



STUDY GUIDE

UNITED NATIONS OFFICE ON DRUGS & CRIME

Beyond the Control List: Developing
Adaptive Frameworks to Counter Emerging
Synthetic Drugs and Precursor Chemical
Diversion.

31 Oct - 01 Nov 2026

LETTER FROM THE EXECUTIVE BOARD

Dear Delegates,

Welcome to the Sabarmati Model United Nations 2026. Most first-time delegates arrive at a drug control committee expecting to argue about whether prohibition works. That is a real debate and it is not this one. This committee is about a narrower and more technical problem, and the technical problem is where the actual harm is being done.

Here is the shape of it. For a century, drug control was built around agriculture. Opium, coca and cannabis needed land, a climate, a season and a farmer, and every one was a point at which the state could intervene. Eradicate the crop, buy out the farmer, interdict the harvest. The strategy had serious costs and it had a logic. Synthetic production has none of those pressure points. It needs a precursor chemical, someone with a chemistry degree or a good recipe, a room, and a way to ship a package. It is not seasonal, it does not depend on weather, and it can be relocated in a week.

And it has a defense the plant-based trade never had. When a substance is placed under international control, a producer changes one part of the molecule. The result is chemically distinct, therefore legally distinct, therefore uncontrolled, and on the market within weeks. Sometimes it is more potent than what it replaced, so the same package carries many more lethal doses. The control system, which takes months at minimum from detection to a vote in Vienna, is racing something that iterates in days.

Notice what your agenda asks of you. It does not ask whether the control list is failing. That question is settled by the arithmetic, and a speech establishing it will win you nothing because nobody in the room disagrees. Your agenda asks you to go beyond the list and build something that adapts. That is a design brief, and design briefs are harder than diagnoses, because a design has to specify who acts, on what signal, under what authority, with what expiry, and at whose cost.

Hold on to one word in your agenda: adaptive. A framework is adaptive if it responds to a substance nobody has yet invented without requiring a fresh negotiation each time one appears. That is a demanding standard, and most proposals fail it. Controlling a family of molecules rather than one at a time meets it, and places substances under criminal control before anyone has studied them, including substances that might have been medicines. Shifting control from the molecule to the transaction meets it too, and lands the burden on an industry that ships legitimate chemicals in enormous volume. There is no component without a cost, and if your framework pretends otherwise the room will find the gap.

We are looking forward to your work.

The Executive Board

INTRODUCTION TO THE COMMITTEE

Where are you sitting, and what can you actually do? Start with a correction about the identity of the body itself, because it is the most common error in committees like this one.

The United Nations Office on Drugs and Crime is a Secretariat entity in Vienna. It conducts research, publishes the World Drug Report, runs technical assistance programs and provides the secretariat for the treaty bodies. Staffed by international civil servants rather than member state representatives, it does not take votes, cannot schedule a substance and cannot adopt a resolution binding on anyone.

The intergovernmental body that decides is the Commission on Narcotic Drugs, established by Economic and Social Council resolution 9(I) of 16 February 1946. When a Model UN committee sits under the UNODC name and considers scheduling and precursor control, it is functionally operating as the Commission. This guide treats it that way. Refer to the Commission when speaking about decisions and to UNODC when speaking about research, monitoring and technical assistance. Getting that right in your first speech is worth more than most of what follows it.

Composition:

- **Fifty three member states**, elected by ECOSOC, with seats distributed among regional groups and a specified allocation reflecting the importance of producing and manufacturing states.
- **An annual regular session in Vienna**, with the sixty ninth session held from 9 to 13 March 2026, plus a reconvened session later in the year for budgetary and administrative matters.
- **Two expert bodies feed into it.** The World Health Organization's Expert Committee on Drug Dependence conducts the medical and scientific assessment under the 1961 and 1971 Conventions. The International Narcotics Control Board, thirteen independent experts, assesses precursor chemicals under the 1988 Convention.

The Decision Rules, which differ by treaty and which delegates constantly get wrong:

- **Under the Single Convention on Narcotic Drugs, 1961**, the Commission decides on WHO recommendations by a majority of its members.
- **Under the Convention on Psychotropic Substances, 1971**, a two thirds majority of the Commission's members is required.
- **Under the 1988 Convention against Illicit Traffic**, adding a chemical to Table I or Table II requires a two thirds majority, meaning at least thirty six of the fifty three members voting in favor.

Those thresholds are not trivia. A delegate who knows that a psychotropic scheduling needs thirty six votes while a narcotic scheduling needs twenty seven understands why some proposals fail and some pass, and can count a room.

What This Committee Cannot Do:

- **It cannot create a new treaty.** Amending or replacing the conventions requires a diplomatic conference and ratification by states. The Commission works within the three conventions as they exist.
- **It cannot schedule a substance the WHO has not assessed,** for substances falling under the 1961 and 1971 Conventions. The medical and scientific assessment is a treaty prerequisite, not a courtesy.
- **It cannot enforce anything.** There is no inspection power, sanction or penalty for non-compliance. The Board can report on compliance and call attention to failures, which is a reputational instrument rather than a coercive one.
- **It cannot direct national criminal law.** States implement scheduling through domestic legislation, and the timing and manner of that implementation is theirs.
- **It cannot resolve the legalization question.** Domestic regulatory choices about cannabis and other substances sit outside what this Commission decides, however much delegates want to argue about them.

Pro Tip: Your verbs are constrained by the instrument you invoke. The Commission may “decide to include” a substance in a schedule, “request the Board to,” “urge Member States to,” “invite the World Health Organization to,” and “request the Executive Director to, within available resources.” It may not “require” a state to legislate or “mandate” an inspection. If you cannot get a scheduling vote, the strongest tool available is a request to the Board or to UNODC to develop a mechanism and report back, because that creates machinery outliving the session.

INTRODUCTION TO THE AGENDA

What does it mean to go beyond a control list, and why is this Commission being asked to? Because the global opioid market has changed its basic structure, the control system was designed for the structure it is leaving behind, and listing substances one at a time is now a maintenance activity rather than a strategy.

Begin with the underlying shift. For most of the twentieth century, the international opioid problem was a heroin problem, and the heroin problem was an agricultural problem. Afghanistan produced the overwhelming majority of the world's illicit opium. That fact structured everything: alternative development programs, crop monitoring surveys, interdiction along known routes.

