Proposed Revision *Guidelines for the WHO review of psychoactive substances for international control*

Report by the Secretariat

Background

1. The Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol and the Convention on Psychotropic Substances, 1971, entrust the World Health Organization (WHO) with the responsibility of assessing substances for their abuse liability in order to make recommendations whether they should be controlled under the Conventions.

2. *Abuse liability assessment* is defined as a scientifically guided strategy for developing an objective basis for the regulation of drugs. Appropriate drug regulation is intended to ensure that the medical needs of patients can be addressed without undue or appropriate limitations to access while also preventing abuse through legal provisions. Abuse liability assessment determines the extent to which a drug has the pharmacological properties predictive of its likelihood to produce abuse and dependence.

3. Abuse liability provides the science base for establishing control that achieves a balance between access and prevention of dependence. The broader goal of all drug abuse control measures is to ensure minimal interference with legitimate medical use while maximizing the control of non-medical use.

4. A request for a review of a substance can be initiated by a notification to the Secretary-General of the United Nations, by a Party to the Conventions or by WHO itself. After completing a review process, WHO forwards recommendations resulting from this review to the Commission on Narcotic Drugs (CND), a functional commission of the United Nations' Economic and Social Council. The CND has the responsibility to decide whether to schedule recommended substances under the provisions of the Conventions.

5. The process and procedures to be followed for the WHO review process are detailed in the *Guidelines for the WHO review of dependence-producing psychoactive substances for international control*, which were first developed in 1986.

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3 Ibid.
6. Using the experience from the meetings of the Expert Committee on Drug Dependence (ECDD), and following the development of science, the guidelines were updated in 1990, 1994, 1999 and 2000 in order to improve the procedures and processes for abuse liability assessment and to adapt to progress made in the science of abuse liability assessment. Subsequently, a proposal for supplementary guidelines was made at the request of the Expert Committee on Drug Dependence to clarify certain issues, but was rejected by the WHO Executive Board in 2004 and 2005. However, the Board invited the Secretariat and the Expert Committee to develop revised guidelines, resulting in the current proposal.

7. The current proposal should again not be considered as a 'final revision' or a 'revision forever', but as a reflection of the current state of the art in the science of abuse liability assessment. Future scientific or other developments can or will lead to future revision. One such a development that can be expected is the development of pharmacovigilance techniques as one additional means of abuse liability assessment.

8. The current proposal was developed on behalf of the WHO Secretariat and was discussed in a Working Group that convened in May 2007. The draft was posted on the internet and opened to the public for comments prior to the meeting. Individuals, nongovernmental organizations and enterprises submitted comments. These comments were taken into consideration by the Working Group when discussing the draft.

9. From each WHO region one or more Member States were invited to send a representative to the Working Group. Also several experts from the Expert Advisory Panel on Drug Dependence (Dependence Liability Evaluation) were invited. Finally, the Working Group consisted of six representatives of Member States from four regions⁵ and three Experts. Six invited observers⁶ attended, as well as specialists from the WHO Secretariat.

10. The Working Group agreed on a draft that was posted on the internet and opened to the public for comments subsequently. Several comments were submitted and considered by the Secretariat. Finally the Explanatory Note and a Flow Chart (Appendix 3) were drafted by the Secretariat. For the reason that the submitted comments had to be weighed against each other and against the then existing draft revision, and no additional meeting of the Working Group would take place, the Secretariat is the sole responsible for the version as proposed to the Executive Board.

11. If this proposal is accepted by the Executive Board, the revised Guidelines will become fully effective for the preparation and the proceeding of the thirty-fifth ECDD and further meetings.

Elucidation

12. The current Guidelines for the WHO review of dependence-producing psychoactive substances for international control and their proposed revision titled Guidelines for the WHO review of psychoactive substances for international control provide guidance to the Expert Committee on Drug Dependence (ECDD) and to the Secretariat.

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⁵ Australia, Canada, France, India, Switzerland and the United States of America sent representatives. South-Africa and the European Union (through the European Monitoring Centre for Drugs and Drug abuse, EMCDDA) were invited but were not able to attend.

⁶ Observers represented the following organizations: the College for Problems on Drug Dependence (CPDD, the WHO Collaborating Centre for Research and Training in Drug Dependence); the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA); the International Narcotics Control Board (INCB); the United Nations' Office on Drugs and Crime (UNODC) and the United States' White House Office of National Drug Control Policy (ONDCP).
13. The Expert Committee is composed of members of the Expert Advisory Panel on Drug Dependence (Dependence Liability Evaluation) and other WHO Expert Advisory Panels in the area of pharmaceutical and medical science. Therefore, there is a strong medical, pharmacological and pharmaceutical background represented within the group. Legal support is provided by the WHO Secretariat and from the current Guidelines.

14. The role of the Guidelines is to give procedural guidance to the Experts and to operationalize the rules provided by the both Conventions and their Commentaries, especially on issues beyond the Experts' specialization of abuse liability assessment.

