



GLOBAL
COMMISSION ON
DRUG POLICY

CLASSIFICATION OF PSYCHOACTIVE SUBSTANCES WHEN SCIENCE WAS LEFT BEHIND

2019 REPORT PRESS KIT

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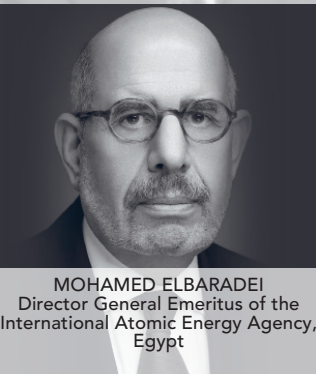
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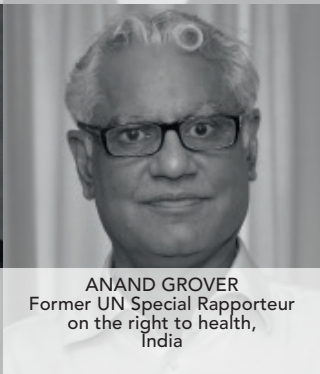
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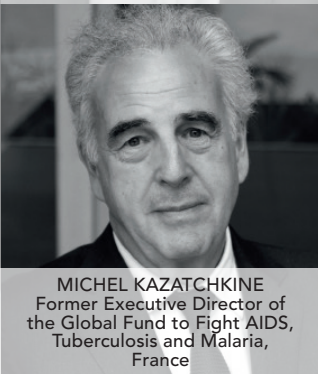
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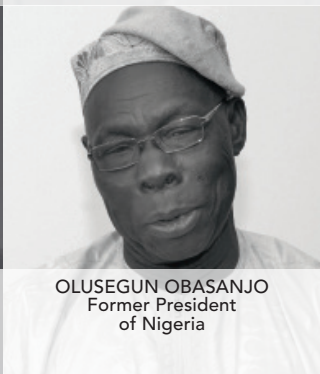
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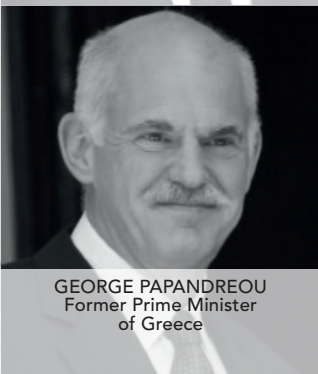
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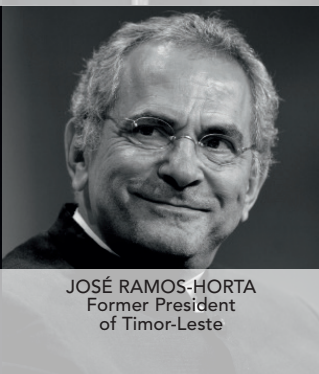
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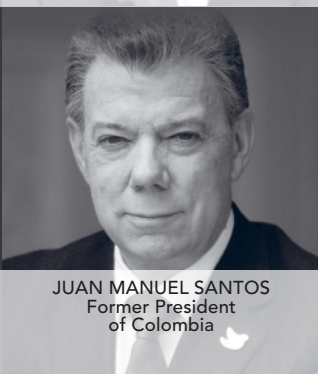
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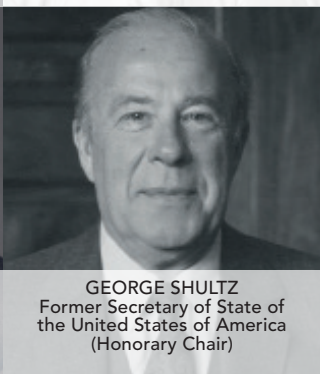
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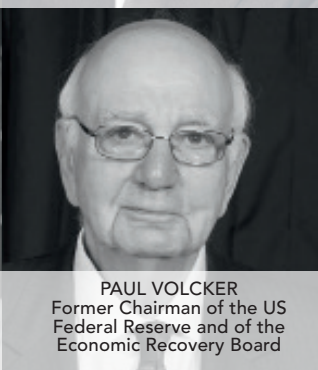
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FOREWORD

A catalogue of some 300 psychoactive substances acts as the foundation for current international and national drug control laws. These substances are placed into specific categories according to the degree to which they must be fought, and are banned at a number of levels. Their cultivation, production, manufacture, export, import, sale, possession and consumption are prohibited in all cases except for scientific research or medical use. Some are considered to have no medical benefit whatsoever, without any proof to back such a claim.

