



United Nations

Commission on Narcotic Drugs

**Report on the sixty-second session
(7 December 2018 and
14–22 March 2019)**

**Economic and Social Council
Official Records, 2019
Supplement No. 8**

Economic and Social Council
Official Records, 2019
Supplement No. 8

Commission on Narcotic Drugs

**Report on the sixty-second session
(7 December 2018 and
14–22 March 2019)**



United Nations • New York, 2019

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-second session, to be held on 12 and 13 December 2019, will be issued as *Official Records of the Economic and Social Council, 2019, Supplement No. 8A* (E/2019/28/Add.1).

[12 April 2019]

Contents

<i>Chapter</i>	<i>Page</i>
Executive summary	vi
I. Matters calling for action by the Economic and Social Council or brought to its attention	1
A. Draft decisions for adoption by the Economic and Social Council	1
I. Report of the Commission on Narcotic Drugs on its sixty-second session and provisional agenda for its sixty-third session	1
II. Report of the International Narcotics Control Board	2
B. Matters brought to the attention of the Economic and Social Council	2
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	2
Resolution 62/1 Strengthening international cooperation and comprehensive regulatory and institutional frameworks for the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances	8
Resolution 62/2 Enhancing detection and identification capacity for synthetic drugs for non-medical use by increasing international collaboration	10
Resolution 62/3 Promoting alternative development as a development-oriented drug control strategy	13
Resolution 62/4 Advancing effective and innovative approaches, through national, regional and international action, to address the multifaceted challenges posed by the non-medical use of synthetic drugs, particularly synthetic opioids	17
Resolution 62/5 Enhancing the capacity of Member States to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes	23
Resolution 62/6 Promoting measures to prevent transmission of HIV attributable to drug use among women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis	26
Resolution 62/7 Promoting measures to prevent and treat viral hepatitis C attributable to drug use	29
Resolution 62/8 Supporting the International Narcotics Control Board in fulfilling its treaty-mandated functions in cooperation with Member States and in collaboration with the Commission on Narcotic Drugs and the World Health Organization	33
Decision 62/1 Inclusion of parafluorobutyrylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol	37
Decision 62/2 Inclusion of orthofluorofentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol	37
Decision 62/3 Inclusion of methoxyacetylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol	37

Decision 62/4	Inclusion of cyclopropylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol	38
Decision 62/5	Inclusion of ADB-FUBINACA in Schedule II of the Convention on Psychotropic Substances of 1971	38
Decision 62/6	Inclusion of FUB-AMB (MMB-FUBINACA, AMB-FUBINACA) in Schedule II of the Convention on Psychotropic Substances of 1971	38
Decision 62/7	Inclusion of CUMYL-4CN-BINACA in Schedule II of the Convention on Psychotropic Substances of 1971	38
Decision 62/8	Inclusion of ADB-CHMINACA (MAB-CHMINACA) in Schedule II of the Convention on Psychotropic Substances of 1971	38
Decision 62/9	Inclusion of <i>N</i> -ethylnorpentylone (ephylone) in Schedule II of the Convention on Psychotropic Substances of 1971	38
Decision 62/10	Inclusion of “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	39
Decision 62/11	Inclusion of 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	39
Decision 62/12	Inclusion of <i>alpha</i> -phenylacetoacetamide (APAA) (including its optical isomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	39
Decision 62/13	Consideration of hydriodic acid for inclusion in the tables of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	39
Decision 62/14	Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization on cannabis and cannabis-related substances	39
II.	Ministerial segment	41
A.	Opening of the ministerial segment	41
B.	General debate of the ministerial segment	41
C.	Interactive, multi-stakeholder round tables of the ministerial segment	48
D.	Adoption of the draft 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	52
E.	Closure of the ministerial segment	52
III.	Strategic management, budgetary and administrative questions	53
	Deliberations	53
IV.	Implementation of the international drug control treaties	55
A.	Deliberations	56
B.	Action taken by the Commission	62
V.	Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug	64

Problem	
A. Deliberations	64
B. Action taken by the Commission	66
VI. Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session.	67
A. Deliberations	67
B. Action taken by the Commission	69
VII. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem	71
Deliberations	71
VIII. Recommendations of the subsidiary bodies of the Commission	73
Deliberations	73
IX. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development	74
Deliberations	74
X. Provisional agenda for the sixty-third session of the Commission.	75
Action taken by the Commission	75
XI. Other business	76
XII. Adoption of the report of the Commission on its sixty-second session	77
XIII. Organization of the session and administrative matters	78
A. Informal pre-session consultations	78
B. Opening and duration of the session	78
C. Attendance	78
D. Election of officers	78
E. Adoption of the agenda and other organizational matters	79
F. Documentation	81
G. Closure of the session	81

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-second session of the Commission on Narcotic Drugs, including its ministerial segment, was held from 14 to 22 March 2019. The present document contains the report on the sixty-second 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 the ministerial segment of the Commission, held on 14 and 15 March 2019, the Commission adopted 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.

During the regular part of its session, the Commission considered the implementation of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem; the follow-up to the special session of the General Assembly on the world drug problem held in 2016; the scheduling of substances in accordance with the international drug control conventions and other matters arising from those treaties; strategic management, budgetary and administrative matters; recommendations of the subsidiary bodies of the Commission; inter-agency cooperation and coordination efforts in addressing and countering the world drug problem; and matters relating to the Economic and Social Council, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

The Commission decided to include parafluorobutyrylfentanyl, ortho-fluorofentanyl, methoxyacetylfentanyl and cyclopropylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, and to include ADB-FUBINACA, FUB-AMB (MMB-FUBINACA, AMB-FUBINACA), CUMYL-4CN-BINACA, ADB-CHMINACA (MAB-CHMINACA) and *N*-ethylnorpentylone (ephylone) in Schedule II of the Convention on Psychotropic Substances of 1971. The Commission also decided to include “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all stereoisomers), 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all stereoisomers) and *alpha*-phenylacetoacetamide (APAA) (including its optical isomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. It decided not to include hydriodic acid in the tables of the 1988 Convention. The Commission also decided to postpone the voting on the recommendations of the World Health Organization regarding the critical review of cannabis and cannabis-related substances.

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

The Commission adopted the following eight resolutions, which cover a broad range of issues: “Strengthening international cooperation and comprehensive regulatory and institutional frameworks for the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances”, “Enhancing detection and identification capacity for synthetic drugs for non-medical use by increasing international collaboration”, “Promoting alternative development as a development-oriented drug control strategy”, “Advancing effective and innovative approaches,

through national, regional and international action, to address the multifaceted challenges posed by the non-medical use of synthetic drugs, particularly synthetic opioids”, “Enhancing the capacity of Member States to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes”, “Promoting measures to prevent transmission of HIV attributable to drug use among women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis”, “Promoting measures to prevent and treat viral hepatitis C attributable to drug use” and “Supporting the International Narcotics Control Board in fulfilling its treaty-mandated functions in cooperation with Member States and in collaboration with the Commission on Narcotic Drugs and the World Health Organization”.

Pursuant to General Assembly resolution 73/192, the present report includes information on progress made in the implementation of the recommendations set out in the outcome document of the thirtieth special session of the General Assembly on the world drug problem. This information can be found in chapter VI, entitled “Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session”.

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

The Economic and Social Council:

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

Provisional agenda for the sixty-third 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 on 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 2019.¹
7. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
8. Recommendations of the subsidiary bodies of the Commission.
9. Contributions by the Commission to the work of the Economic and Social Council, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

10. Provisional agenda for the sixty-fourth session of the Commission.
11. Other business.
12. Adoption of the report of the Commission on its sixty-third 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 2018.²

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

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

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

We, the Ministers and government representatives participating in the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs, have met at the United Nations in Vienna to take stock of the implementation of the commitments made over the past decade to jointly address and counter the world drug problem, in particular in the light of the 2019 target date set in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009,³ and to enhance our efforts beyond 2019;

We reaffirm our shared commitment to effectively addressing and countering the world drug problem, which requires concerted and sustained action at the

¹ 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".

² E/INCB/2018/1.

³ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

national and international levels, including accelerating the implementation of existing drug policy commitments;

We also reaffirm our commitment to effectively addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,⁴ 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;

We further reaffirm our determination to address and counter the world drug problem and to actively promote a society free of drug abuse in order to help ensure that all people can live in health, dignity and peace, with security and prosperity, and reaffirm our determination to address public health, safety and social problems resulting from drug abuse;

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

We underscore that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁵ the Convention on Psychotropic Substances of 1971,⁶ the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁷ and other relevant instruments constitute the cornerstone of the international drug control system, welcome the efforts made by States parties to comply with the provisions and ensure the effective implementation of those conventions, and urge all Member States that have not yet done so to consider taking measures to ratify or accede to those instruments;

We emphasize that the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 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 Action⁸ and 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”,⁹ represent the commitments made by the international community over the preceding decade to counter the world drug problem and address, in a balanced manner, all aspects of demand reduction and related measures, supply reduction and related measures and international cooperation identified in the 2009 Political Declaration, as well as additional issues elaborated upon and identified in the outcome document of the thirtieth special session of the General Assembly, held in 2016, and recognize that those documents are complementary and mutually reinforcing;

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

We reaffirm our commitment to a balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based approach to the world drug problem, based on the principle of common and shared responsibility, and recognize the

⁴ General Assembly resolution 217 A (III).

⁵ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁶ *Ibid.*, vol. 1019, No. 14956.

⁷ *Ibid.*, vol. 1582, No. 27627.

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

⁹ General Assembly resolution S-30/1, annex.

importance of appropriately mainstreaming a gender and age perspective into drug-related policies and programmes and that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a particular focus on women, children and youth, with a view to promoting and protecting health, including access to treatment, safety and the well-being of all humanity;

We also reaffirm the principal role of the Commission on Narcotic Drugs as the policymaking body of the United Nations with prime responsibility for drug control matters, and our support and appreciation for the efforts of the relevant United Nations entities, in particular those of the United Nations Office on Drugs and Crime as the leading entity of the United Nations system for addressing and countering the world drug problem, and further reaffirm the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization;

We reiterate our resolve, in the framework of existing policy documents, *inter alia*, to prevent, significantly reduce and work towards the elimination of illicit crop cultivation and the production and manufacture of, trafficking in and abuse of narcotic drugs and psychotropic substances, including synthetic drugs and new psychoactive substances, as well as to prevent, significantly reduce and work towards the elimination of the diversion of and illicit trafficking in precursors, and money-laundering related to drug-related crimes; to ensure access to and the availability of controlled substances for medical and scientific purposes, including for the relief of pain and suffering, and address existing barriers in this regard, including affordability; to strengthen effective, comprehensive, scientific evidence-based demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse; to address drug-related socioeconomic issues related to illicit crop cultivation and the production and manufacture of and trafficking in drugs, including through the implementation of long-term comprehensive and sustainable development-oriented and balanced drug control policies and programmes; and to promote, consistent with the three international drug control conventions and domestic law, and in accordance with national, constitutional, legal and administrative systems, alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature;

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

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

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

Stocktaking

Bearing in mind the biennial reports submitted by the Executive Director of the United Nations Office on Drugs and Crime on progress made by Member States in the implementation of the 2009 Political Declaration and Plan of Action, the annual *World Drug Report* and the annual reports of the International Narcotics Control Board, and highlighting the experiences, lessons learned and good practices in the implementation of the joint commitments shared by Member States and other stakeholders at the annual sessions of the Commission on Narcotic Drugs, as well as

the thematic sessions held during the sixtieth and sixty-first sessions of the Commission,

We acknowledge that tangible progress has been achieved in the implementation of the commitments made over the past decade in addressing and countering the world drug problem, including with regard to an improved understanding of the problem, the development, elaboration and implementation of national strategies, the enhanced sharing of information, and the enhanced capacity of national competent authorities;

We note with concern persistent and emerging challenges related to the world drug problem, including the following: that both the range of drugs and drugs markets are expanding and diversifying; that the abuse, illicit cultivation and production and manufacture of narcotic drugs and psychotropic substances, as well as the illicit trafficking in those substances and in precursors, have reached record levels, and that the illicit demand for and the domestic diversion of precursor chemicals are on the rise; that increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering and, in some cases, terrorism, including money-laundering in connection with the financing of terrorism, are observed; that the value of confiscated proceeds of crime related to money-laundering arising from drug trafficking at the global level remains low; that the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world; that drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased; and that the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high; that the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels; that synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances; that the criminal misuse of information and communications technologies for illicit drug-related activities is increasing; that the geographical coverage and availability of reliable data on the various aspects on the world drug problem requires improvement; and that responses not in conformity with the three international drug control conventions and not in conformity with applicable international human rights obligations pose a challenge to the implementation of joint commitments based on the principle of common and shared responsibility; and to that end:

Way forward

We commit to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing our 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 our youth and children, at the centre of our efforts;

We commit to accelerating, based on the principle of common and shared responsibility, the full implementation of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 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 and the outcome document of the special session of the General Assembly on the world drug problem held in 2016, aimed at achieving all commitments, operational recommendations and aspirational goals set out therein;

We commit to further strengthening cooperation and coordination among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and between governmental agencies and other relevant stakeholders, including the private sector, at all levels, including through technical assistance;

We commit to strengthening bilateral, regional and international cooperation and promoting information-sharing, in particular among judicial and law enforcement authorities, in order to respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering, and in some cases terrorism, including money-laundering in connection with the financing of terrorism, and to effectively identify, trace, freeze, seize, and confiscate assets and proceeds of drug-related crime and ensure their disposal, including sharing, in accordance with the 1988 Convention, and, as appropriate, their return, consistent with the United Nations Convention against Corruption¹⁰ and the United Nations Convention against Transnational Organized Crime;¹¹

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

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

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

We commit to strengthening the work of the Commission on Narcotic Drugs with the World Health Organization and the International Narcotics Control Board, within their treaty-based mandates, as well as with the United Nations Office on Drugs and Crime, to continue to facilitate informed scheduling decisions on the most persistent, prevalent and harmful substances, including synthetic drugs and new psychoactive substances, precursors, chemicals and solvents, while ensuring their availability for medical and scientific purposes, and commit to strengthening the dialogue of the Commission with the International Narcotics Control Board on the implementation of the three international drug control conventions, and with relevant international organizations;

We commit 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 entails the following:

- (a) Devoting a single standing agenda item at each regular session of the Commission to the implementation of all commitments;
- (b) Ensuring that collection of reliable and comparable data, through a strengthened and streamlined annual report questionnaire, reflects all commitments;

¹⁰ United Nations, *Treaty Series*, vol. 2349, No. 42146.

¹¹ *Ibid.*, vol. 2225, No. 39574.

(c) Requesting the Executive Director of the United Nations Office on Drugs and Crime to adapt the existing biennial report, transforming it into a single report, to be prepared on a biennial basis, within existing resources, on the basis of the responses provided by Member States to the strengthened and streamlined annual report questionnaire on progress made to implement all commitments at the national, regional and international levels, the first of which reports should be submitted for consideration by the Commission at its sixty-fifth session, in 2022;

We commit 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;

We request the United Nations Office on Drugs and Crime, in close cooperation with Member States, to continue, in an inclusive manner, expert-level consultations on strengthening and streamlining the existing annual report questionnaire and to reflect on possibilities to review other existing tools for the collection and analysis of drug control data as deemed necessary to reflect and assess progress made in the implementation of all commitments contained in the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the outcome document of the thirtieth special session of the General Assembly, and to submit an improved and streamlined annual report questionnaire for consideration at the sixty-third session of the Commission, subject to the availability of extrabudgetary resources;

We also request the United Nations Office on Drugs and Crime to continue to provide enhanced technical and substantive support to the Commission on Narcotic Drugs in supporting the implementation of and conducting follow-up to all commitments, subject to the availability of extrabudgetary resources;

We further request the United Nations Office on Drugs and Crime to enhance technical assistance and capacity-building for the implementation of all commitments, in consultation with requesting Member States and in cooperation with other relevant United Nations entities and stakeholders, and to invite existing and emerging donors to provide extrabudgetary resources for this purpose;

We encourage further contributions of relevant United Nations entities, international financial institutions and relevant regional and international organizations, within their respective mandates, to the work of the Commission and the efforts of Member States to address and counter the world drug problem, upon their request, to strengthen international and inter-agency cooperation, and encourage them to make available relevant information to the Commission in order to facilitate its work and to enhance coherence within the United Nations system at all levels with regard to the world drug problem;

Following up to this Ministerial Declaration, we resolve to review in the Commission on Narcotic Drugs in 2029 our progress in implementing all our international drug policy commitments, with a mid-term review in the Commission on Narcotic Drugs in 2024.

Resolution 62/1

Strengthening international cooperation and comprehensive regulatory and institutional frameworks for the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances

The Commission on Narcotic Drugs,

Recalling the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹² in particular its article 12, which lays down the principles and mechanisms for international cooperation and control regarding substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances,

Recalling also all commitments related to the prevention of the illicit trafficking in and diversion of precursors, as contained in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,¹³ 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 Action¹⁴ and the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,¹⁵

Underscoring the need to take appropriate measures to address the diversion and illicit manufacturing of and trafficking in, as well as the misuse of, precursors under international control and to tackle the misuse of pre-precursors and substitute or alternative precursors for illicit drug manufacturing,

Recalling General Assembly resolution 59/162 of 20 December 2004, in which the Assembly recommended that Member States develop or further adapt their regulatory and operational control procedures to counter the diversion of chemical substances into illicit drug production or manufacture, and reaffirmed the importance of using all available legal means or measures to prevent the diversion of chemicals from legitimate trade to illicit drug manufacture as an essential component of comprehensive strategies against drug abuse and trafficking and of preventing access to chemical precursors by those engaged in or attempting to engage in the processing of illicit drugs,

Taking note of the outcome document of the Third International Conference on Precursor Chemicals and New Psychoactive Substances, held in Bangkok on 21–24 February 2017,

Recalling all United Nations resolutions in which Member States were called upon to increase international and regional cooperation in order to counter the illicit production and manufacture of and trafficking in drugs, including by strengthening the control of international trade in precursor chemicals frequently used in the illicit manufacture of drugs and preventing attempts to divert those substances from licit international trade for illicit use,

Reaffirming its concern at the alarming scale of the illicit production and manufacture of narcotic drugs and psychotropic substances, including heroin, cocaine and synthetic drugs, worldwide, as well as the associated diversion of and

¹² Ibid., vol. 1582, No. 27627.

