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Draft report

Rapporteur: Alvaro Salcedo Teullet (Peru)

Addendum

Implementation of the international drug control treaties

1. 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.

2. 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).

3. Introductory statements were made by the Chief of the Laboratory and Scientific Section of United Nations Office on Drugs and Crime (UNODC) and a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch of UNODC. Introductory statements were also made by the President of the International Narcotics Control Board (INCB) and the observer for the World Health Organization (WHO).

4. 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.[1]

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

6. 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.

7. 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

8. 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 in 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.

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

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

9. The observer for WHO informed the Commission that orthofluorofentanyl was a synthetic analogue of the opioid analgesic fentanyl. He noted that orthofluorofentanyl 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 orthofluorofentanyl 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

10. 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 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

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

17. 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.

18. 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

19. 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.

20. 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.

21. 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

22. 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.

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

24. 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.

25. 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.

26. One speaker regretted the decision taken by the Commission to postpone the voting on the recommendations of WHO. He 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.

27. One speaker 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

28. 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.

29. 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.

30. 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

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

36. 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

37. 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*.

38. 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.

39. 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.

40. 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

41. 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.

42. 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

43. 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. C, decision […].)

44. 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. C, decision […].)

45. 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. C, decision […].)

46. 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. C, decision […].)

47. 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. C, decision […].)

48. 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. C, decision […].)

49. 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. C, decision […].)

50. 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. C, decision […].)

51. 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. C, decision […].)

52. 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. C, decision […].)

53. 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. C, decision […].)

54. 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. C, decision […].)

55. 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.

56. 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. C, decision […].)