII

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

125. At its 9th meeting, on 5 March 2020, the Commission considered agenda item 9, entitled “Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 72/305, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development”.

126. The Chief of the Secretariat to the Governing Bodies of UNODC and the Chief of the Strategic Planning and Inter-Agency Affairs Unit of UNODC made introductory statements.

127. Statements were made by the representatives of Croatia (on behalf of the European Union and its member States), Jamaica, Pakistan and the United States.

Deliberations

128. Speakers emphasized that efforts to achieve the Sustainable Development Goals and to effectively address the world drug situation were complementary and mutually reinforcing. One speaker noted that the work of the Commission was particularly crucial for the achievement of Goal 3, to ensure healthy lives and promote well-being for all at all ages, and of Goal 16, to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. In that regard, some speakers commended the contribution by the Chair of the Commission at its sixty-third session to the high-level political forum to be held in July 2020 on the theme “Accelerated action and transformative pathways: realizing the decade of action and delivery for sustainable development”. One speaker noted that, although they were complementary, the international drug policy commitments were not subsidiary to the Sustainable Development Goals.

129. Some speakers encouraged contributions by relevant United Nations entities and by regional and international organizations to the work of the Commission and the cooperation of the Commission with the General Assembly, the Economic and Social Council and other functional commissions of the Council. One speaker emphasized the valuable contributions made by civil society to the work of the Commission. Another speaker encouraged the Commission to consider innovative approaches in order to increase the involvement of all relevant stakeholders, such as expert panels, briefings and side events with the participation of scientists and private sector entities.

Chapter IX

Provisional agenda for the sixty-fourth session of the Commission

130. At its 9th meeting, on 5 March 2020, the Commission considered agenda item 10, entitled “Provisional agenda for the sixty-fourth 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-third session and provisional agenda for its sixty-fourth session” ([E/CN.7/2020/L.9](#)).

Action taken by the Commission

131. At its 9th meeting, on 5 March 2020, the Commission decided to recommend for adoption by the Economic and Social Council the draft decision containing the draft provisional agenda for the sixty-fourth session of the Commission ([E/CN.7/2020/L.9](#)). (For the text of the draft decision, see chap. I, sect. A, draft decision I.)

Chapter X

Other business

132. At its 9th meeting, on 5 March 2020, 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-third session

133. At its 10th meeting, on 6 March 2020, the Commission considered agenda item 12, entitled “Adoption of the report of the Commission on its sixty-third session”. The Rapporteur introduced the draft report.

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

Chapter XII

Organization of the session and administrative matters

A. Informal pre-session consultations

135. At the informal pre-session consultations chaired by the First Vice-Chair, Dominika Krois (Poland), held on 28 February 2020, the Commission conducted a preliminary review of draft proposals that had been submitted by the deadline of 3 February 2020, pursuant to Commission decision 55/1, and dealt with organizational matters of the sixty-third session.

B. Opening and duration of the session

136. The Commission held its sixty-third session in Vienna from 2 to 6 March 2020. The Chair of the Commission opened the session. A presentation was made by the Director of the Vienna International Centre Medical Service. The Executive Director of UNODC made an opening statement. A statement was also made by the President of INCB. The Commission then viewed a video message from the Director General of WHO.

137. Opening statements were made by the observer for Malaysia (on behalf of the Group of 77 and China), the representative of Thailand (on behalf of the Group of Asia-Pacific States) and the representative of Croatia (on behalf of the European Union and its member States and Albania, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, the Republic of Moldova, San Marino, Serbia and Ukraine).

C. Attendance

138. The session was attended by representatives of 52 States members of the Commission (1 was not represented). Also attending were observers for 85 other States Members of the United Nations, as well as non-member States, representatives of organizations of the United Nations system and observers for intergovernmental, non-governmental and other organizations. A list of participants is contained in document [E/CN.7/2020/INF/2](#).

D. Election of officers

139. In section I of its resolution 1999/30, the Economic and Social Council decided that, with effect from the year 2000, the Commission 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.

140. 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-second session, on 13 December 2019, opened its sixty-third session for the purpose of electing its Bureau for that session. At that meeting, the Commission elected the Chair, the Second Vice-Chair and the Third Vice-Chair.

141. On 10 December 2019, the Group of Eastern European States nominated Dominika Krois (Poland) for the office of First Vice-Chair. On 7 February 2020, the Group of African States nominated Emmanuel Nweke (Nigeria) for the office of Rapporteur. At its 1st meeting, on 2 March 2020, the Commission elected its First Vice-Chair and Rapporteur.

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

<i>Office</i>	<i>Regional group</i>	<i>Officer</i>
Chair	Asia-Pacific States	Mansoor Ahmad Khan (Pakistan)
First Vice-Chair	Eastern European States	Dominika Krois (Poland)
Second Vice-Chair	Western European and other States	Ghislain D'hoop (Belgium)
Third Vice-Chair	Latin American and Caribbean States	Gloria Navarrete (Chile)
Rapporteur	African States	Emmanuel Nweke (Nigeria)

143. 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.

144. During the sixty-third session of the Commission, the extended Bureau met on 3 and 5 March 2020 to consider matters related to the organization of work.

E. Adoption of the agenda and other organizational matters

145. At its 1st meeting, on 2 March 2020, the Commission adopted by consensus its provisional agenda and organization of work (E/CN.7/2020/1), pursuant to Economic and Social Council decision 2018/246. The agenda was as follows:

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

Operational segment

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

Normative segment

5. Implementation of the international drug control treaties:
 - (a) Changes in the scope of control of substances;
 - (b) Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations;

- (c) International Narcotics Control Board;
 - (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;
 - (e) Other matters arising from the international drug control treaties.
6. Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem:
- (a) Consideration of the improved and streamlined annual report questionnaire, as reflected in the Ministerial Declaration of 2019.⁵⁷
7. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
8. Recommendations of the subsidiary bodies of the Commission.
9. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution [72/305](#), including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.
- ***
10. Provisional agenda for the sixty-fourth session of the Commission.
11. Other business.
12. Adoption of the report of the Commission on its sixty-third session.

F. Documentation

146. The documents before the Commission at its sixty-third session are listed in E/CN.7/2020/CRP.18.

G. Closure of the session

147. At the 10th meeting, on 6 March 2020, a closing statement was made by the Executive Director of UNODC. The Chair of the Commission made closing remarks.

148. Statements were also made by the representatives of the Russian Federation and Mexico.

⁵⁷ 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, eleventh paragraph of the section entitled “Way forward”.