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

¹⁴ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

¹⁵ General Assembly resolution S-30/1, annex.

illicit demand for precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances,

Noting with concern the increased number of incidents of attempted diversion of such chemicals, in particular acetic anhydride, since 2016,

Noting the most recent trends and challenges in precursor control, including the misuse of information and communication technologies by criminal groups,

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,

Recognizing also the important work of the International Narcotics Control Board within its treaty-based mandate as the global focal point for the international control of precursor chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances,

Taking note with appreciation of the work of the Paris Pact initiative in coordinating efforts to counter illicit trafficking of opiates and in preventing the diversion of precursors used in the illicit manufacture of heroin,

Taking note with appreciation also of the positive results achieved thus far through Project Prism and Project Cohesion, launched by the International Narcotics Control Board in cooperation with States to stem the diversion of precursors used in the illicit manufacture of, respectively, amphetamine-type stimulants, and heroin and cocaine,

1. *Urges* all States parties that have not yet done so to take the necessary steps, in accordance with the provisions of article 12, paragraph 10 (a), of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988;¹²

2. *Encourages* Member States to continue contributing to the efforts of the International Narcotics Control Board within its treaty-based mandate, especially through the Pre-Export Notification Online system for pre-export notification of precursor chemicals;

3. *Invites* Member States to take appropriate measures to strengthen international cooperation and the exchange of information regarding the identification of new routes and the *modi operandi* of criminal organizations involved in the diversion or smuggling of precursor chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, including by registering with and using the Precursors Incident Communication System of the International Narcotics Control Board as a means of systematically sharing information on incidents involving precursor chemicals;

4. *Also invites* Member States to enhance cooperation among their regulatory and law enforcement authorities in sharing information on precursor incidents as soon as practically possible and, in particular, to provide actionable operational details that enable follow-up investigations;

5. *Urges* Member States to further strengthen national legislation, administrative measures and institutional frameworks relating to the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances, pursuant to the 1988 Convention, and emphasizes the need for Member States to strengthen monitoring and control systems, including at the domestic distribution level and at the points of entry and exit of precursor chemicals, and to adopt measures to promote the secure transport of such substances;

6. *Invites* the International Narcotics Control Board, in cooperation with Member States and within its treaty-based mandate, to convene an expert working group comprised of public and private stakeholders from appropriate disciplines to

explore the possibility, practicability and effectiveness, with a view to cost and proportionality, of innovative methods to track precursor chemicals, in particular acetic anhydride, as appropriate, to prevent their diversion, and which is to submit a report to the Commission at its sixty-third session;

7. *Requests* the United Nations Office on Drugs and Crime to continue to assist Member States in their efforts to fulfil all commitments related to precursor control, as set out in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,¹³ 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 Action¹⁴ and the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”;¹⁵

8. *Invites* Member States to consider establishing and strengthening partnerships with business-to-business and business-to-customer web-based platforms in order to prevent those platforms from being used for trafficking in precursors for the illicit manufacture of narcotic drugs and psychotropic substances;

9. *Encourages* Member States to promote voluntary codes of conduct for the chemical industry, taking into consideration the International Narcotics Control Board’s *Guidelines for a Voluntary Code of Practice for the Chemical Industry*, in order to promote responsible commercial practices and sale of chemicals, and to prevent the diversion of chemicals into illicit drug manufacturing channels;

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

Resolution 62/2

Enhancing detection and identification capacity for synthetic drugs for non-medical use by increasing international collaboration

The Commission on Narcotic Drugs,

Recognizing that the world drug problem, in particular the significant dangers posed by the illicit production and manufacture of and trafficking in synthetic drugs for non-medical use, including new psychoactive substances, synthetic opioids and amphetamine-type stimulants, continues to constitute a serious threat to public health and safety and to the well-being of humanity,

Gravely concerned by the increasing threat posed to public health and safety by synthetic drugs for non-medical use, including new psychoactive substances, synthetic opioids and amphetamine-type stimulants, and by the growing complexity and sophistication of the methods employed by transnational criminal groups, drug traffickers and other criminal groups to expand the illicit markets for those substances, including the misuse of information and communication technologies and the distribution of those substances through the international mail system and express consignment carrier shipments,

Recalling its resolution 57/9 of 21 March 2014, in which the Commission recognized the continued value to Member States of the United Nations Office on Drugs and Crime global Synthetics Monitoring: Analysis, Reporting and Trends programme, in particular the early warning advisory on new psychoactive substances, with regard to identifying, monitoring and reporting on a large number of new psychoactive substances,

Recalling also its resolution 58/9 of 13 March 2015 on promoting the role of drug analysis laboratories worldwide and reaffirming the importance of the quality of the analysis and results of such laboratories,

Recognizing the significant challenges for law enforcement and public health authorities posed by the rapid development of new synthetic drugs for non-medical use that have been illicitly produced, illicitly manufactured or otherwise obtained for illicit purposes, including new psychoactive substances, synthetic opioids and amphetamine-type stimulants, and the risks posed when authorities cannot accurately detect, identify or analyse those substances, including the health risk posed when persons are exposed to dangerous substances that cannot be identified,

Noting the risk posed to persons working on the front line of drug control efforts, including law enforcement and border control officers, and other relevant personnel, who may come into contact with such dangerous substances, and the importance of having appropriate scientific evidence-based frameworks to support good health and safety practices among persons who may be exposed to those substances in their work,

Recalling 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”,¹⁶ in particular the following operational recommendations:

(a) The recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion;

(b) The recommendations on supply reduction and related measures, including the recommendation to strengthen coordinated border management strategies, as well as the capacity of border control, law enforcement and prosecutorial agencies, including through technical assistance, upon request, including and where appropriate, the provision of equipment and technology, along with necessary training and maintenance support, in order to prevent, monitor and counter trafficking in drugs trafficking in precursors and other drug-related crimes such as trafficking in firearms, illicit financial flows, smuggling of bulk cash and money-laundering;

(c) The recommendations on cross-cutting issues in addressing and countering the world drug problem, including the recommendations on addressing new psychoactive substances, amphetamine-type stimulants, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances,

Noting the recommendation in that outcome document on enhancing the capacity of relevant agencies in forensic science in the context of drug investigations, including the quality and capacity of drug analysis laboratories to gather, preserve and present forensic evidence to effectively prosecute drug-related offences, through considering, inter alia, the provision of advanced detection equipment, scanners, testing kits, reference samples, forensic laboratories and training, as requested,

Recalling that in its resolution 57/9 it invited Member States to take appropriate measures to strengthen international cooperation in the exchange of information regarding the identification of new psychoactive substances, and recalling its resolution 56/4 of 15 March 2013 on enhancing international cooperation in the identification and reporting of new psychoactive substances,

Recalling also its resolutions 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, 60/9 of 17 March 2017 on enhancing the capacity of

¹⁶ Ibid.

law enforcement, border control and other relevant agencies to counter illicit drug trafficking through training and 61/8 of 16 March 2018 on enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids,

Emphasizing the need to promote the provision of technical assistance to States, in particular developing countries, including in the form of support and training, and where appropriate, the provision of equipment and technology, to detect, identify and forensically test synthetic drugs for non-medical use and to enhance the capability of law enforcement and border control authorities to detect, identify and prevent trafficking, inter alia, in synthetic opioids,

Acknowledging the outcomes and benefits of approaches to countering drug and precursor diversion and trafficking that involve the cooperation and coordination of competent authorities, including cooperation and coordination between law enforcement and border control authorities,

Reiterating the importance of approaches to countering drug and precursor trafficking that involve the cooperation and coordination among competent authorities, as well as industry and the private sector, while highlighting the importance of the current International Narcotics Control Board platforms for real-time information exchange, specifically the Project Ion Incident Communication System, the global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales project and the Precursors Incident Communication system, as well as the current work of the global Synthetics Monitoring: Analysis, Reporting and Trends programme,

Noting the importance of collaboration and the exchange of data on synthetic drugs for non-medical use and their precursors between the United Nations Office on Drugs and Crime, the International Narcotics Control Board and Member States, and noting with concern the report of the International Narcotics Control Board for 2018¹⁷ and the United Nations Office on Drugs and Crime Global SMART update on understanding the global opioid crisis,¹⁸ both of which highlighted the growing risks to public health posed by the emergence of new synthetic opioids with high potency, as evidenced by, inter alia, increased rates of non-medical use of opioids and the resulting increased number of overdoses and overdose deaths involving opioids in some regions,

Recalling Economic and Social Council resolution 2003/32 of 22 July 2003, in which the Council urged relevant international organizations, in consultation with the United Nations Office on Drugs and Crime, to provide financing and other support for the training of experts in various subjects related to addressing and countering the world drug problem, with particular emphasis on preventive measures and areas such as precursor control, drug-testing laboratories and laboratory quality assurance,

Emphasizing the importance of ensuring that a human rights perspective and a gender perspective are incorporated in training for law enforcement, border control and other relevant authorities on countering the illicit production and manufacturing of and trafficking in synthetic opioids for non-medical use and preventing the diversion of precursors to illicit trade,

1. *Calls upon* Member States to take, as appropriate, additional steps to foster bilateral, regional and international efforts to support law enforcement, border control and other authorities involved in drug control, including, subject to national priorities, by providing technical assistance and training to enhance forensic detection and border management capability in relation to illicit drugs and precursors with a view to identifying and preventing the illicit production and

¹⁷ E/INCB/2018/1.

¹⁸ United Nations Office on Drugs and Crime, "Global SMART update", vol. 21 (March 2019).

manufacture of and trafficking in synthetic drugs for non-medical use, including new psychoactive substances, synthetic opioids and amphetamine-type stimulants;

2. *Encourages* Member States, within their national contexts, to develop frameworks for persons on the front line of drug control efforts, including law enforcement and border control officers, and other relevant personnel, to ensure that such officers are adequately trained and equipped to safely handle synthetic drugs; such measures may also include the provision of naloxone to front-line officers who are accidentally exposed to synthetic opioids and measures for the disposal of those drugs as described in the United Nations Office on Drugs and Crime *Guidelines for the Safe Handling and Disposal of Chemicals Used in the Illicit Manufacture of Drugs*,¹⁹ in order to safeguard such officers, other relevant personnel and the community against the harmful effects of those substances;

3. *Also encourages* Member States to consider enhancing the application of modern field identification technologies in order to improve field identification capacity and limit the exposure of front-line officers and other relevant personnel to potentially hazardous effects in handling these substances;

4. *Calls upon* Member States, in cooperation with regional and international organizations, to promote regional and international cooperation, including the sharing of best practices, to develop and deliver law enforcement and border control capability relating to synthetic drugs for non-medical use and precursors;

5. *Encourages* Member States, where appropriate, to share forensic information, through inter-agency, bilateral, regional and international mechanisms, in relation to preventing and disrupting global trafficking in synthetic drugs for non-medical use and precursors, in a manner consistent with international and domestic law;

6. *Encourages* the United Nations Office on Drugs and Crime and the International Narcotics Control Board, within their respective mandates, to continue to work with Member States to enhance regional and international capacity, capability and coordination, while acknowledging the continued importance of close cooperation between the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the International Criminal Police Organization (INTERPOL), within their respective mandates, to strengthen, upon request, the capacity of border control, law enforcement and prosecutorial agencies, and the importance of Member States making use of readily available capabilities;

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

Resolution 62/3

Promoting alternative development as a development-oriented drug control strategy

The Commission on Narcotic Drugs,

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 Rights²⁰ 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,

¹⁹ United Nations publication, Sales No. E.11.XI.14.

²⁰ General Assembly resolution 217 A (III).

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

Reaffirming also that the world drug problem should be addressed in accordance with the provisions of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,²¹ the Convention on Psychotropic Substances of 1971²² and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,²³ which, together with other relevant international instruments, constitute the cornerstone of the international drug control system,

Reaffirming further the Political Declaration adopted by the General Assembly at its twentieth special session²⁴ and the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development,²⁵

Recalling General Assembly resolution 68/196 of 18 December 2013, in which the Assembly adopted the United Nations Guiding Principles on Alternative Development and encouraged Member States, international organizations, international financial institutions, entities and other relevant stakeholders to take them into account when designing and implementing alternative development programmes, including, as appropriate, preventive alternative development programmes,

Emphasizing that alternative development should also be considered for implementation in the framework of a sustainable crop control strategy, which may, inter alia, include eradication and law enforcement, according to the national context, in the light of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²⁶ and the outcome document of the thirtieth special session of the General Assembly, held in 2016,²⁷ and taking into consideration the United Nations Guiding Principles on Alternative Development,

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,

Recalling its resolution 61/6 of 16 March 2018, in which it requested the United Nations Office on Drugs and Crime to convene an expert group meeting in Vienna

in 2018, to further the dialogue on alternative development, including preventive alternative development, as appropriate, and the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues, as stipulated in the outcome document of the thirtieth special session of the General Assembly, with the aim of contributing to the high-level ministerial segment of the sixty-second session of the Commission on Narcotic Drugs,

Welcoming the holding of the expert group meeting on alternative development, hosted by Germany, Peru and Thailand and the United Nations Office

²¹ United Nations, *Treaty Series*, vol. 976, No. 14152.

²² *Ibid.*, vol. 1019, No. 14956.

²³ *Ibid.*, vol. 1582, No. 27627.

²⁴ General Assembly resolution S-20/2, annex.

²⁵ General Assembly resolution S-20/4 E.

²⁶ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

²⁷ General Assembly resolution S-30/1, annex.

on Drugs and Crime in Vienna from 23 to 26 July 2018, with the participation of Member States, international organizations, representatives of civil society, experts, academia and representatives of affected communities,

Recalling the 2030 Agenda for Sustainable Development,²⁸ 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,

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,

Expressing its concern at the global increase in the illicit cultivation of narcotic plants,

Taking note of the Council of the European Union conclusions on alternative development, entitled “Towards a new understanding of alternative development and related development-centred drug policy interventions: contributing to the implementation of the outcome of the thirtieth special session of the General Assembly held in 2016 and the United Nations Sustainable Development Goals”,

1. *Encourages* Member States to apply the United Nations Guiding Principles on Alternative Development²⁹ and to take into due consideration 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”,²⁷ as well as the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem²⁶ and the Joint Ministerial Statement of the 2014 high-level review by the Commission of the implementation by Member States of the Political Declaration and Plan of Action,³⁰ when designing, implementing, monitoring and evaluating alternative development programmes and projects, including, as appropriate, preventive alternative development programmes and projects;

2. *Also encourages* Member States to continue sharing lessons learned, best practices and expertise and enhancing dialogues on development-oriented drug control policies and programmes and on the implementation of the United Nations Guiding Principles on Alternative Development;

3. *Underscores* that alternative development measures should be designed and implemented bearing in mind all our shared commitments;

4. *Urges* Member States to promote data collection, research and the sharing of information for identifying the root causes of illicit drug crop cultivation and other illicit drug-related activities and providing evidence, in order to identify the factors driving illicit drug crop cultivation and design better impact assessments;

²⁸ General Assembly resolution 70/1.

²⁹ General Assembly resolution 68/196, annex.

³⁰ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

5. *Urges* 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;

6. *Encourages* Member States to intensify efforts in the context of long-term and sustainable development programmes to address the most pressing drug-related socioeconomic issues, including unemployment and social marginalization, conducive to subsequent exploitation by criminal organizations involved in drug-related crime;

7. *Takes note of* the conference room paper submitted jointly by Germany, Peru and Thailand and the United Nations Office on Drugs and Crime, entitled “The future of alternative development”,³¹ which summarizes the discussions and conclusions of the expert group meeting held in Vienna from 23 to 26 July 2018, 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. The discussions of the experts included, but were not limited to, the following points:

(a) Alternative development not only contributes to the goal of drug crop reduction but also to the enhancement of the overall well-being of affected communities;

(b) There is a direct link between alternative development as a development-oriented drug control strategy and the achievement of the Sustainable Development Goal targets;

(c) Alternative development needs to be part of the broader development agenda and involve multi-agency and multidisciplinary cooperation, under the leadership of the United Nations Office on Drugs and Crime;

(d) There is a need for better strategic coordination as well as a more comprehensive and balanced approach to addressing alternative development in the context of drug control and the 2030 Agenda for Sustainable Development;²⁸

(e) There is a need to address the different socioeconomic realities of communities and to consider human rights and gender dimensions;

(f) As drug crop cultivation and environmental degradation are closely related, alternative development programmes should include environmental aspects;

(g) More research is necessary to identify factors driving illicit drug crop cultivation in order to design better impact assessment;

(h) There is a need to measure the outcomes of alternative development through human development indicators, in addition to the traditional law enforcement indicators;

(i) Some lessons learned from rural alternative development programmes, including preventive alternative development programmes, could be applied to development in urban settings to tackle urban drug issues;

(j) International cooperation and partnership, including among other governments, the private sector and civil society, is important in increasing financial and technical support as well as ensuring the sharing of best practices;

³¹ E/CN.7/2019/CRP.2.

8. *Encourages* the development of viable economic alternatives, particularly 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 the consideration of development-oriented interventions, while ensuring that all individuals benefit equally from them, including through job opportunities, improved infrastructure and basic public services and, as appropriate, access and legal titles to land for farmers and local communities, which will also contribute to preventing, reducing or eliminating illicit cultivation and other drug-related activities;

9. *Encourages* Member States to promote research by States, including through cooperation with the United Nations Office on Drugs and Crime and other relevant United Nations entities and international and regional organizations, academic institutions and civil society, to better understand factors contributing to illicit crop cultivation, taking into account local and regional specificities, and to improve impact assessment of alternative development programmes, including preventive alternative development programmes, as appropriate, with a view to increasing the effectiveness of those programmes, including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals, and to ensuring that the outcomes of alternative development programmes and the above-mentioned research reflect accountable use of donor funds and truly benefit the affected communities;

10. *Encourages* Member States to ensure that measures to prevent the illicit cultivation of and to eradicate plants containing narcotic and psychotropic substances, respect fundamental human rights, take due account of traditional licit uses, where there is historical evidence of such use, and of the protection of the environment, in accordance with the three international drug control conventions, and also take into account, as appropriate and in accordance with national legislation, the United Nations Declaration on the Rights of Indigenous Peoples;³²

11. *Also encourages* Member States to promote partnerships and innovative cooperation initiatives with the private sector, civil society and international financial institutions to create conditions more conducive to productive investments targeted at job creation in areas and among communities affected by or at risk of illicit drug cultivation, production, manufacturing, trafficking and other illicit drug-related activities in order to prevent, reduce or eliminate them, and to share best practices, lessons learned, expertise and skills in this regard;

12. *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;

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

Resolution 62/4

Advancing effective and innovative approaches, through national, regional and international action, to address the multifaceted challenges posed by the non-medical use of synthetic drugs, particularly synthetic opioids

The Commission on Narcotic Drugs,

³² General Assembly resolution 61/295, annex.

