

International Drug Control: Protecting the Health of the Athlete



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The International Drug Control System

The International Drug Control Conventions and the Welfare of Humankind

For over a century, the international community has relied on multilateral treaties to address the issue of drugs, in particular the protection of the health and welfare of people who use drugs. The first conference to discuss drugs at the international level, the Opium Commission, was held in Shanghai in 1909 to address the opium epidemic, which had led to alarming rates of addiction, particularly in China. Although the original intention was to limit the conference to the situation in Asia, it was argued that the issue could only be properly addressed through the participation of all the major producing, manufacturing and consuming nations. The Commission was eventually attended by 13 countries and represents the origin of international collaboration on drug control. In anticipation of the conference, a number of countries reported significant reforms including curbs on the trade in opium and the cultivation of opium poppies in the years prior to 1909 [1]. The Commission gave rise to the *International Opium Convention of The Hague*, signed in 1912 and effective from 1915, as the first international drug control convention, passed with the objective of stemming the shipment of drugs not intended for medical purposes. Following its establishment in 1920, the League of Nations became the custodian of the Opium Convention, and the scope of control of this treaty was expanded in 1925 to cover cannabis (The 1925 Convention). The 1931 *Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs*

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and the 1936 *Convention for the Suppression of the Illicit Traffic in Dangerous Drugs* were also developed under the auspices of the League of Nations. While the former focused on restricting the supply of narcotic drugs to quantities required for medical and scientific purposes, and like previous conventions regulated licit drug activities, the latter became the first international instrument to make certain drug offences international crimes. In 1946, the United Nations took over the drug control functions and responsibilities formerly carried out by the League of Nations. The Commission on Narcotic Drugs (CND) was established by the United Nations Economic and Social Council as one of its functional commissions in resolution 9(1) of February 16, 1946, to assist the Council in supervising the application of the international drug control conventions. The CND also advises the Council on all matters pertaining to the control of narcotic drugs, psychotropic substances and their precursors and is mandated to decide on the scope of control of substances under the three international drug control conventions. A number of protocols to improve the control system were signed in the post-war years, the most far-reaching of which was the 1953 *Opium Protocol* which limited opium production and trade to medical and scientific purposes. Under the auspices of the United Nations, the *Single Convention on Narcotic Drugs* of 1961, which merged all the existing conventions, was adopted. The Convention also provided for the establishment in 1968 of the International Narcotics Control Board (INCB) as the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions. To underscore the need to provide adequate prevention, treatment and rehabilitation services, the Single Convention was amended by a protocol in 1972.

The *Convention on Psychotropic Substances* of 1971 was passed to address the increased abuse of psychotropic substances, such as central nervous system stimulants, sedative hypnotics and hallucinogens, which had resulted in public health and social problems in several countries. The final of the three international drug conventions which together form the cornerstones of the international drug control system, the *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, was passed in 1988. This comprehensively addresses all aspects of the illicit drug industry such as the production, manufacture, extraction, preparation, distribution, sale, importation or exportation of any narcotic drug or any psychotropic substance which, when committed intentionally, contrary to the provisions of the 1961 Convention (as amended by the 1972 Protocol), or the 1971 Convention, constitutes a criminal offence. The United Nations, recognizing that the dimensions of illicit production, abuse and trafficking of narcotic drugs and psychotropic substances in all regions of the world necessitated a more comprehensive and integrated approach to international drug control and an efficient structure to enable the organization to play a central and greatly enhanced role in this area, established the United Nations International Drug Control Programme (UNDCP) in 1991 in Vienna. The subsequent merger in 2002 of the UNDCP with the Crime Prevention and Criminal Justice Division of the United Nations Office at Vienna led to the formation of the United Nations Office on Drugs and Crime (UNODC). UNODC implements the United Nations' drug and crime programmes in an integrated manner,

addressing the interrelated issues of drug control, crime prevention and international terrorism in the context of sustainable development and human security. In addition to the CND's function supervising the implementation of the drug control treaties, it continues to monitor all commitments on strengthening actions at the national, regional and international levels to address and counter the world drug problem. Notable among such commitments are the 2009 Political Declaration and Plan of Action and its 2014 review, the outcome document of the 2016 United Nations General Assembly special session on the world drug problem and the 2019 Ministerial Declaration.

