Ref: NCR 2/1/8 S/F(23) Pt.2

LEGISLATIVE COUNCIL BRIEF

Dangerous Drugs Ordinance
(Chapter 134)

DANGEROUS DRUGS ORDINANCE (AMENDMENT OF FIRST SCHEDULE) ORDER 2022

Control of Chemicals Ordinance
(Chapter 145)

CONTROL OF CHEMICALS ORDINANCE (AMENDMENT OF SCHEDULE 2) ORDER 2022

INTRODUCTION

At the meeting of the Executive Council on 11 October 2022, the Council ADVISED and the Chief Executive ORDERED that the Dangerous Drugs Ordinance (Amendment of First Schedule) Order 2022, at **Annex A**, should be made under section 50(1) of the Dangerous Drugs Ordinance (Cap. 134) ("DDO"), to –

A

(a) impose control on ten substances, namely, brorphine, cannabidiol ("CBD"), clonazolam, CUMYL-PEGACLONE, diclazepam, diphenidine, flubromazolam, isotonitazene, MDMB-4en-PINACA, and metonitazene; and

(b) rectify textual inaccuracies regarding the names of substances specified in seven items under the First Schedule to DDO.

2. On 17 October 2022, the Secretary of Security made the Control of Chemicals Ordinance (Amendment of Schedule 2) Order 2022, at **Annex B**, under section 18A(1) of the Control of Chemicals Ordinance (Cap. 145) ("CCO"), to impose control on three precursor chemicals, namely, 4-anilinopiperidine, tert-butyl 4-(phenylamino)piperidine-1-carboxylate, and norfentanyl.

B

JUSTIFICATIONS

3. The growing predominance of psychotropic substance abuse and the continuous emergence of new drugs and precursor chemicals pose challenges to legislative control and law enforcement globally. The Government has been vigilant in closely monitoring drug trends in and outside Hong Kong and take timely action to bring new drugs and precursor chemicals under legislative control. As a regular exercise, the Government has from time to time proposed amendments to DDO and CCO to include new dangerous drugs and precursor chemicals under statutory control, having regard to a host of relevant factors, including international control requirements, the uses and harmful effects of the substances, severity of abuse in the local and overseas contexts, advice of the Action Committee Against Narcotics ("ACAN") and relevant authorities, etc. This is to ensure that law enforcement agencies in Hong Kong could respond effectively to the latest drug scene.

Ten Dangerous Drugs

Nine Substances under International Control

4. At the 64th and 65th Session of the United Nations Commission on Narcotic Drugs ("UNCND") held in April 2021 and March 2022 respectively, Member States adopted the recommendation by the World Health Organisation ("WHO") to place 11 dangerous drugs under international control. Among them, 3-methoxyphencyclidine and Eutylone are already controlled under DDO in Hong Kong. For the remaining nine substances (i.e. the ten substances mentioned in paragraph 1(a), except CBD), they have not yet been controlled under the law as dangerous drugs. The adverse effects as elaborated in the 43rd and 44th reports of the WHO Expert Committee on Drug Dependence published in 2021 and 2022 are detailed at **Annex C**.

C

5. Currently, all of the abovementioned nine substances are not controlled under DDO. All of them have no known medical use nor therapeutic application. There is also no registered pharmaceutical product containing any of them in Hong Kong. There is no record of any death attributing to these nine substances in Hong Kong during the past five years. As regards trade declarations, there is no record of import and export of these substances found over the past five years.

Control on CBD in Hong Kong

6. CBD products have been gaining popularity in Hong Kong in recent years. They come in different forms (such as skin care products, edible oils, coffee powder, health supplements) and often claim to provide some health benefits (such as soothing eczema symptoms and reducing stress) that lacks authoritative scientific proof. CBD and tetrahydrocannabinol ("THC") are cannabinoids found naturally in the cannabis plant. THC is psychoactive and is under international control and the First Schedule to DDO. On the other

hand, the chemistry of CBD is complex and the related scientific findings are evolving. CBD, in its pure form, is not psychoactive and is not associated with abuse potential. However, according to the scientific advice of the Government Laboratory ("GL"), where CBD is extracted from cannabis, it is very difficult to isolate pure CBD from cannabis, and it would not be practical to completely remove THC impurities from CBD isolates. There is also a risk of contamination by THC during the production process. It is nearly inevitable that CBD products manufactured from CBD isolates contain certain levels of THC, even though at trace levels or levels below the detection limits of various analytical methods.