When States ratified the drug conventions, gradually instating the international drug control system from 1961 to 1988, they committed to introducing analogous classifications in their national laws. This emphasizes the degree to which it determines law enforcement priorities and sentences handed down by judges, and how deeply it affects the lives of millions of people around the world.

Indeed, this classification or "scheduling" of drugs is the cornerstone of the current repressive approach to drug policy, which has resulted in the "collateral damage" of the "war on drugs" – tragic consequences that the Global Commission on Drug Policy has condemned since its founding in 2011. The effects of prohibition – in terms of public health and security, discrimination and prison overcrowding, the rise in power of criminal organizations and the associated violence and corruption, as well as the lack of access to essential medicines – highlight the urgent need to change course and implement policies that are more effective and more respectful of human rights.

This ninth report of the commission analyzes the history, procedures and inconsistencies of the current classification of psychoactive substances. One will not find in this classification some of the most dangerous substances – tobacco, alcohol – which escape prohibition and allow established and respectable corporations to make huge profits. In contrast, substances that are listed in the annexes of the international conventions, the so-called "drugs", are seen as necessarily bad; they are supplied by an illegal market that is just as profitable and empowers organized crime.

The sharp distinction that is made between legal and illegal substances is the result of a long history of cultural and political domination. It is not based on any scientific assessment of the substances' potential harms for the people who consume them and for society as a whole, or of their possible benefits for those who use them in a reasonable way. The order in which they are scheduled according to their potential harms, and the degree to which they must therefore be subjected to repressive measures, suffers from a similar lack of scientific assessment. They are considered collectively as evil! This classification is too often influenced by ideology, prejudice and the discrimination of marginalized populations, not to mention the financial interests of the pharmaceutical industry. Science is rarely part of the decision process – and when it is allowed to offer its recommendations, they are rarely taken into account!

Psychoactive substances must be urgently reviewed on a rational basis. The incoherence of the current classification system represents a big hurdle for the reforms that need to be undertaken. It is past high time to accept the fact that a society without drugs is an illusion and that we must now lay the foundations, based on scientific evidence, for their legal regulation. Let us now focus on what constitutes the real legitimacy of drug policy: life, health and security for all.

Ruth Dreifuss

Chair of the Global Commission on Drug Policy



EXECUTIVE SUMMARY

The international drug scheduling system, used to classify psychoactive substances according to their harms and benefits, lies at the core of the international drug control regime. Its proper functioning is the key to balancing the regime's dual objectives: securing adequate availability of controlled substances for medical purposes while preventing their diversion for non-medical or other uses. Before 1961, the global drug control system focused on imposing restrictions on international trade and was designed to accommodate and respect differences between the laws of states. Since the Single Convention on Narcotic Drugs was signed in 1961, however, states have responded to international law with schedules and classification systems that are not evidence-based or rationally linked to the harms and benefits of substances, but rather based on political choices and benefits for policymakers. Such drug control policies have resulted in social and economic problems not only for people who use drugs but also for the general population, including health epidemics, prison overcrowding and arbitrary enforcement of drug laws.

The current system, governed by the 1961 Single Convention and the 1971 Convention on Psychotropic Substances, has gradually brought more and more psychoactive substances under international control. Today over 300 substances are scheduled. Eight schedules have been defined according to the dependence potential, abuse potential and therapeutic usefulness of the drugs included in them – four in each of the 1961 and 1971 Conventions. These international drug control Conventions recognize only medical use, including the relief from pain, as benefits from the use of psychoactive substances; other cultural, recreational or ceremonial uses are not taken into account, or rather are excluded.

