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REPORT OF AN AD HOC CONSULTATION ON ACTION CONCERNING THE "UNCONTROLLED AMPHETAMINES"

Geneva, 17 March 1984

1. Welcome address and introductory remarks

Dr Norman Sartorius offered the greetings of Dr Mahler, Director-General of the World Health Organization and the Secretariat, and provided background information about the meeting. The meeting was called in view of Resolution E/CN.7/1984/L.4 at the Eighth Special Session of the United Nations Commission on Narcotic Drugs in February 1984 which urged WHO:

> "to select any of those amphetamine-like drugs for which data has been collected and which represent the most serious social and health consequences and to review those substances immediately, in accordance with resolution 2(S-VII) and consistent with the principles of the new review procedures of the WHO (EB73R11), and make its findings available to the next regular session of the Commission".

It is also WHO's responsibility under the treaties, to continuously examine any indications of abuse of substances and consequent public health problems. The Consultation was to help WHO in the performance of this function, review the available information on uncontrolled amphetamines and provide advice to the Director-General concerning possible need for immediate action. All the uncontrolled amphetamines will be subject of full review by the PPWG and ECDD in 1985. The list of substances considered for the discussion appears in Annex 2.

The consultative nature of the Committee's responsibilities and two possible actions that could be taken by the Director-General were discussed. First, a recommendation for international control could be made to the Director-General. This would have to be based upon adequate information on completeness and qualities consistent with the principles of the new procedures on the dependence liability and the public health and social problems associated with the substance, upon sufficient evidence of actually increasing harm and public health problems, supporting urgency for action. Second, if neither of these two conditions was satisfied, no recommendations would be submitted at this time. The substances would be reviewed in great detail within one year, regardless of whether a notification was submitted. The Director-General might also be advised to indicate, in his communication with Member States, hazards associated with the use and abuse of these substances which then may serve as a warning for the responsible authorities.

The Group had the following information before it:

1. Note for the Record. Correspondence between Degussa Phama Gruppe and Dr I. Khan
2. Note from Committee on Problems of Drug Dependence, United States of America
3. Review of Uncontrolled Amphetamines for Provisional International Control (MNH/PAD/84.10), Dr M. C. Gerald
4. INTERPOL Report - Status of Fenetylline (February 1984)
5. United Nations Division of Narcotic Drugs Report (MNAR/1984/4)
6. Summary of Substance List. Report from the Government of Canada, Mr J. G. LeCavalier

7. Phenethylamines. Report from National Institute on Drug Abuse, USA, Dr J. Cooper

8. Gutachten über 30 Substanzen der Amphetamin- Reihe, Dr W. Keup (1984)

2. Report by INTERPOL

The INTERPOL report emphasized the status of fenetylline (captagone) on the illicit drug market. Seizures of captagone were reported from 13 countries mostly in the Middle and Near East with the volume of seizures increasing from 2.08 million units in 1981 to more than 11.87 million in 1983. Data were not available on other listed substances because information collection was suspended by INTERPOL in January 1984 following notice of cancellation of the 9th Review of Psychoactive Substances meeting. In the discussions which followed, the need for collecting and presenting comparative data on the illicit traffic in scheduled substances of the same class was noted.

3. Report by the United Nations Division of Narcotic Drugs (UNDND)

The report from UNDND summarized responses from 45 Member States, which listed isolated cases of abuse and seizures of a number of the listed substances.

In the discussion which followed, two fundamental issues were examined. Data obtained from specific States, by different collecting agencies (INTERPOL, UNDND, etc.), during the same time period, may differ significantly. Information was, for example, submitted to INTERPOL on fenetylline from Jordan, Lebanon and Saudi Arabia but not to UNDND. In addition, dissimilar data appear to result from different sources of information within the Member States providing data and because different meanings are ascribed to terms (e.g., "abuse"). To improve the comparability of the data collected among States, the need to define precisely the terms used was noted.