Following Afghanistan's 2022 ban on opium cultivation, illicit heroin production fell sharply. Output rose elsewhere, with Myanmar going from around 420 tonnes in 2021 to more than 1,000 tonnes in 2025 on UNODC's 2026 reporting, but Myanmar, Laos and Mexico together have not replaced the more than 6,000 tonnes Afghanistan produced in 2022. The gap did not close by markets shrinking. UNODC assesses that traffickers are turning to synthetic opioids, including fentanyl, nitazenes and orphines.

Why synthetics break the model:

- **No land, no season, no farmer.** Every traditional point of intervention disappears. There is no field to survey by satellite and no harvest to interdict.
- **Potency changes the logistics.** Synthetic opioids are active at very small doses, so a shipment small enough for a parcel service can carry an enormous number of doses, and volume-based interdiction becomes far less effective.
- **The molecule can be changed.** When a compound is scheduled, a producer alters its structure, producing a substance chemically and legally distinct, sometimes more potent, arriving before the control system has finished processing the old one.

That last point deserves a name, because you will use it repeatedly. The pattern of modifying a controlled substance to produce an uncontrolled analogue is the scheduling treadmill, and the substances produced are new psychoactive substances, meaning substances of abuse not controlled under the 1961 or 1971 Conventions but which may pose a public health threat.

The scale, as of the most recent reporting. UNODC's World Drug Report 2026 estimates 331 million people used drugs in 2024, or 6.2 per cent of those aged fifteen to sixty four, up from 5.2 per cent a decade earlier. Cannabis led at 256 million users, then opioids at 63 million,

amphetamines at 32 million, cocaine at 25 million and ecstasy at 21 million. Authorities identified 755 new psychoactive substances that year, 118 of them for the first time.

Read that last figure carefully, because it is the whole agenda in one number. One hundred and eighteen substances appeared for the first time in a single year, and the Commission placed three under international control in March 2026. That arithmetic does not show scheduling to be useless, since those three were scheduled for good reasons. It shows that scheduling one substance at a time cannot be the whole strategy.

Why now, specifically. The structural transition described above is now visible in the data rather than projected, nitazenes have spread across multiple regions, and serious analysts at institutions that historically defended the existing framework are arguing publicly that annual meetings in Vienna cannot keep pace and that new mechanisms or a new instrument may be required. That argument is on the table here, and it is a legitimate position rather than a fringe one.

What “beyond the control list” actually means. The list is not the enemy and your agenda does not ask you to abolish it. Scheduled substances remain scheduled and their obligations remain in force. Going beyond the list means recognizing that a list is a static instrument responding to a dynamic market, and adding around it the machinery a static instrument lacks. Think of the list as a photograph of a market taken once a year: accurate about the moment it was taken, silent about the moment you are in. Your framework is the question of what else the room needs besides photographs.

What makes a framework adaptive. This is the term your agenda turns on, so define it before you use it. A framework is adaptive if it can respond to a substance that does not yet exist without a fresh negotiation each time one appears. Four design features distinguish an adaptive framework from a list with better funding, and every serious proposal in this committee will contain at least two of them.

- **A trigger rather than a decision.** An adaptive instrument specifies in advance the condition that activates it, so that a defined signal, for example detection in a stated number of countries or association with a stated number of fatalities, starts a process automatically rather than waiting for a delegation to propose one.
- **A criterion rather than a name.** A list names substances. An adaptive instrument defines the property that brings a substance within scope, whether structural similarity to a controlled compound, convertibility into a controlled precursor in a stated number of synthetic steps, or the absence of any established legitimate use.
- **Provisional status with an expiry.** Adaptation requires the power to act on incomplete evidence, which is only politically acceptable if the action lapses. Temporary control that expires unless confirmed by full review lets a system move quickly without permanently criminalizing something on thin evidence.

- **Delegated authority with reporting back.** Nothing that requires the full Commission to convene can move faster than the Commission convenes. Adaptation means an expert body or a subsidiary mechanism can act between sessions and report afterward, which is a real transfer of sovereignty and will be contested as one.

Why precursor diversion is half of this agenda and not a footnote. A synthetic drug is a manufacturing output, and manufacturing needs inputs. Every finished substance here begins as an industrial chemical produced legitimately, sold legitimately, and diverted somewhere between the factory gate and the laboratory. Diversion is that moment, and it is the one point in the synthetic supply chain that still resembles the old agricultural chokepoints, because chemical plants are large, few, licensed and visible in a way that a room with glassware is not. It is also where control collides hardest with legitimate commerce, since the chemicals concerned trade in tens of thousands of tonnes for uses unrelated to drugs. A framework that controls finished substances and ignores their inputs has left the manufacturing capacity untouched, and market states will say so in the first session.

HISTORICAL BACKGROUND

How did we get here? Through three treaties written across twenty seven years, each solving the previous one's gap, and none of them written for a market that can redesign its product.

The architecture, 1961 to 1988.

- **The Single Convention on Narcotic Drugs, 1961**, as amended by the 1972 Protocol, consolidated earlier instruments and established the schedule system for narcotic drugs, primarily plant-derived substances and their derivatives. Its preamble records that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering, and that adequate provision must be made to ensure their availability. That sentence is the treaty's own recognition of the access problem, and delegates arguing against over-control should know it is there.
- **The Convention on Psychotropic Substances, 1971**, extended control to synthetic substances including stimulants, sedatives and hallucinogens. It exists because the 1961 Convention, built around plants, could not reach laboratory-made compounds.
- **The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988**, added the enforcement and cooperation layer and, critically for your agenda, established control of precursor chemicals through Tables I and II under article 12. It exists because controlling finished drugs proved insufficient once it became clear that the chemicals used to make them were traded legally.

Notice the pattern. Each treaty was written to close the gap the previous one left, and each took years to negotiate. The 1988 Convention is now nearly four decades old and it was drafted before the phenomenon of designer precursors, meaning chemicals specifically created to fall outside existing tables while converting easily into a controlled precursor.

The synthetic era begins, 1990 to 2010. Methamphetamine and MDMA markets expanded and precursor diversion became a central concern. Rather than waiting for new treaty text, the Board built operational tools: pre-export notification and communication platforms for reporting suspicious transactions and seizures, both described in Section 6. UNODC established the Global SMART Programme in 2008 to monitor emerging synthetic threats. These are the instruments your framework will most plausibly build on, because they exist already and require no treaty amendment.