7. Moreover, since the chemical structures of CBD and THC are similar, CBD may naturally convert into THC. According to GL, water and carbon dioxide in air may act as a catalyst for the conversion. Therefore, where CBD products are not protected against air and moisture (e.g. by opening of lid), conversion of CBD to THC may take place even under normal storage conditions.

8. CBD can also be purposely converted into THC. Scientific literature has reported that CBD may be converted to THC with a very high yield through chemical processes. Some research have even reported that the conversion is possible in the household kitchen environment under simple process and harnessing commonly available acidic materials. GL's in-house experiment on the same has produced similar results, with the yield of conversion of CBD to THC up to 60%. In addition, it was reported in scientific literature that CBD added to e-cigarettes may be converted to THC, among other cannabinoids, during smoking.

9. CBD has thus far not been listed as a substance controlled under international conventions. Most countries allow it to be traded and consumed. CBD is also currently not controlled under DDO and CCO in Hong Kong.

10. On pharmaceutical use, CBD has been approved by some overseas jurisdictions for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients. Since 13 December 2019, pharmaceutical product containing CBD has been regulated as poison (i.e. prescription-only medicine) under Schedule 1, Schedule 3 and Part 1 of Schedule 10 to the Pharmacy and Poisons Regulations (Cap. 138A) and can only be supplied by registered medical practitioners, registered dentists, registered veterinary surgeons or sold by a registered pharmacy under the supervision of a pharmacist in accordance with a prescription issued by a registered medical practitioner, registered dentist or registered veterinary surgeon in Hong Kong. Any products that fulfil the definition of pharmaceutical products under the Pharmacy and Poisons Ordinance ("PPO") (Cap. 138) must satisfy the relevant criteria of safety, quality and efficacy and be registered with the Pharmacy and Poisons Board before they can be sold or distributed in Hong Kong. So far, there has not been any pharmaceutical products containing CBD registered in Hong Kong.

11. Since the import of CBD, other than pharmaceutical products containing CBD, is basically unregulated, there is currently no requirement for traders to declare products that might contain CBD. Hence, there is no basis to estimate the actual market size of CBD in Hong Kong.

Rectification of inaccuracies in legal text

12. We have identified inaccuracies in the names of substances specified in seven items in the legal text of the First Schedule to DDO. These inaccuracies involve mistakes in Chinese characters and inconsistent names used for the same substances in different paragraphs of the First Schedule. To ensure accuracy of the text of DDO, there is a need to rectify those inaccuracies and we take this opportunity to do so by amending the law. Details of the inaccuracies are set out in sections 3(3), (6), (12), (13), (14), (16) and (17) of the Dangerous Drugs Ordinance (Amendment of First Schedule) Order 2022, at **Annex A**. The amendments do not affect the control already imposed on the six substances specified in these items.

Three Precursor Chemicals

13. At the 65th Session of UNCND mentioned in paragraph 4 above, Member States also adopted the International Narcotics Control Board [1] ("INCB")'s recommendation to place three chemicals, namely, 4-anilinopiperidine, tert-butyl 4-(phenylamino)piperidine-1-carboxylate, and norfentanyl under international control. These three chemicals are frequently used and very suitable precursors for the illicit manufacture of fentanyl and a number of fentanyl analogues. INCB considers that international control of those chemicals is required to limit their availability to traffickers.

14. Currently, 4-anilinopiperidine, tert-butyl 4-(phenylamino)piperidine-1-carboxylate, and norfentanyl are not controlled under CCO. There is no registered pharmaceutical product containing or made from these precursor chemicals in Hong Kong. As regards trade declarations, there is no record of import and export of these precursor chemicals over the past five years.

[1] INCB is an independent monitoring body established under the United Nations since 1968 for the implementation of the United Nations international drug control conventions, namely the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. One of its functions is to assess chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

THE PROPOSALS

Ten Dangerous Drugs

15. We propose to amend Part I of the First Schedule to DDO to impose control on brorphine, CBD, clonazolam, CUMYL-PEGACLONE, diclazepam, diphenidine, flubromazolam, isotonitazene, MDMB-4en-PINACA, and metonitazene.

Rectification of inaccuracies in legal text

16. We propose to amend Parts I and III of the First Schedule to DDO to rectify textual inaccuracies regarding the names of six substances already under control.

Three Precursor Chemicals

17. We also propose to amend Schedule 2 to CCO to impose control on 4-anilinopiperidine, tert-butyl 4-(phenylamino)piperidine-1-carboxylate, and norfentanyl.

