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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 a notification from the World Health Organization concerning scheduling under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

1. Since 20 January 2007, four additional replies have been received to the note from the Secretary-General dated 13 October 2006 on the recommendation by the World Health Organization (WHO) that oripavine should be included in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.[1] Those replies have been from the following Governments: Jordan, Russian Federation, Saudi Arabia and Spain.

2. The Governments of Jordan, the Russian Federation and Saudi Arabia reported that they had no objection to placing oripavine in Schedule I of the 1961 Convention.

3. The Government of Spain reported that, since oripavine was an active substance, easily converted into thebaine and into other substances controlled in Schedule I of the 1961 Convention, it favoured the proposal of WHO to include oripavine in Schedule I of that Convention.

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* E/CN.7/2007/1.

** The present addendum contains replies received from Governments after 20 January 2007.

[1] United Nations, *Treaty Series*, vol. 976, No. 14152.

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II. Consideration of a notification from the World Health Organization concerning scheduling under the Convention on Psychotropic Substances of 1971

4. Since 20 January 2007, five additional replies have been received to the note from the Secretary-General dated 13 October 2006 on the recommendation by WHO that dronabinol and its stereoisomers should be transferred from Schedule II to Schedule III of the Convention on Psychotropic Substances of 1971.[2] Those replies have been from the following Governments: Jordan, Russian Federation, Saudi Arabia, Spain and the United States of America.

5. The Government of Jordan reported that it had no objection to the transfer of dronabinol and its stereoisomers from Schedule II to Schedule III of the 1971 Convention.

6. The Government of the Russian Federation considered it extremely inappropriate to transfer dronabinol from Schedule II to Schedule III of the 1971 Convention, as that would reduce the level of control on the substance and could lead to the legalization of cannabinoids.

7. The Government of Saudi Arabia was of the opinion that dronabinol and its stereoisomers should remain in Schedule II of the 1971 Convention.

8. The Government of Spain reported that, despite the fact that dronabinol was a substance that needed to be controlled owing to the health risks associated with its use, in view of the increase in its controlled and limited clinical use based on its presumed therapeutic potential and the insignificant involvement of that substance in illicit trafficking, it would favour the transfer of dronabinol from Schedule II to Schedule III of the 1971 Convention.

9. The Government of the United States, in its response to the note from the Secretary-General, indicated that it did not support the recommendation of WHO to transfer dronabinol (*delta*-9-tetrahydrocannabinol (THC)) from Schedule II to Schedule III of the 1971 Convention for the following reasons: (a) it was based on limited information on both the abuse liability of the substance and limited information regarding its medical usefulness; (b) it did not sufficiently assess the potential of increased abuse and associated public health risks of investigational and new forms of the drug that allowed rapid delivery of doses of dronabinol and its stereoisomers; and (c) it did not provide sufficient evidence to support its conclusion that dronabinol had moderate medical usefulness.

10. The Government of the United States also stated that analysis by WHO supporting its recommendation to reschedule dronabinol to Schedule III of the 1971 Convention appeared to derive solely from data regarding abuse for the drug product Marinol, an orally administered product that contained dronabinol in sesame oil. That product was intended only for oral use; thus, the physical characteristics of the formulation limited possible abuse through inhalation or intravenous injection. Other products or formulations were not addressed, and the Government of the United States believed it was premature to transfer dronabinol based on that limited information. The Government of the United States also noted

[2] Ibid., vol. 1019, No. 14956.

that rescheduling dronabinol to Schedule III of the 1971 Convention at the present time would lessen controls on all forms of *delta*-9-THC, including bulk or pure *delta*-9-THC and its stereoisomers, and that it was important not to lower the requirements regarding reporting on exports to the International Narcotics Control Board. It added that, if that change were to occur, it could potentially prevent Governments from assessing diversion and might create opportunities for undetected, illegal importation of other forms of dronabinol that were more prone to abuse.