Recalling all commitments related to addressing the challenges posed by the non-medical use of synthetic drugs, including synthetic opioids, as contained in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,³³ the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem³⁴ and 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”,³⁵ as well as 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,³⁶ adopted during the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs, held in Vienna on 14 and 15 March 2019,

Taking note of General Assembly resolution 73/192 of 17 December 2018, in which the Assembly reaffirmed its unwavering commitment to ensuring that all aspects of demand reduction and related measures, supply reduction and related measures, and international cooperation were addressed in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,³⁷ 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,

Recalling its resolution 61/8 of 16 March 2018, on enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids, in which it called upon Member States to explore innovative approaches to more effectively address any threat posed by the non-medical use of synthetic opioids by involving all relevant sectors, such as broadening domestic, regional and international control over synthetic opioids, reinforcing health-care systems and building the capacity of law enforcement and health-care professionals to respond to that challenge,

Stressing with grave concern the international challenge, particularly to public health and welfare and law enforcement, posed by the non-medical use of synthetic drugs, in particular synthetic opioids, and their illicit manufacture, diversion and trafficking, and reaffirming its determination to prevent and treat the non-medical use of such drugs, minimize the adverse health and social consequences associated with their use and prevent and counter their illicit production, manufacture, diversion and trafficking,

Noting with concern that drug traffickers continue to exploit tools of modern commerce to traffic in precursors, pre-precursor chemicals and synthetic drugs, thereby contributing to the increased misuse of these drugs and the adverse consequences of their non-medical use, exploiting, for example, online markets for the illicit sale of such synthetic drugs, in particular synthetic opioids, in addition to exploiting the international mail system and express consignment carrier shipments to distribute such substances,

Underscoring that intensified action at the national level is required to address the international challenges posed by the non-medical use of synthetic drugs, in particular synthetic opioids, including national efforts to implement international

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

³⁴ *Ibid.*, 2014, *Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

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

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 217 A (III).

scheduling decisions, and stressing that capacity-building at the national level is required for the international community to effectively respond to those multifaceted challenges, and that such action should promote scientific evidence-based, balanced, comprehensive and multidisciplinary approaches, incorporating both public health and supply reduction responses in line with the international drug control conventions and with the international drug control policy framework found in the outcome document of the thirtieth special session of the General Assembly, held in 2016,

Noting with appreciation the efforts of the United Nations Office on Drugs and Crime to develop, as part of its comprehensive opioid strategy and on the basis of the discussions of the intergovernmental expert group on the international challenge posed by the non-medical use of synthetic opioids, in collaboration with the International Narcotics Control Board and the World Health Organization, the United Nations Toolkit on Synthetic Drugs, comprising technical assistance tools that can support Member States in identifying and addressing national challenges posed by the non-medical use of synthetic drugs, including ways to enhance precursor chemical controls and to strengthen forensic capacity to identify and detect synthetic drugs and regulatory approaches,

Noting the ongoing efforts by some Member States to advance strategic and targeted national action to address the challenges posed by the non-medical use of synthetic drugs, in particular synthetic opioids, including by implementing effective legislative approaches, such as individual listing, generic controls, analogue legislation, temporary and/or emergency controls and effect-based controls,

Recognizing the important role played by the United Nations Office on Drugs and Crime, together with the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization, in collecting data to inform Member States about the latest trends in drug trafficking and misuse, as well as scheduling recommendations made to the Commission on Narcotic Drugs, in particular those relating to synthetic opioids,

Reiterating the importance of further strengthening existing international, regional and bilateral cooperation, including through participation in existing online database platforms, with a view to gathering and sharing information, such as those operated by the United Nations Office on Drugs and Crime and the International Narcotics Control Board, on a voluntary basis, on relevant factors to inform the monitoring and analysis of trafficking and use trends related to the non-medical use of synthetic drugs,

Noting the need for capacity-building to ensure the safety of law enforcement units in pursuing the illicit manufacture of and trafficking in synthetic opioids,

Reaffirming that targeted interventions that are based on the collection and analysis of data, including age- and gender-related data, can be particularly effective in meeting the specific needs of drug-affected populations and communities,

Highlighting the importance of including in national drug policies, in accordance with national legislation and, as appropriate, elements relating to the prevention and treatment of drug overdose, in particular, opioid overdose, including the use of opioid receptor antagonists, for example, naloxone, and other scientific evidence-based measures to reduce drug-related mortality,

Reaffirming that the international drug control conventions seek to achieve a balance between ensuring access to and the availability of narcotic drugs and psychotropic substances under international control for medical and scientific purposes and preventing their diversion and misuse,

Recalling the Single Convention on Narcotic Drugs of 1953 as amended by the 1972 Protocol,³⁸ in which the parties recognized that the medical use of narcotic

³⁸ United Nations, *Treaty Series*, vol. 976, No. 14152.

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 1971,³⁹ 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,

1. *Welcomes* the outcomes of the meeting of the intergovernmental expert group on the international challenge posed by the non-medical use of synthetic opioids, held in Vienna on 3 and 4 December 2018, convened by the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, pursuant to Commission on Narcotic Drugs resolution 61/8, during which it was stressed that advancing national action that incorporated comprehensive, balanced and evidence-based demand reduction and supply reduction initiatives was a key component in addressing that challenge;

2. *Encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, to continue developing the United Nations Toolkit on Synthetic Drugs, and to operationalize and disseminate the information about the interventions included in the Toolkit by incorporating them, as appropriate, into its technical assistance and capacity-building programmes;

3. *Also encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, to organize further expert-level discussions on this important topic among their efforts to assist Member States in their implementation of the United Nations Toolkit on Synthetic Drugs, among other relevant intervention measures;

4. *Encourages* Member States to make use of the United Nations Toolkit on Synthetic Drugs to inform and implement national strategic interventions that achieve rapid and effective results in interdicting and significantly reducing the illicit manufacture and marketing of and trafficking in synthetic drugs, including synthetic opioids, specific to national contexts;

5. *Also encourages* Member States to consider advancing regulatory approaches, such as generic controls, analogue legislation and temporary or emergency controls, aimed at enhancing national controls on synthetic opioids for non-medical use, particularly when scheduling fentanyl-related substances by class;

6. *Acknowledges* that falsified or fraudulent substances purporting to be medicine and containing synthetic opioids are a matter of concern because they may endanger the health and welfare of humankind;

7. *Also acknowledges* the increased trend in trafficking in and non-medical use of synthetic drugs, including diverted, falsified or fraudulent medicines, such as oxycodone and tramadol, in some regions, and invites Member States, together with the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, to advance efforts to address that concerning challenge;

8. *Welcomes with appreciation* the list of fentanyl-related substances with no currently known legitimate medical or industrial uses, beyond limited research and analytical purposes, developed by the International Narcotics Control Board, which is a valuable tool used by relevant national authorities and other stakeholders, including the scientific community, academia and the private sector, to help States take appropriate measures to prevent the illicit manufacture of and trafficking in those fentanyl-related substances;

³⁹ Ibid., vol. 1019, No. 14956.

9. *Calls upon* all Member States to increase operational use of article 13 of the United Nations Convention against Illicit Traffic in Narcotic and Psychotropic Substances of 1988,⁴⁰ to take appropriate measures to prevent trade in and the diversion of materials and equipment used in the illicit production or manufacture of narcotic drugs and psychotropic substances, including, where appropriate, by enacting national legislation to implement that article, that is aimed at preventing the use of materials and equipment in the illicit production or manufacture of narcotic drugs and psychotropic substances, particularly synthetic opioids for non-medical use;

10. *Encourages* the International Narcotics Control Board, within its existing mandate and in cooperation with the United Nations Office on Drugs and Crime and other relevant entities, to provide guidelines on the most effective ways to prevent the diversion of materials and equipment essential for the illicit production or manufacture of narcotic drugs and psychotropic substances in the context of article 13 of the 1988 Convention;

11. *Calls upon* Member States to implement the treaty-mandated international scheduling decisions and to consider providing voluntary contributions to support the activities of the United Nations Office on Drugs and Crime and the International Narcotics Control Board, within existing mandates, to strengthen the capacity of Member States, upon request, and also calls upon Member States to support the World Health Organization in accelerating the process of issuing recommendations for the scheduling of the most prevalent, persistent and harmful synthetic drugs;

12. *Also calls upon* Member States to promote cooperation with chemical and pharmaceutical manufacturers and distributors, as well as those within the international mail system and express consignment shippers and other commercial carriers, to curb the diversion in synthetic drugs and the precursor chemicals used to manufacture them;

13. *Encourages* Member States to strengthen cooperation with information and communications technology companies to prevent, interdict and reduce online trafficking in synthetic drugs, 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;

14. *Encourages* the United Nations Office on Drugs and Crime and the World Health Organization, within existing mandates, to continue to update existing guidelines, including those relating to prescribing practices, and to strengthen resources to prevent, provide treatment for and minimize the adverse health and social consequences of the non-medical use of synthetic opioids;

15. *Calls upon* Member States to improve access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers at the national level, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting and benchmarks for the consumption of substances under control, as well as to improve international cooperation and coordination, while concurrently preventing the diversion and misuse of and trafficking in such substances;

16. *Encourages* Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts:

(a) To promote and strengthen regional and international cooperation and share best practices in developing and implementing prevention and treatment-related initiatives, enhancing technical assistance and capacity-building and ensuring non-discriminatory access to a broad range of initiatives, including in order to

⁴⁰ Ibid., vol. 1582, No. 27627.

minimize adverse health and social consequences, such as psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as access to rehabilitation, social reintegration and recovery-support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in that regard;

(b) To share best practices with respect to evidence-based prevention and treatment of infectious diseases associated with the non-medical use of synthetic drugs, in particular synthetic opioids;

(c) To implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, particularly synthetic opioids, by raising awareness and promoting increased access to and availability of evidence-based prevention, treatment and recovery services, including access to naloxone, used for the reversal of opioid overdose, and other opioid-blocking medicines and evidence-based measures;

(d) To promote, within national and regional contexts, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health-care and social services for drug users and to reduce any possible discrimination, exclusion or prejudice that those people may encounter, in line with Commission resolution 61/11 of 16 March 2018;

17. *Urges* Member States to take further steps to prevent the use and diversion of synthetic drugs for non-medical purposes, including through measures and initiatives addressing the training of relevant health-care professionals and, where appropriate, education and raising public awareness and engaging with the private sector on, inter alia, issues related to marketing;

18. *Calls upon* Member States, where applicable, to continue to provide to the Secretariat, within existing reporting requirements, information on national efforts to address the challenges posed by the use of synthetic drugs for non-medical purposes, particularly synthetic opioids, and requests the United Nations Office on Drugs and Crime, in consultation with the International Narcotics Control Board and the World Health Organization, within their respective mandates, to report to the Commission at its sixty-third session on any such information received from Member States;

19. *Encourages* Member States, in accordance with national legislation, and the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their mandates, to collect national data, analyse evidence, and share information with respect to the trends in the consumption for non-medical use, illicit production and diversion of and trafficking in synthetic drugs, particularly synthetic opioids, including falsified or fraudulent synthetic drugs, especially using information communications technologies, the international mail system and express consignment carrier shipments, so that the data, evidence and information can be used to enhance the effectiveness of national approaches to curb those developments, including by strengthening legal, law enforcement and criminal justice responses;

20. *Calls upon* Member States to fulfil in a timely manner their reporting obligations to the International Narcotics Control Board concerning the use of internationally controlled substances for medical and scientific purposes and the diversion of, trafficking in and non-medical and non-scientific use of those substances, as required under the international drug control conventions;

21. *Urges* the International Narcotics Control Board, together with the United Nations Office on Drugs and Crime and the World Health Organization, to continue enhancing understanding among national regulators and health-care

professionals, including pharmacists based in rural communities, of the treaty-based requirements to ensure access to and availability of internationally controlled substances for medical and scientific purposes, and invites the Board to provide an update on this matter to the Commission at its sixty-third session;

22. *Invites* the United Nations Office on Drugs and Crime, the International Narcotics Control Board, and the World Health Organization, within existing mandates and upon request, to provide technical assistance to Member States to support their implementation of innovative approaches to address the multifaceted challenges posed by the non-medical use of synthetic drugs, particularly synthetic opioids, including those approaches included in the United Nations Toolkit on Synthetic Drugs;

23. *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 62/5

Enhancing the capacity of Member States to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes

The Commission on Narcotic Drugs,

Recalling articles 1, 2, 12, 13, 19, 20, 25, 27 and 31 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁴¹ articles 1, 2, 3, 12 and 16 of the Convention on Psychotropic Substances of 1971⁴² and article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁴³ which require States parties to report statistical data and furnish annual estimates to the International Narcotics Control Board and monitor international trade in controlled substances,

Recalling that the International Narcotics Control Board, within its treaty mandate, collects statistical data provided by Member States on the availability of internationally controlled substances for medical and scientific purposes,

Recalling all commitments related to ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion, as contained in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,⁴⁴ 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 Action⁴⁵ and the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,⁴⁶

Recalling the reports of the International Narcotics Control Board for 2016,⁴⁷ 2017⁴⁸ and 2018,⁴⁹ in particular regarding the launch and implementation of the

⁴¹ Ibid., vol. 976, No. 14152.

⁴² Ibid., vol. 1019, No. 14956.

⁴³ Ibid., vol. 1582, No. 27627.

⁴⁴ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

⁴⁵ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

⁴⁶ General Assembly resolution S-30/1, annex.

⁴⁷ E/INCB/2016/1.

⁴⁸ E/INCB/2017/1.

⁴⁹ E/INCB/2018/1.

INCB Learning project, one of the Board's main initiatives to assist Member States in implementing the three international drug conventions, and the recommendations of the outcome document of the special session of the General Assembly on the world drug problem held in 2016, as they relate to access to controlled substances for licit purposes, and noting that training provided through the INCB Learning project has effectively raised the awareness of participating Member States about the importance of adequately estimating and assessing, as well as reporting on, licit requirements and trade in controlled substances and has led to improvements in the quality of data submitted to the Board on a voluntary and mandatory basis,

Taking note of the United Nations Office on Drugs and Crime publication entitled "Technical guidance: increasing access and availability of controlled medicines", as well as the *Guide on Estimating Requirements for Substances Under International Control*⁵⁰ and the World Health Organization publication entitled *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines*,⁵¹ which serve to assist Member States in ensuring the availability and accessibility of controlled substances for medical and scientific purposes,

Recalling Economic and Social Council resolutions 1576 (L) of 20 May 1971, 1981/7 of 6 May 1981, 1985/15 of 28 May 1985, 1987/30 of 26 May 1987, 1991/44 of 21 June 1991, 1993/38 of 27 July 1993, 1995/20 of 24 July 1995 and 1996/30 of 24 July 1996, in which the Council requested Governments to provide to the International Narcotics Control Board relevant additional information on psychotropic substances and precursor chemicals,

Recalling also its resolution 53/4 of 12 March 2010, in which it stressed the importance of promoting adequate availability of internationally controlled drugs for medical and scientific purposes, and its resolution 54/6 of 25 March 2011, in which it encouraged Member States to report to the International Narcotics Control Board data on the consumption of psychotropic substances for medical and scientific purposes, on a voluntary basis,

Taking note of the report of the International Narcotics Control Board for 2018 and the supplement to that report, entitled *Progress in Ensuring Adequate Access to Internationally Controlled Substances for Medical and Scientific Purposes*,⁵² in which attention is drawn to the fact that a significant number of States have encountered difficulties in submitting data on consumption of psychotropic substances, which is provided on a voluntary basis,

Reaffirming our strong commitment to improving access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in this 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 international control, and international cooperation and coordination, while concurrently preventing their diversion, abuse and trafficking,

1. *Reaffirms* its commitment to implementing effectively all the commitments on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes while preventing their diversion that were established in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,⁴⁴ 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 Action⁴⁵ and the outcome document of the

⁵⁰ International Narcotics Control Board and World Health Organization (Vienna, 2012).

⁵¹ World Health Organization (Geneva, 2011).

⁵² E/INCB/2018/1/Supp.1.

thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,⁴⁶ including:

(a) The recommendation on strengthening the capacity of competent national authorities to adequately estimate and assess the need for controlled substances;

(b) The recommendation on taking measures, in accordance with national legislation, to provide capacity-building and training, including with the support of relevant United Nations entities, for competent national authorities on ensuring adequate access to and use of controlled substances for medical and scientific purposes;

2. *Reiterates* the importance of building and enhancing the capacity of competent national authorities to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes while preventing their diversion;

3. *Urges* Member States to facilitate the provision of capacity-building and training for their competent national authorities in the area of international drug control to adequately estimate and assess the need for internationally controlled substances for medical and scientific purposes;

4. *Welcomes* the ongoing work of the International Narcotics Control Board, in particular through the INCB Learning project and the regional training seminars conducted in cooperation with the World Health Organization and the United Nations Office on Drugs and Crime in Africa, Asia, Europe, Latin America and Oceania, in which officials from many countries and territories have participated since 2016;

5. *Encourages* the secretariat of the International Narcotics Control Board to continue implementing capacity-building and training activities for competent national authorities through the INCB Learning project and its collaboration with the United Nations Office on Drugs and Crime and the World Health Organization, in accordance with their respective mandates;

6. *Encourages* the International Narcotics Control Board to continue supporting Member States in facilitating progress in the implementation of the relevant commitments and operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion, contained in the outcome document of the special session of the General Assembly on the world drug problem held in 2016, and to share information on the progress made with other United Nations entities, including the United Nations Office on Drugs and Crime and the World Health Organization;

7. *Welcomes* the initiative of Member States, the International Narcotics Control Board and the United Nations Office on Drugs and Crime to facilitate, including by convening expert consultations of the staff of competent national authorities, the sharing of experiences and good practices on the submission of data on consumption of psychotropic substances, on a voluntary basis;

8. *Encourages* the International Narcotics Control Board to continue to develop, in close cooperation with the United Nations Office on Drugs and Crime and the World Health Organization, guidance to assist Member States in adequately estimating and assessing their needs and reporting their requirements for internationally controlled substances for medical and scientific purposes;

9. *Encourages* the International Narcotics Control Board and the United Nations Office on Drugs and Crime, and invites the World Health Organization, within their respective mandates, to continue improving their cooperation and providing, upon request, relevant training and technical support to competent national authorities and other relevant regulatory and health stakeholders, where appropriate and in accordance with national legislation, on ensuring adequate

availability and access to controlled substances for medical and scientific purposes while preventing their diversion;

10. *Recognizes* the extrabudgetary contributions and in-kind contributions made towards the implementation of the INCB Learning project;

11. *Invites* Member States and other donors to provide extrabudgetary resources for the above-mentioned purposes, in accordance with the rules and procedures of the United Nations.

Resolution 62/6

Promoting measures to prevent transmission of HIV attributable to drug use among women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis

The Commission on Narcotic Drugs,

Reaffirming the commitments contained in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁵³ the Convention on Psychotropic Substances of 1971⁵⁴ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁵⁵ in which States parties express concern for the health and welfare of humankind,

Reaffirming also the Universal Declaration of Human Rights,⁵⁶ which states in its article 25 that everyone has the right to a standard of living adequate for their health and well-being, including necessary social services,

Recalling the commitments of States parties in article 12 of the International Covenant on Economic, Social and Cultural Rights,⁵⁷ in which they recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recalling also the Convention on the Elimination of All Forms of Discrimination against Women,⁵⁸ in particular its article 12, in which States parties to the Convention commit to take all appropriate measures to eliminate discrimination against women in the field of health care, in order to ensure, on a basis of equality of men and women, access to health-care services,

Recalling further the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,⁵⁹ 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 Action⁶⁰ and 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”,⁶¹ in which Member States emphasized, inter alia, the need to promote effective, comprehensive, evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislations and the three international drug control conventions,

⁵³ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁵⁴ *Ibid.*, vol. 1019, No. 14956.

⁵⁵ *Ibid.*, vol., 1582, No. 27627.

⁵⁶ General Assembly resolution 217 A (III).

⁵⁷ General Assembly resolution 2200 A (XXI), annex.

⁵⁸ United Nations, *Treaty Series*, vol. 1249, No. 20378.

⁵⁹ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

⁶⁰ See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

⁶¹ General Assembly resolution S-30/1, annex.

prevention, early intervention, treatment, care, recovery, rehabilitation, and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse drug-related public health and social consequences,

Recalling the recommendations contained in the outcome document of the thirtieth special session of the General Assembly of ensuring non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and of ensuring that women, including detained women, have access to adequate health services and counselling and those particularly needed during pregnancy, and of mainstreaming a gender perspective into and ensuring the involvement of women in all stages of development, implementation, monitoring and evaluation of drug policies and programmes, developing and disseminating gender-sensitive and age-appropriate measures that take into account the specific needs of and circumstances faced by women and girls with regard to the world drug problem,

Recalling also its resolution 59/5 of 22 March 2016, and underlining the importance of taking into account the needs of and challenges faced by women and girls who use drugs or who are affected by the drug use of others and of mainstreaming a gender perspective into national drug policies,

Recalling further its resolution 60/8 of 17 March 2017, entitled “Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures”,

Recalling its resolution 61/4 of 16 March 2018, entitled “Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs”,

Recalling also its resolution 61/11 of 16 March 2018, entitled “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users”,

Reaffirming that the United Nations Office on Drugs and Crime is the leading entity of the United Nations system for addressing and countering the world drug problem and the convening agency for addressing HIV and drug use, and HIV in prison settings, within the Joint United Nations Programme on HIV/AIDS division of labour, in close partnership with the World Health Organization and the secretariat of the Joint United Nations Programme on HIV/AIDS and in collaboration with other co-sponsors of the Programme,

Expressing its deep concern that, according to the *World Drug Report 2018*, the prevalence of gender-based violence among women who use drugs is two to five times higher than among women who do not use drugs and that this factor contributes to the increased risk of infection with HIV and hepatitis C among women who use drugs.⁶²

Recalling that among people who use drugs, the prevalence of HIV is higher among women,⁶³

Noting that women who use drugs face specific barriers to accessing treatment services for drug use disorders, as well as services for HIV and other health needs, including gender-based discrimination and violence,⁶⁴

Taking note of the United Nations Office on Drugs and Crime publication entitled *Addressing the Specific Needs of Women who Inject Drugs: Practical Guide*

⁶² United Nations publication, Sales No. E.18.XI.9 (Booklet 5).