LEGISLATIVE TIMETABLE

18. The Orders would be considered by the Legislative Council (LegCo) by negative vetting. The detailed legislative timetable is as follows –

Gazettal of the Orders	21 October 2022
Tabling at the LegCo for negative vetting	26 October 2022
Commencement date of the Orders (except for control on CBD under DDO)	16 December 2022
Commencement date of the control on CBD (i.e. to provide around a three-month period for the disposal of CBD products by the trade and the public, see paragraph 24)	1 February 2023

IMPLICATIONS OF THE PROPOSALS

19. The proposals are in conformity with the Basic Law, including the provisions concerning human rights. They will not affect the current binding effect of DDO and CCO. They have no productivity, environmental or gender implications. The proposals are also in line with the sustainability principle of pursuing policies which protect the health of the people of Hong

Kong. Apart from inflicting health damage to the abuser, drug abuse is also often found to have a profound impact on an abuser's family. This would help prevent possible family problems and tension that may be aroused by drug-abusing family members. The additional workload and financial implications arising from the implementation of the proposals are expected to be minimal and any additional requirements will be absorbed by the relevant bureaux and departments with existing resources.

20. From the economic perspective, the proposal will affect the transshipment of CBD products via Hong Kong. To facilitate the transshipment business for Hong Kong's logistics industry, the current arrangement under section 14 in DDO on the transit of dangerous drugs will be applicable where appropriate. If a dangerous drug is not listed as a controlled substance under international conventions but included in DDO (e.g. CBD), DH will exercise its related licensing power on a case-by-case basis.

PUBLIC CONSULTATION

21. We consulted ACAN, which supported the proposed control. We also consulted the LegCo Panel on Security on the proposed control on 7 June 2022 and 5 July 2022. There were no adverse comments.

22. The relevant trades, including holders of licences under DDO, CCO and PPO were consulted on the legislative proposals on amending DDO and CCO in August 2021, April 2022, June 2022, and July 2022. In general, there have not been major objections to our proposals. Nevertheless, there have been some concerns over the control of CBD. However, we consider that our proposals have by and large addressed these concerns. The details of the views received during the consultation are set out at **Annex D**.

D

PUBLICITY

23. The Dangerous Drugs Ordinance (Amendment of First Schedule) Order 2022 and the Control of Chemicals Ordinance (Amendment of Schedule 2) Order 2022 will be published in the Gazette on 21 October 2022. A press release has been issued on 20 October 2022. A spokesperson will be available for answering media enquiries.

24. For CBD, given that CBD consumer products are currently available in Hong Kong and have a lower risk of being abused as compared with other nine substances, the amendment concerning CBD will come into operation on a later date (i.e. 1 February 2023) so that the trade and the public will have a reasonable period to handle their CBD products. Security Bureau will engage contractor(s) to place disposal boxes at selected Government premises to facilitate the disposal of CBD products during that period. We will

also enhance the publicity and public education on the control of CBD, including publicity targeting arrival passengers.

BACKGROUND

25. Under DDO, substances included in Part I of the First Schedule are dangerous drugs and are subject to the control of a licensing scheme administered by the Department of Health ("DH"). The manufacture, import, export and supply of these substances will require respective licences issued by DH. Trafficking and manufacturing of the substances in contravention of DDO will be subject to a maximum penalty of life imprisonment and a fine of $5 million. Possession and consumption of the substances in contravention of DDO will be subject to a maximum penalty of seven years' imprisonment and a fine of $1 million.

26. Under CCO, substances included in Schedule 2 are subject to the control of a licensing scheme administered by the Customs and Excise Department. It is an offence for a person to have in his/her possession, manufacture, transport or distribute these substances for the unlawful production of dangerous drugs; or import or export these substances not under and in accordance with a licence. The maximum penalty is imprisonment for 15 years and a fine of $1 million.

ENQUIRIES

27. Any enquiries concerning this brief can be directed to the following officer –

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Tel. No.: 2867 5220

Narcotics Division
Security Bureau
October 2022

Dangerous Drugs Ordinance (Amendment of First Schedule) Order 2022

(Made by the Chief Executive under section 50(1) of the Dangerous Drugs Ordinance (Cap. 134) after consultation with the Executive Council)

1. Commencement

(1) Subject to subsection (2), this Order comes into operation on 16 December 2022.

(2) Section 3(2) comes into operation on 1 February 2023.

2. Dangerous Drugs Ordinance amended

The Dangerous Drugs Ordinance (Cap. 134) is amended as set out in section 3.

