

# WHO EXPERT COMMITTEE ON DRUG DEPENDENCE

Thirty-third Report



*This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization*

**WHO Technical Report Series**

**915**

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**World Health Organization**

**Geneva 2003**

WHO Library Cataloguing-in-Publication Data

WHO Expert Committee on Drug Dependence (2002 : Geneva, Switzerland)

WHO Expert Committee on Drug Dependence : thirty-third report.

(WHO technical report series ; 915)

1.Psychotropic drugs — classification 2.Psychotropic drugs — pharmacology 3.Drug and narcotic control 4.Treaties 5.Guidelines I.Title II.Series.

ISBN 92 4 120915 1  
ISSN 0512-3054

(NLM classification: WM 270)

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**Typeset in Hong Kong  
Printed in Singapore**

# Contents

1. Introduction	1
2. Scheduling criteria	1
3. Critical review of psychoactive substances	4
3.1 Critical review	4
3.2 Amfepramone (INN)	4
3.3 Amineptine (INN)	6
3.4 Buprenorphine (INN)	7
3.5 <i>Delta</i> -9-tetrahydrocannabinol	10
3.6 Tramadol (INN)	12
4. Pre-review of psychoactive substances	14
4.1 Ketamine (INN)	15
4.2 Zaleplon (INN)	15
4.3 Zopiclone (INN)	16
4.4 Butorphanol (INN)	16
4.5 Oripavine	17
4.6 Khat	18
5. Terminology used in reporting abuse-related adverse drug reactions	19
6. Other matters	20
Acknowledgements	20
References	20
Annex	
Terminology used in reporting abuse-related adverse drug reactions	21

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Geneva, 17–20 September 2002

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## 1. **Introduction**

The WHO Expert Committee on Drug Dependence met in Geneva from 17 to 20 September 2002. The meeting was opened by Dr L. Rågo, Coordinator, Quality Assurance and Safety: Medicines, who emphasized the significant role this Committee has played in the implementation of the international drug control system based on the existing drug control conventions. As a specialized agency of the United Nations system, WHO is responsible for conducting the medical and scientific evaluation of dependence-producing drugs and makes recommendations to the Commission on Narcotic Drugs of the United Nations concerning the level of international control to be applied to them. As WHO has the sole responsibility for this function, no drug can be controlled internationally without first being evaluated by WHO. The WHO Expert Committee on Drug Dependence has been entrusted with the task of evaluating such drugs since WHO was founded in 1948. Dr Rågo stressed the importance of balancing the need for preventing diversion of therapeutic substances with abuse potential by means of appropriate controls against the need for ensuring access to these drugs for therapeutic use.

## 2. **Scheduling criteria**

In order to ensure consistency in the review process, WHO has developed a formal procedure for its review of dependence-producing psychoactive substances. This procedure has been updated as the need has arisen. The current review procedure follows the guidelines (hereinafter referred to as “the Guidelines”) that were adopted by the Executive Board of WHO in 2000 (1).

The scheduling criteria described in the Guidelines are based on the relevant provisions of the international drug control conventions and additional guiding principles worked out by this Committee at previous meetings. In essence, similarity in terms of abuse and ill effects to drugs already controlled is the criterion applied to narcotic drugs. In accordance with the 1961 Single Convention on Narcotic Drugs (hereinafter referred to as “the 1961 Convention” (2)), the Expert Committee, when deciding whether to recommend international control, first determines whether the substance under review has morphine-like, cocaine-like, or cannabis-like effects or is convertible into a scheduled substance having such effects. If so, the Committee then determines if the substance is liable to similar abuse and produces similar ill effects to the substances in Schedule I or Schedule II, or

confirms that it is convertible into a substance already in one of these Schedules.

However, no specific guidance is given in the Guidelines as to how similar to the original drug a substance must be for it to be considered as morphine-like, cocaine-like or cannabis-like. The lack of specific guidance on this matter poses considerable difficulty for the Committee when the drug under review has some similarity for example to both a narcotic drug and a psychotropic substance, because the scheduling criteria in the 1971 Convention on Psychotropic Substances (3) (hereinafter referred to as “the 1971 Convention”) also includes a similarity rule. The decision as to whether to control analgesic and stimulant drugs under the 1961 or 1971 Convention is a major problem. Most potent analgesics are controlled under the 1961 Convention, but a few are controlled as psychotropic substances under the 1971 Convention. Of the stimulants of the central nervous system, cocaine is under the 1961 Convention, whereas amphetamines are under the 1971 Convention. Thus, the criteria for choosing between the two Conventions are ambiguous for these classes of drug.

There are two levels of scheduling criteria for psychotropic substances. At the first level, in addition to similarity to scheduled substances, dependence liability, together with psychotropic effects is an optional criterion. In applying this criterion, it is necessary to confirm that the substance in question has dependence liability and can produce “central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function, thinking, behaviour, perception or mood”. This criterion has enabled the scheduling of new types of dependence-producing psychotropic substances that are not similar to substances already scheduled. However, the scheduling criteria for psychotropic substances, unlike those for narcotic drugs, have an additional requirement for “evidence that the substance is being or is likely to be abused so as to constitute a significant public health and social problem warranting the placing of the substance

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