The Spirit of the International Drug Conventions

The preambles of all three conventions underscore a common driving force: a concern for “the health and welfare of mankind” and the desire to make drugs (“narcotics” and “psychotropic substances” as per the Conventions) available for medical and scientific purposes, including for clinical trials, while preventing their diversion and abuse.¹ Contrary to the school of thought that they provide a basis for justifying draconian approaches to enforcement by countries, the international drug control conventions continue to provide a flexible framework for addressing the drug problem within an approach based on the principle of shared responsibility [2]. In pursuing a people-centred approach which prioritizes human health and welfare, the conventions call for the prevention of drug abuse and the treatment and rehabilitation of people with drug problems and require their signatories to “coordinate their efforts to these ends” [3]. In their efforts to protect the health and welfare of humankind, the conventions employ a scientifically guided scheduling system to define the scope of control of substances and preparations [4, 5].

Scope of Control of the Conventions

Currently, the international drug control system is based on three conventions: the *Single Convention on Narcotic Drugs* of 1961, as amended by the 1972 protocol (the 1961 Convention); the *Convention on Psychotropic Substances of 1971* (the 1971 Convention); and the *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (the 1988 Convention). *The 1961 Convention, as of 2020, exercises international control over 136 substances including mainly natural products such as opium and its derivatives (morphine,*

¹“Drugs” are defined as any of the substances in schedules I and II of the 1961 Convention, whether natural or synthetic. For the purposes of the List of Prohibited Substances in Sports, “drugs” include narcotics (S7) and cannabis. Psychotropic substances mean any substance, whether natural or synthetic, or any natural material in schedules I–IV of the Convention

*codeine and heroin), coca leaves and cocaine, cannabis and cannabis resin and also synthetic drugs such as fentanyl. The substances controlled by the convention are listed in schedules (I, II and IV)*² based on the degree of liability to abuse and the risk to public health and welfare. Of relevance to the sports world is the overlap of substances in the 1961 Convention with the S7 narcotics (e.g., heroin, morphine and fentanyl) and S8 cannabinoids (e.g., cannabis) categories of the World Anti-Doping Code's List of Prohibited Substances and Methods (the Prohibited List) [6]. The 1971 Convention employs a sliding scale of schedules (I–IV) based on the liability to abuse (e.g., especially serious, substantial, small but still significant) and the degree of therapeutic usefulness (e.g., very limited, little to moderate and moderate to great) of each substance. Several substances prohibited in sports under the World Anti-Doping Code's Prohibited List, S6 stimulants (e.g., amphetamine, methamphetamine and cathinone) and S8 cannabinoids (e.g., delta-9-THC and other synthetic cannabimimetics) are also listed in the schedules of the 1971 Convention. The 1961 and 1971 Conventions codify internationally applicable control measures in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes and prevent their diversion to illicit channels. The 1988 Convention emphasizes the importance of precursor control at the international level and lists the substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances in the two tables of the convention. Of significance to sport is the 1988 Convention's designation of the World Anti-Doping Code's Prohibited List S6 stimulants ephedrine and pseudoephedrine as Table 1 substances in view of their use as precursors in the manufacture of methamphetamine. Since 1961, a total of 300 substances have been controlled under the 1961 and 1971 Conventions and 30 substances placed in the tables of the 1988 Convention. The substances controlled under the 1961 and 1971 Conventions include cannabimimetics, stimulants, sedative/hypnotics, classic hallucinogens and dissociatives.