3. First Schedule amended

(1) First Schedule, Part I, paragraph 1(a), after item "Bromazepam (溴西泮)"—

Add

"Brorphine (溴啡)".

(2) First Schedule, Part I, paragraph 1(a), after item "Camazepam (卡馬西泮)"—

Add

"Cannabidiol (大麻二酚)".

(3) First Schedule, Part I, paragraph 1(a), item "Clobazam (氯巴詹)"—

Repeal

"詹"

Substitute

"占".

(4) First Schedule, Part I, paragraph 1(a), after item "Clonazepam (氯硝西泮)"—

Add

"Clonazolam (氯氮唑侖)".

(5) First Schedule, Part I, paragraph 1(a), after item "Diazepam (安定)"—

Add

"Diclazepam (二氯西泮)".

(6) First Schedule, Part I, paragraph 1(a), item "Difenoxin (氰苯哌酸氰)"—

Repeal

"酸氰"

Substitute

"酸".

(7) First Schedule, Part I, paragraph 1(a), after item "Dioxaphetyl butyrate (嗎苯丁酯)"—

Add

"Diphenidine (二苯基乙基哌啶)".

(8) First Schedule, Part I, paragraph 1(a), after item "Flualprazolam (氟阿普唑侖)"—

Add

"Flubromazolam (氟溴唑侖)".

(9) First Schedule, Part I, paragraph 1(a), after item "Isomethadone (異美沙酮)"—

Add

"Isotonitazene (異硝氮烯)".

(10) First Schedule, Part I, paragraph 1(a), after item "Methyl N-{[1-(cyclohexylmethyl)-1H-indol-3-yl]carbonyl}-3-methylvalinate (N-{[1-(環己基甲基)-1H-吲哚-3-基]羰基}-3-甲基纈氨酸甲酯)"—

Add

"Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate (3,3-二甲基-2-(1-(戊-4-烯-1-基)-1H-吲唑-3-甲酰基)丁酸甲酯)".

(11) First Schedule, Part I, paragraph 1(a), after item "Methyl phenidate (哌醋甲酯)"—

Add

"Metonitazene (甲硝苯)".

(12) First Schedule, Part I, paragraph 1(a)—

Repeal item "Nicocodine (6-烟鹼可待因(菸鹼可待因))"

Substitute

"Nicocodine (6-nicocodine) (菸鹼可待因(6-煙鹼可待因))".

(13) First Schedule, Part I, paragraph 1(a), item "Nicomorphine (3,6-dinicotinoyl-morphine) (3，6 二烟酰吗啡(菸鹼吗啡))"—

Repeal

"3，6 二烟"

Substitute

"3,6 二煙".

(14) First Schedule, Part I, paragraph 1(a), item "Zipeprol (雙苯呱丙醇)"—

Repeal

"呱"

Substitute

"哌".

(15) First Schedule, Part I, paragraph 1(a), after item "4-Methylthioamphetamine (4-甲硫苯丙胺(4-甲硫安非他明))"—

Add

"5-Pentyl-2-(2-phenylpropan-2-yl)-2,5-dihydro-1H-pyrido[4,3-b]indol-1-one (5-戊基-2-(2-苯基丙-2-基)-2,5-二氫-1H-吡啶[4,3-b]吲哚-1-酮)".

(16) First Schedule, Part III, paragraph 19, item "Ethylmorphine (3-ethylmorphine) (乙基嗎啡)", after "乙基嗎啡"—

Add

"(3-乙基嗎啡)".

(17) First Schedule, Part III, paragraph 19, item "Nicocodine (菸鹼可待因)"—

Repeal

"(菸鹼可待因)"

Substitute

"(6-nicocodine) (菸鹼可待因(6-煙鹼可待因))".

Chief Executive

14 OCT 2022

Explanatory Note

This Order amends Part I of the First Schedule to the Dangerous Drugs Ordinance (Cap. 134) to—

(a) bring 9 substances into the regulatory regime under the Ordinance as from 16 December 2022; and

(b) bring Cannabidiol into the regulatory regime under the Ordinance as from 1 February 2023.

2. The Order also amends Parts I and III of that Schedule to make technical amendments in respect of the names of substances specified in 7 items in those Parts.

Control of Chemicals Ordinance (Amendment of Schedule 2) Order 2022

(Made by the Secretary for Security under section 18A(1) of the Control of Chemicals Ordinance (Cap. 145))

1. Commencement

This Order comes into operation on 16 December 2022.

