Agenda item 3.2

Work of international bodies concerned with controlled substances

Since the 34th ECDD in 2006, various relevant events have taken place.

1. ECDD Recommendations on oripavine and dronabinol: was discussed at the Commission on Narcotic Drugs (CND) in March 2007 (50th session).

   The recommendation to put oripavine in schedule 1 of the Single Convention was accepted.

   The Commission discussed the recommendation to move dronabinol and its stereoisomers from Schedule II to Schedule III of the 1972 convention. The WHO recommended that the substance had moderate therapeutic usefulness and as a result of continuing clinical research, its medical use was likely to increase. It found that Schedule III was more appropriate and that its listing in Schedule II to be outdated. The WHO estimated the abuse risk for dronabinol to be very low, and so it recommended Schedule III. WHO made it clear that the proposed change did not relate to cannabis. In the 50th session of the CND, most countries, for political reasons, did not like the scientific advice by WHO. Although WHO has no mandate to base its recommendations on forecasts but should confine its work to science, some countries said that WHO had not considered future developments when making its recommendation. Therefore, the recommendation was rejected, requesting reconsideration by WHO.


3. At the 55th Commission on Narcotic Drugs Resolution 55/2 on new synthetic drugs was adopted. This resolution includes a paragraph calling on WHO to resume substance evaluation work and a paragraph was added to invite the countries to fund the activities mentioned in the resolution. Making funding for continuing ECDD activities sustainable was also discussed in the Plenary. Many countries showed interest in providing resources.
Annex: CND Decisions and Resolutions

Commission on Narcotic Drugs Report on the fiftieth session

Decision 50/1


At its 1277th meeting, on 14 March 2007, the Commission on Narcotic Drugs, decided to include oripavine (3-O-demethylthebaine, or 6,7,8,14-tetrahydro-4,5-alpha-epoxy-6-methoxy-17-methylmorphinan-3-ol) in Schedule I of the Single Convention on Narcotic Drugs of 1961 and that Convention as amended by the 1972 Protocol.63

Decision 50/2

Review of dronabinol and its stereoisomers

At its 1277th meeting, on 14 March 2007, the Commission on Narcotic Drugs decided by consensus:
(a) Not to vote on the recommendation of the World Health Organization to transfer dronabinol and its stereoisomers from Schedule II to Schedule III of the Convention on Psychotropic Substances of 1971;64

(b) To request the World Health Organization, in consultation with the International Narcotics Control Board, as appropriate, to undertake, for consideration by the Commission, a review of dronabinol and its stereoisomers when additional information became available.

Resolution 50/3

Responding to the threat posed by the abuse and diversion of ketamine

The Commission on Narcotic Drugs,

Recalling its resolution 48/1, on promoting the sharing of information on emerging trends in the abuse of and trafficking in substances not controlled under the international drug control conventions,

Recalling also its resolution 49/6, in which it called on Member States to place ketamine on the list of substances controlled under their national legislation, where the domestic situation so required, and encouraged Member States to consider adopting a system of import-export certificates for use by their government agencies,

Recalling further the reports of the International Narcotics Control Board for 2004 and 2005 in which the Board noted the widespread abuse of substances not scheduled under the international drug control treaties, in particular the abuse of ketamine, especially among youth in East and South-East Asia, and the trafficking in ketamine in that region and in other regions, including Oceania and South America,
Recognizing that, in many countries, when compressed oxygen is not available, ketamine is the only means of anaesthesia,

Noting the diversion of ketamine for illicit use in a mixture or in conjunction with amphetamine-type stimulants, especially methylenedioxymethamphetamine (commonly known as “ecstasy”), as well as its harmful effects,

Noting also that the World Health Organization is conducting a critical review of ketamine,

Concerned by the threat to the well-being of youth and society posed by the diversion and abuse of ketamine,

Noting that a number of Member States in many regions have placed ketamine on their lists of substances controlled under national legislation,

Noting also the efforts made to discuss in international forums on drug law enforcement held in Asia and the Pacific the placing of ketamine on the list of substances controlled under the Convention on Psychotropic Substances of 1971,39 in order to better control and limit abuse of and trafficking in that substance,

1. Encourages Member States to pay particular attention to the emerging problem of widespread abuse and diversion of ketamine, in particular in East and South-East Asia and South America, which also affects States in other regions;

2. Also encourages Member States to consider adopting a system of precautionary measures for use by their government agencies to facilitate the timely detection of the diversion of ketamine;

3. Requests the United Nations Office on Drugs and Crime to share the concerns of the Commission on Narcotic Drugs with the Expert Committee on Drug Dependence of the World Health Organization, and, in that regard, looks forward to the updated review of ketamine in the report of the Expert Committee.

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