The Treaty Bodies and International Scheduling

The CND, the World Health Organization (WHO) and the INCB are recognized as the “treaty bodies” under the three international conventions. The CND reviews and analyses the global drug situation, considering supply and demand reduction, and acts through resolutions and decisions. In addition, it is mandated to exercise treaty-based “scheduling” functions by considering proposals to add substances to the schedules/tables or to transfer or delete substances from the schedules/tables. The schedules/tables entail different levels of control measures. States which are party to the three drug control conventions are required to ensure that the mandatory

²Schedule III of the 1961 Convention contains exempted preparations of the drugs in Schedules I and II

control measures contained therein are applied to substances listed in the schedules/tables which are annexed to these conventions. Under the 1961 and 1971 Conventions, a request to change the scope of control of substances can be initiated either by a state party or by the WHO. Under the 1961 and 1971 Conventions, the WHO has the role of reviewing substances for their liability to abuse, ill effects on health and usefulness in medical therapy and for making recommendations to the CND as to the scope of international control. Under the 1988 Convention, a request to change the scope of control of substances can be initiated either by a state party or by the INCB. Under the 1988 Convention, the INCB is tasked with determining whether a substance is frequently used in the illicit manufacture of a narcotic drug or psychotropic substance and whether the volume and extent of the illicit manufacture creates serious public or social problems, so as to warrant international action.

Role of UNODC in International Drug Control

The UNODC Mission and Mandate

UNODC serves as the United Nations central drug control entity with responsibility for leading the organization's drug control activities, providing technical expertise and advising member states on questions of international and national drug control [7]. It supports member states to implement the 17 *Sustainable Development Goals* which form the core of the UN *2030 Agenda for Sustainable Development*. The 2030 Agenda recognizes that the rule of law, in conjunction with fair, effective and humane justice systems, as well as health-oriented responses to drug use, enables sustainable development. The Agenda also recognizes the important role of sport in sustainable development, highlighting its growing contribution to achieving peace and development through its promotion of tolerance and respect. The United Nations system and its member states, international sport federations and other stakeholders are establishing frameworks for collaborative action on sport, physical activity and active play that use sport as a platform for achieving wider development outcomes rather than focusing on sport as an end in itself. These frameworks feature a wide range of goals, including personal and interpersonal social development, health promotion, conflict resolution, intercultural dialogue, social inclusion and economic development [8]. To further promote an integrated approach to the interrelated issues of drug control and crime prevention, UNODC is the custodian of international conventions dealing with organized crime and corruption. The *United Nations Convention against Transnational Organized Crime* is a legally binding instrument through which countries commit to taking measures against transnational organized crime including the creation of domestic offences; the adoption of new, sweeping frameworks for mutual legal assistance, extradition, law enforcement cooperation and technical assistance; and training. UNODC also oversees the *United Nations Convention against Corruption* which was adopted by the United Nations General

Assembly in 2003 and is the only universal legally binding anti-corruption instrument. Its far-reaching approach and the mandatory character of many of its provisions make it a unique tool for developing a comprehensive response to a global problem. The convention covers five main areas: preventive measures, criminalization and law enforcement, international cooperation, asset recovery and technical assistance and information exchange. In its efforts to help countries tackle the world drug problem, UNODC's work falls into three main areas, namely, normative, research and capacity building. The first relates to the implementation of the three drug control treaties whereby UNODC encourages member states to develop policies consistent with the treaties and adopt balanced, scientific and evidence-based approaches that include both supply and demand reduction. In the research domain, UNODC constitutes the global authority in the fields of drugs and crime, providing valuable knowledge and essential high-quality evidence to inform policy making in these areas. The UNODC *Thematic Programme on Research, Trend Analysis and Forensics* defines the key challenges, work priorities and quality standards, as well as the tools and services to support policy and programme development in the framework of UNODC mandates. This is done by undertaking thematic research, managing global and regional data collections, providing scientific and forensic services, defining research standards and supporting member states to strengthen their data collection, research and forensics capacities. Thirdly, working closely with governments and civil society, UNODC delivers capacity building and a wide range of tailored technical assistance through a network of over 115 field offices with a view to strengthening national responses to the world drug problem.