4. Pharmacological data

Amphetamine-like drugs were classified into two general categories: hallucinogens and stimulants; the pharmacological profile of amphetamines share either one or both of these properties to some extent. These properties are very relevant to predicting the abuse liability of such substances and their ill-effects. The epidemiological data on the public health and social problems associated with the use of these substances would appear to be more applicable in assessing them for international control than do laboratory data. At present, while limited data on these substances are available, active research is currently being conducted in these areas, and useful results may be available in the near future.

5. Reports from countries

A report from Canada was presented in which the 28 uncontrolled amphetamines were classified into three groups: marketed substances (16); unmarketed substances with potential medical use (2); and drugs with no known medical use(10). The last category of substances has been associated with reports of abuse, toxic reactions, and possible deaths. The need for a more comprehensive review of all the substances was emphasized and attention was drawn to the hazards produced by dimethoxybromoamphetamine (DOB) and methylenedioxyamphetamine (MDA), namely, their abuse and the adverse reactions and toxicity associated with their use.

A NIDA (USA) report summarized the existing control status of these substances in the United States; of the listed substances, 8 are in Schedule I of the Controlled Substances Act. While no urgent problems exist at present in the United States, of all the substances MDA and DOB appeared to be worthy of consideration for international control. No abuse problem has been reported with fenetylline in the United States of America, although some quantities of the substance have been seized in illicit transit.

In the report from the Federal Republic of Germany, fenetylline was emphasized as constituting a major public health and social problem. In addition, some problems are also associated with the non-medical use of cathine.

The availability of the listed substances in Brazil was reviewed and fencamfamine and pyrovalerone were observed to be creating some problems.

6. Discussions and conclusions

6.1 It was unanimously agreed that a more comprehensive data base would be required by the Expert Committee to critically evaluate the listed substances and make recommendations on their international control, based upon the newly developed "Guidelines for the WHO Programme for the Review of Psychoactive Substances for International Control".

6.2 From among the 28 substances listed, dimethoxybromoamphetamine (DOB) and methylenedioxyamphetamine (MDA) have been observed to be associated with causing public health and social problems in a number of WHO Member States, and it was recommended that the Director-General should prepare a notification for international control in Schedule I of the Convention on Psychotropic Substances.

In the case of the hallucinogen, MDA, which has no known medical use, reports indicate that there is evidence of abuse, toxicity and substance-related deaths in Australia, Canada, Sweden, the United Kingdom, and the United States of America. The presence of MDA in the illicit drug market, evidenced by seizure data, illicit traffic and the discovery of clandestine manufacturing laboratories in a number of countries, including the United States of America further illustrate the magnitude of the problem this substance presents.

The hallucinogen DOB has no medically accepted use and has been reported to be associated with toxicity, morbidity and mortality. Seizure incidents have also been reported from some countries, including Australia, Sweden, the United Kingdom and the United States of America.

6.3 The committee further suggested that this report be submitted to the Director-General together with its recommendations about WHO notifications to the Secretary-General of the United Nations. It was unanimously agreed that all 28 listed substances, including DOB and MDA, be formally reviewed by the next Expert Committee on Drug Dependence, in accordance with the new procedures.

ANNEX 1

LIST OF PARTICIPANTS

1. Dr Smail Bouzer,* Deputy Director of Pharmacy, Ministry of Public Health, Algiers, Algeria

2. Dr V. M. Bulaev, Deputy Chief, Department for the Introduction of New Drugs and Medical Technology, Ministry of Health of the USSR, Rahmanovskij per. 3, 1011431 CSP Moscow N-51, USSR

3. Professor E. A. Carlini, Department of Psychobiology, Paulista School of Medicine, Rue Botucata 862 - 10, Andar 040233, Sao Paulo SP, Brazil

4. Dr W. Keup, Professor of Psychiatry, Jos-Schauer-Strasse 10, 8039 Puchheim, Federal Republic of Germany

5. Dr Jacques G. LeCavalier, Director, Bureau of Dangerous Drugs, Health Protection Branch, Ottawa, Canada

6. Dr O. Ogunremi, Faculty of Health Sciences, University of Ilorin, P.M.B. 1515, Ilorin, Nigeria (Rapporteur)

7. Professor Bror Rexed, Thomas Heftyes Gate 14C, Oslo 2, Norway (Chairman)

8. Dr C. R. Schuster, Director, Drug Dependence Research Centre, Department of Psychiatry, University of Chicago, 5841 S. Maryland Avenue, Chicago, Illinois 60637, United States of America