⁶³ Ibid.

⁶⁴ United Nations Office on Drugs and Crime, *Addressing the Specific Needs of Women who Inject Drugs: Practical Guide for Service Providers on Gender-Responsive HIV Services* (Vienna, 2016).

for Service Providers on Gender-Responsive HIV Services, which recommends voluntary and informed access to HIV post-exposure prophylaxis, along with other prevention methods for women who use drugs, especially those who have recently shared injecting equipment and/or suffered sexual violence, as well as clinical follow-up,

Recalling that in the outcome document of the special session of the General Assembly on the world drug problem held in 2016,⁶¹ Member States invited national authorities to consider, in accordance with their national legislation and the three international drug conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, and consider ensuring access to such interventions,

Recalling also the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030,⁶⁵ and resolving to provide effective measures aimed at minimizing the adverse public health and social consequences of drug abuse in accordance with national legislation and the three international drug conventions,

Gravely concerned about the social barriers, including poverty, that continue to hinder the access of women to treatment for drug use disorders and, in some cases, the challenge that Member States face in mobilizing sufficient resources for removing those barriers, and fully aware that women are disproportionately affected by the consequences of drug abuse, such as sexually transmitted infections, violence and drug-facilitated crime,

1. *Urges* Member States, in the context of addressing and countering the world drug problem, in particular the specific needs of women who use drugs, to strengthen their efforts and take measures to promote healthy lives and well-being for all and achieve gender equality, by contributing to ending the AIDS epidemic and eliminating viral hepatitis B and C, eliminating all forms of violence against women and girls, and strengthening the prevention and treatment of substance abuse, in line with the 2030 Agenda for Sustainable Development⁶⁶ in particular its Goals 3 and 5;

2. *Encourages* Member States, as appropriate, within their national and regional contexts, to promote, among relevant agencies and social services sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, including women and girls who use drugs or who are exposed to risk factors associated with drug use, and to reduce any possible discrimination, exclusion or prejudice that these people may encounter;

3. *Requests* Member States, as appropriate, within their national and regional contexts, to continue to enhance inclusiveness in developing relevant programmes and strategies, to seek opinions and contributions from women and girls who use drugs and from organizations and families and community members who work with them and support them, and to facilitate development of scientific evidence-based policies regarding the availability of, access to and delivery of services to women and girls who use drugs;

4. *Encourages* Member States to take into account the specific needs and possible multiple vulnerabilities of women drug offenders when imprisoned, in line

⁶⁵ General Assembly resolution 70/266, annex.

⁶⁶ General Assembly resolution 70/1.

with the United Nation Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules);⁶⁷

5. *Strongly encourages* Member States to improve access for women who use drugs to diagnosis and treatment of HIV/AIDS and viral hepatitis, including hepatitis C, including in the context of comprehensive drug demand reduction initiatives, and commends efforts taken by Member States in this regard, in accordance with national legislation and taking into account, inter alia, the United Nations Office on Drugs and Crime publication entitled *Addressing the Specific Needs of Women who Inject Drugs: Practical Guide for Service Providers on Gender-Responsive HIV Services* and the World Health Organization guidelines on HIV treatment;

6. *Calls upon* Member States, when initiating or providing scientific evidence-based treatment for drug use disorders to women to also offer and provide access to HIV combination prevention programmes, including timely access to post-exposure prophylaxis, and encourages Member States to also offer the voluntary and informed use of pre-exposure prophylaxis, when appropriate and in accordance with national legislation;

7. *Also calls upon* Member States to promote training and support for health professionals, including for all health staff in prisons and other custodial settings, relating to the prevention of HIV transmission among women who use drugs or are exposed to risk factors associated with drug use, especially those who are sexually assaulted;

8. *Further calls upon* Member States to offer women who use drugs, especially those who have recently shared injecting equipment, and/or have been sexually assaulted, access to health clinics and, where possible, assisted referral, and access to post-exposure prophylaxis, in accordance with national legislation and taking into account the United Nations Office on Drugs and Crime guidelines in the publication *Addressing the Specific Needs of Women who Inject Drugs: Practical Guide for Service Providers on Gender-Responsive HIV Services*;

9. *Calls upon* Member States to develop and implement strategies to help identify and respond to gender-based violence by providing direct support to women who use drugs or are exposed to risk factors associated with drug use and who experience sexual violence, including appropriate measures and protections as may be required to enable women who use drugs to report abuse;

10. *Encourages* Member States and other donors to continue to provide bilateral and other funding for the global HIV/AIDS response, including to the Joint United Nations Programme on HIV/AIDS, the United Nations Office on Drugs and Crime, World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and to strive to ensure that such funding contributes to addressing the growing HIV/AIDS epidemic among people who use drugs;

11. *Requests* the United Nations Office on Drugs and Crime, as the convening agency of the Joint United Nations Programme on HIV/AIDS for matters relating to HIV/AIDS and drug use and to HIV/AIDS in prison settings, to continue to provide its leadership and guidance on those matters, in partnership with relevant United Nations entities and government partners and other relevant stakeholders, such as civil society, affected populations and the scientific community, as appropriate, and to continue to support Member States, upon request, in their efforts to increase their capacity and mobilize resources, including through national investment, for the provision of comprehensive HIV prevention and treatment programmes;

12. *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.

⁶⁷ General Assembly resolution 65/229, annex.

Resolution 62/7

Promoting measures to prevent and treat viral hepatitis C attributable to drug use

The Commission on Narcotic Drugs,

Reaffirming the commitments contained in the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol,⁶⁸ the Convention on Psychotropic Substances of 1971⁶⁹ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁷⁰ in which States parties expressed concern for the health and welfare of humankind,

Reaffirming also its 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,

Noting with concern that the *World Drug Report 2017*⁷¹ highlights that the number of deaths attributable to hepatitis C among people who use drugs is greater than the number of deaths from other causes related to drug use, that viral hepatitis disproportionately impacts people who use drugs and that more than half of all people who inject drugs are living with hepatitis C,

Bearing in mind World Health Assembly resolution 69.22 of 28 May 2016,⁷² in which the Assembly adopted, inter alia, the global health sector strategy on viral hepatitis for the period 2016–2021, which highlights the need to accelerate the accessibility of services for the prevention and treatment of hepatitis C,

Recalling the 2019 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,⁷³ in which Member States note with concern persistent and emerging challenges related to the world drug problem, including the following: that the rate of transmission of HIV, hepatitis C and other blood borne infections associated with drug use, including injecting drugs, in some countries, remains high and that drug treatment and health services continue to fall short of meeting needs, and deaths related to drug use have increased,

Acknowledging that some countries have made considerable progress in expanding evidence-based, comprehensive HIV and hepatitis C interventions aimed at minimizing the adverse public health and social consequences of drug use,

Aware that the *World Drug Report 2018*⁷⁴ highlights that people in prisons and other closed settings are at a much greater risk of contracting infections such as tuberculosis, HIV and hepatitis C than the general population and that access to treatment and prevention programmes is often lacking in those settings, which can result in the rapid spread of infectious diseases,

⁶⁸ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁶⁹ *Ibid.*, vol. 1019, No. 14956.

⁷⁰ *Ibid.*, vol. 1582, No. 27627.

⁷¹ United Nations publication, Sales No. E.17.XI.7.

⁷² World Health Organization, *Sixty-Ninth World Health Assembly, Geneva, 23–28 May 2016* (WHA69/2016/REC/1), annex 8, appendix 2.

⁷³ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

⁷⁴ United Nations publication, Sales No. E.18.XI.9.

Stressing the commitment of Member States to the targets contained in the World Health Organization global health sector strategy on viral hepatitis for the period 2016–2021 including achieving by 2030 a 90 per cent reduction in new cases of chronic viral hepatitis B and C infections and a 65 per cent reduction in viral hepatitis B and C deaths,

Underscoring the need to accelerate the implementation, in accordance with national legislation, of drug policy commitments, inter alia, on prevention of drug abuse and treatment of drug use disorders, rehabilitation, recovery and social reintegration, and initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, as well as prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases,

Recalling the commitment to promote and strengthen regional and international cooperation in developing and implementing treatment related initiatives, enhance technical assistance and capacity-building and ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as access to rehabilitation, social reintegration and recovery support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in this regard,

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

Recalling also the memorandum of understanding between the United Nations Office on Drugs and Crime and the World Health Organization in February 2017, which facilitates increased collaboration and coordination between those two entities in advancing efforts to address and counter the world drug problem,

Taking note of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules),⁷⁵ adopted by the General Assembly on 21 December 2010, and the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),⁷⁶ adopted by the General Assembly on 17 December 2015, which states that health-care services in prisons should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence,

Welcoming preparations for the high-level meeting of the General Assembly of 2019 on universal health coverage, and recalling World Health Assembly resolution 69.11 of 28 May 2016, in which the Assembly recalled that the General Assembly, in its resolution 67/81 of 12 December 2012 acknowledged that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the promotive, preventive, curative, palliative and rehabilitative basic health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population,

⁷⁵ General Assembly resolution 65/229, annex.

⁷⁶ General Assembly resolution 70/175, annex.

Concerned about the challenge posed by co-infections of HIV, tuberculosis and viral hepatitis and other adverse public health as well as the social consequences of drug abuse, and noting that, according to the report of the Executive Director on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users,⁷⁷ of people who inject drugs who are also living with HIV, 82.4 per cent are co-infected with hepatitis C, and among those living with HIV, hepatitis C is a major cause of morbidity and mortality,

1. *Reaffirms* the need to accelerate the accessibility of services for the prevention and treatment of the hepatitis C virus, particularly as related to drug use, in accordance with national legislation, in order to eliminate viral hepatitis as a public health threat by 2030;

2. *Invites* relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, and consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, published by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS;

3. *Urges* Member States, in the context of addressing and countering the world drug problem, to strengthen their domestic and global efforts, including through their health systems, and to promote continued political commitment to effectively addressing and countering viral hepatitis among people who use drugs, in particular people who inject drugs, and to strive to achieve target 3.3 of the Sustainable Development Goals (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) and target 3.5 (Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) and related targets;

4. *Encourages* Member States to develop and strengthen voluntary screening for viral hepatitis C, including the use of laboratories and high-quality testing, including rapid tests, where available, for hepatitis C virus infection in persons at greater risk of infection, in accordance with national legislation, and acknowledges the efforts made by some Member States in this regard;

5. *Requests* the United Nations Office on Drugs and Crime to continue working closely with the World Health Organization, which is the lead United Nations agency for the hepatitis response, in supporting Member States in implementing the proposed actions adapted to national priorities and legislation, contained in the World Health Organization global health sector strategy on viral hepatitis for the period 2016–2021,⁷² jointly promoting the use of the World Health Organization *Guidance on Prevention of Viral Hepatitis B and C among People Who Inject Drugs*⁷⁸ and other relevant guidance on hepatitis treatment and testing, and addressing existing financial, structural and social barriers to scaling up programmes and treatment;

6. *Encourages* Member States to provide non-discriminatory access to health, care and social services in prevention and primary care, and treatment

⁷⁷ E/CN.7/2018.8.

⁷⁸ World Health Organization (Geneva, 2012).

programmes, taking into account the World Health Organization *Guidelines for the Care and Treatment of Persons Diagnosed with Chronic Hepatitis C Virus Infection*,⁷⁹ as well as the International Standards for the Treatment of Drug Use Disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization⁸⁰ including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and to ensure that women, including detained women, have access to adequate health care, including hygiene-related products and services and counselling, and including as needed during pregnancy;

7. Also *encourages* Member States to consider providing technical assistance, upon request, for these purposes through bilateral and multilateral channels;

8. *Further encourages* Member States to promote the involvement of civil society, in particular community-led organizations and initiatives, in programme design, prevention, diagnosis and treatment of viral hepatitis, according to national legislation and policies;

9. *Encourages and welcomes* Member States' actions to integrate prevention, diagnosis and treatment of viral hepatitis, in particular associated with drug use, into universal health coverage efforts, according to national context and priorities;

10. *Also encourages and welcomes* Member States' efforts to integrate prevention, diagnosis and treatment of viral hepatitis into effective, comprehensive, scientific evidence-based drug demand reduction initiatives, including measures aimed at minimizing the adverse public health and social consequences of drug abuse;

11. *Requests* the United Nations Office on Drugs and Crime, in cooperation with the World Health Organization, to continue to provide technical assistance to Member States, upon request, to ensure the implementation of the present resolution;

12. *Requests* the United Nations Office on Drugs and Crime to continue to inform Member States, on a yearly basis, about the measures taken to prevent new viral hepatitis infections, as well as new HIV infections, among people who use drugs, as well as in prison settings, and about necessary and available funding for relevant programmes and projects of the Office, including implementation of interventions contained in the *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, published by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS;

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 62/8

Supporting the International Narcotics Control Board in fulfilling its treaty-mandated functions in cooperation with Member States and in collaboration with the Commission on Narcotic Drugs and the World Health Organization

The Commission on Narcotic Drugs,

⁷⁹ World Health Organization (Geneva, 2018).

⁸⁰ E/CN.7/2016/CRP.4.

Recognizing that the mandate of the International Narcotics Control Board is stated in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,⁸¹ the Convention on Psychotropic Substances of 1971⁸² and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁸³ which together with other relevant international instruments constitute the cornerstone of the international drug control system,

Reaffirming our commitment to effectively addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,⁸⁴ 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,

Recognizing the abiding concern of all parties to the three international drug control conventions of ensuring respect for those conventions,

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

Recognizing further 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 that it demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach,

Recalling with satisfaction that the three international drug control conventions are among the most widely ratified legally binding international instruments, benefiting from near-universal accession, and allow for sufficient flexibility for States parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and with applicable international law,

Welcoming the efforts of States parties to the international drug control conventions to implement, and non-parties to apply, the three international drug control conventions, and recognizing that adherence by all States is essential to the functioning of the international drug control system,

Recalling that the members of the International Narcotics Control Board shall be persons who, by their competence, impartiality and disinterestedness, command general confidence and that during their term of office they shall not hold any position or engage in any activity which is liable to impair their impartiality in the exercise of their functions, and noting that the Economic and Social Council shall, in consultation with the Board, make all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions,

Recalling also that the Economic and Social Council, with due regard to the principle of equitable geographical representation, shall give consideration to the importance of including on the Board, in equitable proportions, persons who possess a knowledge of the drug situation in the producing, manufacturing and consuming countries and are connected with such countries,

Recalling further that the Board, in cooperation with Governments and subject to the terms of the 1961 Convention as amended, shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount as required for medical and scientific purposes, to ensure their availability for such purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of those drugs,

⁸¹ United Nations, *Treaty Series*, vol. 976, No. 14152.

⁸² *Ibid.*, vol. 1019, No. 14956.

⁸³ *Ibid.*, vol. 1582, No. 27627.

⁸⁴ General Assembly resolution 217 A (III).

Recalling that all measures taken by the International Narcotics Control Board under the 1961 Convention as amended shall be those that are most consistent with the intent to further the cooperation of Governments with the Board and to provide the mechanism for a continuing dialogue between Governments and the Board, which will lend assistance to and facilitate effective national action to attain the aims of the 1961 Convention,

Recalling also that article 14 of the 1961 Convention as amended and article 19 of the 1971 Convention set out measures by the Board to ensure the execution of the provisions of those conventions, and article 22 of the 1988 Convention sets out the functions of the Board under that Convention, and noting with appreciation the efforts of the International Narcotics Control Board to assist Member States in achieving and protecting the aims of those conventions,

Recalling further that the international drug control conventions are respectful of the constitutional, legal and administrative systems of the parties to those conventions, in particular with regard to penal provisions, measures to be taken by parties to prevent and counter illicit traffic in controlled substances, the establishment of national agencies to oversee cultivation of controlled substances, the establishment of regional centres for scientific research and education and provisions regarding the prohibition of advertising psychotropic substances to general public,

Recalling that 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,⁸⁵ adopted in Vienna in 2019, Member States noted with concern, inter alia, persistent and emerging challenges related to the world drug problem, including responses not in conformity with the three international drug control conventions and not in conformity with applicable international human rights obligations, which pose a challenge to the implementation of joint commitments based on the principle of common and shared responsibility,

Noting with concern that the availability of internationally controlled drugs for medical and scientific purposes, including for the relief of pain and suffering, remains low to non-existent in many countries, and highlighting the need to enhance national efforts and international cooperation at all levels to address that situation by promoting measures to ensure their availability and accessibility and address existing barriers in this regard, including their affordability for medical and scientific purposes, within the framework of national legal systems, while simultaneously preventing their diversion, abuse and trafficking, in order to fulfil the aims and objectives of the three international drug control conventions and recognizing the important role of the International Narcotics Control Board in this regard,

Acknowledging the important treaty-mandated role of the International Narcotics Control Board as an independent body responsible for monitoring the control of substances pursuant to the three international drug control conventions and assisting Member States in their efforts to implement those conventions,

Acknowledging also the important treaty-mandated functions entrusted to the Commission, including to amend the schedules of the international drug control conventions, to call the attention of the International Narcotics Control Board to any matters which may be relevant to the functions of the Board, to make recommendations for the implementation of the aims and provisions of the conventions and to draw the attention of non-parties to the conventions to its decisions and recommendations;

⁸⁵ See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

Underscoring the treaty-mandated functions of the World Health Organization, which include providing medical and scientific findings and assessments and recommendations to the Commission on Narcotic Drugs on the scope of control of narcotic drugs and psychotropic substances, and recognizing the importance of dialogue between the World Health Organization and the International Narcotics Control Board, including, as appropriate, through the World Health Organization Expert Committee on Drug Dependence, with due regard to its independence, within its competence related to the conventions, inter alia, on the accessibility and availability of controlled substances for medical and scientific purposes,

1. *Welcomes and supports* the contribution of the International Narcotics Control Board, within its treaty-mandated functions, to international efforts to address and counter the world drug problem;

2. *Encourages* Member States and the Board to further develop their dialogue about implementation of the international drug control conventions, including through regular consultations and the Board's country missions, to lend assistance to and facilitate effective national action to attain the aims of the conventions;

3. *Encourages* the International Narcotics Control Board to review its working process in order to further strengthen coordination with Member States, including by giving due regard to the need to allow sufficient time for the preparation by the Government concerned with respect to an upcoming country mission of the Board and by considering consulting with the Member State concerned about the factual accuracy of the information gathered before finalizing the conclusions and recommendations of the country mission, and invites the Secretariat of the Board to periodically inform the Commission of its efforts in that regard;

4. *Urges* States that have not yet done so to consider ratifying or acceding to the international drug control conventions, and also urges the parties to the conventions to continue to effectively implement those conventions as a matter of priority;

5. *Welcomes* the efforts of the Board to promote universal accession to the international drug control conventions, and encourages the Board to continue promoting application of the conventions by the parties to the conventions as well as by non-parties;

6. *Invites* the Board to engage with the parties to the international drug control conventions in a dialogue on permitting the licit cultivation of crops for medical and scientific purposes to offer assistance to them in applying provisions related to such cultivation that are set forth in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, taking into consideration the challenges currently facing them, and to facilitate the exchange of best practices;

7. *Reaffirms its determination*, while acknowledging the independence of the Board, to continue to call to the attention of the Board any matters which may be relevant to its functions, in accordance with the international drug control conventions;

8. *Invites* the International Narcotics Control Board to continue diligently performing all the functions entrusted to it under the three international drug control conventions, adhering to and mindful of its mandates, taking into consideration, as appropriate, the constitutional limitations, legal systems and domestic law of the parties to those conventions, and to regularly update the Commission on the global situation with regard to the implementation of the conventions by providing a briefing to the Commission on its annual report and activities at the regular sessions of the Commission, as well as on other occasions at the request of the Commission;

9. *Requests* the International Narcotics Control Board, in cooperation with the Commission and the World Health Organization, within their treaty mandates, to

continue to facilitate informed scheduling decisions on the most persistent, prevalent and harmful substances, including synthetic drugs and new psychoactive substances, precursors, chemicals and solvents, while ensuring their availability for medical and scientific purposes, bearing in mind the need to accelerate changes in the scope of control for previously unscheduled substances with no currently known legitimate medical or industrial uses beyond research and analytical purposes, welcomes in this regard the efforts of the Board and the World Health Organization to review substances within its mandate, in particular through its Experts Committee on Drug Dependence, and encourages the regular exchange of information between these bodies, with due regard for their independent mandates, in order to facilitate the scheduling process;

10. *Recalls* the importance of inter-agency cooperation within the United Nations system, in particular among the International Narcotics Control Board, the World Health Organization and the United Nations Office on Drugs and Crime as the leading entity of the United Nations system for addressing and countering the world drug problem, in order to enhance coherence at all levels with regard to the world drug problem;

11. *Invites* the International Narcotics Control Board to continue its endeavours, in cooperation with Member States, the United Nations Office on Drugs and Crime and the World Health Organization, to ensure the availability of and access to controlled substances for medical and scientific purposes while preventing their diversion;

12. *Also invites* the International Narcotics Control Board, subject to the availability of extrabudgetary resources and upon request, to continue to provide capacity-building, recommendations and technical assistance to Member States, including through the INCB Learning project, the global Operational Partnerships to Interdict Opioids' Illicit Distribution and Sales project, Project Ion, the International Import and Export Authorization System, the Pre-Export Notification Online system, the Precursors Incident Communication System and other initiatives of the Board, in order to facilitate the implementation by States of the regulatory aspects of the drug control conventions;

13. *Recalls* article 6 of the 1961 Convention as amended by the 1972 Protocol, which provides that the expenses of the Board will be borne by the United Nations in such manner as shall be decided by the General Assembly, in that regard encourages the International Narcotics Control Board to continue to ensure that the estimated costs of its projected activities pursuant to its responsibilities under the three international drug control conventions are properly presented within the existing budgetary process, and invites the United Nations Office on Drugs and Crime to highlight those elements in its briefings to Member States on the consolidated budget.