Addressing Emerging and Current Threats

Novel Psychoactive Substances

Over the past decade, the nature of the global drugs market has evolved rapidly and become more complex with the emergence of novel psychoactive substances (NPS). UNODC uses the term “new psychoactive substances” to refer to substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 *Single Convention on Narcotic Drugs* or the 1971 *Convention on Psychotropic Substances*, but which may pose a public health threat. The term “new” does not necessarily refer to new inventions—several NPS were first synthesized decades ago—but to substances that have recently become available on the market. Some NPS, also known as “legal highs”, “bath salts” and “research chemicals”, have been associated with increased abuse, hospital emergency admissions and sometimes fatalities. A number of these substances, belonging to the classes of stimulants, hallucinogens and synthetic cannabinoids, have been encountered in sport and in food supplements. The first comprehensive UNODC report on NPS, titled “*The Challenge of New Psychoactive Substances*”, provided the first global data in

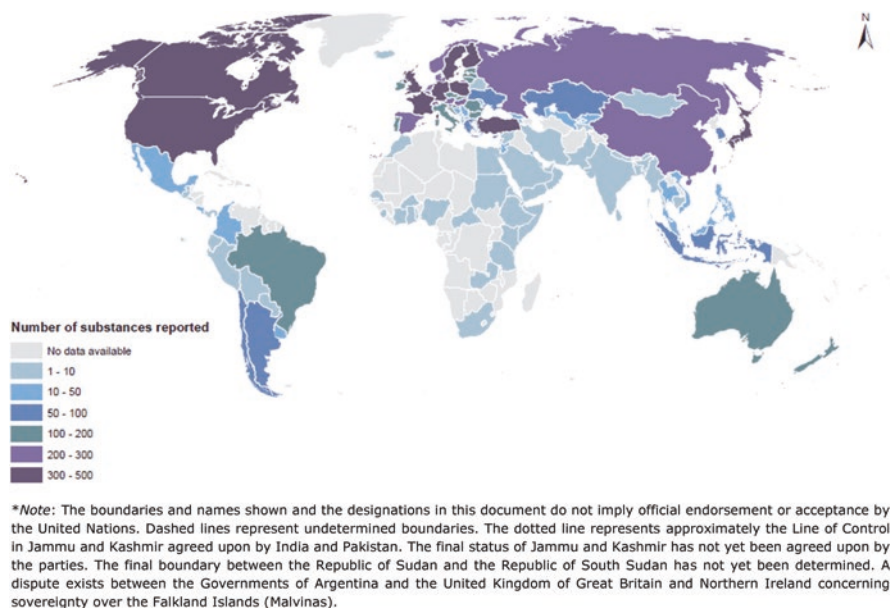


Fig. 1 UNODC Early Warning Advisory NPS Portal database. Data: Number of NPS reported by country/territory, 2020)

this area, identifying 251 individual substances in a total of 70 countries and territories (up to July 2012) [9]. Currently, UNODC is actively monitoring over 1000 different NPS that have been identified by 124 countries and territories since 2009 (Figs. 1, 2, and 3). Overall, stimulants account for the largest group of substances reported, followed by synthetic cannabinoid receptor agonists and classic hallucinogens. In recent years, reports of substances in most groups have either plateaued or even decreased following an initial rapid increase from 2012 to 2015. However, certain groups of NPS such as synthetic opioid receptor agonists continue to be on the rise with an almost fourfold increase from 2016 to mid-2020. The group of sedatives/hypnotics, including benzodiazepine-type substances, has also shown a steady increase in recent years. The effective monitoring of NPS at the global level over the past decade is a direct result of the establishment of UNODC's Early Warning Advisory on New Psychoactive Substances in 2013, further to a CND Resolution. The Early Warning Advisory allows UNODC to monitor the emergence of NPS, analyse the market trends associated with these substances, tailor support to drug analysis laboratories and support the formulation of effective measures to mitigate the problem at the international level. Early warning systems play a key role in early detection and monitoring, as well as in enabling timely responses to emerging NPS threats. Monitoring is paramount to understanding the NPS market and provides an evidence base to inform policies and responses to address the ongoing challenges posed by NPS. The UNODC Early Warning Advisory thus serves as a repository for information on NPS leading to an improved understanding of their distribution and

