The crimson papers **#1**

The schedules

Schedules of the international drug control conventions.

think & do tank
www.FAAAT.net

In annex of the three international treaties framing the drug laws and policies of countries, a set of lists, *the schedules*, include the whole panoply of products and substances that human recent history has placed "under control", unduly designated as "illegal drugs".

In appearance inconsequential and irrelevant, the schedules – and their absolute lack of meaningful scientific methodology – actually reflect the unstopped geopolitical struggles that have been shaping the international drugs categorification during the XXst Century.

Before 1961, every substance needed its own international multilateral agreement to be placed under control, that each country could decide to endorse or no. Incredible simplification tool, the schedules (at first introduced in a former 1931 treaty, later become pivotal with the adoption of the 1961 Convention on narcotic drugs) allow countries to add or withdraw drugs from the scope of international control and to automatically apply the related control measures to all States signatories to the latter Convention.

This paper will briefly define the schedules and their role, summarize the content of both the 1961 and the 1971 Conventions schedules, and explore the measures of control that the 1961 Convention implies for countries.

Authors:
GHEHIOUECHE Farid
KRAWITZ Michael
RIBOULET ZEMOULI Kenzi

Paris,
Septembre 2017

FAAAT think & do tank *Editions*
PARIS 75011, 8 RUE DU GÉNÉRAL RENAULT
ISBN 979-10-97087-00-5 / *EAN* 9791097087005

What are the schedules?

1. Besides the plants and substances directly placed under control in the Articles of the 1961 Convention, and in order to create a **quick process of legal response** to the appearance or discovery of new substances, the international community created a mechanism that permits to the CND (*Commission on Narcotic Drugs of the United Nations, central legislative body on international drug control questions* **⇒ Learn more in Crimson Paper #3**) to add or withdraw substances from the scope of control established by the Convention. This mechanism is the creation of specific lists of drugs, placed in annex of the Convention: the Schedules.

2. Except for "western" traditional recreational substances such as tobacco or alcohol, most psychoactive drugs are scheduled under 1961 or 1971 Conventions, while some non-psychoactive products used as precursors to the production of synthetic drugs are scheduled under the 1988 Convention against trafficking in drugs.

3. Drugs have to be scientifically assessed by experts reporting to the World Health Organization in order to be placed in, or changed of schedule. **⇒ Read Crimson Paper #2.**

4. The **1961 Convention on narcotic drugs** created 4 lists - four schedules - that have each a different specific set of control measures to be applied (see below, para 7 to 10).

5. The **1971 Convention on psychotropic substances** followed the same model and created 4 other complementary schedules.

    ➔ The 1961 Convention includes in its schedules pharmaceutical preparations, plants, raw drugs, precursors, as well as chemicals, while the 1971 Convention only includes molecular compounds.

6. While 1971 Convention follows a somehow logical incremental model where substances places in schedule IV are the "less dangerous" and those placed in schedule I the "worst", the 1961 Convention has a much more complex model of schedules. Actually, the two main schedules of the 1961 Convention are schedules I and II. Schedules III and IV are complementary schedules that bear specific status:

    ➔ Schedule III is a lighter subset of the schedules I and II. It serves for exempting from the control measure to some drug-based preparations that are considered of a minor danger than the raw drug they contain *(for instance, while codeine is placed under schedule II, medicines containing less than 2.5% of codeine are placed under Schedule III and therefore exempted from control measures relative to Schedule II)*.

    ➔ Schedule IV is a stricter subset of schedule I, that serves for supplementary control measures – often assimilated to the "prohibition schedule". Any substance included in Schedule I can also be added to Schedule IV, if it is considered "being particularly liable to abuse and to produce ill-effects and if such liability is not offset by substantial therapeutic advantages not possessed by substances other than drugs in Schedule IV".

Schedules of the 1961 Convention on narcotic drugs.