The new psychoactive substance wave, 2008 to 2016. Detections of substances designed specifically to evade control accelerated sharply, and states responded domestically and divergently. Some enacted analogue provisions covering substances substantially similar in structure or effect to controlled ones. The United Kingdom prohibited supply by psychoactive effect rather than structure in 2016, and China controlled fentanyl-related substances as a class in 2019. Both are examined as case studies in Section 8, and between them they mark the outer limits of what national law has attempted where the international list fell short.

The precursor response, 2017 to 2026. International scheduling of fentanyl precursors began in 2017. As of May 2026, seven were under international control, and more than thirty fentanyl-related substances including precursors are controlled under the 1961 and 1988 Conventions. Each scheduling was followed by the appearance of alternative chemicals one or two synthetic steps further back, uncontrolled and often with substantial legitimate industrial uses.

The most recent cycle, 2025 to 2026. The World Health Organization's Expert Committee on Drug Dependence met from 20 to 22 October 2025 for its forty eighth session and recommended three substances for control. At its sixty ninth session, from 9 to 13 March 2026, the Commission placed all three under international control: the nitazene-type synthetic opioids N-pyrrolidino isotonitazene and N-desethyl etonitazene in Schedule I of the 1961 Convention, and the synthetic cannabinoid MDMB-FUBINACA in Schedule II of the 1971 Convention. It also adopted a resolution on strengthening early warning mechanisms for new synthetic drugs, new psychoactive substances and precursors including pre-precursors and designer precursors, and constituted an expert panel.

Look at the timeline that produced that outcome. N-desethyl etonitazene was first reported to UNODC's Early Warning Advisory in 2021. It was placed under international control in March 2026. Whatever your position in this committee, that interval is the fact you have to account for.

THE CURRENT SITUATION

What is actually true today? Six propositions, each stated with its basis, because on this agenda the numbers are the argument.

One. Use is at a record level and the composition is shifting. The 331 million figure cited in Section 3 measures past-year use of any substance in 2024, estimated from national surveys of varying quality and extrapolated. It is not a measure of dependence and it is not a measure of harm. Delegates who present it as either will be corrected.

Two. The detection rate vastly exceeds the scheduling rate. Against the 118 first-time detections in 2024, the Commission placed three substances under international control in March 2026. These numbers measure different things, since not every new substance warrants control and many disappear from markets quickly, and stating that difference honestly is what makes the comparison persuasive rather than glib.

Three. Nitazenes are the current focal threat. Nitazenes are synthetic opioids originally developed in the 1950s as alternatives to morphine and never approved for medical use because of the risk of respiratory depression. UNODC notes that some are far more potent than heroin. Twelve are currently under international control. Their spread is documented across Europe, North America and Oceania, and they appear in post-mortem toxicology.

Four. Precursor control is progressing and being outrun. The response of illicit manufacturers to each scheduling has consistently been to move upstream to pre-precursors and designer precursors, meaning chemicals that are not themselves controlled but that convert into a controlled precursor in one or two steps. Many have genuine industrial applications at very large volumes, which is why controlling them is not simply a matter of political will.

Five. The institutional cycle is annual, and the market is not. The Commission takes scheduling decisions at its regular session each March. The full sequence, meaning detection, reporting to the Early Warning Advisory, critical review by the WHO Expert Committee, recommendation, Commission vote, entry into force and national implementation, takes years. Analysts including at Brookings argued in March 2026 that a system in which governments meet once a year to consider new controls was designed for an earlier era and cannot keep pace, and that new cooperation mechanisms and more frequent opportunities to impose controls are required.

Six. The access problem has not gone away, and it will be raised against you. The International Narcotics Control Board has reported consistently for many years that consumption of opioid analgesics for pain relief is heavily concentrated in a small number of high-income countries, while many low- and middle-income countries have inadequate availability for palliative care and surgery. Measurement is contested, because consumption data are reported by states with varying completeness and because per capita defined daily dose comparisons are imperfect. But the direction of the finding is not seriously disputed, and it means that every control measure this committee proposes has a cost that falls on patients

somewhere. A delegate who acknowledges this before an opponent raises it is in a much stronger position than one who does not.

Three structural features to name in debate.

- **Dual use is the real constraint, not political will.** Many precursors and most pre-precursors have large legitimate markets in pharmaceuticals, agrochemicals, plastics and solvents. Controlling them imposes real costs on legitimate trade and medicine supply, which is why chemical-producing states resist and why that resistance is not simply obstruction.
- **The diversion point has moved from the border to the transaction.** When precursors were bulk industrial chemicals shipped in containers, customs was the control point. When they can be ordered in kilogram quantities online and shipped by parcel, the control point becomes the seller's decision to accept the customer. That is a compliance problem inside private companies, not a border problem.

Think of the scheduling system as a lock rather than a wall. A wall keeps things out. A lock keeps out anyone who does not have the key, and the key here is a molecular modification that any competent chemist can make. Adding more locks of the same design does not change who can open them. That is the case for a different design, and it is also, precisely, the case that critics of generic scheduling say leads to controlling the entire house.

Contested evidence you should know about. Whether scheduling reduces harm is genuinely disputed and both sides have real evidence. Supporters cite China's class-wide control of fentanyl-related substances, after which direct shipments of finished fentanyl to North America reportedly declined substantially. Critics note that the same episode shifted trade to precursors manufactured elsewhere and to production in third countries, relocating harm rather than reducing it, and that in several markets the replacement substances were more potent and therefore more lethal. Do not present either as settled. The position that survives cross-examination is that scheduling raises costs and shifts sourcing, and that whether it reduces net harm depends on what replaces the controlled substance.

LEGAL AND INSTITUTIONAL FRAMEWORK

What rules bind us? Three conventions, two expert bodies, one commission, and a set of operational mechanisms that do most of the actual work.

The conventions.

- **Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol.** Four schedules. Article 3 governs changes in the scope of control, on WHO recommendation, decided by the Commission. Its preamble records that medical use remains indispensable and that availability must be ensured.
- **Convention on Psychotropic Substances, 1971.** Four schedules covering synthetic substances. Article 2 governs scheduling, on WHO recommendation, and requires a two thirds majority of the Commission.
- **United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.** Article 12 governs precursor chemicals through Tables I and II, on the Board's assessment and recommendation, requiring a two thirds majority. Article 12 also specifies what the Board must consider: the extent, importance and diversity of licit use, the possibility and ease of using alternative substances, and whether the scale of illicit manufacture creates serious public health or social problems warranting international action. Read those criteria. They are the reason precursor scheduling is slow, and they are also your best material if you want to argue that a particular chemical should or should not be controlled.