Decision 62/1

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided to include parafluorobutyrylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 62/2

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided to include ortho-fluorofentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 62/3

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided to include methoxyacetylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 62/4

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided to include cyclopropylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

Decision 62/5

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 45 votes to none, with no abstentions, to include ADB-FUBINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 62/6

Inclusion of FUB-AMB (MMB-FUBINACA, AMB-FUBINACA) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include FUB-AMB (MMB-FUBINACA, AMB-FUBINACA) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 62/7

Inclusion of CUMYL-4CN-BINACA in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include CUMYL-4CN-BINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 62/8

Inclusion of ADB-CHMINACA (MAB-CHMINACA) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include ADB-CHMINACA (MAB-CHMINACA) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 62/9

Inclusion of *N*-ethylnorpentylone (ephylone) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include *N*-ethylnorpentylone (ephylone) in Schedule II of the Convention on Psychotropic Substances of 1971.

Decision 62/10

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 48 votes to none, with no abstentions, to include “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 62/11

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

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all stereoisomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 62/12

Inclusion of *alpha*-phenylacetoacetamide (APAA) (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 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include *alpha*-phenylacetoacetamide (APAA) (including its optical isomers) in Table I of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 62/13

Consideration of hydriodic acid for inclusion in the tables of United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided by 43 votes to none, with three abstentions, not to include hydriodic acid in the tables of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Decision 62/14

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 9th meeting, on 19 March 2019, decided to postpone the voting on the recommendations of the World Health Organization regarding the critical review of cannabis and cannabis-related substances, which were transmitted to the Secretary-General after the three-month period established pursuant to Commission resolution 2 (S-VII) of 8 February 1982, entitled “Procedure to be followed by the Commission on Narcotic Drugs in matters of scheduling of narcotic drugs and psychotropic substances”, in order to provide States with more time to consider the recommendations.

Chapter II

Ministerial segment

A. Opening of the ministerial segment

3. The ministerial segment of the sixty-second session of the Commission on Narcotic Drugs was held on 14 and 15 March 2019. The ministerial segment was opened by the Chair of the sixty-second session of the Commission. A total of 109 States participated in the ministerial segment.

B. General debate of the ministerial segment

4. At the 1st meeting of the sixty-second session of the Commission on Narcotic Drugs, which was also the 1st meeting of the ministerial segment, on 14 March, the following persons made statements:

Mirghani Abbaker Altayeb Bakhiet, Permanent Representative of the Sudan to the United Nations (Vienna) and Chair of the Commission

Ceremonial opening

Representatives of the Youth Forum

Representatives of the Scientific Network

Jamie Bridge, on behalf of the Civil Society Task Force on Drugs

Formal opening

María Fernanda Espinosa Garcés, President of the General Assembly (video message)

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

Yury Fedotov, Executive Director of the United Nations Office on Drugs and Crime and Director-General of the United Nations Office at Vienna

Viroj Sumyai, President of the International Narcotics Control Board

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

Omar Amer Youssef, Permanent Representative of Egypt to the United Nations (Vienna) (on behalf of the Group of 77 and China)

Vivian Okeke, Permanent Representative of Nigeria to the United Nations (Vienna) (on behalf of the Group of African States)

Bin Hu, Counsellor of the Permanent Mission of China to the United Nations (Vienna) (on behalf of the Group of Asia-Pacific States)

Dimitris Avramopoulos, Commissioner for Migration, Home Affairs and Citizenship of the European Commission (on behalf of the States Members of the United Nations that are members of the European Union)⁸⁶

Evo Morales Ayma, President of the Plurinational State of Bolivia

Herbert Kickl, Minister of the Interior of Austria

Sergey Lavrov, Minister of Foreign Affairs of the Russian Federation

⁸⁶ The following countries aligned themselves with the statement: Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, Republic of Moldova, San Marino, Serbia and Ukraine.

Jorge Alberto Arreaza Montserrat, Minister of Foreign Affairs of the Bolivarian Republic of Venezuela

Josephine Teo, Minister for Manpower and Second Minister of Home Affairs of Singapore

Aurelijus Veryga, Minister of Health of Lithuania

Bent Høie, Minister of Health and Care Services of Norway

Adam Vojtěch, Minister of Health of Czechia

Prajin Juntong, Deputy Prime Minister and Minister of Justice of Thailand

Gloria María Borrero, Minister of Justice and Law of Colombia

Marvin Hanlon Dames, Minister of National Security of the Bahamas

Zlatibor Lončar, Minister of Health of Serbia

María Verónica Espinosa Serrano, Minister of Public Health of Ecuador

Teodoro López Locsin, Secretary of Foreign Affairs of the Philippines

Susan Shabangu, Minister of Social Development of South Africa

Bruno Bruins, Minister of Medical Care of the Netherlands

5. At the 2nd meeting of the sixty-second session of the Commission, on 14 March, the following persons made statements:

Tan Sri Dato' Haji Muhyiddin bin Haji Mohd Yassin, Minister of Home Affairs of Malaysia

Abubakar Malami, Attorney General and Minister of Justice of Nigeria

Kenji Yamada, Parliamentary Vice-Minister for Foreign Affairs of Japan

Ram Bahadur Thapa Magar, Minister for Home Affairs of Nepal

Kyaw Swe, Union Minister of the Ministry of Home Affairs of Myanmar

Juan Andrés Roballo Alberro, Deputy Secretary, Office of the President of Uruguay

Kirsten D. Madison, Special Representative of the Secretary of State, Department of State of the United States of America

Tayla Lador-Fresher, Permanent Representative of Israel to the United Nations (Vienna)

Jarosław Pinkas, Chief Sanitary Inspector of Poland

Al Dirdiri Mohamed Ahmed Al Dikhairi, Minister of Foreign Affairs of the Sudan⁸⁷

Svetlana Yordanova, Deputy Minister of Health of Bulgaria

Andrej Benedejcic, Permanent Representative of Slovenia to the United Nations (Vienna)

Dorthe Søndergaard, Deputy Permanent Secretary of the Ministry of Health of Denmark

Mohammad Malaheem, Deputy Director, General Police Directorate for Criminal Security Affairs of Jordan

Sherkhon Salimzoda, Director, Drug Control Agency of Tajikistan

Elinda C.A. Mohammad, Deputy Minister, Prime Minister's Office of Brunei Darussalam

⁸⁷ Also delivered a statement on behalf of the League of Arab States.

Raquel Duarte, Secretary of State for Health of Portugal

Dae Jin Yun, Deputy Minister, Chief Public Prosecutor, Criminal Affairs Bureau, Ministry of Justice of the Republic of Korea

Claude Karam, Judge, President of the First Chamber, Court of Cassation, Ministry of Justice of Lebanon

Suiunbek Omurzakov, First Deputy Minister of Internal Affairs of Kyrgyzstan

Alejandro Solano Ortiz, Permanent Representative of Costa Rica to the United Nations (Vienna)

Idrees Zaman, Deputy Foreign Minister for Political Affairs of Afghanistan

Raed Arafat, Secretary of State, Ministry of Internal Affairs of Romania

6. Also at the 2nd meeting, the Representative of the Bolivarian Republic of Venezuela made a statement in exercise of the right of reply.

7. At the 3rd meeting of the session, on 14 March, the following persons made statements:

Battungalag Gankhuurai, Permanent Representative of Mongolia to the United Nations (Vienna)

Ana Isabel Lima Fernández, Secretary of State for Social Services, Ministry of Health, Consumer Affairs and Social Welfare of Spain

Heru Winarko, Commissioner General Police, Head of the National Narcotics Agency of Indonesia

Zhanat Suleimenov, First Deputy Minister of Internal Affairs of Kazakhstan

Marlene Mortler, Federal Government Drug Commissioner, Federal Ministry of Health of Germany

Usama Al-Nashy, Chargé d'Affaires, Permanent Mission of Iraq to the United Nations (Vienna)

Abdul Aziz Mayoof Alromaihi, Director General, General Directorate of Criminal Investigations and Forensic Evidence and Rapporteur, National Committee for Narcotics Control of Bahrain

Xiaojun Wei, Deputy Secretary-General, National Narcotics Control Commission and Deputy Director General, Narcotics Control Bureau, Ministry of Public Security of China

Arnaldo Giuzzio Benítez, Minister and Executive Secretary, National Anti-Drug Secretariat of Paraguay

Orazsahet Seydyllayev, Head, Fourth Directorate, Ministry of Internal Affairs of Turkmenistan

Ahmed Alzahrani, Director General, Directorate of Narcotics Control of Saudi Arabia

Mohamed Mezghani, Permanent Representative of Tunisia to the United Nations (Vienna)

Marco Balarezo Lizarzaburu, Director General for Global and Multilateral Affairs, Ministry of Foreign Affairs of Peru

Safaa Shabat, Alternate Representative, Permanent Observer Mission of the State of Palestine to the United Nations (Vienna)

8. At the 4th meeting of the session, on 15 March, the following persons made statements:

Pravind Kumar Jugnauth, Prime Minister of Mauritius

Ambrose Dery, Minister of the Interior of Ghana

Andreas Xanthos, Minister of Health of Greece

Arsen Torosyan, Minister of Health of Armenia

Michael Falzon, Minister for the Family, Children's Rights and Social Solidarity of Malta

Sandra Erica Jovel Polanco, Minister of Foreign Affairs of Guatemala

Stuart H. Getrouw, Minister of Justice and Police of Suriname

Oscar Manuel Silvera Martínez, Minister of Justice of Cuba

Ebrima Mballow, Minister of the Interior of the Gambia

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

Ahmet Muhtar Gün, Permanent Representative of Turkey to the United Nations (Vienna)

Michelle Boudreau, Director General, Controlled Substances Directorate of Health Canada

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

Patrick Ole Ntutu, Chief Administrative Secretary, Ministry of the Interior and Coordination of Kenya

Elena Rafti, Permanent Representative of Cyprus to the United Nations (Vienna)

Pirkko Hämäläinen, Permanent Representative of Finland to the United Nations (Vienna)

Todd Kriebel, Deputy Secretary, Ministry of Health of New Zealand

Arif Nawaz Khan, Secretary, Ministry of Narcotics Control of Pakistan

Andrés Alexander Ramírez Medrano, Executive Director, National Anti-Drug Commission of El Salvador

Luis Humeau, Director of Security and Defence, Ministry of Foreign Affairs of the Dominican Republic

Željko Plazonić, State Secretary, Ministry of Health of Croatia

Abdulla Nasser Al-Hajri, Second Secretary, Chargé d'Affaires, Permanent Mission of Qatar to the United Nations (Vienna)

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

Roberto Esteban Moro, Secretary of State and Head, Secretariat for Comprehensive Drug Policies of Argentina

9. At the 5th meeting of the session, on 15 March, the following persons made statements:

Jose Antonio Marcondes de Carvalho, Permanent Representative of Brazil to the United Nations (Vienna)

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

Gwen Nightingale, Head, Drugs and Alcohol Unit, Home Office of the United Kingdom of Great Britain and Northern Ireland

Maria Assunta Accili Sabbatini, Permanent Representative of Italy to the United Nations (Vienna)

Catherine Byrne, Minister of State for Health Promotion and the National Drugs Strategy, Department of Health of Ireland

Omar Amer Youssef, Permanent Representative of Egypt to the United Nations (Vienna)

Gloria Navarrete, Permanent Representative of Chile to the United Nations (Vienna)⁸⁸

Alena Kupchyna, Permanent Representative of Belarus to the United Nations (Vienna)

Khaled Aldain, Assistant Under-Secretary for Criminal Security Affairs, Ministry of the Interior of Kuwait

Francis Contreras, President Commissioner, Sanitary Regulations Agency of Honduras

Brendon Charles Hammer, Permanent Representative of Australia to the United Nations (Vienna)

Ajay Bhushan Pandey, Revenue Secretary, Department of Revenue of India

Nora Romero Kronig, Vice-Director General of the Federal Office of Public Health of Switzerland

Alita Mbahwe, Commissioner, Drug Enforcement Commission of Zambia

Ghislain d'Hoop, Permanent Representative of Belgium to the United Nations (Vienna)

Károly Dán, Permanent Representative of Hungary to the United Nations (Vienna)

Helena Mateus Kida, Deputy Minister of the Interior of Mozambique

Juan Ramón de la Fuente, Special Envoy of the President of Mexico

Van Son Nguyen, Deputy Minister of Public Security of Viet Nam⁸⁹

Toomas Kukk, Permanent Representative of Estonia to the United Nations (Vienna)

Cheryl Kay Spencer, Permanent Representative of Jamaica to the United Nations (Geneva and Vienna)

10. At the 6th meeting of the session, on 15 March, the following persons made statements:

Rolando Rodríguez Cedeño, Secretary-General, Office of the Attorney General of Panama

Lotfi Bouchaara, Permanent Representative of Morocco to the United Nations (Vienna)

Md. Shahiduzzaman, Secretary, Security Services Division, Ministry of Home Affairs of Bangladesh

Leonito Bacalando, Chief, Law Division, Assistant Attorney General, Department of Justice of the Federated States of Micronesia

Yousuf Ahmed Al Jabri, Permanent Representative of Oman to the United Nations (Vienna)

⁸⁸ Also delivered a statement on behalf of Argentina, Bolivia (Plurinational State of), Chile, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Uruguay and Venezuela (Bolivarian Republic of).

⁸⁹ Also delivered a statement on behalf of the Association of Southeast Asian Nations.

Leonardo Europeu Inocencio, Secretary of State for Health Care, Ministry of Health of Angola

Mamadou Krouma, Secretary-General of the Interministerial Committee Against Drugs of Côte d'Ivoire

Jalal Alashi, Chargé d'Affaires a.i., Permanent Mission of Libya to the United Nations (Vienna)

Frederick Milanzi, Commissioner of Operations, Drug Prevention and Enforcement Authority of the United Republic of Tanzania

Janusz Urbańczyk, Permanent Observer of the Holy See to the United Nations (Vienna)

Zaved Mahmood, Human Rights and Drug Policy Adviser, Office of the United Nations High Commissioner for Human Rights

Amira Elfadil, Commissioner for Social Affairs, African Union

Ninan Varughese, Senior Adviser, Joint United Nations Programme on HIV/AIDS

Gilles Forte, Coordinator, Essential Medicines and Health Products, World Health Organization

Alberto Dona, Alternate Permanent Representative, Sovereign Order of Malta

Vladimir Norov, Secretary-General, Shanghai Cooperation Organization

Mikhail Melikhov, Adviser, Collective Security Treaty Organization

Farah Urrutia, Secretary for Multidimensional Security, Organization of American States

Lasha Gogvadze, Senior Officer, Health and Care Department, International Federation of Red Cross and Red Crescent Societies

Thomas Greminger, Secretary-General, Organization for Security and Cooperation in Europe

Summary of the salient points of the general debate

11. The Chair's summary of the salient points of the general debate, which were not subject to negotiation, is presented below.

12. The adoption of 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 was welcomed and confidence was expressed that that international consensus would spur the global community to accelerate the implementation of all joint commitments made in the last decade to effectively address and counter the world drug problem, which was universally considered to be a common and shared responsibility for the health, safety and well-being of all humanity.

13. The three international drug control conventions were recognized as the cornerstone of the international drug control system, allowing States parties sufficient flexibility to design and implement national drug policies in accordance with their priorities and needs, in line with their obligations under the existing conventions and instruments. Efforts made by States parties to comply with the provisions of those conventions and to ensure their effective implementation were welcomed and encouraged, while concern was expressed about the legalization of substances, including cannabis, controlled under the conventions.

14. It was highlighted that the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the 2014 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 and the outcome document of the thirtieth special session of the General Assembly on the world drug problem, entitled “Our joint commitment to effectively addressing and countering the world drug problem” represented the commitments made by the international community to address and counter the world drug problem, and it was recognized that those documents were complementary and mutually reinforcing.

15. It was acknowledged that tangible progress had been achieved in the implementation of those commitments over the past decade, and it was noted with concern that persistent and emerging challenges remained. It was also acknowledged that Member States, including transit States, faced multifaceted challenges, and the continuing need for cooperation and mutual support was reaffirmed. It was stated that the implementation of all the commitments made could contribute to the achievement of the goals set in 2030 Agenda for Sustainable Development.

16. The role of the Commission on Narcotic Drugs as the principal policymaking body of the United Nations with prime responsibility for drug control matters was reiterated, and enhanced cooperation between the Commission and the World Health Organization (WHO) and the International Narcotics Control Board (INCB), within their treaty-based mandates, with the support of the United Nations Office on Drugs and Crime (UNODC) and other relevant United Nations entities, was encouraged.

17. Some speakers reaffirmed their determination to actively promote and achieve the goal of a society free of drug abuse.

18. The importance of a comprehensive, balanced, scientific evidence-based and people-centred approach to addressing and countering the world drug problem was underlined, bearing in mind the specific needs of women, youth and vulnerable members of society.

19. Promoting the health of all members of society and facilitating healthy lifestyles through scientific evidence-based prevention measures and prevention of drug abuse, in particular among young people, was highlighted.

