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Implementation of the international drug control treaties: changes in the scope of control of substances

Changes in the scope of control of substances**

Note by the Secretariat

Addendum

I. Consideration of the notification from the United Kingdom of Great Britain and Northern Ireland concerning a proposed recommendation for international control of mephedrone under the Convention on Psychotropic Substances of 1971

1. As stated in document E/CN.7/2015/7, pursuant to article 2, paragraphs 1 and 3, of the Convention on Psychotropic Substances of 1971, the Government of the United Kingdom of Great Britain and Northern Ireland, in its correspondence of 23 January 2014, notified the Secretary-General of the United Nations that the United Kingdom recommended that mephedrone (4-methylmethcathinone) should be provisionally scheduled in accordance with article 2, paragraph 3, in order to support Member States in taking voluntary measures while the scheduling request was under consideration, and that the substance should be added to Schedule I of the 1971 Convention (see E/CN.7/2015/7, annex I).

2. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments a note verbale dated 7 February 2014, containing in its annex the notification and the

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** The submission of the present document was delayed in order to include additional comments received from Member States.

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information submitted by the United Kingdom in support of the recommendation that mephedrone should be placed in Schedule I of the 1971 Convention.

3. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General also transmitted to the World Health Organization (WHO) a note verbale dated 10 February 2014, containing in its annex the notification and the information submitted by the United Kingdom in support of the recommendation that mephedrone should be placed in Schedule I of the 1971 Convention.

4. In addition to the Governments referred to in paragraph 4 of document E/CN.7/2015/7, the following 11 Governments provided comments on economic, social, legal, administrative or other factors relevant to the possible scheduling of mephedrone: Australia, Belgium, Colombia, Côte d'Ivoire, Cyprus, Germany, Peru, Israel, Spain, Switzerland and Turkmenistan.

5. The Government of Australia reported that there was no legitimate use of mephedrone other than for research purposes. Its import into Australia was prohibited unless a licence and permit had been issued in accordance with national legislation, and criminal penalties applied for its illicit use or supply. The Government added that, in the event that mephedrone was scheduled under Schedule II of the 1971 Convention, the Government would also regulate its export.

6. The Government of Belgium reported that it was in favour of scheduling mephedrone in Schedule II of the 1971 Convention, even if national experts thought that it should be under Schedule I instead. That was owing to its well-known abuse and dependence potential and lack of legitimate medical use.

7. The Government of Colombia indicated that it agreed with the WHO recommendation to place mephedrone in Schedule II of the 1971 Convention.

8. The Government of Côte d'Ivoire reported that it did not have any recent reports on the use of the substance in scientific or medical fields. In order to prevent illicit trafficking and misuse, the Government favoured international control, as recommended by WHO.

9. The Cyprus Anti-Drugs Council reported that mephedrone had been placed under national control, but that there were no data available regarding the prevalence of its use or its health and social consequences.

10. The Government of Germany indicated its support for including mephedrone in Schedule II of the 1971 Convention, noting that the substance was already placed under national control, and that it considered international scheduling very useful in order to better combat drug crime internationally.

11. The Government of Peru indicated that mephedrone was a new psychotropic substance with physical effects similar to those of other stimulant drugs, especially methylenedioxymethamphetamine (MDMA), commonly known as "ecstasy", and with high potential of abuse, creating risks for health. The Government indicated that there was no medical value or recognized use and that it was therefore necessary to place mephedrone under international control.

12. The Government of Israel reported that mephedrone, recommended for international control under the 1971 Convention, was controlled in Israel.

13. The Government of Spain indicated that there was no known medical value or use of mephedrone, that the production of medicines containing the substance was therefore not authorized in Spain and that distribution of such products without appropriate authorization constituted an administrative offence. The Government added that placement of the substance under national control was currently being considered. The substance produced effects similar to those of MDMA, posing high health risks. For that reason, the Government concluded that mephedrone should be placed under Schedule I of the 1971 Convention.

14. The Government of Switzerland reported that it would support adding mephedrone to Schedule II of the 1971 Convention. There was no medical or industrial use known in Switzerland and, given its potential to cause harm, the substance was under national control.

15. The Government of Turkmenistan indicated that it had no objection to the recommendation made by WHO pursuant to the 1971 Convention.