The bodies.

- **The Commission on Narcotic Drugs**, established by ECOSOC resolution 9(I) of 16 February 1946, fifty three members, the policymaking body and the only organ that votes on scheduling.
- **The World Health Organization Expert Committee on Drug Dependence**, which conducts critical reviews and recommends scheduling under the 1961 and 1971 Conventions. Its forty eighth session was held from 20 to 22 October 2025.
- **The International Narcotics Control Board**, thirteen independent experts, monitoring treaty implementation, assessing precursors, publishing an annual report and a separate annual report on precursors, and operating the practical control mechanisms.
- **UNODC**, providing the secretariat, research and technical assistance, and operating the Early Warning Advisory and the Global SMART Programme established in 2008.

The operational mechanisms, which matter more than delegates assume. These exist now, require no treaty change, and are the realistic basis for most workable proposals.

- **Pre-export notification**, under which an exporting state notifies the importing state before a shipment of a scheduled chemical departs, allowing the importing state to verify legitimacy and stop the consignment.

- **Incident communication systems**, through which states report seizures, stopped shipments and suspicious transactions so that patterns can be identified across jurisdictions.
- **Voluntary cooperation with industry**, including the concept of a limited international special surveillance list of non-scheduled chemicals, which allows monitoring of substances that are not controlled but are known to be used in illicit manufacture.
- **The Early Warning Advisory**, through which national laboratories and forensic services report newly detected substances, which is the entry point for the entire scheduling pipeline.

Recent decisions you can cite by name. At its sixty ninth session the Commission adopted Decision 69/3 including MDMA-FUBINACA in Schedule II of the 1971 Convention, alongside decisions placing two nitazenes in Schedule I of the 1961 Convention, and Resolution 69/3 on strengthening early warning mechanisms to enable effective responses to the emergence of new synthetic drugs, new psychoactive substances and precursors including pre-precursors and designer precursors. Citing that resolution correctly is among the most useful things you can do here, because it is your own body's most recent statement on precisely this problem, and building on your own precedent is always stronger than proposing something from nothing.

The policy framework. The outcome document of the 2016 General Assembly special session on the world drug problem and the 2019 Ministerial Declaration together commit states to a balanced approach addressing both supply and demand, explicitly including availability of controlled substances for medical and scientific purposes.

Distinguish three things. What the conventions require, what the Board and UNODC recommend as good practice, and what individual states have enacted domestically. The conventions require control of listed substances and chemicals. They do not require generic scheduling, analogue provisions, or know-your-customer obligations on suppliers; those are national choices. A delegate who calls generic scheduling a treaty obligation will be corrected by any delegation whose law lacks it.

KEY STAKEHOLDERS AND BLOC POSITIONS

Who wants what, and who is your ally? The old producer-versus-consumer division still exists in the rhetoric of this committee, and it no longer describes the actual interests, because synthetic production has relocated the argument to chemical manufacturing and to pharmaceutical regulation.

Major Chemical and Pharmaceutical Manufacturing States

Core position: Precursor control must be proportionate and evidence-based. Chemicals with substantial legitimate use should not be scheduled over diversion representing a minute fraction of total trade, and the burden of vetting every customer cannot fall on manufacturers.

Stated justification: The criteria in article 12, paragraph 5 of the 1988 Convention, which expressly require the Board to weigh the extent, importance and diversity of licit use before recommending control.

Actual interest: Protecting a large legitimate export industry from compliance costs and reputational association with illicit markets, and resisting any framework making manufacturers liable for the downstream conduct of purchasers.

Fracture line: These states have domestic drug problems and regulators pressing for control. Several have taken significant unilateral scheduling action while resisting international obligations that would be harder to modulate.

States with Severe Synthetic Opioid Mortality

Core position: The current pace of international control is inadequate to a public health emergency. Generic or class-wide scheduling, faster procedures, and supply-chain obligations on chemical exporters are required.

Stated justification: The scale and speed of overdose mortality, and the demonstrated inability of substance-by-substance scheduling to keep ahead of structural modification.

Actual interest: Reducing domestic mortality, and shifting attention from domestic demand and prescribing history toward external supply, which is politically easier at home.

Fracture line: These states are frequently the same states criticized for the pharmaceutical prescribing practices that created the demand, and that history will be raised against them. It is a fair point and it does not answer the current emergency, which is the response to make.

Traditional Producer and Transit States

Core position: The framework has historically imposed eradication and interdiction burdens on producing and transit states while consuming markets did comparatively little on demand. Any new obligation should be accompanied by resources.

Stated justification: Common and shared responsibility, a principle expressly recognized in the 2016 outcome document and the 2019 Ministerial Declaration.

Actual interest: Technical assistance, equipment and laboratory capacity, and avoidance of new reporting obligations that exceed current administrative capability.

Fracture line: Some states in this group are now significant synthetic manufacturing locations rather than agricultural producers, which changes their interest considerably and does not always change their rhetoric.

States Prioritizing Access to Controlled Medicines

Core position: Every additional control has a cost in reduced availability of essential medicines, and that cost falls disproportionately on countries with weak regulatory systems and limited pharmaceutical supply chains.

Stated justification: The preamble to the 1961 Convention, the Board's own repeated findings on inadequate availability, and the balanced approach commitment in the 2019 Ministerial Declaration.

Actual interest: Ensuring that morphine and other essential controlled medicines remain obtainable, and avoiding regulatory requirements their systems cannot administer.

Fracture line: This is a genuine and under-represented position rather than a tactical one, and a delegation that takes it seriously will find allies across every regional group. It is also, occasionally, invoked instrumentally by states resisting control for other reasons, and delegates should be able to tell the difference.

States Emphasizing Demand Reduction and Public Health

Core position: Supply control alone has never reduced availability durably, and resources should be directed to treatment, harm reduction and overdose response alongside any control measures.

Stated justification: The balanced approach in the agreed policy framework, and evidence on the effectiveness of treatment access.

Actual interest: Domestic public health policy autonomy and international endorsement of approaches that are contested in some other delegations' domestic politics.

Fracture line: Harm reduction terminology remains contested in this Commission and language on it has been negotiated hard in past sessions. Delegates should know that this is a drafting battle, not merely a policy disagreement.

