A Primer on Controlled Substances
by Ken Whittemore

To set the stage, a passage from the DEA's web site:

"Many of the narcotics, depressants and stimulants manufactured for legitimate medical use are subject to abuse, and have therefore been brought under legal control. The goal of controls is to ensure that these "controlled substances" are readily available for medical use, while preventing their distribution for illicit sale and abuse."

Two federal agencies, the DEA and the FDA, determine which medications/substances are added or removed from the various schedules, though the Controlled Substances Act of 1970 (CSA) created the initial listing. Decisions as to which medications/substances appear in the schedules are made based on the criteria of (1) potential for abuse, (2) accepted medical use in the United States, and (3) potential for dependence. (Notable exceptions: alcohol, tobacco, and caffeine, which were exempted from the CSA.)

As noted below, these criteria are somewhat subjective and might seem like judgment calls, but there is a detailed regulatory process that is employed by the agencies leading to the scheduling of medications/substances. There also is an emergency process for scheduling medications/substances that present an imminent public hazard. Inconsistencies exist, such as marijuana being in Schedule I, but its active ingredient in the form of marinol being in Schedule III, but they are few. The DEA schedules are as follows:

Schedule I:

(A) The medication/substance has high potential for abuse.

(B) The medication/substance has no currently accepted medical use in treatment in the U.S.

(C) There is a lack of accepted safety for use of the medication/substance under medical supervision.

Examples: Heroin, LSD, psilocybin, methaqualone (aka Quaalude).

Prescription issues: Because the FDA and the DEA have found that there is no currently accepted medical use for these substances and a very high potential for their abuse, possession and use of Schedule I substances is illegal in the U.S. (exceptions can be made for scientific research, however).

Schedule II:

(A) The medication/substance has a high potential for abuse.

(B) The medication/substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.

(C) Abuse of the medication/substance may lead to severe psychological or physical dependence.

Examples: Cocaine, methadone, amphetamine, oxycodone (aka OxyContin) and other strong opioids used during anesthesia.

Prescribing issues: Prescriptions for C-II medications must be written (a few minor exceptions exist) and cannot be refilled.

Schedule III:

(A) The medication/substance has a potential for abuse less than the medications/substances in schedules I and II.

(B) The medication/substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the medication/substance may lead to moderate or low physical dependence or high psychological

dependence.

Examples: Anabolic steroids, hydrocodone and codeine combinations (e.g. Vicodin, Tylenol with Codeine #3).

Prescribing issues: Prescriptions for C-III medications can be written or oral and can be refilled up to five times within six months if specified by the prescriber.

Schedule IV:

(A) The medication/substance has a low potential for abuse relative to the medications/substances in schedule III.

(B) The medication/substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the medication/substance may lead to limited physical dependence or psychological dependence relative to the medications/substances in schedule III.

Examples: Antianxiety/hypnotic agents (e.g. Valium, Xanax, Restoril, Ambien), phenobarbital.

Prescribing issues: Prescriptions for C-IV medications can be written or oral and can be refilled up to five times within six months if specified by the prescriber.

Schedule V:

(A) The medication/substance has a low potential for abuse relative to the medications/substances in schedule IV.

(B) The medication/substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the medication/substance may lead to limited physical dependence or psychological dependence relative to the medications/substances in schedule IV.

Examples: Cough syrups containing codeine (e.g. Robitussin with Codeine), opioid antidiarrheal agents (e.g. Lomotil).

Prescribing issues: Many of the Schedule V medications do not require a prescription, although some do. If they require a prescription, they may be refilled up to five times within six months if specified by the prescriber.

Other Considerations: Some states have created a Schedule VI due to local abuse issues, but that does not affect the DEA's scheduling system. In addition, some states have added medications/substances not in the DEA's schedules to their schedules and/or have elevated some medications/substances to higher schedules within their states. This is acceptable, because states can have rules that are more strict than federal rules, but not less strict.

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Prescribing issues: Prescriptions for C-IV medications can be written or oral and can be refilled up to five times within six months if specified by the prescriber.

Schedule V:

(A) The medication/substance has a low potential for abuse relative to the medications/substances in schedule IV.

(B) The medication/substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the medication/substance may lead to limited physical dependence or psychological dependence relative to the medications/substances in schedule IV.

Examples: Cough syrups containing codeine (e.g. Robitussin with Codeine), opioid antidiarrheal agents (e.g. Lomotil).

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