20. Drug dependence was recognized as a complex health disorder that could be prevented and treated through scientific evidence-based drug treatment, care, recovery, rehabilitation and social reintegration programmes. It was also recognized that the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use could effectively be addressed through measures aimed at minimizing the adverse public health and social consequences of drug abuse.

21. Access to controlled substances for medical and scientific purposes was considered to be unevenly distributed globally and in need of improvement by appropriately addressing existing barriers to access, while preventing the diversion and abuse of, and trafficking in, such substances.

22. It was considered to be important, in developing and implementing drug policies, to protect the human rights of all members of society, including by ensuring access to health services for those in contact with the criminal justice system for drug-related offences, paying due attention to the needs of members of society who are particularly vulnerable.

23. Concern was expressed about the opioid crisis currently affecting some parts of the world, as well as about the emerging challenges related to new psychoactive substances, amphetamine-type stimulants and the growing misuse and diversion of pharmaceuticals and precursors.

24. Protecting the safety and security of all people by intensifying efforts to prevent and counter illicit crop cultivation and the production and manufacture of, and trafficking in, narcotic drugs and psychotropic substances was identified as a priority.

25. Countering drug-related crime and violence through more effective criminal justice approaches, as well as by addressing links with other forms of organized crime, including money-laundering, including in connection with corruption and the financing of terrorism, were also identified as important aspects of supply reduction. Bilateral and regional cooperation in criminal matters, such as information exchange and joint law enforcement operations, was encouraged. Measures to address the use of the Internet and the darknet, as well as electronic payment methods, for criminal purposes were stressed as important contributions to countering drug-related crime.

26. It was highlighted that alternative or additional measures with regard to conviction or punishment, in appropriate cases, were in accordance with the international drug control conventions. Proportionate and effective drug policies and responses were encouraged, and the protection and promotion of all human rights and fundamental freedoms, the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies was called for.

27. Some speakers reaffirmed their opposition to the use of the death penalty in all circumstances, including for drug-related offences.

28. It was stressed that comprehensive alternative development programmes could support sustainable development strategies and the reduction of illicit crop cultivation and contribute to the prevention of drug-related crime in urban contexts.

29. Alleviating poverty and promoting sustainable development by offering licit and viable economic alternatives to affected populations was deemed important. The need to intensify efforts to address drug-related socioeconomic factors, including unemployment, social marginalization and stigma, was recognized. A strengthened development perspective was encouraged as part of comprehensive and balanced drug policies and could help address the causes and consequences of illicit cultivation and production of and trafficking in drugs.

30. The importance of strengthening technical assistance, including through North-South, South-South and triangular initiatives, and resource mobilization to that effect, was stressed. The sharing of experiences, good practices and lessons learned in the context of the meetings of the Commission was also highlighted in that regard.

31. It was emphasized that relevant and reliable data collection at the national and international levels was crucial and required improvement, including through technical cooperation, to inform evidence-based decision-making. The need for the collection of reliable and comparable data, at the national and international levels, including through a strengthened and streamlined annual report questionnaire reflecting all commitments, was stressed.

32. It was recognized that the world drug problem could only be addressed effectively in an inclusive manner, with all stakeholders, including civil society, the scientific community and relevant United Nations entities, playing their respective roles.

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

33. Round-table discussions were held on 14 and 15 March 2019 on the following themes:

(a) Taking stock of the implementation of all commitments made to jointly address and counter the world drug problem, in particular in the light of the 2019 target date for the goals set in paragraph 36 of the Political Declaration; analysing existing and emerging trends, gaps and challenges;

(b) Safeguarding the future: enhancing our efforts to respond to the world drug problem through strengthening international cooperation, including means of

implementation, capacity-building and technical assistance, on the basis of common and shared responsibility.

Summary of the salient points of the round table on taking stock of the implementation of all commitments made to jointly address and counter the world drug problem

34. At the 6th meeting, on 15 March, the salient points of the first round table were presented by the Chair of that round table, Maria Jahrmann Bjerke (Norway), nominated by the Group of Western European and other States. A summary of the salient points, which were not subject to negotiation, is presented below.

35. Many participants acknowledged that tangible progress had been achieved in the implementation of the commitments made over the past decade to address and counter the world drug problem, including with regard to an improved understanding of the problem, the development, elaboration and implementation of national strategies and enhanced sharing of information.

36. Other achievements included a more responsive scheduling system and the adoption by many countries of scientific evidence-based approaches prioritizing public health and human rights.

37. However, speakers noted that, since 2009, both the range of drugs and drug markets had expanded and diversified. The illicit cultivation and production of narcotic drugs such as opium were at record high levels, as was the illicit trafficking in those substances and in precursors. The number of deaths associated with the use of drugs remained significant, and many countries still failed to provide adequate drug treatment and health services. The Governments most affected often did not have the means to address the problem.

38. Among other persistent and emerging challenges were poly-drug use, the abuse of prescription drugs and the increases in drug-related violence and homicide rates.

39. It was also noted that women were underrepresented in the access to treatment services and that stigma and human rights violations, including extrajudicial killings, continued to exist. The availability of internationally controlled substances for the relief of pain and palliative care remained low to non-existent in many parts of the world.

40. In the view of participants, a particular challenge was posed by new psychoactive substances, including fentanyl and its analogues, other opioids and methamphetamine, for which there was a lack of sufficient prevention, treatment and legislative measures. Countries should reduce illicit synthetic drug production, strengthen the capacity to detect new psychoactive substances, target online sales and trafficking and reduce global demand for those substances.

41. Speakers also referred to the illicit financial flows and money-laundering related to drug trafficking and noted that there was insufficient information on the illegal networks used to commit those crimes. Bilateral, international and regional cooperation was fundamental to countering those phenomena and States needed to act together to identify, seize, confiscate and return the proceeds of crime.

42. Several speakers noted that the adherence to and implementation of the drug control conventions were key to international drug control, and that the legalization of the non-medical use of cannabis in some regions represented a challenge to public health and the well-being of young people.

43. Many participants acknowledged that the international community needed to strengthen its responses to cope with persisting and emerging drug-related challenges and gaps, share more information and analyses and deploy more resources.

44. In the view of many participants, the next decade should be dedicated to the joint commitments to address and counter the world drug problem, with a focus on the implementation of the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly.

45. Speakers also recognized that the aspirational goals established in 2009 for the reduction of drug demand and supply remained valid beyond 2019, and that all of the documents should be implemented in a balanced and comprehensive manner.

46. It was reported that progress had been made in increasing the number of Member States submitting the annual report questionnaire, but that the geographical coverage and availability of reliable data needed improvement. Support was expressed for the Office's efforts to update the questionnaire.

**Summary of the salient points of the round table on safeguarding the future:
enhancing our efforts to respond to the world drug problem through
strengthening international cooperation**

47. Also at the sixth meeting, the salient points of the second round table were presented by the Chair of that round table, Juan Ramón de la Fuente (Mexico), nominated by the Group of Latin American and Caribbean States. A summary of the salient points, which were not subject to negotiation, is presented below.

48. With a view to accelerating the implementation of the commitments made in the past decade, participants highlighted the importance of strengthened international cooperation, based on the principle of common and shared responsibility and recognizing that "one size does not fit all", as well as of joint efforts focused on the implementation of integrated, balanced, multidisciplinary, scientific evidence-based, comprehensive, and human rights-based approaches. In that regard, many speakers underscored the mutually reinforcing and complementary nature of the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the outcome document of the thirtieth special session of the General Assembly, held in 2016.

49. Speakers recalled the commitment shared by Member States and the international community to promote and implement effective drug policies based on the international conventions and other relevant instruments, as well as on the political commitments made over the past decade.

50. Speakers reiterated that the three international drug control conventions and other relevant international instruments remained the cornerstone of international drug policy. A number of speakers underscored that the conventions allowed sufficient flexibility for Member States to design and implement national drug policies in accordance with their priorities and needs, and consistent with the principle of common and shared responsibility and applicable international law.

51. Acknowledging its shortcomings, speakers recognized the urgent need for an in-depth revision of the prevailing approach.

52. Focused on strengthening the public health approach, several other speakers called for the decriminalization of drug abuse, while others expressed concern for developments taking place in different parts of the world regarding controlled substances. The importance of implementing proportionate and effective national policies, including alternatives to conviction or punishment for drug-related offences in appropriate cases, was highlighted by several speakers.

53. In implementing the joint commitments made over the past decade, many speakers stressed the need to enhance national efforts and international cooperation at all levels to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes, including for the relief of pain and suffering, while preventing their diversion, abuse and trafficking.

54. Several speakers underscored the need to ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment

programmes, including measures aimed at minimizing the adverse public health consequences of drug abuse, and underlined the need to provide specialized programmes that respond to the specific needs of vulnerable members of society, including women, youth and children. In addition, the importance of designing and implementing appropriate interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use was emphasized.

55. With regard to persistent and new challenges, many speakers highlighted the need to respond to the expanding and diversifying range of drugs and drug markets, and the increasing risks posed by, inter alia, new psychoactive substances, including synthetic opioids, as well as the non-medical use of prescription drugs. Some speakers also highlighted the need to address the increasing number of links with other forms of organized crime, including money-laundering, as well as the criminal misuse of information and communications technologies for illicit drug-related activities. A number of speakers underscored the importance of strengthening cross-border operational cooperation, enhancing cooperation in criminal matters, and addressing the illicit diversion of precursors.

56. In that connection, speakers underscored the urgent need to develop innovative responses and strengthen cooperation at the national, regional and international levels, in order to face the new challenges posed by the evolving trends and patterns in production, trafficking and consumption.

57. Several speakers highlighted the need to continue mobilizing resources for the provision of technical assistance and capacity-building, to ensure that all Member States, in particular those most affected by the world drug problem, including by illicit cultivation and production, transit and consumption, can effectively address and counter the world drug problem.

58. Enhanced cooperation at the national, regional and international levels, as well as the sharing of good practices, experiences and lessons learned, among all relevant stakeholders, including United Nations entities, regional and international organizations, civil society, the scientific community and academia, were identified by many speakers as crucial elements in accelerating the practical implementation of the joint commitments made by the international community.

59. A number of speakers underlined the leading role of the Commission on Narcotic Drugs, and encouraged UNODC to further increase its cooperation with other United Nations entities.

60. Several speakers underlined the importance of strengthening the development perspective in comprehensive, integrated and balanced national drug policies and programmes, including alternative development programmes, thereby addressing the causes and consequences of the illicit cultivation, manufacture, production of and trafficking in drugs, which included drug-related violence, poverty, exclusion, marginalization, stigmatization and social disintegration.

61. Many speakers highlighted the importance of ensuring that drug policies were developed and implemented in line with the Sustainable Development Goals, as well as the importance of high-quality and reliable data, and emphasized the need to improve the collection, analysis and sharing of data. In that regard, a number of speakers reiterated the call to UNODC to support, in cooperation with relevant partners, Member States in strengthening and streamlining existing data-collection and analysis tools, including by improving the quality, response rate and effectiveness of the annual report questionnaire.

D. Adoption of the 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

62. At the 1st meeting, on 14 March 2019, the ministers and government representatives participating in the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs adopted 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.

63. Before the adoption of the Ministerial Declaration, a representative of the Secretariat made reference to the statement of financial implications as contained in document E/CN.7/2019/CRP.11.

E. Closure of the ministerial segment

64. A closing statement was made by the Chair of the sixty-second session of the Commission.

Chapter III

Strategic management, budgetary and administrative questions

65. At its 7th meeting, on 18 March 2019, the Commission considered agenda item 8, 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.”

66. For its consideration of item 8, 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.7/2019/2-E/CN.15/2019/2](#));

(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.7/2019/3-E/CN.15/2019/3](#));

(c) Note by the Secretariat on the draft proposed programme plan and performance information for 2020 ([E/CN.7/2019/11-E/CN.15/2019/13](#)).

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

68. The observer for Egypt, in the 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.

69. Statements were made by the representatives of Chile, China, the Republic of Korea, the United States of America and Brazil. The observer for Jamaica also made a statement.

Deliberations

70. Several speakers expressed appreciation for the work of the open-ended intergovernmental working group on improving the governance and financial situation of UNODC. They noted that the working group served as an essential mechanism to enhance the transparency and accountability of the Office and to allow a constructive dialogue between Member States and UNODC.

71. Some speakers expressed concern regarding the financial situation of UNODC in view of the increase in special-purpose funds at the same time as there had been a considerable decrease in general-purpose funds. Member States were invited to increase the level of unearmarked or soft-earmarked funds. One speaker mentioned the need for increased transparency in the decision-making process and for a broader distribution of programme support cost funds between various divisions at UNODC headquarters and between headquarters and the field.

72. Several speakers expressed their appreciation for the continued efforts by UNODC and the progress made towards achieving gender parity and the geographical diversity of its staff. They welcomed the implementation of the United Nations Office at Vienna/UNODC Strategy for Gender Equality and the

Empowerment of Women and the sharing of the relevant statistical information on staffing during the meetings of the working group. Some speakers emphasized the urgent need, in the spirit of Article 101 of the Charter of the United Nations, for enhanced efforts, including the development of an action plan, to strengthen the representation of staff from unrepresented and underrepresented countries and pointed out that the geographical representation of developing countries and of several regional groups was not yet adequate. Speakers appreciated and encouraged the continued sharing of disaggregated data on staff composition and transparent information on the recruitment process.

73. Some speakers stated that it was important to further strengthen the delivery by UNODC of technical cooperation activities, as well as the provision of policy and strategic support to member States. Some speakers expressed support for the United Nations development system reform, including the reform of the resident coordinator system, and encouraged UNODC to remain fully engaged in those efforts and strengthen the UNODC field presence. In that context, reference was made to the one-off surge capacity.

74. The Office was requested to improve the timeliness of its research publications to inform evidence-based decision-making with regard to the world drug situation. Support was expressed for the continued efforts to streamline the annual report questionnaire.

Chapter IV

Implementation of the international drug control treaties

75. At its 7th, 8th and 9th meetings, on 18 and 19 March 2019, the Commission considered agenda item 9, 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 and the World Health Organization 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.”

76. For its consideration of item 9, 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.7/2019/8);

(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.7/2019/9);

(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.7/2019/12);

(d) Note by the Secretariat on changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization (E/CN.7/2019/CRP.4);

(e) Report on the meeting of the intergovernmental expert group on the international challenge posed by the non-medical use of synthetic opioids held in Vienna on 3 and 4 December 2018 (UNODC/CND/EG.1/2018/2);

(f) *Report of the International Narcotics Control Board for 2018* (E/INCB/2018/1);

(g) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2018 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2018/4);

(h) *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/2017/1).

77. 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 INCB and the observer for WHO.

78. Statements were made by the representatives of China, Switzerland, the United States, Mexico, Japan, the Russian Federation, India, the Netherlands, Pakistan, the

Republic of Korea, the Sudan, Cameroon, Brazil, Argentina, Uruguay, Chile and Côte D'Ivoire.⁹⁰

79. Statements were made by the observers for Egypt, Georgia, Indonesia, Denmark, the United Arab Emirates, Nigeria, the Bolivarian Republic of Venezuela and Saudi Arabia.

80. Statements were also made by the observer for Romania on behalf of the European Union and its member States and the observer for the European Union.

81. A statement was made by the observer for the Office of the United Nations High Commissioner for Human Rights. Statements were also made by the observers for Gadejuristen, the DRCNet Foundation and the Canadian HIV/Aids Legal Network.

A. Deliberations

1. Changes in the scope of control of substances

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

82. The observer for WHO informed the Commission that parafluorobutyrylfentanyl was a synthetic analogue of the opioid analgesic fentanyl and that it appeared in powder, tablet and nasal spray forms, as well as in a form intended for use in vapourizers. The observer noted that it produced typical opioid effects including analgesia, had a potency between that of morphine and fentanyl, and had a significant potential for dependence and a likelihood of abuse. The observer also noted that the substance had typical opioid adverse effects that included the potential for death due to respiratory depression, had caused substantial harm and had no therapeutic usefulness. In the view of the Expert Committee on Drug Dependence, the substance had the potential for similar abuse and produced similar ill-effects as many other opioids contained in Schedule I of the 1961 Convention. The Expert Committee therefore recommended that parafluorobutyrylfentanyl be placed in Schedule I of the 1961 Convention.

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

83. The observer for WHO informed the Commission that ortho fluorofentanyl was a synthetic analogue of the opioid analgesic fentanyl. He noted that ortho fluorofentanyl had the potential for dependence and the likelihood of abuse. The observer also noted that it had typical opioid adverse effects, including respiratory depression that could lead to death, and that it had caused substantial harm and had no therapeutic uses. In the view of the Expert Committee, the substance had the potential for similar abuse and produced similar ill-effects as many other opioids contained in Schedule I of the 1961 Convention. The Expert Committee therefore recommended that ortho fluorofentanyl be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961.

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

84. The observer for WHO informed the Commission that methoxyacetylfentanyl was a synthetic analogue of the opioid analgesic fentanyl and had appeared in powder, liquid and tablet forms. He noted that it produced analgesia, had a potency higher than morphine and close to that of fentanyl, and was a substance with a high potential for abuse and dependence. In people using methoxyacetylfentanyl, the most serious acute health risk was respiratory depression, which in overdose could lead to respiratory arrest and death. That was considered consistent with its opioid

⁹⁰ Statements were also made on behalf of the States members and observers of the International Organization of la Francophonie.

mechanism of action. The observer also noted that the substance had no therapeutic uses and posed a significant risk to public health. In the view of the Expert Committee, the substance had the potential for similar abuse and produced similar ill-effects as many other opioids contained in Schedule I of the 1961 Convention. The Expert Committee therefore recommended that methoxyacetylfentanyl be placed in Schedule I of the 1961 Convention.

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

85. The observer for WHO informed the Commission that cyclopropylfentanyl was a synthetic analogue of the opioid analgesic fentanyl and had appeared in powder, liquid and tablet forms. He stated that, according to the available evidence, cyclopropylfentanyl had opioid actions and effects, and that its use had been associated with a large number of deaths, and in the case of most of those deaths, it had been the principal cause of death. He noted that the substance had no known therapeutic uses and had been associated with substantial harm. In the view of the Expert Committee, the substance had the potential for similar abuse and produced similar ill-effects as many other opioids contained in Schedule I of the 1961 Convention. The Expert Committee therefore recommended that cyclopropylfentanyl be placed in Schedule I of the 1961 Convention.

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

86. The observer for WHO informed the Commission that ADB-FUBINACA was a synthetic cannabinoid that was used by smoking plant material sprayed with the substance or by inhaling its vapour after heating. He stated that its mode of action suggested a potential for dependence and a likelihood of abuse. Furthermore, the observer noted that its effects were similar to those of other synthetic cannabinoids with a similar mechanism of action that had been placed in Schedule II of the 1971 Convention. He also noted that its use had been associated with a range of severe adverse effects, including death, and that it had no therapeutic uses. The Expert Committee recognized the substance's abuse and associated harm and therefore recommended that ADB-FUBINACA be placed in Schedule II of the 1971 Convention.

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

87. The observer for WHO informed the Commission that FUB-AMB (MMB-FUBINACA, AMB-FUBINACA) was a synthetic cannabinoid that was encountered in powder and liquid forms, or was sprayed on herbal material that mimicked the appearance of cannabis. It was used by smoking plant material sprayed with the substance or by inhaling its vapour after heating. The observer stated that the substance's mechanism of action was similar to those of other synthetic cannabinoids contained in schedule II of the 1971 Convention. He noted that its mode of action suggested the potential for dependence and the likelihood of abuse, that its use had been associated with a range of severe adverse effects, including a number of deaths, and that it had no therapeutic uses. The Expert Committee therefore recommended that FUB-AMB be placed in Schedule II of the 1971 Convention.

