The international drug control conventions: overview

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Briefing to civil society
Health at the centre of the drug control system

To protect the health of people, particularly the most vulnerable, from the harmful effects of drug use and from drug use disorders

Reduction of illicit supply

Reduction of illicit demand

Public health

Ensure licit supply and demand (availability of and access to controlled substances for medical purposes)

Reduction of health and social consequences related to drug use

Respect for human rights
Ensure the availability of controlled substances exclusively for medical and scientific purposes, and prevent their diversion.
Which substances are controlled?

- Controlled narcotic drugs, psychotropic substances and precursors are listed in schedules or tables to the Conventions.
- Selection of controlled substances is based on scientific assessments and recommendations made by WHO (for narcotic drugs and psychotropic substances) and INCB (for precursors).
- Decisions to control substances are made by the Commission on Narcotic Drugs.
1961 and 1971 Conventions

- Consolidation of earlier drug control treaties; mainly plant-based drugs (’61)
- Control of cultivation (coca bush and cannabis plant in addition to poppy plant); establishment of national monopolies
- Control of synthetic drugs (ATS, hallucinogens, sedative-hypnotics such as barbiturates and benzodiazepines) (’71)
- 1972 Protocol and 1971 Convention: treatment to drug abusers, to be considered in addition or as alternative to imprisonment
- Creation of the INCB, merging the Permanent Central Board and the Drug Supervisory Body, to ensure balance between supply and demand
1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

- Harmonized definition and scope of drug offences
- Possibility of alternatives to conviction or punishment
- Means to improve and strengthen international cooperation
- Legal means to effectively combat illicit trafficking
- Control system for precursors chemicals
Decides on the addition, deletion or transfer between schedules/tables of substances
Makes recommendations for implementation of the aims of the Conventions
Monitors global trends
Proposes new concerted measures or agreed policies

May recommend substances for addition, deletion or transfer from one schedule to another (which States parties to the Conventions also may do)
Provides medical and scientific assessments of narcotic drugs and psychotropic substances

Provides secretariat services to the CND
Supports Governments in their efforts to carry out their obligations under the Conventions (e.g. legislative assistance, capacity-building) to reduce illicit supply and demand (e.g. prevention, treatment)

More information: Brochure on Scheduling Procedures and e-learning “Introduction to Scheduling”
Thank you for your attention

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Interactive question

- Based on what you have heard in this presentation, which areas of intervention do you think may be positively influenced by more involvement of civil society organisations?

OPEN QUESTION, please enter your answers in the chat-box