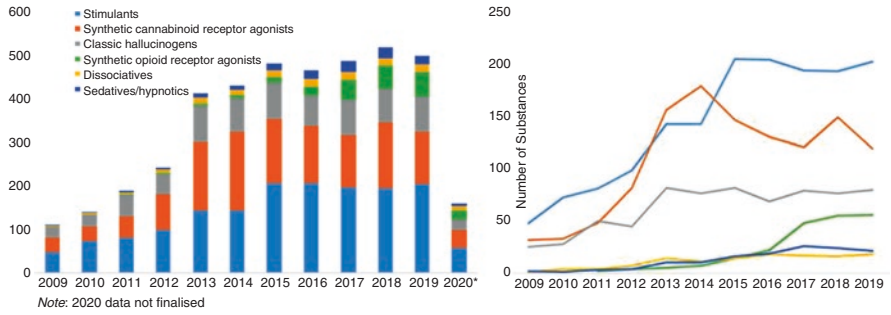


Fig. 2 Emergence of NPS by effect group reported to the UNODC Early Warning Advisory (2009–2020)

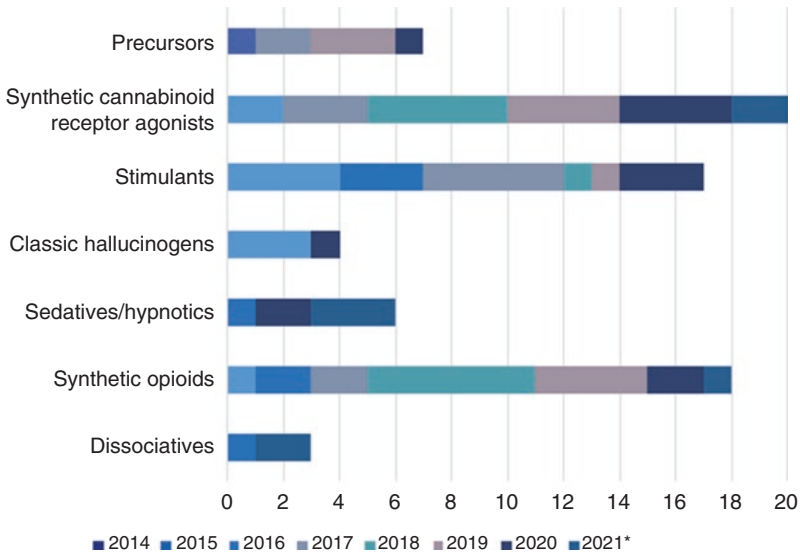


Fig. 3 Number of NPS and precursors placed under international control, 2014–2020, and considered for international scheduling in 2021

use at the global level and offering a platform for providing technical assistance to member states. NPS are characterized by geographic heterogeneity, with some being only transient in nature and others not meeting the criteria for harm which are required for international control. Consequently, in 2016 the United Nations General Assembly special session on the world drug problem adopted a pragmatic approach to prioritise the most harmful, persistent and prevalent NPS for international action. In order to collect information on the use of NPS at a global level and identify the most harmful substances, the Early Warning Advisory was expanded in 2018 to collect toxicology data in post-mortem, clinical and other casework. The information provided comes from a variety of sources, including the UNODC network of over