Actors Outside the Room Who Shape the Outcome

- **The chemical industry.** Trade associations argue that vetting every buyer is impossible at the scale of global chemical commerce, and that voluntary cooperation with the Board has worked better than mandates would.
- **The pharmaceutical sector.** Concerned with the effect of scheduling on research and on the supply of legitimate medicines, and with the possibility that a class-wide control captures compounds under investigation.
- **Forensic laboratories and national early warning systems.** The entire scheduling pipeline begins with a laboratory identifying an unknown compound. Capacity here is very unevenly distributed and is the least glamorous and most consequential thing your resolution could fund.
- **Postal and express parcel operators.** Given that potency has moved the trade into small parcels, these operators are now a central control point, and advance electronic data on shipments is one of the practical instruments available.

If your country is not covered above, find six things before you write. First, is your state a party to all three conventions, and does it maintain reservations? Second, is your state a significant manufacturer or exporter of chemicals or pharmaceuticals? Third, does your national law contain generic or analogue scheduling provisions? Fourth, does your state operate a national early warning system and forensic laboratory capacity that reports to UNODC? Fifth, what is your state's position on availability of controlled medicines, and what does the Board's most recent report say about your consumption levels? Sixth, has your delegation sponsored or co-sponsored recent Commission resolutions. Those six answers will give you a defensible position on every clause.

CASE STUDIES

What has been tried, and what happened? Four cases, each testing a different mechanism.

China's class-wide control of fentanyl-related substances, 2019. Rather than scheduling compounds individually, China placed the entire class of fentanyl-related substances under domestic control. Reporting indicates that direct shipments of finished fentanyl to North America declined substantially afterward. It is also widely observed that the trade shifted toward precursor chemicals supplied to manufacturers elsewhere. Draw the correct lesson: class-wide control works, in the sense that it stopped the specific activity it targeted, and control moves activity rather than eliminating demand. Both halves of that sentence are true and a delegate who states only one will be answered with the other.

The United Kingdom's blanket approach, 2016. Legislation prohibited the supply of any substance capable of producing a psychoactive effect, subject to a list of exemptions including alcohol, tobacco, caffeine and medicines. This eliminates the treadmill entirely by defining the offence by effect rather than by structure. Assessments of its impact are mixed and contested: head shops selling these substances closed, while critics point to displacement into other markets and to definitional difficulties in proving psychoactivity. Its relevance here is as the outer limit of the generic approach, and as an illustration of the objection that a definition broad enough to catch everything catches things nobody intended.

Precursor scheduling and the move upstream, 2017 to 2026. International control of fentanyl precursors began in 2017, and seven were controlled as of May 2026. The consistent pattern after each scheduling has been substitution with pre-precursors and designer precursors one or two synthetic steps further back, many with substantial legitimate uses. This is the clearest available demonstration that the treadmill operates on chemicals just as it does on finished drugs, and it is the strongest argument for either generic control of precursor families or for a transaction-level rather than substance-level approach.

The 2026 scheduling round as a study in timing. N-desethyl etonitazene was first reported to the Early Warning Advisory in 2021 and had been identified in ten countries by assessment. N-pyrrolidino isotonitazene was first reported in 2023 or 2024 depending on the source, in eleven countries. WHO reviewed both in October 2025 and the Commission voted five months later. Present this neutrally: the system worked as designed, and the interval between first detection and international control was still measured in years. Every proposal here is ultimately a proposal about that interval.

POSSIBLE SOLUTIONS AND APPROACHES

What could this Commission actually build? Six named components. Treat these as parts you assemble rather than options you pick, because your agenda asks for a framework and a framework is more than one instrument. Each component is a real position, each has a cost, and no single one of them is a complete answer.

- **Generic-Scheduling.** Control entire families of substances defined by core chemical structure rather than individual compounds, with a carve-out procedure for substances subsequently shown to have therapeutic value. *Strength:* it is the only mechanism that operates faster than a chemist can modify a molecule, and it collapses the treadmill. *Weakness:* it places under criminal control compounds nobody has ever synthesized or studied, including potential medicines, and defining a family precisely enough to be legally workable is genuinely difficult. It also raises legality concerns in states whose criminal law requires that prohibited conduct be defined in advance with precision.
- **Speed-Reform.** Keep substance-by-substance control and shorten the pipeline: interim or provisional control pending full review, an additional scheduling opportunity during the year, and expedited critical review for substances associated with fatalities. *Strength:* it works entirely within the existing conventions and does not require any state to accept a new principle. *Weakness:* even a dramatically faster process takes months, and the modification takes days, so this narrows the gap without closing it.
- **Transaction-Control.** Shift from controlling substances to controlling the transaction: know-your-customer obligations on suppliers, mandatory reporting of suspicious orders, licensing of purchasers of listed non-scheduled chemicals, and advance electronic data on parcels. *Strength:* it is indifferent to which molecule is sold, so the treadmill does not defeat it. *Weakness:* it burdens legitimate industry, requires regulatory capacity many states lack, and manufacturing states will resist it strongly.
- **Capacity-First.** Direct resources to forensic laboratory capacity, national early warning systems, toxicological surveillance and reporting to the Early Warning Advisory, particularly where detection is weak. *Strength:* the whole system depends on detection, and it is the easiest thing for this Commission to agree on. *Weakness:* it improves knowledge rather than control, and needs funding that resolutions frequently promise and rarely deliver.
- **Balanced-Access.** Pair any new control measures with binding attention to availability of controlled medicines: a requirement that scheduling decisions assess therapeutic impact, and support for national regulatory systems to ensure supply for pain relief and palliative care. *Strength:* it addresses the strongest objection to control in advance, and it broadens your coalition to include delegations that would otherwise abstain. *Weakness:* it does nothing about the synthetic market by itself, and it can be used to slow control measures indefinitely.
- **Precursor-Architecture.** Address diversion on its own terms rather than as an appendix to substance control: group-based control of precursor families defined by

convertibility, an internationally maintained watch list of non-scheduled chemicals of concern carrying reporting rather than licensing obligations, universal use of pre-export notification, and legally mandated suspicious transaction reporting by manufacturers. *Strength*: it targets the one chokepoint in the synthetic supply chain that is still physical, licensed and visible, and the watch list tier lets states act on chemicals that could never satisfy the article 12, paragraph 5 threshold for full control. *Weakness*: it reaches deep into legitimate industrial commerce, the volumes involved are enormous, and the chemicals furthest upstream are the ones with the largest licit markets and therefore the weakest case for control.