(g) Consideration of a proposal from the World Health Organization to place CUMYL-4CN-BINACA in Schedule II of the 1971 Convention

88. The observer for WHO informed the Commission that CUMYL-4CN-BINACA was a synthetic cannabinoid that was encountered in powder and liquid forms or was sprayed on herbal material that mimicked the appearance of cannabis. It was

used by smoking plant material sprayed with the substance or by inhaling its vapour after heating. The observer stated that the substance had effects similar to those of other synthetic cannabinoids contained in Schedule II of the 1971 Convention. He noted that its mode of action suggested the potential for dependence and the likelihood of abuse. The observer reported that, in Europe, CUMYL-4CN-BINACA had been among the most frequently seized synthetic cannabinoids, and there was evidence that CUMYL-4CN-BINACA had been associated with fatal and non-fatal intoxications in a number of countries. He noted that the substance caused substantial harm and had no known therapeutic use. The Expert Committee therefore recommended that CUMYL-4CN-BINACA be placed in Schedule II of the 1971 Convention.

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

89. The observer for WHO informed the Commission that ADB-CHMINACA was a synthetic cannabinoid that was encountered in powder and liquid forms or was sprayed on herbal material that mimicked the appearance of cannabis. It was used by smoking plant material sprayed with the substance or by inhaling its vapour after heating. The observer stated that the substance had effects that were similar to those of other synthetic cannabinoids contained in Schedule II of the 1971 Convention. He noted that it was among the most potent synthetic cannabinoids studied to date, and that its mode of action suggested the potential for dependence and the likelihood of abuse. There was evidence that ADB-CHMINACA had been associated with numerous cases of severe intoxication and death in a number of countries. He also noted that the substance caused harm and had no therapeutic usefulness. The Expert Committee therefore recommended that ADB-CHMINACA be placed in Schedule II of the 1971 Convention.

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

90. The observer for WHO informed the Commission that *N*-ethylnorpentylone (also known as ephylone) was a synthetic cathinone that was usually available in capsule, tablet, pill and powder forms, often sold as “ecstasy” (MDMA). The observer noted that users exhibited psychomotor stimulant effects including agitation, paranoia and tachycardia, which were consistent with other substituted cathinone and central nervous system stimulant drugs such as cocaine. He also noted that the effects of *N*-ethylnorpentylone indicated that it had the significant potential for dependence and the likelihood of abuse. *N*-ethylnorpentylone had a mechanism of action and effects similar to those of the synthetic cathinones MDPV and *alpha*-PVP, which were both listed in Schedule II of the 1971 Convention. The observer reported that there was evidence of the use of *N*-ethylnorpentylone in a number of countries in various regions and that that use had resulted in fatal and non-fatal intoxications. He further stated that the substance caused substantial harm and had no therapeutic uses. The Expert Committee therefore recommended that *N*-ethylnorpentylone be placed in Schedule II of the 1971 Convention.

(j) Consideration of the inclusion of “3,4-MDP-2-P methyl glycidate”, 3,4-MDP-2-P methyl glycidic acid and *alpha*-phenylacetoacetamide in Table I of the 1988 Convention

91. The President of INCB stated that the substances that INCB had recommended for inclusion in Table I of the 1988 Convention, “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”), 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) and *alpha*-phenylacetoacetamide (APAA), were so-called “designer” precursors, meaning that they were close chemical relatives of controlled precursors that were purpose-made to circumvent controls, that did not have any known legitimate uses and that were not regularly traded. The first two substances, “3,4-MDP-2-P methyl

glycidate” (“PMK glycidate”) and 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”), were chemically very closely related pre-precursors of MDMA and other “ecstasy”-type substances. APAA was a pre-precursor of amphetamine and methamphetamine.

92. The President also stated that all three substances were highly suitable for the illicit manufacture of precursors listed in Table I of the 1988 Convention (3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) and 1-phenyl-2-propanone (P-2-P)) and that incidents of illicit manufacture and trafficking involving the three chemicals had been reported for many years, with increasing frequency and amounts reported in recent years. He noted that, in making its assessments pursuant to article 12, paragraph 4, of the 1988 Convention, the Board had found that there was no known legitimate manufacture of and trade in any of the three substances and that their use was limited, in small amounts, to research, development and laboratory analytical purposes. The Board was of the view that the proposed controls would have no adverse effect on the availability of the three chemicals for any recognized legitimate uses. The inclusion of those substances in Table I would provide Governments with the possibility of requesting and making mandatory the sending of pre-export notifications as a means of monitoring shipments entering their territory. Therefore, the Board recommended including “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all four stereoisomers), 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all four stereoisomers) and *alpha*-phenylacetoacetamide (APAA) and its optical isomers in Table I of the 1988 Convention.

(k) Consideration of the inclusion of hydriodic acid in the tables of the 1988 Convention

93. The President of INCB stated that hydriodic acid was a reducing agent and reagent used in illicit drug manufacture, specifically methamphetamine manufacture. He noted that, in making its assessments pursuant to article 12, paragraph 4, of the 1988 Convention, the Board had found that hydriodic acid was suitable for the illicit manufacture of methamphetamine and amphetamine but that its actual use in illicit drug manufacture was limited and that there were several more attractive substitutes for hydriodic acid available that were both cheaper and easier to use and that were currently being used. The President also noted that incidents of illicit manufacture and trafficking involving hydriodic acid had long been observed in almost all regions, albeit with decreasing frequency and in decreasing amounts over the last decade.

94. In terms of legitimate use, the President noted that non-negligible amounts of hydriodic acid were being used legitimately for numerous purposes, including the preparation of medicinal products, the production of disinfectants, detergents and antiseptics, the manufacture of organic and inorganic iodo compounds, and chemical analysis, as well as other industrial and research uses. In the light of the aforementioned considerations, the Board was of the opinion that international control of hydriodic acid would not be effective in reducing the availability of illicitly manufactured methamphetamine and amphetamine. The Board therefore recommended not to place hydriodic acid under control of the 1988 Convention.

95. The representative of Argentina expressed gratitude for the technical assessment by INCB. In relation to hydriodic acid, initially proposed for scheduling by his Government but not recommended for scheduling by INCB, he stated his Government’s acceptance of the Board’s recommendation and justification.

(l) 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

96. The Chair introduced a draft decision entitled “Changes in the scope of control of substances: proposed scheduling recommendations by WHO on cannabis and

cannabis-related substances” (E/CN.7/2019/L.10), by which the Commission would decide to postpone the voting on the recommendations of WHO regarding the critical review of cannabis and cannabis-related substances, in order to provide States with more time to consider the recommendations.

97. A number of speakers took the floor following the adoption by the Commission of its decisions on scheduling.

98. Several speakers welcomed the decisions taken by the Commission to place the above-mentioned new psychoactive substances and precursors under international control. They highlighted the importance of rapid action by the Commission regarding such substances. Some speakers referred to their national efforts to control new psychoactive substances, which included border control and information-sharing. Some speakers underlined the importance of relevant cooperation between WHO, UNODC and INCB.

99. Some speakers welcomed the decision taken by the Commission to postpone the voting on the recommendations of WHO regarding the critical review of cannabis and cannabis-related substances. Reference was made to the technical complexity of the matter. Some speakers highlighted that the decision to postpone the voting allowed Member States to carry out a more in-depth analysis of the legal, scientific and practical implications of the recommendations. One speaker highlighted the Commission’s mandate to take into account all relevant factors in making the decision and requested more information on the scientific research underlying the recommendations made by WHO. Some speakers expressed concern about the public health risks posed by cannabis and cannabis-related substances.

100. Some speakers regretted the decision taken by the Commission to postpone the voting on the recommendations of WHO and welcomed the recommendation by WHO to remove cannabis herb and resin from Schedule IV of the 1961 Convention and urged the international community to come to an agreement on the control of cannabis as soon as possible, in order to facilitate medical research and the medical use of cannabis and cannabis-related substances.

101. Some speakers expressed concern about the abuse of tramadol and about the recommendation by WHO not to place the substance under international control.

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

102. Some speakers highlighted the continued rapid proliferation of synthetic drugs, including new psychoactive substances and synthetic opioids, and noted the challenge such proliferation presented to the international drug control system, as well as to public health and safety. Concern was expressed about the non-medical use of both tramadol and ketamine, and some speakers called for their placement under international control.

103. Several speakers expressed their support for the continued collaboration between UNODC, WHO and INCB and requested that the collaboration be strengthened. Some speakers urged Member States to provide information to existing online early warning systems and recommended the use of existing tools in that context. Speakers expressed support for the work carried out under the UNODC Integrated Strategy on the Global Opioid Crisis. A number of speakers provided detailed information on national strategies to counter the world drug problem that involved both supply and demand reduction measures.

104. Several speakers referred to the challenges posed by the emergence of non-scheduled and “designer” precursors that did not have any legitimate uses. Speakers shared examples of national and regional approaches but noted the need for global action. Some speakers expressed their support for the call made by INCB in its report for 2018 on the implementation of article 12 of the 1988 Convention

(the precursors report) (E/INCB/2018/4) for an international policy discussion about the matter.

3. International Narcotics Control Board

105. Several speakers expressed their appreciation and continued strong support for the work of INCB and emphasized the leadership role INCB played in monitoring, promoting and facilitating the implementation of the three international drug control conventions. The conventions were referred to as the cornerstone of the international drug control framework. Some speakers considered the fundamental principles of the framework to be under threat and referred to the possibility of greater use of the Board's powers under article 14 of the 1961 Convention.

106. Several speakers welcomed the publication of the INCB annual report for 2018 (E/INCB/2018/1). Several speakers commented on the chapter dedicated to the risks and benefits of the medical, scientific and recreational use of cannabis and cannabinoids. In addition, several speakers expressed appreciation for the report on the implementation of article 12 of the 1988 Convention and the supplementary report on progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes (E/INCB/2018/1/Supp.1). Some speakers challenged specific findings contained in the annual report and called for greater transparency and impartiality in compiling the report.

107. Some speakers called for a more systematic involvement of academia and civil society in shaping global drug policy. One speaker commended INCB for the informal dialogue it had carried out with civil society organizations in 2018 and expressed the hope that such dialogue would become a regular activity.

108. 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. Some speakers highlighted the utility of INCB electronic communication tools such as Pre-Export Notification Online (PEN Online), the Precursors Incident Communication System and the Project Ion Incident Communication System (IONICS) in that regard.

109. A number of speakers welcomed the Board's condemnation of extrajudicial responses to drug-related criminality. Several speakers also welcomed the Board's emphasis on the principle of proportionality enshrined in the drug control conventions.

110. Some speakers urged INCB to focus its efforts strictly on its treaty-mandated role.

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

111. Appreciation was expressed for the work carried out by INCB, WHO and UNODC, as well as the Commission, in ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion, abuse and trafficking. Several speakers expressed their commitment to implement the specific 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", and welcomed the supplement to the INCB annual report for 2018 on progress in ensuring adequate access to internationally controlled substances (E/INCB/2018/1/Supp.1), as well as the UNODC publication entitled *Technical Guidance: Increasing Access and Availability of Controlled Medicines*.

112. Concern was expressed regarding the continued global disparity in the availability of controlled substances for medical and scientific purposes. Member

States were encouraged to balance the access to and quality of medicines with concerns regarding the non-medical use of controlled medicines.

113. A number of speakers described legislative and regulatory developments in relation to the medical use of cannabis and expressed concern about its non-medical use. Several speakers described the measures taken by their Governments to address the non-medical use of medicines.

114. A number of speakers expressed the view that the Commission, UNODC and INCB should continue to support countries in addressing the problems of limited availability and access in the light of national circumstances. Several speakers highlighted the importance of the relevant international drug control treaties and the relevance of the technical expertise provided by INCB, WHO and UNODC.

5. Other matters arising from the international drug control treaties

115. Reference was made to the intergovernmental expert group meeting on the international challenge posed by the non-medical use of synthetic opioids held in Vienna on 3 and 4 December 2018, which was convened pursuant to Commission resolution 61/8, entitled “Enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids”. It was reported that the meeting identified core elements of an international response, including reducing the supply of synthetic opioids for non-medical use and addressing the public health aspect of the non-medical use of synthetic opioids.

116. Reference was also made to the importance of respecting, protecting and promoting all human rights and fundamental freedoms in the development and implementation of drug policy, as most recently reaffirmed 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.

B. Action taken by the Commission

117. At its 9th meeting, on 19 March 2019, the Commission on Narcotic Drugs decided to include parafluorobutyrylfentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/1.)

118. At the same meeting, the Commission decided to include orthofluorofentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/2.)

119. At the same meeting, the Commission on Narcotic Drugs decided to include methoxyacetylfentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/3.)

120. At the same meeting, the Commission on Narcotic Drugs decided to include cyclopropylfentanyl in Schedule I of the 1961 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/4.)

121. At the same meeting, the Commission decided by 45 votes to none, with no abstentions, to include ADB-FUBINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/5.)

122. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include FUB-AMB (MMB-FUBINACA, AMB-FUBINACA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/6.)

123. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include CUMYL-4CN-BINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/7.)

124. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include ADB-CHMINACA (MAB-CHMINACA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/8.)

125. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include *N*-ethylnorpentylone (ephylone) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/9.)

126. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include “3,4-MDP-2-P methyl glycidate” (“PMK glycidate”) (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/10.)

127. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include 3,4-MDP-2-P methyl glycidic acid (“PMK glycidic acid”) (all stereoisomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/11.)

128. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include *alpha*-phenylacetoacetamide (APAA) (including its optical isomers) in Table I of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/12.)

129. At the same meeting, the Commission decided by 43 votes to none, with three abstentions, not to include hydriodic acid in the tables of the 1988 Convention. (For the text of the decision, see chap. I, sect. B, decision 62/13.)

130. At the same meeting, the Commission adopted the draft decision (E/CN.7/2019/L.10) 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 62/14.)

131. At its 15th meeting, on 22 March 2019, the Commission adopted a revised draft resolution (E/CN.7/2019/L.2/Rev.1), sponsored by Afghanistan, Belarus, Colombia, Honduras, India, Nigeria, Turkey and Thailand. (For the text, see chap. I, sect. B, resolution 62/1.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.)

132. At the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2019/L.3/Rev.1), sponsored by Azerbaijan, Bangladesh, Belarus, Colombia, Cuba, the Dominican Republic, El Salvador, India, Indonesia, Iran (Islamic Republic of), Japan, Malaysia, Nicaragua, Nigeria, Peru, the Russian Federation, Venezuela (Bolivarian Republic of) and Viet Nam. (For the text, see chap. I, sect. B, resolution 62/8.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.) Upon the adoption of the revised draft resolution, the representative of the Russian Federation made a statement welcoming the unanimous support of the Commission for the treaty-mandated work of INCB and highlighting the need to enhance dialogue between the two entities on ensuring compliance with the international drug control conventions. The observer for Armenia made a statement explaining its position regarding sponsorship of the revised draft resolution.

Chapter V

Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

133. At its 10th and 11th meetings, on 19 and 20 March 2019, the Commission considered agenda item 10, which read as follows:

“Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:

- (a) Demand reduction and related measures;
- (b) Supply reduction and related measures;
- (c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation.”

134. For its consideration of item 10, 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.7/2019/2-E/CN.15/2019/2](#));
- (b) Report of the Secretariat on the world situation with regard to drug abuse ([E/CN.7/2019/4](#));
- (c) Report of the Secretariat on the world situation with regard to drug trafficking ([E/CN.7/2019/5](#));
- (d) 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.7/2019/6](#));
- (e) Report of the Secretariat on strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative ([E/CN.7/2019/CRP.6](#)).

135. Introductory statements were made by the Director of the Division for Policy Analysis and Public Affairs, 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.

136. Statements were made by the representatives of Thailand, Chile, Belarus, Japan, Algeria, China, South Africa, India, Qatar, the Sudan, the Republic of Korea, Canada, the United States and Cameroon.

137. Statements were also made by the observers for Nigeria, Indonesia, the Gambia, Suriname, Nepal and the Bolivarian Republic of Venezuela.

138. The observer for the Organization of American States made a statement.

139. Statements were also made by the observers for IOGT International, the Singapore Anti-Narcotics Association, the Turkish Green Crescent Society and the International Association for Hospice and Palliative Care.

A. Deliberations

1. Demand reduction and related measures

140. Many speakers emphasized the need for a comprehensive, integrated and holistic approach to drug demand reduction that was focused on public health and based on human rights and scientific evidence.

141. Several speakers reported on their efforts to establish quality standards for evidence-based prevention and treatment programmes, as well as on skills development programmes for professionals who implement prevention programmes and provide treatment services. A number of speakers emphasized the need to involve the families of people with drug use disorders in prevention and treatment programmes. Many speakers reported on programmes aimed at awareness-raising and prevention at the community level and in educational settings, as well as on targeted prevention programmes for vulnerable members of society.

142. Several speakers referred to a multisectoral approach to treating drug use disorders and highlighted the range of services and interventions that were provided in their countries through specialized drug treatment services and within prison settings. Some speakers also reported on programmes focused on rehabilitation, vocational skills training and job placement opportunities for people in treatment.

143. Some speakers noted the need for increased efforts for ensuring the access to and availability of controlled drugs for medical and scientific purposes, and shared successful practices in that regard.

144. It was emphasized that, in implementing and promoting programmes for the prevention of infectious diseases, also referred to as harm reduction programmes, the country context needed to be borne in mind. Examples of successfully implemented opioid substitution therapy programmes that had significantly reduced new HIV infections among people who inject drugs were provided. Some speakers expressed concern about the high number of overdose cases in their countries and reported on measures taken to prevent and reduce such cases, including increasing the availability and access to medication that counteracted life-threatening overdoses, such as naloxone.

145. Some speakers noted that evidence generated through drug monitoring programmes and surveys helped in determining priorities in implementing demand reduction programmes.

146. Many speakers emphasized the need to promote international cooperation and technical assistance, including through the involvement of UNODC and other relevant stakeholders, with a view to building the capacity of national experts in various areas of demand reduction.

2. Supply reduction and related measures

147. Many speakers expressed concern about the expansion of drug markets and called for improved cooperation among the agencies involved in countering drug-related crime at the national, regional and international levels.

148. Many speakers expressed concern over the diversification and increased supply of new psychoactive substances and the continuing increase in the supply of synthetic opioids.

149. A number of speakers provided information on efforts undertaken at the national level to counter illicit crop cultivation and illicit drug trafficking, including the eradication of illicit crops, drug seizures, arrests, the dismantling of clandestine laboratories and criminal networks and the seizure and confiscation of proceeds of crime.

150. Several speakers underlined the importance of international cooperation in law enforcement matters such as the exchange of real-time information and criminal intelligence, including in the context of joint operations. They also stressed the need to establish national-level plans for the prevention of drug-related crime.

151. The use of the PEN Online tool was considered effective in managing precursor movements and preventing the diversion of precursors.

152. With regard to alternative development, a number of speakers expressed their commitment to the full implementation of 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”, and to the United Nations Guiding Principles on Alternative Development.⁹¹

153. A number of speakers called for increased support from the international community for alternative development efforts, including by opening international markets to alternative development products. Some speakers placed emphasis on programmes focused on long-term cash crops.

154. Some speakers reiterated the importance of the international community addressing the illicit cultivation of cannabis through alternative development programmes focused on quality agriculture products with secure markets.

3. Countering money-laundering and promoting judicial cooperation to enhance international cooperation

155. Several speakers expressed concern about the use of the darknet and cryptocurrencies for the purpose of drug trafficking and reported on national strategies and efforts to upgrade legislation to counter money-laundering.

156. Some speakers referred to bilateral agreements and arrangements to enhance international cooperation in the fight against drug trafficking. Emphasis was placed on the need to further enhance such cooperation through the promotion of regional networking, joint operations, intelligence-sharing, the exchange of good practices, the posting of liaison officers, capacity-building for law enforcement authorities at the regional level and coordination in conducting financial investigations. Examples of international cooperation at the operational level were also provided.