2. Control of Chemicals Ordinance amended

The Control of Chemicals Ordinance (Cap. 145) is amended as set out in section 3.

3. Schedule 2 amended

Schedule 2—

Add

"25. 4-Anilinopiperidine (4-苯胺基哌啶) (*)

26. Norfentanyl (去甲芬太尼) (*)

27. Tert-butyl 4-(phenylamino)piperidine-1-carboxylate (4-苯胺基哌啶-1-羧酸叔丁酯) (*)".

Secretary for Security

2022

17th October 2022

Explanatory Note

This Order amends Schedule 2 to the Control of Chemicals Ordinance (Cap. 145) in order to impose control on the following substances and their salts (whenever the existence of such salts is possible) (***new controlled chemicals***)—

(a) 4-Anilinopiperidine;

(b) Norfentanyl;

(c) Tert-butyl 4-(phenylamino)piperidine-1-carboxylate.

2. The new controlled chemicals can be used in the manufacture of fentanyl and certain fentanyl analogues, which are dangerous drugs specified in Part I of the First Schedule to the Dangerous Drugs Ordinance (Cap. 134).

Annex C

Adverse effects of the nine substances to be put under the control of the Dangerous Drugs Ordinance (Cap. 134) in 2022

(a) **Brorphine:** brorphine is a full agonist at the μ-opioid receptor, with greater potency than morphine [1] and less potency than fentanyl [2]. It has analgesic effects that are reversed by an opioid antagonist and, based on its mechanism of action, it would be expected to produce other serious opioid adverse effects such as respiratory depression and sedation;

(b) **Clonazolam, Diclazepam and Flubromazolam:** they are chemically related to benzodiazepine [3]. Frequently reported adverse effects of clonazolam include drowsiness / lethargy, slurred speech, tachycardia, loss of motor control, amnesia, respiratory depression and unconsciousness. Clonazolam use has been confirmed in cases of impaired driving in other countries. As regards diclazepam, the reported clinical symptoms of abusing it include tachycardia, agitation, fever, sweating and obtundation. For flubromazolam, it is a highly potent benzodiazepine with long lasting depressant effects. Frequently reported adverse effects include rapid development of tolerance, panic attacks, dissociative symptoms, perceptual distortions, cramping, vomiting and seizures, etc. The United Nations Office on Drugs and Crime identified some 120 reports involving this substance with 103 cases involved impaired driving;

(c) **CUMYL-PEGACLONE and MDMB-4en-PINACA [4]:** they are synthetic cannabinoids which affect the central nervous system and have higher potency than that of tetrahydrocannabinol [5]. For CUMYL-PEGACLONE, the reported clinical symptoms of abusing the substance

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1 Morphine is a dangerous drug controlled under the First Schedule to the Dangerous Drugs Ordinance (Cap. 134) ("DDO").

2 Fentanyl, which is an opioid analgesic, is a dangerous drug controlled under the First Schedule to DDO and Schedule 10 (Poisons List) to the Pharmacy and Poisons Regulations (Cap. 138A).

3 Certain benzodiazepines, such as etizolam, flualprazolam, midazolam and triazolam are dangerous drugs controlled under the First Schedule to DDO.

4 Their respective chemical names are: 5-pentyl-2-(2-phenylpropan-2-yl)-2,5-dihydro-1H-pyrido[4,3-b]indol-1-one, and methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate.

5 Tetrahydrocannabinol, a major psychoactive cannabinoid available in cannabis, is controlled under the First Schedule to DDO.

include euphoria, dissociation, red eyes, dry mouth, appetite stimulation, and seizure. As regards MDMB-4en-PINACA, the reported adverse effects include memory loss, confusion, agitation, sedation and stimulation;

(d) **Diphenidine:** diphenidine is a dissociative and hallucinogenic substance similar to ketamine [6] but with higher potency of inhibition. Diphenidine can lead to hypertension, tachycardia, hallucinations, depersonalisation, delusions, paranoia, dissociation, confusion, nystagmus and muscle rigidity. At higher doses, acute intoxication can lead to emergency department admissions or even death;

(e) **Isotonitazene**: isotonitazene belongs to the 2-benzybenzimidazole group of compounds originally developed as opioid analgesics. This group of compounds also includes the closely related homologues etonitazene and clonitazene [7]. It is likely to lead to adverse effects commonly reported for other opioid analgesics such as incoordination, dizziness, drowsiness, mental confusion, sedation and profound intoxication. Case histories and autopsy findings in other places relating to this substance showed similarities to those reported for use of traditional opioids, including heroin; and

(f) **Metonitazene:** metonitazene belongs to the 2-benzylbenzimidazole group of opioid compounds. Metonitazene is a potent opioid analgesic with a rapid onset of action and greater potency than fentanyl and hydromorphone [8]. Early clinical research demonstrated that metonitazene produces analgesia and typical opioid adverse effects including sedation, respiratory depression, nausea, and vomiting.