Think of these six as a circuit rather than a menu. Detection is the sensor, assessment is the processor, control is the switch, and access safeguards are the fuse that stops the whole thing burning out something you needed. A resolution that installs a faster switch and no sensor has built nothing, because a substance nobody has identified cannot be controlled by any procedure however quick.

Assembling them into a framework. Your agenda asks for an adaptive framework, so your text needs to specify how the components interact, not merely list them. Three assembly questions decide whether you have a framework or a wish list. First, what is the entry point: which component receives the signal that a new substance or chemical has appeared, and what obligation does receiving it create? Second, what is the escalation path: how does something move from watch list to provisional control to full scheduling, and what evidentiary threshold does each step require? Third, what is the exit: what causes a substance to leave the framework, whether through expiry of a provisional measure, a therapeutic exemption, or delisting on review. Frameworks without exits accumulate obligations indefinitely, and delegations that have to implement them know this.

Pro Tip: The resolutions that pass in this Commission almost always pair one control measure with one capacity or access measure, because that combination lets manufacturing states and health-focused states both find something to vote for. Speed-Reform combined with Capacity-First is the most achievable pairing. Generic-Scheduling or Precursor-Architecture combined with Balanced-Access is the more ambitious one, and it is the one worth attempting if your bloc can hold the votes.

BUILDING EFFECTIVE ARGUMENTS

How do you actually speak in this room? Build a chain in which each link earns the next, and finish on something that could be an operative paragraph.

Consider this chain of reasoning:

1. International control of a substance requires detection, WHO critical review, a Commission recommendation and a vote at an annual session
2. That sequence has taken years in recent cases, including substances first reported in 2021 and controlled in 2026
3. Producing an uncontrolled analogue requires a structural modification a competent chemist can make in days
4. So each individual scheduling decision, however correct, arrives after the market has already moved
5. Therefore substance-by-substance control cannot by itself constrain supply, and this Commission needs an instrument that operates on a criterion rather than a name, so that a substance falls within scope on the day it appears rather than on the day it is listed

That argument ends in a clause somebody has to vote on. Saying that synthetic drugs are a growing threat requiring international cooperation ends in agreement and nothing else.

Here is a second chain, for delegates arguing against expansive control:

1. Article 12, paragraph 5 of the 1988 Convention requires the Board to weigh the extent, importance and diversity of licit use before recommending control of a chemical
2. Most precursors and nearly all pre-precursors have large legitimate industrial and pharmaceutical markets
3. Controlling a chemical raises its cost and administrative burden for every legitimate user, including medicine manufacturers
4. The Board has reported for years that availability of controlled medicines for pain relief is already inadequate across much of the world
5. So a control measure adopted to reduce harm in one set of countries can increase suffering in another
6. Therefore the treaty's own criteria require an assessment of therapeutic and industrial impact, and a resolution that omits it is not a balanced approach but a supply-side measure with an unexamined cost

Three habits that make a speech land.

- **Name the substance and the date.** Not “new drugs keep appearing” but “N-desethyl etonitazene was first reported to the Early Warning Advisory in 2021 and was placed under international control in March 2026.” The specific version is unanswerable. The general version invites a general reply.

- **State the measurement basis every time.** The figure of 331 million is past-year use of any substance in 2024, estimated from national surveys. The figure of 755 is substances identified in a year, not new substances. A delegate who volunteers those distinctions is treated as reliable on everything else they say.
- **Concede the strongest opposing point early.** If you favor control, say plainly that every control measure has a cost in medicine availability and that the Board has documented the access problem for years. If you oppose expansive control, say plainly that overdose mortality from nitazenes is real and rising. You cannot be ambushed with a fact you introduced yourself.

Seed these terms and use them precisely: new psychoactive substance, precursor, pre-precursor, designer precursor, diversion, generic or class-wide scheduling, criterion-based scope, provisional or temporary control, sunset clause, delegated authority, watch list, critical review, pre-export notification, and the access gap, which is the term used for the disparity in availability of controlled medicines between high-income and lower-income countries.

ADDRESSING COUNTER-ARGUMENTS

What happens when someone attacks your position? Five objections you will actually face. None is weak.

Counter: “Scheduling accomplishes nothing. You control one molecule and three appear. You are chasing chemistry with paperwork.”

Frequently made and partly right. You might respond by proposing:

- Distinguishing between eliminating a substance and raising the cost of supplying it, since control does make sourcing harder and more expensive even where it does not stop it
- Pointing out that this is an argument for changing the unit of control, meaning families or transactions, rather than for abandoning control
- Accepting the premise entirely and building your resolution around detection capacity and transaction-level obligations, which are not defeated by structural modification

Counter: “Generic scheduling criminalizes molecules nobody has ever synthesized, including compounds that might have been medicines. That is not law, it is prohibition by anticipation.”

The most serious objection to the most effective mechanism, and it has real legal weight in states requiring precision in criminal definitions. You might respond by proposing:

- A carve-out and review procedure allowing a substance within a controlled family to be exempted on evidence of therapeutic value, with a defined timeline
- Limiting class-wide control to families where every known member is both psychoactive and without recognized therapeutic use, which is arguably the case for some nitazene structures
- Distinguishing control of supply for non-medical purposes from criminalization of research and manufacture under license, which are separable

Counter: “This is a demand problem. Our chemicals do not create addiction; consumption in wealthy markets does. Fix your own prescribing and treatment systems.”

Politically potent and empirically grounded, particularly given the prescribing history behind some opioid markets. You might respond by proposing:

- Invoking common and shared responsibility, which is the agreed framework language and which cuts in both directions rather than only one
- Including substantive demand reduction and treatment provisions in your text, which converts the objection into a shared clause
- Noting that the argument, if accepted fully, would also dissolve the 1988 Convention’s precursor regime, which the objecting state is a party to

Counter: “Our chemical industry ships to tens of thousands of customers. We cannot vet every buyer, and know-your-customer obligations will strangle legitimate trade and raise the cost of medicines.”

Practically serious. You might respond by proposing:

- Risk-based rather than universal obligations, focused on listed chemicals, defined quantity thresholds and specified destinations
- Building on the existing voluntary mechanisms, including the surveillance list and incident reporting, rather than creating a parallel mandatory regime
- Offering technical assistance and a phase-in period, and noting that comparable obligations already operate in financial services without ending banking

Counter: “Every new control makes it harder for a hospital in a low-income country to obtain morphine. You are trading pain relief for a marginal effect on illicit supply.”