280 national forensic drug testing and toxicology laboratories and partnerships with international, regional and national organizations such as the International Association of Forensic Toxicologists, the European Monitoring Centre for Drugs and Drug Addiction, the US Drug Enforcement Administration and Health Canada as well as official information from member states and other sources. The information within the UNODC Early Warning Advisory is used to provide member states with the latest available global information on NPS through a variety of mechanisms and publications. These include alerts, technical reports such as the biannual “Current NPS Threats”, contributions to UNODC publications such as the “World Drug Report” and “Global SMART Updates”, briefings to intergovernmental bodies and the World Health Organization. The information in the Early Warning Advisory also allows UNODC’s Laboratory and Scientific Service to better understand the challenges faced by forensic service providers around the world and tailor accordingly the forensic services provided. This includes a series of manuals and guidelines for forensic laboratories on recommended analysis methods as well as quality assurance support, reference materials and training. The information available in the Early Warning Advisory, in particular on the toxicology and pharmacology of NPS, has been important in providing the evidence base for prioritizing the most harmful substances for international action. Since 2015, 60 substances made up of synthetic cannabinoids (18), synthetic stimulants (17), synthetic opioids (17), classic hallucinogens (4), sedative hypnotics (3) and dissociatives (1) have been placed under international control. Most of these harmful substances are also captured under existing classes in the WADA Prohibited List such as S-6 stimulants (e.g., cathinone and its analogues such as mephedrone and MDPV, phenethylamine and its derivatives such as 25C-NBOMe), S-7 narcotics (fentanyl analogues) and S-8 cannabinoids (e.g., synthetic cannabinoids).

Addressing Emerging Challenges: From Resolutions to Results

The complexities of the implementation of the international drug control system, particularly with respect to addressing emerging challenges, are best illustrated by the response to the ongoing global opioid crisis—a far-reaching drug and public health policy issue affecting several geographical regions [10]. The opioid crisis in North America is characterized by a highly prevalent non-medical use of opioids and high rates of mortality driven by pharmaceutical opioids, heroin and synthetic opioids. In West, Central and North Africa however, the opioid crisis is characterized by a high prevalence of the non-medical use of pharmaceutical opioids, in particular tramadol. The crisis is also expanding geographically and deepening in complexity with the emergence of a new generation of NPS with opioid effects, including substances belonging to chemical structural classes which were not significantly present on illicit drug markets previously. In response to the opioid crisis,