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6 Ketamine is a dangerous drug controlled under the First Schedule to DDO.

7 Both etonitazene and clonitazene are dangerous drugs controlled under the First Schedule to DDO.

8 Hydromorphone is a dangerous drug controlled under the First Schedule to DDO.

Annex D

Consultation on Proposed Control on Cannabidiol in Hong Kong

- The Narcotics Division ("ND") of the Security Bureau consulted industry stakeholders on the proposed control on cannabidiol ("CBD") in Hong Kong by inviting their written submission from 8 June to 14 July 2022. ND also held an online briefing session on controlling CBD by legislation on 27 June 2022. More than 100 representatives from the medical, social welfare, education, logistics, industrial and commercial sectors, as well as parents registered to join the session and most of the attendees did not object to the proposal.

- The ND has so far received nine written submissions. Six of them indicated support to some form of control of CBD for the benefit of public health and safety and three of them did not support. Among the six supportive submissions, some of them have also raised the suggestion or request for the exemption of transhipment of CBD products from the requirements in the Dangerous Drugs Ordinance (Cap. 134) ("DDO"). One submission suggested that the use of CBD products by medical, pharmaceutical and scientific professionals should still be allowed.

- Regarding the three submissions that did not support the control of CBD, they opposed to the control of CBD on the ground that it would impact on animal welfare and veterinary research or they expressed doubts on the reasoning and scientific researches for controlling CBD as a dangerous drug.

- Our proposal of controlling CBD by legislation remains unchanged after taking into account the above comments received during the consultation. On the medical and pharmaceutical aspect, pharmaceutical products containing CBD has since 13 December 2019 been classified as poison under Schedule 1, Schedule 3, and Part 1 of Schedule 10 and regulated as prescription-only medicine under the Pharmacy and Poisons Regulations (Cap. 138A) and hence pharmaceutical products containing CBD can be supplied by registered medical practitioners, registered dentists or registered veterinary surgeons or sold by a registered pharmacy under the supervision of a pharmacist in accordance with a prescription issued by a registered medical practitioner, registered dentist or registered veterinary surgeon. Furthermore, section 22 of DDO stipulates the statutory authority for certain persons to possess, supply or manufacture dangerous drugs for medicinal, research, or instruction (by university or approved institution) purpose. It follows that the proposal of controlling CBD under DDO will not affect the current mechanism to allow the research related to cannabis compounds as well as the registration and use of CBD pharmaceutical products.

- We do not agree to the suggestion of establishing a testing system to check

the level of tetrahydrocannabinol ("THC") (or other dangerous drugs) in individual CBD products and hence the need for their control under DDO. Internationally, there has been no standard practice on whether and how the use of CBD in different non-pharmaceutical products such as food, supplements, cosmetics and skin care products should be regulated. Given the latest scientific advice on the presence of THC in CBD products through decomposition or conversion, and the need to stem the supply of THC, controlling CBD under DDO is the most appropriate and clear-cut option suitable for the local situation. In this case, the introduction of a testing system cannot adequately protect public health.

- As set out in paragraphs 6-8 of the Legislative Council Brief, CBD products would very likely contain THC according to scientific evidence, and THC is regulated as a dangerous drug in Hong Kong and under international control. As regards the transit of CBD products in Hong Kong, the current arrangement under section 14 in DDO will be applicable in appropriate cases. In short, the transit of a dangerous drug in Hong Kong, including the removal of such during the transit, may be allowed subject to the issue of licence by Department of Health ("DH"), taking into account amongst others the accompanying export authorisation issued by a competent authority of the exporting country. If a dangerous drug is not listed as a controlled substance under international conventions, DH will exercise its licensing power on a case-by-case basis.

- Apart from the legislative proposal, some supporters also raised concerns about the disposal of CBD products prior to the commencement of the legislation. ND is spearheading efforts to roll out dedicated publicity on the control of CBD products by legislation, and will allow about three months after the gazettal of the Order for affected parties to properly handle their CBD products.

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