Schedule III	Schedule II	Schedule I	Schedule IV
Pharmaceutical preparations containing low amounts of narcotic drugs. – Unlikely to be abused.	Substances that are less liable to abuse and to produce addiction than those placed in the schedule I.	High liability to abuse and to provoke addiction. – Precursors directly convertible into a drug similarly addictive and liable to abuse.	Already listed in schedule I. – Particularly dangerous properties, especially liable to abuse and to "produce ill-effects" – Little or no therapeutic value; or a substantial therapeutic value that is also possessed by another drug not listed in schedule IV.
For instance: preparations containing not more than 100 mg of codeine/tablet, cough syrup with not more than 2.5% of codeine, or preparations with less than 0.1% of cocaine.	*For instance: codeine, propiram, dextropropoxyphene...*	*For instance: cannabis, opium, coca leaf, heroin, cocaine, methadone, fentanyl...*	*For instance: cannabis, heroin, krokodil, fentanyl derivates.*

Less control — Stricter control, Increased restrictions

Schedules of the 1971 Convention on psychotropic substances.

Schedule IV	Schedule III	Schedule II	Schedule I
Regular liability to abuse. – Small but significant risk to public health. – From little to great therapeutic value(s).	Regular liability to abuse. – Substantial risk to public health. – Moderate to great therapeutic value(s).	Regular liability to abuse. – Substantial risk to public health. – Little to moderate therapeutic value(s).	High liability to abuse. – Especially serious risk and threat to public health. – Very limited or no therapeutic value(s).
For instance: tranquilizers, diazepam, amfepramone, etc.	*For instance: barbiturates, buprenorphine, pentazocine*	*For instance: methaqualone, Δ -9-THC, amphetamines...*	*For instance: LSD, MDMA, cathinone, etc.*

Less control — Stricter control, Increased restrictions

Measures of control implied by the 1961 Convention schedules.

7. The **1961 Convention** is essentially structured around the **schedule I**, which constitutes the standard regime of the treaty. The main measures of control are as follow:

    - ➔ Limits to possession and use, as well as strict limitation of trade (manufacture, domestic trade, wholesale, retail and international trade) to medical and scientific purposes;
    - ➔ Mandatory governmental authorization (either a State licence, or a State monopoly) for all phase of the narcotics trade;
    - ➔ Mandatory specific State authorizations for each international transaction (import or export);
    - ➔ Obligation to keep detailed records of the international transactions in drugs for all participants in the narcotics trade;
    - ➔ Requirement of a medical prescription for any supply or dispensation of drugs to individuals;
    - ➔ Strong recommendation to implement governmental counterfoil books forms for the prescription of schedule I drugs to individuals;
    - ➔ Retail trade of schedule I drugs must show the exact content by weight or percentage of the drug;
    - ➔ Limitation of quantities of drugs available in each country and territory, adapted to the needs for medical and scientific purposes;
    - ➔ Strong follow-up of each country's stocks and trade in schedule I drugs by the International Narcotics Control Board (INCB).

8. Plants, drugs or substances placed under **schedule II of the 1961 Convention** are submitted to the same measures of control as the ones prevailing for schedule I, with some exemptions though, that can be summarized as follows:

    - ➔ Countries can decide to allow the dispensation or supply of schedule II drugs without medical prescription;
    - ➔ Governments can choose not to apply the various stock and retail restrictions to retail businesses and pharmacies;
    - ➔ Drugs can be sold without medical prescription.

9. **Schedule III** substances are preparations containing drugs included in the other schedules of the 1961 Convention, but with a less strict regime applied. Apart from the mong these softer measures can be underlined

    - ➔ International trade can be done without systematic governmental authorization;
    - ➔ International control of trade and stocks by the INCB is much softer.

10. **Schedule IV** include plants, drugs, substances or preparations already included in schedule I. Schedule IV drugs are considered as having "particularly dangerous properties" in comparison to other drugs. The measures implied by schedule IV offer to countries the non-mandatory possibility of applying a stricter regulation, up to the complete prohibition. But the Convention does not compel to it:

    - ➔ The 1961 Convention precises that "[a] Party shall, if in its opinion the prevailing conditions in its country render it the most appropriate means of protecting the public health and welfare, prohibit the production, manufacture, export and import of, trade in, possession or use of any such drug except for amounts which may be necessary for medical and scientific research only"
    - ➔ This article represents a compromise reached out during the process of writing of the 1961 Convention, leaving the act of prohibition to the judgement (though theoretically not to the discretion) of each country signatory to the Convention; the country that decides to apply these prohibitive measures must however act in *bona fide* (good faith). Such a decision made insincerely would be a violation of the Convention.