The access argument, and the Board’s own reporting supports it. You might respond by proposing:

- A requirement that any scheduling decision be accompanied by an assessment of therapeutic impact and, where relevant, mitigation measures
- Support for national regulatory capacity so that estimates and requirements systems function properly, since much of the access gap is administrative rather than legal
- Accepting the point and pairing your control measures explicitly with availability measures, which is both principled and the fastest route to a wider coalition

QUESTIONS YOUR RESOLUTION MUST ANSWER

What has to be in the document? Your agenda asks for a framework, so your text is judged on whether it specifies a working mechanism, not on whether it covers the topic. A resolution that leaves any of these open will be dismantled during the question period.

- **What is the unit of control you are proposing?** Individual substances, defined chemical families, listed transactions, or none of these. Everything else in the resolution follows from this answer.
- **Who assesses, and against what criteria?** The WHO Expert Committee, the Board, a new expert panel, or national authorities. If you are proposing a faster procedure, say who is doing the assessing faster and with what resources.
- **What happens to substances later shown to have therapeutic value?** If your text has no exemption route, you have adopted the strongest objection to generic scheduling as a feature.
- **What obligations fall on private actors, and on whom exactly?** Manufacturers, distributors, online marketplaces, freight forwarders, parcel operators. Name them, and say whether the obligation is to verify, to report, or to refuse.
- **How is detection capacity addressed?** Laboratory capacity, national early warning systems, toxicological reporting, and who funds it.
- **How is availability of controlled medicines protected?** If your resolution is silent on this, a bloc of delegations will read the silence as an answer.
- **What is the reporting and review cycle?** A request to the Board or to UNODC to report to a specified future session is the mechanism that keeps a resolution alive after the session ends.
- **What triggers your framework without a vote?** This is the question your agenda is actually asking. Name the signal, whether detection in a stated number of states, association with fatalities, or a Board finding on convertibility, and name what that signal automatically sets in motion. If every step in your text requires a fresh decision by the Commission, you have proposed a faster list, not an adaptive framework.
- **What expires, and when?** Many delegations will accept temporary control pending full review that would never accept permanent control on the same evidence, and this is often where a text finds its majority. Any authority to act on incomplete evidence needs a sunset, so state the duration of provisional measures and what happens on expiry if review is unfinished.
- **Who exercises authority between sessions, and how is it constrained?** Delegated authority is what makes adaptation possible and it is the concession delegations find hardest. If your text delegates, say to whom, within what limits, and with what reporting back.
- **How does your framework treat a chemical that is not a precursor yet?** Pre-precursors and designer precursors are the live edge of this agenda. Say whether your text reaches them, on what definition, and whether the obligation attached is reporting, licensing or prohibition, because those three are not interchangeable and manufacturing states will hold you to the difference.

Modelling a Clause

A preambular paragraph:

“Recalling its resolution 69/3 on strengthening early warning mechanisms consisting of monitoring and assessment systems to enable effective responses to the emergence of new synthetic drugs, new psychoactive substances and precursors, including pre-precursors and designer precursors,”

Consider what this is doing. It anchors the text in the Commission’s own decision from March 2026, which means no delegation can argue that the subject is outside the Commission’s current work program. It imports the vocabulary of pre-precursors and designer precursors from an already-adopted text, so you do not have to negotiate those terms in your operative section, where definitions become battlegrounds. And because it is your own body’s resolution, adopted this year, it is the least contestable foundation available.

An operative paragraph:

“Requests the International Narcotics Control Board, in cooperation with the United Nations Office on Drugs and Crime and within available resources, to examine the feasibility of applying control measures to defined groups of closely related chemical substances used in the illicit manufacture of synthetic opioids, taking into account the criteria set out in article 12, paragraph 5 of the 1988 Convention, including the extent and diversity of licit use, and to report to the Commission at its seventy-first session;”

Take it apart. “Requests the Board” addresses an actor the Commission works with routinely, so nobody can object on competence grounds. “Within available resources” removes the budgetary objection, which kills more paragraphs than substantive disagreement does. “Examine the feasibility” is deliberately a study rather than a decision, which allows manufacturing states that would vote against control to vote for information. Naming article 12, paragraph 5 and the licit use criterion is the concession that brings those states with you, and it costs you nothing because the Board is required to apply those criteria anyway. “Defined groups of closely related chemical substances” gets the concept of family-based control into a Commission document without using the contested term. And naming a session creates a deadline, which creates a report, which creates the basis for the resolution somebody writes next year.

Now the weak version: “Calls upon Member States to strengthen international cooperation to address the threat posed by synthetic drugs.” Every delegation votes for it, nothing is examined, no report is produced, and the Commission returns next March to the same discussion. If your paragraph could be adopted without a single delegation reading past the first line, it is not doing any work.

RESEARCH AND PREPARATION GUIDELINES

Where do you look? The primary sources here are exceptionally good, and the secondary commentary on drug policy is exceptionally polarized. Weight your preparation accordingly.

Start with the treaty articles that matter. Article 3 of the 1961 Convention, article 2 of the 1971 Convention, and article 12 of the 1988 Convention. Article 12, paragraph 5 in particular sets out the criteria the Board must apply to precursors, and it is the single most useful paragraph in this agenda for a delegate on either side of the control debate.

Then the Commission's own recent output. The report of the sixty ninth session, held from 9 to 13 March 2026, contains the decisions and resolutions adopted, including the scheduling decisions and the resolution on early warning mechanisms. Quoting your own body's most recent decisions is the most reliable move available in this committee.

Then the data. The World Drug Report 2026, published by UNODC, with its methodological annex, which tells you what each estimate measures and how it was produced. The Board's annual report and its separate annual report on precursors and chemicals frequently used in illicit manufacture. The reports of the WHO Expert Committee on Drug Dependence, which contain the critical reviews and explain why each substance was or was not recommended for control.

Then your own country's position. National statements at Commission sessions are published. Whether your state has generic or analogue provisions in domestic law is answerable from your national drug legislation. The Board's reports contain country-level data on consumption of controlled medicines, which tells you where your state sits on the access question.

What to avoid.

