

Description of Drug Schedules

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Abstract

The Comprehensive Drug Abuse Prevention and Control Act became law in the year of 1970, with Title II, the Controlled Substances Act serving as the legal foundation of narcotics enforcement in the U.S. ("Drug Schedules," n.d.). According to the U.S. Department of Justice (n. d.), drugs are rated upon acceptable medical uses and their dependency potential which determines drug scheduling. Five schedules of controlled substances have been established and include schedules I, II, III, IV, and V (Controlled Substances Act of 1970). Drugs with a higher potential for abuse are considered Schedule I drugs and drugs with the least abuse potential are considered Schedule V drugs (U.S. Department of Justice, n.d.). This article describes the five drug schedules and gives a general description of controlled substances that meet criteria.

Statement of the Problem

The use and abuse of drugs is an internal part of society. The decision to use either a legal or illegal drug can have devastating effects. It is estimated that the yearly cost of direct and indirect drug use has reached over \$180 billion. In an attempt to gauge the harmful effects of drugs in the United States, the Federal Government has placed drugs under five schedules. This placement is based upon the potential for abuse, safety or dependence liability, or medical use of the substance. The Controlled Substances Act of 1970 provides a mechanism for substances to be controlled (added to or transferred between schedules) or decontrolled (removed from control). Determining which schedule a drug will be placed under requires meeting several criteria. It includes the drug's potential for abuse, input from the scientific community about the drug's pharmacological effect, any current scientific information on the drug, pattern of abuse of the drug, the widespread use of the drug, if the drug is available to the general public, the addictive nature of the drug, and whether the drug is a precursor to an already controlled substance ("Drugs of Abuse," 2011). After the eight above factors have been established, the DEA is authorized by federal law to place the drugs in one of five schedules.

Information on Controlled Substances Schedules I-V

The Controlled Substances Act of 1970 established five schedules of controlled substances that "aim to control the danger of addiction, abuse, physical and mental harm, the trafficking by illegal means, and the dangers from actions of those who have used the substances" ("Controlled Substances Law and Legal Definition," 2012, para. 1). The controlled substances "include opium and its derivatives, opiates, hallucinogens, depressants, and stimulants" (Anderson, Keith, & Novak, 2000, p. 399). Some overlap occurs in the designation of which drugs belong to which schedule because of the fluid nature of drug use and research—some drugs fit into multiple categories depending on their levels of risk, efficacy, or potency.

According to the U.S. Department of Justice (n.d.), Schedule I drugs are those that potentially can produce "severe psychological or physical dependence" (para. 3), but also have no acceptable and safe medical uses. Psychological dependence refers to drug dependence that is characterized with withdrawal symptoms that include "cravings, irritability, insomnia, depression, anorexia, etc." ("Addiction," n.d., para. 7) while physical dependence is characterized by physical withdrawal symptoms such as tremors, nausea, or headaches. An individual's susceptibility to addiction is determined by their genetic makeup and psychological state as well as other factors such as how and how often the drug is induced and the amount of pleasure the user derives from that use. The article also points out that most physicians make little distinction between physical and psychological dependence because the resulting addiction is essentially the same ("Addiction," n. d.). Drugs listed under Schedule I include both naturally occurring and manufactured substances. Examples of Schedule I drugs are heroin, lysergic acid diethylamide (LSD), marijuana, mescaline, and psilocybin (National Institute on Drug Abuse, 2011). It should be noted that a growing debate exists about whether or not marijuana should be included as a Schedule I drug ("Should Marijuana be a Medical Option," n.d.).

The Texas State Board of Pharmacy (2004) states that Schedule II drugs, like those listed as Schedule I, carry a high risk of abuse; however, as opposed to Schedule I, drugs classified as

Schedule II have accepted uses by the medical community within the United States. Furthermore, Schedule II drugs carry the same possibility of “severe psychological or physical dependence” as Schedule I (Texas State Board of Pharmacy, 2004, para. 3). The accepted medical use of Schedule II, as well as Schedule III-V, drugs suggests that they may “relieve symptoms, treat infection, reduce the risk of future disease, and destroy selected cells such as in the chemotherapeutic treatment of cancer” (“Therapeutics,” 2012, para. 89). Therefore, in order for a substance to be moved from Schedule I to another listing, the substance must be shown to perform one of the aforementioned tasks. Ratliff-Crain (2010) identifies amphetamine, cocaine, and morphine among those drugs classified as Schedule II; however, these are given only as a few examples of the numerous substances in each category.

Many organizations combine Schedule III-V substances into one category; however, for the purpose of clarity, this report defies them separately. Schedule III drugs carry a risk of low to moderate physical dependence and high psychological dependence as opposed to the higher risks associated with Schedule I and II substances (“Controlled Substances Law and Legal Definition,” 2012). All controlled substances other than those listed in Schedule I are currently accepted and used by the medical community within the United States (Controlled Substances Act of 1970). Some of the more commonly prescribed examples of Schedule III drugs along with their uses include: benzphetamine for weight control, hydrocodone/acetaminophen for pain, hydrocodone/ chlorpheniramine to treat coughs, sodium oxybate for excessive sleepiness or narcolepsy, and testosterone, which is for the treatment of low testosterone (“Quick Facts about Schedule III Drugs,” 2006).

Schedule IV drugs, according to the Department of Justice (n. d.) carry a lower risk of abuse and dependence compared to those substances listed in Schedule III. Although the risk is considered low for drugs of this classification, some potential for addiction to Schedule V substances remains. Abuse of prescription medication has recently increased in the United States. Deaths from prescription painkillers exceed those caused by overdoses of heroin and cocaine (“Rx Drug Deaths Triple in Decade,” 2011). Schedule IV drugs include Alprazolam, Clonazepam, Diazepam, Propoxyphene, and Zolpidem (“DEA Controlled Drugs,” 2012).

According to Schoenen (2010), Schedule V drugs are those with the least potential for addiction or other harmful effects and are, therefore, the least restricted of the controlled substances that are regulated to reduce the “risk of abuse and illegal distribution” (para. 1). Although the risk of dependence is less than that of other controlled substances, abuse of these substances “may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV” (New Hampshire Department of Health and Human Services, 2010, para. 7).

Conclusion

The Controlled Substances Act was enforced to control substances by placing drugs in schedules based on potential for abuse (U.S. Department of Justice, 2012). The purpose of the Controlled Substances Act is to regulate the manufacturing, possession, movement, and distribution of drugs in the United States (“Drug Schedules,” n.d.). Schedule I drugs are considered to have more potential for abuse and Schedule V drugs have less potential for abuse. Drugs or other substances have to meet required criteria in order to be placed on any

schedule (Controlled Substances Act of 1970). It should be noted “that a substance need not be listed as a controlled substance to be treated as a Schedule I substance for criminal prosecution” (U.S. Department of Justice, n.d., para. 2).

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