B. Action taken by the Commission

157. At its 15th meeting, on 22 March 2019, the Commission adopted a revised draft resolution (E/CN.7/2019/L.6/Rev.1), sponsored by Afghanistan, Colombia, Ecuador, Honduras, Indonesia, Japan, Morocco, Nigeria, Peru, the Philippines and Romania (on behalf of the States Members of the United Nations that are members of the European Union), the Russian Federation and Thailand. (For the text, see chap. I, sect. B, resolution 62/3.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.)

⁹¹ General Assembly resolution 68/196, annex.

Chapter VI

Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session

158. At its 11th and 12th meetings, on 20 March 2019, the Commission on Narcotic Drugs considered agenda item 11, entitled “Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session”.

159. For its consideration of item 11, the Commission had before it 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” (General Assembly resolution S-30/1, annex).

160. Introductory statements were made by the Director of the Division for Treaty Affairs of UNODC and by a representative of the secretariat to the Commission.

161. A statement was made by the delegation of the European Union on behalf of the European Union and its Member States.⁹²

162. Statements were also made by the representatives of Thailand, France, Japan, the United States, China, Switzerland, Pakistan, Algeria, Mexico, the Sudan, Belgium, South Africa, Canada, the Republic of Korea and Norway.

163. Statements were also made by the observers for Nigeria, Jamaica and Indonesia.

164. A statement was made by the observer for the Office of the United Nations High Commissioner for Human Rights. Statements were also made by the observers for IOGT International, Campaign for Development and Solidarity (FORUT), Smart Approaches to Marijuana, Harm Reduction International, Corporación Acción Técnica Social, Students for Sensible Drug Policy, the International Drug Policy Consortium, the New Zealand Drug Foundation, the Women and Harm Reduction International Network and the Harm Reduction Coalition.

A. Deliberations

165. A number of speakers reiterated that, in line with the 2019 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, the focus beyond 2019 was to be on the practical implementation of joint commitments, including those made in the outcome document of the thirtieth special session, held in 2016, and its operational recommendations. A number of speakers recalled the complementary and mutually reinforcing nature of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, 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 and the outcome document of the thirtieth special session, with several speakers noting that the outcome document represented the most recent consensus and was the most comprehensive and ambitious policy document of those three documents.

⁹² The following countries aligned themselves with the statement: Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, the Republic of Moldova, San Marino, Serbia and Ukraine.

166. Many speakers reiterated their commitment to the practical implementation of the more than 100 operational recommendations contained in the seven thematic chapters of the outcome document. Many speakers reported on their national efforts to implement the operational recommendations of all the thematic chapters, stressing that the world drug problem remained a common and shared responsibility, with human beings at the centre of policies and programmes.

167. Many speakers reiterated their commitment to the effective implementation of the three international drug control conventions, underscoring that the conventions constituted the cornerstone of the international drug control system. Many speakers highlighted the relevance of other international instruments, including relevant human rights instruments, that complemented the international drug control conventions. Several speakers reiterated their commitment to actively promoting a society free of drug abuse and expressed concern that the deregulation or legalization of certain substances in some regions of the world was contrary to the three international drug control conventions. Some speakers made reference to the annual report of INCB for 2018 (E/INCB/2018/1).

168. Several speakers highlighted the importance of implementing the operational recommendations of the 2016 outcome document regarding proportionate and effective policies and responses to drug-related offences, with some speakers sharing information on national initiatives to implement alternatives to conviction or punishment for drug-related offences in appropriate cases of a minor nature, taking into consideration socioeconomic factors. Several speakers called for the abolition of the death penalty, including for drug-related offences.

169. Several speakers underscored the need to focus on implementing effective and practical policies, including through gender- and age-specific measures. Many speakers underlined the importance of ensuring non-discriminatory access to prevention, treatment, care and rehabilitation programmes, including community-based programmes. One speaker, while highlighting efforts to promote the implementation of Commission resolution 61/2, entitled “Strengthening efforts to prevent drug abuse in educational settings”, referred to the conference room paper transmitting a summary of the high-level expert group meeting on preventing drug abuse in educational settings: fostering regional cooperation and partnership, held in Islamabad on 11 and 12 February 2019 (E/CN.7/2019/CRP.9).

170. Several speakers shared information on national drug demand reduction efforts, including those referred to as harm reduction programmes, which were considered to be part of a comprehensive package of measures that included prevention, early intervention, treatment, social reintegration, rehabilitation and recovery measures, including to prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, including in prison settings.

171. Many speakers welcomed the thematic chapter of the outcome document of the thirtieth special session dedicated to the topic of the availability of and access to controlled substances for medical and scientific purposes, and reported on national efforts in that regard. Some speakers emphasized the importance of increased international cooperation and of providing capacity-building, technical assistance and targeted training for health professionals and competent national authorities in that regard.

172. Furthermore, some speakers shared information on their national efforts to implement the operational recommendations on addressing the links between drug trafficking and other forms of organized crime, including money-laundering, and highlighted the importance of mutual legal assistance.

173. Many speakers referred to the persistent and emerging threats posed by new psychoactive substances, synthetic opioids and amphetamine-type stimulants. Moreover, some speakers underscored the need to address the growing challenge posed by the non-medical use and misuse of pharmaceuticals, while ensuring that

efforts to address that challenge would not negatively affect the availability of pharmaceuticals for medical and scientific purposes.

174. Many speakers expressed support for the inclusion of alternative development strategies in national drug control policies. They highlighted that, according to the outcome document of the thirtieth special session, efforts to address and counter the world drug problem and efforts to achieve the Sustainable Development Goals were complementary and mutually reinforcing.

175. Underscoring the importance of collecting and sharing data, several speakers called for strengthening and streamlining the annual report questionnaire to reflect progress made in the implementation of all commitments at the national, regional and international levels, as highlighted in the 2019 Ministerial Declaration.

176. A number of speakers reaffirmed the principal role of the Commission as the primary United Nations policymaking body for drug-related matters. In addition, several speakers highlighted the important roles played by all relevant United Nations entities, in particular UNODC, WHO and INCB, and underscored the importance of cooperation at all levels and of the contributions by all relevant stakeholders.

177. Some speakers welcomed the holding of thematic discussions during the sessions of the Commission since 2016 and encouraged the Commission to continue the thematic discussions focused on the sharing of good practices, lessons learned and concrete activities in support of the practical implementation of the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly.

B. Action taken by the Commission

178. At its 15th meeting, on 22 March 2019, the Commission adopted a revised draft resolution (E/CN.7/2019/L.5/Rev.1), sponsored by Afghanistan, Algeria, Argentina, Australia, Belarus, Canada, Colombia, El Salvador, Honduras, Japan, New Zealand, Nigeria, Romania (on behalf of the States Members of the United Nations that are members of the European Union), Thailand, Ukraine, the United States and Uruguay. (For the text, see chap. I, sect. B, resolution 62/2.)

179. At the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2019/L.7/Rev.1), sponsored by Afghanistan, Argentina, Belarus, Canada, Colombia, El Salvador, Germany, Honduras, India, Mexico, New Zealand, Norway, Panama, Paraguay, Poland, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the United States. (For the text, see chap. I, sect. B, resolution 62/4.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.)

180. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2019/L.8/Rev.1), sponsored by Argentina, Australia, Canada, Colombia, Cuba, the Dominican Republic, Ecuador, El Salvador, Honduras, Indonesia, Nigeria, Norway, Panama, Paraguay, the Philippines, Peru, Romania (on behalf of the States Members of the United Nations that are members of the European Union), the Russian Federation, Switzerland, Thailand, the United States and Venezuela (Bolivarian Republic of). (For the text, see chap. I, sect. B, resolution 62/5.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.)

181. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2019/L.9/Rev.1), as orally amended, sponsored by Andorra, Argentina, Australia, Brazil, Canada, Colombia, the Dominican Republic, Ecuador, Honduras, India, Jamaica, Kenya, Mexico, New Zealand, Nigeria, Norway, Panama, Paraguay, Romania (on behalf of the States Members of the United Nations that are members

of the European Union), Switzerland and Uruguay. (For the text, see chap. I, sect. B, resolution 62/6.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.) Upon the adoption of the revised draft resolution, the representative of the United States indicated that it was joining consensus with the understanding that “health-care services” as used in the resolution did not implicate abortion as a method of family planning.

182. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2019/L.4/Rev.1), sponsored by Afghanistan, Australia, Andorra, Armenia, Brazil, Canada, Colombia, Egypt, Kenya, Mexico, New Zealand, Norway, Romania (on behalf of the States Members of the United Nations that are members of the European Union), Switzerland, Ukraine and Uruguay. (For the text, see chap. I, sect. B, resolution 62/7.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2019/CRP.11/Add.1, available on the UNODC website.)

Chapter VII

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

183. At its 12th meeting, on 20 March 2019, the Commission on Narcotic Drugs considered agenda item 12, entitled “Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem”.

184. For its consideration of item 12, the Commission had before it the following:

(a) Note by the Secretariat on inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem (E/CN.7/2019/CRP.5);

(b) Conference room paper containing the report entitled “What we have learned over the last 10 years: a summary of knowledge acquired and produced by the United Nations system on drug-related matters”, submitted by the Secretary-General (E/CN.7/2019/CRP.10).

185. An introductory statement was made by the Director of the Division for Policy Analysis and Public Affairs of UNODC.

186. A statement was made by the observer for Romania (on behalf of the European Union and its member States).⁹³

187. Statements were also made by the representatives of Chile, South Africa, the United States, Mexico, Belgium and the Republic of Korea.

188. The observer for Jamaica made a statement.

Deliberations

189. Speakers welcomed the ongoing inter-agency cooperation and coordination efforts as a means of furthering the commitments to address and counter the world drug problem.

190. Full support was expressed for the principal role of the Commission as the primary United Nations policymaking body on drug control issues, and the importance of the involvement of all relevant stakeholders, including United Nations entities, the scientific community and civil society, in the work of the Commission was underlined. Reference was made in that regard to the intersessional meetings, including the thematic discussions held at those meetings, the good practices portal and the dedicated website and implementation workshops on the outcome document of the thirtieth special session of the General Assembly.

191. Several speakers expressed appreciation for the efforts of UNODC as the leading entity in the United Nations system for addressing and countering the world drug problem, reaffirmed the treaty-mandated roles of WHO and INCB, and encouraged closer inter-agency cooperation and 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.

192. 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.

⁹³ The following countries aligned themselves with the statement: Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, North Macedonia, the Republic of Moldova, San Marino, Serbia, Turkey and Ukraine.

193. One speaker welcomed the memorandum of understanding between UNODC and WHO, as well as the findings of the United Nations system coordination task team on the implementation of the United Nations system common position on drug-related matters, as well as the International Guidelines on Human Rights on Drug Policy.

Chapter VIII

Recommendations of the subsidiary bodies of the Commission

194. At its 13th meeting, on 21 March 2019, the Commission considered agenda item 13, entitled “Recommendations of the subsidiary bodies of the Commission”.

195. For its consideration of item 13, the Commission had before it the report of the Secretariat on action taken by the subsidiary bodies of the Commission (E/CN.7/2019/7).

196. 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.

197. Statements were made by the representatives of China, the Republic of Korea and the United States.

198. The observers for Azerbaijan and the United Republic of Tanzania also made statements.

Deliberations

199. The observer for Azerbaijan reported on the outcome of the fifty-third session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, hosted by the Government of Azerbaijan in November 2018. He noted that the sessions of the Subcommission and the meetings of the Heads of National Drug Law Enforcement Agencies provided a very good platform for strengthening international cooperation frameworks and discussing recommendations for future action. The participants in the session of the Subcommission had highlighted the new threat posed by the misuse of the darknet and cryptocurrencies for drug-related criminal purposes. In addition, the participants had made reference to the growing challenges in the area of precursor control and had exchanged views on the future of alternative development programmes.

200. The observer for the United Republic of Tanzania reported on the outcome of the Twenty-eighth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, which he had chaired in Dar es Salaam in September 2018. Participants in the meeting had addressed the links between drug trafficking and organized crime in Africa, best practices in prison reform and alternatives to conviction or punishment. The participants had also discussed the topic of raising awareness of drug-related issues in educational settings.

201. Referring to the Forty-second Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, one speaker noted that the exchange of intelligence and the discussion of specific cases had been encouraged by participants at that Meeting. Furthermore, the speaker emphasized that the Meetings should focus on law enforcement issues. Another speaker noted that the Meeting had addressed issues related to money-laundering and illicit financial flows, and provided examples of ways in which countries had addressed cases involving the darknet in connection with the use of cryptocurrencies.

202. One speaker expressed support for the work of the subsidiary bodies of the Commission and expressed appreciation for the reports and recommendations emanating from the meetings of those bodies, which provided guidance based on regional perspectives. The continued efforts of the subsidiary bodies to implement the operational recommendations of 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”, were also recognized. Furthermore, it was noted that the subsidiary bodies had identified the need for

comprehensive and balanced approaches to the supply and demand aspects of the global drug problem.

Chapter IX

Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development

203. At its 13th and 14th meetings, on 21 and 22 March 2019, the Commission considered agenda item 14, entitled “Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development”.

204. The Chief of the Secretariat to the Governing Bodies of the United Nations Office and Drugs and Crime made an introductory statement.

205. The Chair of the Commission on Science and Technology for Development made a statement.

206. Statements were made by the representatives of the United States, Colombia and Austria.

207. Statements were also made by the observers for the World Hepatitis Alliance, Médecins du Monde and the Harm Reduction Coalition.

Deliberations

208. The Chair of the Commission on Science and Technology for Development made reference to the role of science, technology and innovation in the achievement of the Sustainable Development Goals. He welcomed the increasing collaboration between the various functional commissions and bodies of the Economic and Social Council and the discussions on cross-cutting issues in the work of the Commission on Narcotic Drugs and the Commission on Science and Technology for Development.

209. Speakers welcomed the efforts by the Economic and Social Council to contribute to the coordination between its functional commissions. They stressed the role of the Commission on Narcotic Drugs as the primary United Nations policymaking body for drug-related matters, while highlighting the complementary roles of other functional commissions and United Nations entities in addressing and countering the world drug problem. The Commission was encouraged to develop new and creative ways of involving other stakeholders in its work.

210. Furthermore, it was mentioned that addressing the world drug problem, crime and terrorism was key to achieving the Sustainable Development Goals, and the Commission was encouraged to share good practices and lessons learned with other functional commissions of the Council.

Chapter X

Provisional agenda for the sixty-third session of the Commission

211. At its 14th meeting, on 22 March 2019, the Commission considered agenda item 15, entitled “Provisional agenda for the sixty-third session of the Commission”. For its consideration of item 15, the Commission had before it a draft decision entitled “Report of the Commission on Narcotic Drugs on its sixty-second session and provisional agenda for its sixty-third session” (E/CN.7/2019/L.12). The representative of El Salvador made a statement.

Action taken by the Commission

212. At its 14th meeting, on 22 March 2019, the Commission recommended for adoption by the Economic and Social Council the draft decision containing the draft provisional agenda for the sixty-third session of the Commission (E/CN.7/2019/L.12). (For the text, see chap. I, sect. A, draft decision I.)

Chapter XI

Other business

213. At its 14th meeting, on 22 March 2019, the Commission considered agenda item 16, entitled “Other business”. No issues were raised under the agenda item.

Chapter XII

Adoption of the report of the Commission on its sixty-second session

214. At its 15th meeting, on 22 March 2019, the Commission considered agenda item 17, entitled “Adoption of the report of the Commission on its sixty-second session”. The Rapporteur introduced the draft report.

215. The representative of the United Arab Emirates expressed concern that elements of the report presented by INCB under agenda item 9 exceeded its technical mandate.

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

Chapter XIII

Organization of the session and administrative matters

A. Informal pre-session consultations

217. At the informal pre-session consultations chaired by the First Vice-Chair, Kazem Gharib Abadi (Islamic Republic of Iran), held on 13 March 2019, the Commission conducted a preliminary review of draft proposals that had been submitted by the deadline of 14 February 2019, pursuant to Commission decision 55/1, and dealt with organizational matters of the sixty-second session.

B. Opening and duration of the session

218. The Commission on Narcotic Drugs held its sixty-second session, including the ministerial segment, in Vienna from 14 to 22 March 2019. The Chair of the Commission opened the session.

C. Attendance

219. The session was attended by representatives of 51 States members of the Commission (2 were not represented). Also attending were observers for 89 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.7/2019/INF/2](#).

D. Election of officers

220. In section I of its resolution 1999/30, the Economic and Social Council decided that, with effect from the year 2000, the Commission on Narcotic Drugs should, at the end of each session, elect its Bureau for the subsequent session and should encourage it to play an active role in the preparations for the regular as well as the intersessional meetings of the Commission, so as to enable the Commission to provide continuous and effective policy guidance to the drug programme of UNODC.

221. 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-first session, on 7 December 2018, opened its sixty-second session for the purpose of electing its Bureau for that session. At that meeting, the Commission elected the Chair, the First Vice-Chair, the Third Vice-Chair and the Rapporteur.

222. On 28 February 2019, the Group of Eastern European States nominated Dubravka Plejic Markovic of Croatia for the office of Second Vice-Chair. At its 1st meeting, on 14 March 2019, the Commission elected its Second Vice-Chair.

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

<i>Office</i>	<i>Regional group</i>	<i>Officer</i>
Chair	African States	Mirghani Abbaker Altayeb Bakhet (Sudan)
First Vice-Chair	Asia-Pacific States	Kazem Gharib Abadi (Islamic Republic of Iran)
Second Vice-Chair	Eastern European States	Dubravka Plejic Markovic (Croatia)
Third Vice-Chair	Western European and other States	Maria Assunta Accili Sabbatini (Italy)
Rapporteur	Latin American and Caribbean States	Alvaro Salcedo Teullet (Peru)

224. 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.

225. During the sixty-second session of the Commission, the extended Bureau met on 18, 20 and 21 March 2019 to consider matters related to the organization of work.

E. Adoption of the agenda and other organizational matters

226. At its 1st meeting, on 14 March 2019, the Commission adopted by consensus its provisional agenda and organization of work (E/CN.7/2019/1), 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.

Ministerial segment

3. Opening of the ministerial segment.
4. General debate of the ministerial segment.
5. Interactive, multi-stakeholder round tables of the ministerial segment:
 - (a) Taking stock of the implementation of all commitments⁹⁴ made to jointly address and counter the world drug problem, in particular in the light of the 2019 target date for the goals set in paragraph 36 of the Political Declaration; analysing existing and emerging trends, gaps and challenges;
 - (b) Safeguarding the future: enhancing our efforts to respond to the world drug problem through strengthening international cooperation, including means of implementation, capacity-building

⁹⁴ Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem; 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; and 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”.

and technical assistance, on the basis of common and shared responsibility.

6. Outcome of the ministerial segment.
7. Closure of the ministerial segment.

Operational segment

8. 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

9. 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 and the World Health Organization 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.
10. Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:
 - (a) Demand reduction and related measures;
 - (b) Supply reduction and related measures;
 - (c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation.
11. Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session.
12. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
13. Recommendations of the subsidiary bodies of the Commission.
14. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

15. Provisional agenda for the sixty-third session of the Commission.
16. Other business.

17. Adoption of the report of the Commission on its sixty-second session.

F. Documentation

227. The documents before the Commission at its sixty-second session are listed in E/CN.7/2019/CRP.12.

G. Closure of the session

228. At its 15th meeting, on 22 March 2019, a closing statement was made by the Executive Director of UNODC. The Chair of the Commission made closing remarks.

229. Statements were also made by the representatives of Mexico and Nigeria.