15. The Guidelines ensure that the WHO review process is based on scientific and public health-related principles. The current revision will provide additional clarity to the process and procedure as a whole. Especially, the revision will provide current best practices for assessing substances for their abuse liability; transparency of the process making use of the internet; and on reporting and publishing procedures for the Committees decisions. It will also clearly detail the methodology by which the Expert Committee shall arrive at its decision. The process for review and the roles of each player will be clearly defined so that the recommendation process proceeds with greater efficiency.

16. The Guidelines' title will be changed, deleting the words dependence-producing, which words suggest that it had been established already that the substances under review are such.

17. A reference to the preambles of the Conventions will be added to the guidelines in order to clarify the purpose of the Conventions and of the assessment of substances. Furthermore it will be clarified that the provisions in the Conventions regarding changes in the scope of control of substances (i.e. article 3 of the Single Convention on Narcotic Drugs and article 2 of the United Nations' Convention on Psychotropic Substances) govern the way that will lead to a recommendation for a change of the scheduling of a substance. Furthermore, the new text will ensure that the process is grounded on the spirit of the Conventions by referring to their preambles and it will clarify that any evaluation on medical and scientific aspects as mentioned in the articles 2 and 3 includes an evaluation of the availability for medical purposes and considerations of public health. As the evaluation will be performed scientifically, the approach for the evaluation will be evidence-based.

18. Paragraphs 21 to 26 will describe how the Secretariat will generate the documents to consider by the Expert Committee. In the first place, for each substance under critical review, it will draft a critical review report by collecting and assembling data from relevant sources, including medical literature and abuse studies. Furthermore, a separate report of additional country specific data will be drafted from responses to a questionnaire to the Ministers of Health and international drug control bodies. Paragraph 24 will introduce the principle that the data will be presented in a way that they will facilitate the evidence-based assessment by the Expert Committee.

19. The chapters of the report will be newly defined in paragraph 23. The order of the topics will be adapted in order to enable a more logical approach. It can be imagined that there would be other aspects, not mentioned in this list, but nevertheless regarded as important for the formation of a judgment by the Expert Committee; these aspects will not be limited to aspects of a medical or scientific nature only, but the Expert Committee will have to pay attention to other factors too, as pointed out in the Commentary to the 1972 Convention (e.g. paragraph 49, page 61 or paragraph 19, page 70). The current wording also allows for such flexibility in order to allow for the application of the state-of-the-art in science at any moment.
20. The report, including the strength of the evidence, will be peer-reviewed by two Experts before it is distributed to the entire Expert Committee (paragraph 26). Such a peer review is already practice in the Expert Committee on the Selection and Use of Essential Medicines. However, although a vital part, it has never been a component of the WHO substance review process. The introduction of peer review will add credibility to each report and warrant the verification that all medical and scientific content in the reports are accurate.

21. Comparable to the confidentiality clause related to the information provided in the critical review document, paragraph 36 will introduce a confidentiality clause with regard to the Expert Committees deliberations and decisions. This inclusion will allow for ECDD members to freely provide their opinions to the committee and for open discussion to occur throughout the meetings. This clause will also prevent preemptive or inaccurate disclosure of the Committee's decisions.

22. Paragraph 43 will introduce a solution for a problem that was previously not solved. In the current version of the Guidelines no guidance was given on how to decide whether a substance should be transferred from one Convention to the other. It will be clarified that the same criteria apply as for the assessment of substances that were not previously scheduled, or that are considered for a rescheduling in another schedule within one convention. (Previously the more complex Additional Guidelines were proposed to the Executive Board and subsequently rejected twice. See paragraph 6 of the Report of the Secretariat).

23. The principle of scheduling substances that are convertible into scheduled drugs under the 1961 Convention stems from the 1931 Convention for limiting the Manufacture and regulating the Distribution of Narcotic Drugs which said that "the term 'conversion' shall denote the transformation of a drug by a chemical process, with the exception of alkaloids into their salts" (article 2, para 4) The World Health Assembly decided in its resolution 7.7 of 14 May 1954 that "a substance will be considered (..) as 'convertible' where the ease of conversion and the yield obtained constitute a risk to public health, and that in cases where there is uncertainty as to whether a substance will fall under this definition, the substance will be considered as 'convertible' rather than as 'not convertible'. " When the 1931 Convention was incorporated in the 1961 Convention, the WHA resolution 7.7. (1954) was declared applicable to the latter convention too. (Commentary to the 1961 Convention, paragraph 12, page 89)

24. Paragraphs 60 and 62 to 64, divided over various chapters, will deal with the publication of documents and the communications of recommendations. The different roles of the Expert Committee and the Director-General will be clarified. Furthermore, the guidelines will provide in making good use of the internet and the authors of reports used in the evaluation process will be acknowledged. The new procedures will contribute to a more transparent assessment process.

25. The Flow chart in Appendix 3 gives a comprehensive diagrammatic overview of the pre-review and critical review procedures.

**Action by the Executive Board**

26. The Executive Board is invited to adopt the proposed revision titled *Guidelines for the WHO review of psychoactive substances for international control*. 