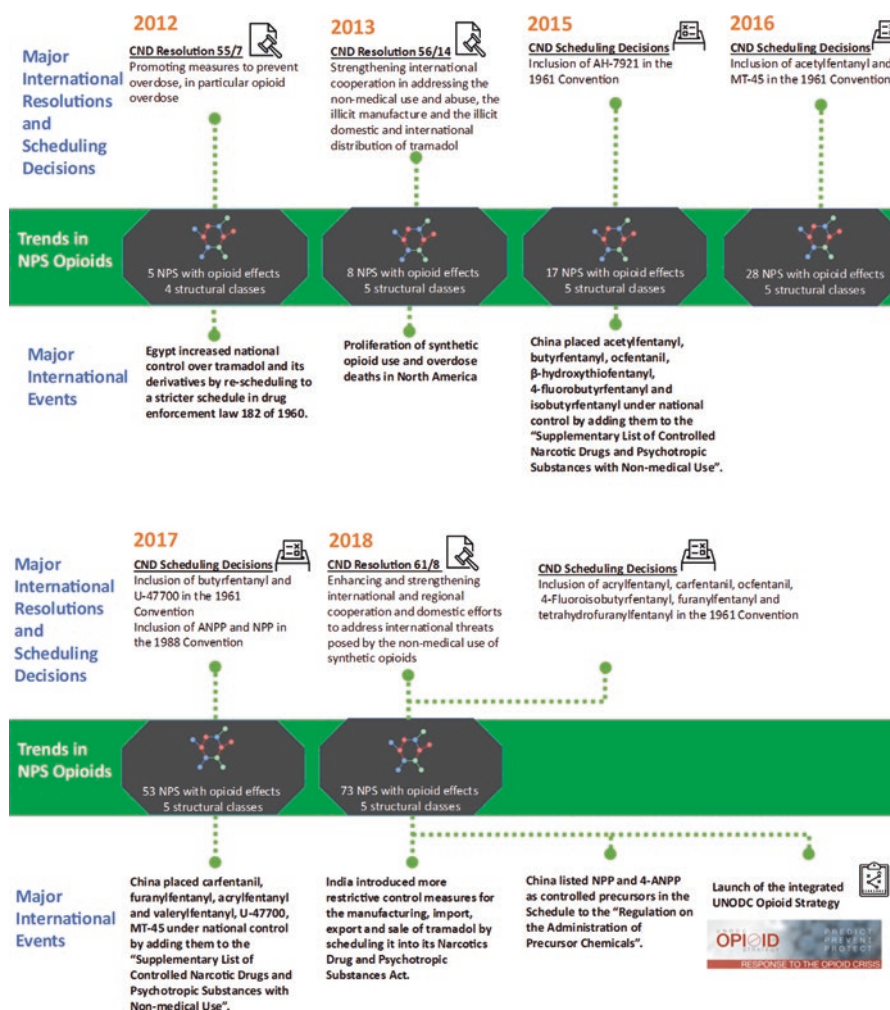
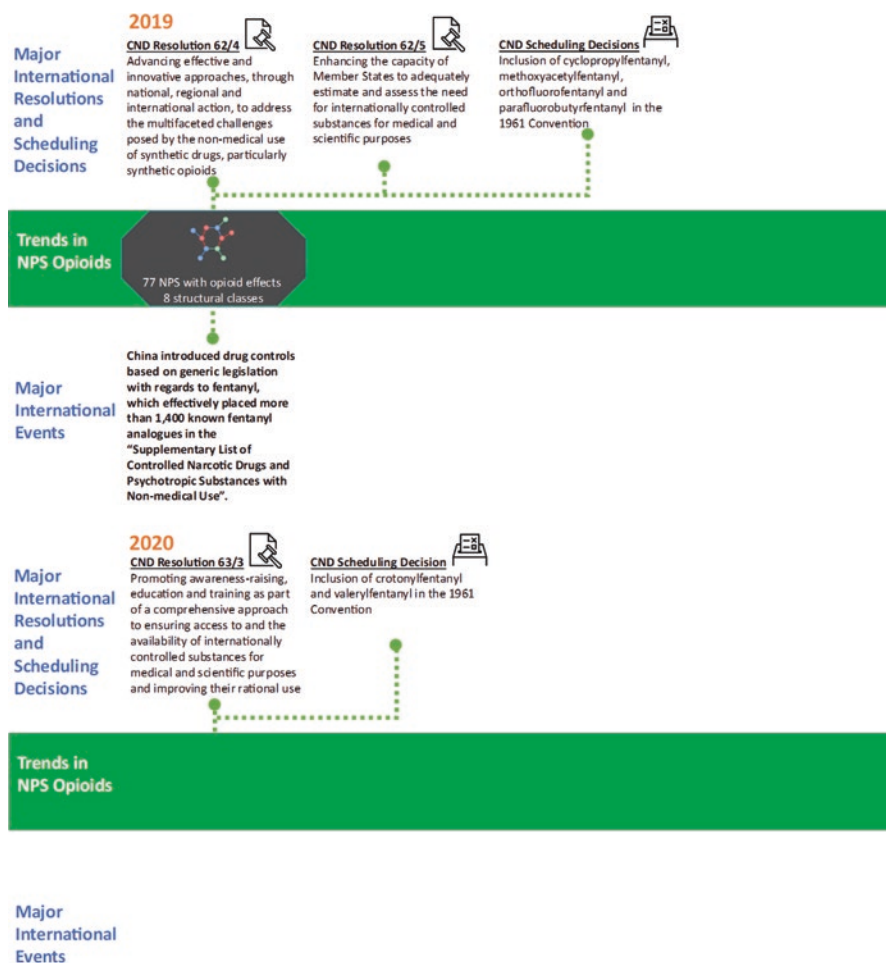