The strictness of control measures depends on the schedule in which a substance is placed. Of the eight schedules, two imply the prohibition of substances they include, including their medical use (with the exception of very limited quantities for research). However, with only a few specified exceptions, all substances scheduled under the Conventions for non-medical and non-scientific purposes are effectively banned.

This de facto prohibition is arbitrary. The current distinction between legal and illegal substances is not unequivocally based on pharmacological research but in large part on historical and cultural precedents. It is also distorted by and feeds into morally charged perceptions about a presumed "good and evil" distinction between legal and illegal drugs.

Scheduling decisions are taken by the Commission on Narcotic Drugs (CND), which was established by the United Nations Economic and Social Council. The World Health Organization (WHO) provides recommendations on the advice of its expert committee on drug dependence (ECDD), which are then submitted to a vote of CND members (a simple majority vote for the schedules of the 1961 Convention and two-thirds for the 1971 Schedules).

Decisions about scheduling have thus become subjected to political considerations and an inherent bias towards prohibiting new substances. The negative consequences of allowing a drug onto the market that might later turn out to be dangerous are very high, whereas the negative consequences – for decision makers – of keeping off the market a drug that is in fact harmless are minimal. As a result, recommendations to add new substances to the Schedules are usually rubberstamped, while recommendations not to schedule substances or to place them under a less strict regime consistently meet significant opposition.

Several substances listed on the earliest Schedules of the 1961 Convention – including widely used substances such as cannabis, cannabis resin, heroin and cocaine – had never received an expert evaluation or their evaluations were up to 30 years old.

There have been calls to amend the Conventions to resolve inherent inconsistencies and to clarify the mandates of WHO, the International Narcotics Control Board (INCB) and the CND in the scheduling process. Proposals have also been repeatedly made to improve the scheduling criteria and to outline a system based on scientific evidence.

An improved scheduling procedure, which strikes a better balance between ensuring availability of



of controlled substances for legitimate uses and preventing problematic use, would provide a key tool to guide reforms that transform international and national drug control policies from an exclusively prohibitive framework into a flexible model based on regulation.

An evidence-based international scheduling system would allow reform-oriented countries more flexibility to design domestic schedules according to their needs, while improving control over potential illegal exports. It would also be far more effective at gradually steering the drugs market in a direction that causes far less harm. Finally, an evidence-based scheduling system would remove much of the stigma associated with drug use, thus helping people to make more responsible and less harmful choices.

Guiding principles for a more rational scheduling model include:

- ensuring adequate availability of each substance for medical and research purposes;
- abandoning zero-tolerance policies to provide more space for “other legitimate purposes”;
- showing more leniency towards milder substances;
- taking into account local social and cultural circumstances;
- conducting a cost-benefit analysis of potential harms and perceived benefits;
- accepting certain risk thresholds comparable to other acceptable societal risks, instead of upholding an absolute precautionary principle;
- weighing carefully the potential consequences of scheduling decisions, taking into account predictable responses of users and markets;
- making better use of existing medical and consumer safety legal instruments, instead of criminal drug laws.

The Global Commission on Drug Policy calls for a comprehensive and interdisciplinary approach to designing drug control policies. It is time to end the “silo” approach that treats drug control as a single issue and classifies drugs and enforces drug prohibition based on unreliable and scientifically dubious schedules.

The only responsible path is to regulate the market of illegal drugs. Governments should establish regulations and a new scheduling system – adapted to the dangerousness of each drug and based on solid scientific assessments – and monitor and enforce these regulations.



RECOMMENDATIONS

The international community must recognize the incoherence and inconsistencies in the international scheduling system, and must trigger a critical review of the current models of classification of drugs.

The negative consequences of the current international schedules for drug control can no longer be ignored. they range from the scarcity of essential medicines in low- and middle-income countries to the spread of infectious diseases and injuries, higher mortality and the global prison overcrowding crisis. the international community must face these challenges, and measure and correct the negative consequences of current schedules.

The international community must prioritize the role of the world Health Organization and interdisciplinary scientific research in further developing evidence-based scheduling criteria based on a rational scale of harms and benefits.