9. Dr T. Yanagita, Director, Preclinical Research Laboratories, Central Institute for Experimental Animals, Kawasaki, Japan

REPRESENTATIVES OF OTHER ORGANIZATIONS

United Nations Division of Narcotic Drugs

Mr P. K. Bailey, Chief, Treaty Implementation and Commission Secretariat Section, United Nations Division of Narcotic Drugs, Vienna International Centre, Vienna, Austria

Mr F. Ramos Galino, Deputy Director, United Nations Divison of Narcotic Drugs, Vienna International Centre, Vienna, Austria

International Narcotics Control Board

Mr A. Bahi, Secretary, International Narcotics Control Board, Vienna International Centre, Vienna, Austria

International Criminal Police Organization

Mr Helge De Fine, Specialist Officer in charge of Psychotropic Substances, International Criminal Police Organization, 26 rue Armengaud, Saint-Cloud, France

WHO COLLABORATING CENTRES

National Institute of Drug Abuse

Dr James Cooper, Assistant Director for Medical Affairs, NIDA, Department of Health, Education and Welfare, 5600 Fishers Lane, Rockville, Maryland 20857, United States of America

Mr Allan Duncan,* Deputy Associate Commissioner for Health Affairs, FDA, Department of Health, Education and Welfare, 5600 Fishers Lane, Rockville, Maryland 20857, United States of America

* Invited but unable to attend.

Annex 1

Instituto Mexicano de Psiquiatria, Mexico*

Health Research Institute, Chulangkorn University, Bangkok, Thailand*

National Drug Dependence Clinical Research Centre, Universiti Sains, Penang, Malaysia*

WHO SECRETARIAT

Dr Michael C. Gerald, Consultant, Division of Mental Health, WHO, Geneva (Co-Rapporteur)

Mr T. Ito, Pharmacist, Division of Mental Health, WHO, Geneva

Dr Inayat Khan, Senior Medical Officer, Division of Mental Health, WHO, Geneva (Secretary)

Dr Norman Sartorius, Director, Divison of Mental Health, WHO, Geneva

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* Invited but unable to attend.

ANNEX 2

LIST OF SUBSTANCES CONSIDERED BY THE
AD HOC CONSULTATION ON ACTION CONCERNING
"UNCONTROLLED AMPHETAMINES"

Geneva, 17 March 1984

1. Cathine (norpseudophedrine)
2. Cathinone
3. Clobenzorex
4. Dimethoxyamphetamine
5. Dimethoxybromoamphetamine (DOB)
6. Etilamfetamine (ethylamphetamine)
7. Fenbutrazate
8. Fencamfamine
9. Fenetylline
10. Fenproporex
11. Furfenorex
12. Levamfetamine
13. Levomethamphetamine
14. Mefenorex
15. Methoxyamphetamine (PMA)
16. Methylenedioxyamphetamine (MDA)
17. Morazone
18. para-methoxyamphetamine
19. Pemoline
20. Propylhexedrine
21. Pyrovalerone
22. Trimethoxyamphetamine (TMA)
23. 4-Bromo-2,5-dimethoxyphenethylamine
24. 2,5-Dimethoxy-4-ethylamphetamine (DOET)
25. N,N-Dimethylamphetamine (dimetamfetamine)
26. N-Ethyl-3,4,Methylenedioxyamphetamine (N-Ethyl-MDA)
27. 5-Methoxy-3,4-methylenedioxyamphetamine (MMDA)
28. 3,4-Methylenedioxymethamphetamine (MDMA)

ANNEX 3

CONTENTS OF THE FILE

1. Note for the Record. Correspondence between Degussa Phama Gruppe and Dr I. Khan
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