Fig. 4 Major international and national policy events in relation to the opioid crisis

the international community has taken major steps towards developing a set of balanced international and domestic responses. These efforts have aimed to balance drug control and public health responses with adequate access to opioid analgesics for scientific research and medical uses including pain management and palliative care [10]. Figure 4 maps the evolution of the problem by presenting the trends in the types and numbers of opioid-type NPS over the period 2012–2020 and outlining various CND resolutions and decisions on the scheduling of substances which are based on recommendations from the other treaty bodies, on narcotic and psychotropic substances from WHO and on the precursor chemicals from INCB (Fig. 4). It also illustrates the complementary and crucial role of work at the country level, for



Note: The "1961 Convention" refers to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and the "1988 Convention" refers to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. "CND" refers to the The Commission on Narcotic Drugs.

*Note: UNODC elaboration based on various CND resolutions and decisions, and the UNODC Early Warning Advisory on NPS. Note: The "1961 Convention" refers to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and the "1988 Convention" refers to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. "CND" refers to The Commission on Narcotic Drugs.

Fig. 4 (continued)

example, by China and India, in achieving effective and lasting solutions on the ground. The CND continues to encourage UNODC, INCB and WHO to enhance and strengthen international and regional cooperation to address the threats posed by the non-medical use of synthetic opioids. Heeding that call, UNODC launched an integrated strategy to coordinate the global response to the opioid crisis in 2018. To equip countries with the tools needed to apply the guidance of the UNODC

Opioid Strategy and tackle problems associated with synthetic drugs, the UN Toolkit on Synthetic Drugs was developed as a one-stop shop offering multidisciplinary resources from across multiple United Nations agencies and diverse fields of expertise on a single platform (<https://syntheticdrugs.unodc.org>). The UN Toolkit on Synthetic Drugs also supports countries to operationalize the Strategic Development Goals to achieve the *2030 Agenda for Sustainable Development*. The Toolkit promotes policies that ensure access to controlled medicines for those who need them while preventing their diversion, strengthen prevention and treatment programmes and support the establishment of forensic early warning systems to help identify the most prevalent, persistent and harmful substances (Goal 3, Good Health and Well-Being). The Toolkit supports the establishment of quality forensic services safeguarding human rights and the rule of law (Goal 16, Peace, Justice and Strong Institutions) while promoting gender-sensitive policies (Goal 5, Gender Equality) as well as environmentally safe chemical disposal plans and resources for the safe handling of substances (Goal 6, Clean Water and Sanitation; Goal 15, Life below Water; Goal 16, Life on Land). UNODC also fosters strategic partnerships to enhance international cooperation (Goal 17, Partnerships) by promoting the use of scientific and forensic data to inform international and national policy and decision-making processes.

Conclusion

The *Single Convention on Narcotic Drugs* of 1961 as amended by the 1972 Protocol, the *Convention on Psychotropic Substances* of 1971, the *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* of 1988 and other relevant international instruments constitute the cornerstones of the international drug control system. These three conventions continue to provide a flexible framework for addressing the drug problem within an approach based on the principle of shared responsibility. Their underlying principle of protecting the health and welfare of humankind; the mutually reinforcing treaty functions of the CND, WHO and INCB; and the support provided by UNODC to countries to address current and emerging threats continue to be relevant. The international response to the phenomenon of novel psychoactive substances and the related opioid crisis offers insights to the complexity of the work of the international drug control system in protecting the health and welfare of society at large, of which the sport community is an important member.

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