States must also address the increasingly blurred distinctions between legal and illegal drugs and markets, by requesting from multilateral mechanisms more flexibility in the adoption of different scheduling rules and guidelines at the domestic level. such a process depends on re-balancing the role of stakeholders in designing scheduling models, with more prominence needed for science, health and social professionals. such a process would also allow to lift the existing barriers to scientific research on the essential medical uses of these substances.

UN member States must refocus the international scheduling system on the original impetus of controlling transnational trade and allow for innovative national classification systems to be developed.

Market restrictions on distinctly milder, less harmful and less potent substances should be loosened, including for "other legitimate uses" beyond medical and scientific purposes, opening space under domestic legislation to allow for traditional, religious, self-enhancement or social uses.



A SCIENCE-BASED MEASURE OF THE REAL HARMS OF PSYCHOACTIVE SUBSTANCES



The graph is based on a scientific methodology by David Mustasseri (Drug Science Institute) and their assessment of the various forms of drug use and the associated harms. The full methodology is available at <https://www.gcdp.org/>



THE UN SYSTEM OF CLASSIFYING PSYCHOACTIVE SUBSTANCES

Schedules under the UN Drug Conventions

1961 Single Convention on Narcotic Drugs

SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
Substances that are highly addictive and liable to abuse, and precursors readily convertible into drugs similarly, addictive and liable to abuse (eg. cannabis, opium, heroin, methadone, cocaine, coca leaf, oxycodone)	Substances that are less addictive and liable to abuse than those in Schedule I (eg. codeine, dextropropoxyphene)	Preparations containing low amounts of narcotic drugs, are unlikely to be abused and exempted from most of the control measures placed upon the drugs they contain (eg. <2.5% codeine, <0.1% cocaine)	Certain drugs also listed in Schedule I with "particularly dangerous properties" and little or no therapeutic value (eg. cannabis, heroin)

1971 Convention on Psychotropic Substances

SCHEDULE I	SCHEDULE II	SCHEDULE III	SCHEDULE IV
Drugs presenting a high risk of abuse, posing a particularly serious threat to public health with little or no therapeutic value (eg. LSD, MDMA, cathinone)	Drugs presenting a risk of abuse, posing a serious threat to public health, which are of low or moderate therapeutic value (eg. dronabinol, amphetamines)	Drugs presenting a risk of abuse, posing a serious threat to public health, which are of moderate or high therapeutic value (eg. barbiturates, piperonal)	Drugs presenting a risk of abuse, posing a minor threat to public health, with a high therapeutic value (eg. tranquilizers, including diazepam)

1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

TABLE I	TABLE II
Precursors of psychotropic substances, such as ephedrine, piperonal, safrole, phenylacetic acid, lysergic acid; and a few key reagents such as acetic anhydride used in the conversion of morphine into heroin and potassium permanganate used in the extraction of cocaine	A wide range of reagents and solvents that can be used in the illicit production of narcotic drugs and psychotropic substances, but also have widespread licit industrial uses, including acetone, ethyl ether, toluene and sulphuric acid



ABOUT THE GLOBAL COMMISSION ON DRUG POLICY

The [Global Commission on Drug Policy](#) is an independent body comprising 26 members, including 14 former heads of state or government and four Nobel Prize laureates. Its purpose is to bring to the international level an informed, evidence-based discussion about humane and effective ways to reduce the harms caused by drugs and drug control policies to people and societies.

The Global Commission on Drug Policy has issued [eight reports](#) since its creation in 2011. These respectively detail the extent of the failure and damage of five decades of prohibition and punitive measures, reveal the impact of repressive policies on health epidemics such as HIV/AIDS and hepatitis, the inequitable access to essential pain medication, biased perceptions surrounding drugs, the need to prioritize public health approaches, decriminalization of drug use and proportional sentencing and, ultimately, the responsible legal regulation of psychoactive substances.

The Commission has also published [two position papers](#), on the opioid-fueled overdose crisis in North America, and on drug policy and the Sustainable Development Agenda.

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