II. Consideration of a notification from China concerning the proposed recommendation for international control of ketamine under the Convention on Psychotropic Substances of 1971

16. As stated in document E/CN.7/2015/7, pursuant to article 2, paragraph 1, of the Convention on Psychotropic Substances of 1971, the Government of China, in its correspondence dated 8 March 2014, notified the Secretary-General of the United Nations that China recommended that ketamine should be placed in Schedule I of the 1971 Convention (see E/CN.7/2015/7, annex III).

17. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments a note verbale dated 14 March 2014, annexing the notification and the information submitted by China in support of the recommendation that ketamine should be placed in Schedule I of the 1971 Convention.

18. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General also transmitted to WHO a note verbale dated 14 March 2014, containing in its annex the notification and the information submitted by China in support of the recommendation that ketamine should be placed in Schedule I of the 1971 Convention.

19. In addition to the Governments referred to in paragraph 33 of document E/CN.7/2015/7, the following seven Governments provided comments on economic, social, legal, administrative or other factors relevant to the possible scheduling of ketamine: Australia, Estonia, Norway, Peru, Spain, United Kingdom and United States of America.

20. The Government of Australia indicated that, while placing ketamine under international control would have little or no effect on its availability for legitimate medical use in Australia, the Government recognized that international control might have significant effect in countries where the substance was currently not under national control.

21. The Government of Estonia reported that ketamine had been controlled since 1997. Since 2002, the substance had been listed in Schedule I, with an exception for medicinal products containing ketamine. It reported that there were currently three injectable preparations in its veterinary register (each with a concentration of 100mg/ml) and that there were also medicinal products for humans (injections with a concentration of 50mg/ml) used by hospitals and dentists.

22. The Government of Norway reported that ketamine was, among other anaesthetic agents, frequently used in Norway and was not scheduled as a controlled substance, whereas medicinal products containing ketamine were regulated under national legislation and control measures for prescribing, pharmacy recordkeeping, storing requirements (for wholesalers and pharmacies) were the same as for medications containing, for example, morphine, fentanyl or oxycodone. The Government further indicated that such use was with few exceptions regulated and limited to hospitals and to veterinary purposes. The Government of Norway also reported its concern that, especially in low- and middle-income countries where anaesthetic agents were hardly available, ketamine was often the only available anaesthetic agent, and that placing ketamine under international control could have additional negative effects on availability and block access to that essential medicine. The Government also referred to the WHO recommendation that ketamine should not be brought under international control owing to the humanitarian consequences of such an action.

23. The Government of Peru reported that ketamine was considered a safe and efficient anaesthetic, used in hospital clinics during general surgery, especially for procedures of short duration, in developing as well as developed countries. The Government of Peru indicated that it was necessary to include the substance under the 1971 Convention to enable more control and supervision of distribution and trade. However, its inclusion in Schedule I of the 1971 Convention would limit the access to that essential medicine for surgery and emergencies, and would create a public health crisis in countries that had no access to alternative anaesthesia. Therefore, the Government recommended that ketamine should be included in Schedule II of the 1971 Convention.

24. The Government of Spain indicated there were currently five medicines in Spain that contained ketamine, for human and veterinary use. The Government indicated that placing ketamine under Schedule I of the 1971 Convention would imply prohibiting the use, production, import, export, transit, trade, distribution and possession of the substance, and that its use would be restricted to scientific purposes. While the Government agreed with placing ketamine under international control, it should not be included in Schedule I of the 1971 Convention.

25. The Government of the United Kingdom reported that it recognized the risks to public health posed by ketamine, which was controlled under national legislation. However, the Government was concerned that 5.5 billion people lived in countries with limited or non-existent access to controlled medicines for treatment. Ketamine was one of the most commonly used anaesthetic agents, and in many low- and middle-income countries was often the only anaesthetic agent available. Recognizing the particular utility of ketamine for surgical and other procedures, the Government had concerns regarding the impact that international scheduling might have on the availability of that essential anaesthetic.

26. The Government of the United States indicated that ketamine was currently controlled under national legislation. The substance was classified as a rapid-acting general anaesthetic agent used for short diagnostic and surgical procedures that did not require skeletal muscle relaxation, and was marketed in the United States as an injectable drug. The proposal to add ketamine to the 1971 Convention, if adopted, could restrict therapeutic uses of the substance in the United States and would require additional controls to fulfil its obligations under that Convention.