



World Health
Organization

43rd Expert Committee on Drug Dependence

Process and recommendations



WHO role in the International Drug Control System

- The 1961 Single Convention on Narcotic Drugs (Article 3)
- The 1971 Convention on Psychotropic Substances (Article 2)
 - Mandate WHO to issue scientific recommendations to CND, on whether most prevalent & harmful psychoactive substances
 - should be placed under international control (scheduling)
 - if their level of control should be changed
 - The WHO Expert Committee on Drug Dependence (ECDD) reviews:
 - the risks of abuse, dependence and harm to health
 - the importance of therapeutic use, where relevant

The Conventions establish internationally applicable control measures, while ensuring the availability of controlled substances for medical and scientific purpose

WHO process of substance review based on scientific evidence

Critical reviews of psychoactive substances

- Using peer-reviewed published and unpublished data
- Member State Questionnaire

Other sources of data

- Early warning systems (UNODC & INCB)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- Uppsala Monitoring Centre on adverse medicines reactions (WHO)

Consultation process

- Open session includes reports and statements from Member States, Private Sector, Civil Society, etc.
- A special website established to publish critical reviews for 43rd ECDD and collect public comments



International conventions require ECDD to review:

- Individual substances only (unlike some national controls)
- Evidence of similarity to currently controlled substances in its abuse and dependence and harm to health

Recommendations for:

- Scheduling under 1961 Convention on Narcotic Drugs (Schedules I – IV)
- Scheduling under 1971 Convention on Psychotropic Substances (Schedules I-IV)
- Placement under surveillance

Substances reviewed by the 43rd ECDD

12-16 October 2020

Synthetic cannabinoids:

- CUMYL-PEGACLONE
- MDMB-4en-PINACA

Synthetic stimulant:

- 3-FLUOROPHENMETRAZINE

Hallucinogen:

- 5-methoxy-N,N-diallyltryptamine (5-MEO-DALT)

Synthetic opioid:

- Isotonitazene

Benzodiazepines:

- Clonazepam
- Diclazepam
- Flubromazolam

Dissociatives

- 2-Methoxydiphenidine
- 3-methoxyphencyclidine (3-MeO-PCP)
- DIPHENIDINE

Isotonitazene

Synthetic opioid

Similarity

Isotonitazene is more potent than fentanyl and hydromorphone

- Similar to other opioids which are controlled under Schedule I of the 1961 Single Convention on Narcotic Drugs.

Evidence of use

- Has appeared relatively recently on the illicit drug market
- Has been seized in multiple countries and regions.
- No recognized therapeutic use

Harms to health

- The number of deaths involving isotonitazene has increased in a short time span.
- Isotonitazene deaths share common features with heroin deaths, including evidence of injection, and signs consistent with opioid overdose such as pulmonary and/or cerebral oedema.
- Deaths are likely to be underreported due to its recent and rapid appearance.

Recommendation

- The Committee recommended that isotonitazene be controlled under Schedule I of the 1961 Convention.

CUMYL-PEGACLONE

MDMB-4en-PINACA

Synthetic cannabinoids

Similarity

- Synthetic cannabinoids with a mechanism of action similar to those of other synthetic cannabinoids.
- Their effects include known cannabinoid effects such as euphoria, dissociation, red eyes, dry mouth and appetite stimulation.

Evidence of use

- Has been found in seized material for smoking and vaping
- No therapeutic use

Harms to health

- CUMYL-PEGACLONE has been associated with fatalities
- MDMB-4en-PINACA has been associated with cases of impaired driving and death.
- Other reported effects include confusion, memory loss, and agitation.

Recommendation

- The Committee recommended that CUMYL PEGACLONE and MDMB-4en-PINACA be controlled under Schedule II of the 1971 Convention on Psychotropic Substances.

3-methoxyphencyclidine (3-MeO-PCP)

Diphenidine

Dissociative-type drugs

Similarity

- Have similar effects to phencyclidine (PCP), which is controlled under Schedule II of the 1971 Convention on Psychotropic Substances.

Evidence of use

- There is evidence of use of these substances in a number of countries across different regions.
- No recognized therapeutic use

Harms to health

- Effects include an altered mental state characterized by confusion, disorientation and out of body experiences as well as hallucinations and other psychotic symptoms.
- Fatal intoxications and emergency room admissions have been reported.

Recommendation

- The Committee recommended that they be placed under Schedule II of the 1971 Convention on Psychotropic Substances.

Flubromazolam

Diclazepam

Clonazolam

Benzodiazepines

Similarity

- Similar to benzodiazepines which are controlled under Schedule IV of the 1971 Convention on Psychotropic Substances.
- No therapeutic use

Evidence of use

- There are reports of identification in multiple countries representing all regions, indicating that use may be increasing.
- Sometimes sold as falsified pharmaceutical benzodiazepines
- Diclazepam has been involved in cases of drug-facilitated sexual assault.

Adverse effects

- These drugs can cause severe central nervous system depression, including somnolence, confusion, sedation and unconsciousness.
- Cases of intoxication in emergency departments and intensive care units have been reported. Has been detected in cases of impaired driving.
- Withdrawal symptoms have also been reported, indicating their dependence potential.

Recommendation

- The Committee recommended that these substances be controlled under Schedule IV of the 1971 Convention on Psychotropic Substances.

Substances recommended for surveillance

2-Methoxydiphenidine (2-MeO-Diphenidine)
Dissociative

- 2-methoxydiphenidine is similar to phencyclidine (PCP). The magnitude of its use has been declining in recent years. There is insufficient evidence of a public health and social problem at this time so as to warrant placing 2-methoxydiphenidine under international control.

5-methoxy-N,N-diallyltryptamine (5-MeO-DALT)
Hallucinogen

- 5-methoxy-N,N-diallyltryptamine (5-MeO-DALT) is a synthetic hallucinogen with some effects similar to those of other hallucinogens such as DOM, which are controlled in Schedule I of the 1971 Convention on Psychotropic Substances.
- Very limited information on its effects in humans.
- While its use may constitute a risk to public health, the current evidence is insufficient to recommend international control.

3-fluorophenmetrazine
Synthetic stimulant

- 3-fluorophenmetrazine has a mode of action and effects that are similar to those of phenmetrazine, an amphetamine-type substance listed under Schedule II of the Convention on Psychotropic Substances of 1971.
- Lack of evidence as to the extent of public health and social problems related to the use of 3-fluorophenmetrazine and some uncertainty about the degree of toxicity that it produces.

Meeting outcomes

- Recommendations have been endorsed by WHO DG and communicated to UNSG
- Meeting outcomes published in a WHO Technical Report Series