- **Advocacy material presented as data**, from any direction. Prohibitionist and legalization-focused organizations alike publish figures selected to support a conclusion. Use their underlying sources.
- **Potency comparisons without a basis.** Statements that a substance is a specific multiple of the potency of heroin depend heavily on the measure used and the study cited. Say "reported to be considerably more potent" unless you have the source.
- **Overdose statistics from one country presented as global.** National overdose data vary enormously in definition and completeness, and are not comparable across jurisdictions without care.
- **Any claim about synthesis routes or production methods.** This does not belong in a study guide or a committee speech, and a delegate who volunteers it is being both unnecessary and irresponsible. Argue about control mechanisms, not chemistry.

Pro Tip: Build a fact sheet with no more than eight numbers, each with its source, its year and what precisely it measures, and one treaty article you can paraphrase accurately. That is more than most of the room will have and it is all you will actually be able to deploy under pressure.

POSITION PAPER FRAMEWORK

How do you write the paper? One page, three parts, and no opening about the scourge of narcotics.

Paragraph one, your country's situation. Is your state a chemical or pharmaceutical manufacturer, a transit country, a market with significant synthetic opioid mortality, a state with limited access to controlled medicines, or some combination? Name one specific fact: a national early warning system, a piece of domestic scheduling legislation, a laboratory network, an export licensing regime. Specificity is what distinguishes a paper that was researched from one that was assembled from the agenda description.

Paragraph two, your legal and institutional position. Which conventions your state is party to, whether your national law uses generic or analogue scheduling, and how you read article 12, paragraph 5 of the 1988 Convention. State clearly whether you accept class-wide control in principle, because every position you take afterward depends on that answer.

Paragraph three, what you propose. Two or three measures, each with an addressee and a mechanism, written as language that could survive into an operative paragraph. Not “enhanced international cooperation” but “a request to the Board to examine the feasibility of group-based control of specified precursor families, reporting to the seventy-first session.”

Close with a line on your flexibility. In a Commission that works by negotiated consensus far more often than by contested vote, the delegations that say where they can move are the delegations that end up in the sponsors' group.

SIMULATION SCENARIOS

What might get thrown at you mid-session? The Executive Board may introduce developments during committee. These are illustrative categories rather than predictions.

- **A new substance is detected in multiple regions.** A previously unreported compound appears simultaneously in several countries and is associated with fatalities. The committee will have to decide whether its proposed mechanism can respond to something detected this week, or whether it has designed a process that would place this substance under control in 2029.
- **A precursor is scheduled and substitution follows.** A chemical the committee has been discussing is placed under control, and within the scenario timeline suppliers move to a pre-precursor with a very large legitimate market. This tests directly whether your text controls substances or transactions.
- **An access crisis is reported.** A region reports shortages of morphine for palliative care attributed in part to administrative requirements and supply chain caution. Delegations that drafted control measures with no availability provision will be asked to defend the omission in front of delegations that warned them.
- **A major state acts unilaterally.** A state announces class-wide domestic control of a substance family, or conversely announces that it will not implement a recent scheduling decision. Either forces the committee to confront the fact that international scheduling depends entirely on national implementation.
- **A provisional control is about to expire with the review incomplete.** A substance placed under temporary control by the mechanism the committee designed is approaching its sunset date, and the assessment that would confirm or lift the measure has not been completed. This is the scenario that tests whether your framework is genuinely adaptive or merely permissive, because the honest answer is that the control lapses, and delegations that wrote a sunset without a contingency will be asked what happens on the day after.

Pro Tip: When an update lands, resist rewriting your draft from scratch. Show that the mechanism you already proposed would have applied, and if it would not have, amend it openly and say why. In this committee, a delegation that visibly adjusts its own text in response to evidence gains more standing than one that defends an unchanged draft, because the entire agenda is about a system that failed to adapt.

BIBLIOGRAPHY AND FURTHER READING

What should you cite? These are the sources that will hold up when a chair asks for your basis.

Treaties:

- Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, particularly the preamble and article 3
- Convention on Psychotropic Substances, 1971, particularly article 2
- United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, particularly article 12
- ECOSOC resolution 9(I) of 16 February 1946, establishing the Commission on Narcotic Drugs

Commission and expert body documents:

- Report of the Commission on Narcotic Drugs on its sixty ninth session, 9 to 13 March 2026, including Decision 69/3 and Resolution 69/3
- World Health Organization Expert Committee on Drug Dependence, report of the forty eighth session, October 2025
- International Narcotics Control Board, annual report and annual report on precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances

Data and analysis:

- UNODC, World Drug Report 2026, including the methodological annex
- UNODC Early Warning Advisory on new psychoactive substances, and Global SMART Programme publications
- Brookings Institution analysis, March 2026, on whether synthetic drug threats require a new international instrument

Policy framework:

- Outcome document of the 2016 special session of the General Assembly on the world drug problem
- Ministerial Declaration of 2019 on strengthening actions at the national, regional and international levels to accelerate implementation of joint commitments

FINAL NOTE FOR DELEGATES

Two habits will distinguish a strong delegate in this committee.

The first is holding two true things at once. Control measures raise the cost of illicit supply and they reduce the availability of medicines. Class-wide scheduling is the only mechanism fast enough and it criminalizes compounds nobody has examined. Producing states are right that demand drives this market and consuming states are right that supply is not merely a passive response to it. Delegates who pick one half of each pair and defend it for three sessions will find themselves unable to build a coalition, because every other delegation in the room can see the half they left out. Delegates who state both halves and then argue about which should govern the decision are the ones who end up drafting.

The second is precision about time. Almost every argument in this committee is ultimately an argument about an interval: between a substance appearing and a laboratory identifying it, between identification and critical review, between review and a vote, between a vote and national implementation. Delegates who can say how long each of those steps currently takes, and whose proposal names which one it shortens, are proposing something. Delegates who call for enhanced cooperation are describing a mood. The whole agenda lives in the gap between how fast the chemistry moves and how fast the institutions do, and the resolution that closes some part of that gap, however small, will be the one that matters.

A closing word on what your agenda is asking. Going beyond the control list is not a slogan against scheduling, and a delegate who treats it as one will spend three sessions attacking an instrument nobody is defending in isolation. It is an instruction to build the machinery that a list cannot contain: a trigger, a criterion, an expiry and a delegated hand. Judge every draft in front of you, including your own, by one test. If a substance nobody has yet synthesized appeared tomorrow in four countries, what does this text do about it, and does anything happen without the Commission meeting again? A framework answers that question. A resolution that merely deplores the problem does not.

That is the whole job. Do it carefully.

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