added to Schedule I of the Convention and that zipeprol be added to Schedule II. WHO also recommends that flunitrazepam, presently controlled in Schedule IV of the Convention, be transferred to Schedule III.

A notice published in the **Federal Register** of June 20, 1994 (59 FR 31639), announced the WHO review of these seven substances and provided an opportunity for interested parties to submit information to be forwarded to WHO. Information submitted in response to that notice was forwarded to WHO and was considered during the 29th meeting of the WHO Expert Committee on Drug Dependence in September, 1994.

The full text of the notification from the Secretary-General of the United Nations is provided below in Section II of this notice. Section 201(d)(2)(B) of the CSA (21 U.S.C. 811(d)(2)(B)) requires the Secretary of HHS, after receiving a notification proposing scheduling, to publish a notice in the **Federal Register** to provide the opportunity for interested parties to submit information and comments on the proposed scheduling action.

## **II. United Nations Notification**

Reference:

NAR/CL.10/1994 UNDCP 421/12(1) 1971 CPS WHO 29th ECDD CU 94/231

The Secretary-General of the United Nations presents his compliments to the Secretary of State of the United States of America and has the honour to inform the Government that, pursuant to article 2, paragraphs 1, 4 and 6, of the Convention on Psychotropic Substances of 1971, he has received a notification dated 11 November 1994, from the Director-General of the World Health Organization (WHO), concerning recommendations for international control of the following seven substances: aminorex, brotizolam, etryptamine, flunitrazapam, mesocarb, methcathinone and zipeprol.

In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General hereby transmits the text of that notification as an annex to the present note.

As will be seen from the notification and the attached assessments and recommendations, WHO recommends that aminorex, brotizolam and mesocarb be included in Schedule IV of the 1971 Convention; that etryptamine and methcathinone be included in Schedule I; and that zipeprol be included in Schedule II. WHO also recommends that flunitrazepam be transferred from Schedule IV to Schedule III of the Convention.

Pursuant to article 2, paragraph 2, of the Convention, the notification from WHO will be brought to the attention of the Commission on Narcotic Drugs at its thirty-eighth session (14–23 March 1995). Any

action or decision taken by the Commission with respect to the notification, pursuant to article 2, paragraph 5 or 6, or the Convention, will be notified to States Parties in due course

Article 2, paragraph 5, reads:

"The Commission, taking into account the communication from the World Health Organization, whose assessments shall be determinative as to medical and scientific matters, and bearing in mind the economic, social, legal, administrative and other factors it may consider relevant, may add the substance to Schedule I, II, III or IV. The Commission may seek further information from the World Health Organization or from other appropriate sources."

Article 2, paragraph 6 reads:

'If a notification under paragraph 1 relates to a substance already listed in one of the Schedules, the World Health Organization shall communicate to the Commission its new findings, any new assessment of the substance it may make in accordance with paragraph 4 and any new recommendations on control measures it may find appropriate in the light of that assessment. The Commission taking into account the communication from the World Health Organization as under paragraph 5 and bearing in mind the factors referred in that paragraph, may decide to transfer the substance from one Schedule to another or to delete it from the Schedules.

The Secretary-General would appreciate it if the Government would submit data on seizures of any of these substances or on the existence of clandestine laboratories manufacturing them. Such data would assist the Commission in its consideration of possible international control of some or all of the substances under review.

In order to further assist the Commission in reaching a decision, it would be appreciated if any economic, social, legal, administrative or other factors the Government may consider relevant to the question of the possible scheduling or rescheduling of these seven substances could be communicated by 15 January 1995 to the United Nations International Drug Control Programme, c/o Secretariat of the Commission on Narcotic Drugs, P.O. Box 500, A–1400 Vienna, Austria (telefax 239397).

7 December 1994

# **ANNEX**

Note dated 11 November 1994 addressed to the Secretary-General by the Director-General of the World Health Organization

The Director-General of the World Health Organization presents his compliments to the Secretary-General of the United Nations and has the honour to transmit, in accordance with article 2, paragraph 1, 4 and 6 of the Convention on Psychotropic Substances, 1971, assessments and recommendations of the World Health Organization, as set forth in the annex hereto, concerning proposed international control in respect of aminorex, brotizolam, etryptamine, flunitrazepam, mesocarb, methcathinone, and zipeprol.

The Director-General of the World Health Organization avails himself of this opportunity to renew to the Secretary-General of the United Nations the assurance of his highest consideration.

#### Aminorex

### 1. Substance identification

Aminorex (INN; CAS 2207–50–3), chemically 2-amino-5-phenyl-2-oxazoline, is also known as aminoxaphen and aminozafen, and formerly as Apiquel and Monocil (aminorex fumarate). Aminorex has one asymmetric carbon atom in the molecule, so that two stereoisomeric forms and one racemate are possible.

2. Similarity to already known substances and affects on the central nervous system

Aminorex is chemically similar to 4-methylaminorex, which is included in Schedule I of the Convention on Psychotropic Substances, 1971. Aminorex produces effects that are characteristic of central nervous system stimulants such as amfetamine, and was used clinically for its anorectic effects. Aminorex produces adverse effects similar to those produced by central nervous system stimulants. In addition, when used as an anorectic, aminorex was considered to have been responsible for the occurrence of a significant incidence of pulmonary hypertension. This led to its withdrawal from the market in 1968.

3. Dependence potential

In drug discrimination studies, aminorex generalized to amfetamine and cocaine. Animal self-administration studies indicate that aminorex has some reinforcing effects. These animal studies suggest that aminorex has a moderate dependence potential.

4. Actual abuse and/or evidence of likelihood of abuse

Police and forensic reports indicate that aminorex is illicitly distributed in the United States of America as well as to a limited degree in Germany. These cases document the distribution of aminorex as amfetamine or metamfetamine on the street, suggesting that the population using the drug mainly comprises stimulant abusers. In spite of the limited level of actual abuse, aminorex is assessed to have a moderate abuse liability, taking into account the relative simplicity of its manufacturing in clandestine laboratories. 5. Therapeutic usefulness

Because of serious adverse effects, aminorex is assessed to have very little, if any, therapeutic usefulness.

6. Recommendation

Based on the available data concerning its pharmacological and toxicological profile, dependence potential and likelihood of abuse, the degree of seriousness of the public health and social problems associated with the abuse of aminorex is assessed to be significant. On the basis of this and the assessment of its therapeutic usefulness, it is recommended that aminorex be included in Schedule IV of the Convention on Psychotropic Substances, 1971.

### Brotizolam

1. Substance identification

Brotizolam (INN; CAS 57801–81–7), chemically 2-bromo-4-(o-chloropenyl)-9-