

HOW DRUGS ARE CLASSIFIED

The 5,000 or so substances loosely called drugs are described in many ways. Scientists and pharmacologists, interested in chemical structure, use one system. Doctors, concerned with use, employ another. Manufacturers and advertisers,

promoting the benefits of their products, use simpler, more appealing names. Government regulators, wary of the harm some drugs may do, classify them in a different manner altogether, according to their legal status.

Specific names

All drugs in general use rely on three terms: the generic, brand, and chemical names. The generic name, which is the official medical name for the basic active substance, is chosen by the Nomenclature Committee of the British Pharmacopoeia Commission.

The brand name is chosen by the manufacturer, usually on the basis that it is unique and can be easily pronounced, recognized, or remembered. There may be several brands (each by a different manufacturer) containing the same generic substance. Differences between the brands may be slight but may relate to absorption rate (bioavailability), convenience, and digestibility. A drug may be available in generic form, as a brand-name product,

or both. Some brand-name products contain several generic drugs. The chemical name is a technical description of the drug, and is not used in this book.

For example, the three names for a drug used to help those with AIDS are as follows. The generic name is zidovudine; the brand name is Retrovir (generic names are not capitalized, brand names are); and the chemical name is 3-azido-3-deoxythymidine.

General terms

Drugs may be grouped according to chemical similarity, for example, the benzodiazepines. More often, though, drugs are classified according to use (antihypertensive) or biological effect (diuretic). Most drugs fit into one group,

although many have multiple uses and are listed in several categories.

Besides this book is aimed at the lay person, we have grouped drugs according to use, although a chemical description may be added to distinguish one group of drugs from others used to treat the same disorder (for example, benzodiazepine sleeping drugs).

Legal classification

Besides specifying which drugs can be sold over the counter and which require a doctor's prescription, government regulations determine the degree of availability of many substances that have an abuse potential. Regulated drugs are also classified by how harmful they are when abused (see the box below).

CONTROLLED DRUGS

The Misuse of Drugs Act 1971 prohibits activities relating to the manufacture, sale, and possession of particular drugs. The drugs are graded in three classes according to their harmfulness if misused. Offences that involve Class A drugs, potentially the most harmful when abused, carry the highest penalties, while those involving Class C drugs carry the lowest penalties.

Class A These include: cocaine, alfentanil, diamorphine (heroin), dipipanone, lysergide (LSD), methadone, ecstasy (methylenedioxymethamphetamine, or MDMA), methamphetamine, morphine, opium, pethidine, phencyclidine, remifentanyl, "magic mushrooms" and injectable preparations of class B drugs.

Class B These include: amphetamine (oral), barbiturates, cannabis, cannabis resin, codeine, ethylmorphine, glutethimide, mephedrone, naphyrone, pentazocine, phenmetrazine, and pholcodine.

Class C These include: drugs related to the amphetamines (for example, benzphetamine and chlorphentermine), anabolic and androgenic steroids, most benzodiazepines, buprenorphine, clenbuterol, diethylpropion, gamma hydroxybutyrate (liquid ecstasy, or GHB), human chorionic gonadotrophin (HCG), mazindol, meprobamate, non-human chorionic gonadotrophin, pemoline, phenbuterol, pipradol, somatotropin, somatrem, and somatropin.

The Misuse of Drugs Regulations 2001 define those people who are authorized in their professional capacity to supply and possess controlled drugs. The Regulations also describe the requirements for legally

undertaking these activities, such as storage of the drugs and limits on their prescription. Drugs are divided into five schedules based on their potential for abuse if misused.

Schedule I

Virtually all the drugs in this group are prohibited, except in accordance with Home Office authority. All of them have a high potential for abuse and are not used medicinally.

Examples Cannabis, lysergide (LSD).

Schedule II

Like Schedule I drugs, these have a high potential for abuse and can lead to physical and psychological dependence. They have an accepted medical use, but are subject to full controlled drug requirements. Most of them are stimulants, opioids, or depressants. Prescriptions cannot be renewed.

Examples Amphetamines, cocaine, diamorphine (heroin), glutethimide, morphine, pethidine, secobarbital.

Schedule III

Drugs in this group have a lower potential for abuse than those in Schedules I and II, but they are nevertheless subject to special prescription requirements. Prescriptions for Schedule III drugs may be repeated if authorized.

Examples Barbiturates, buprenorphine, mazindol, meprobamate, pentazocine, phentermine, temazepam.

Schedule IV

The drugs in this group have a lower potential for abuse than Schedule I-III drugs and are subject to minimal control. Special prescription requirements do not apply.

Examples Benzodiazepines, other than those in Schedule III.

Schedule V

These drugs have a low potential for abuse because of their low strength. For the most part, they are preparations that contain small amounts of opioid drugs, but are exempt from controlled drug requirements.

Examples Kaolin and morphine (an antidiarrhoeal), codeine linctus (a cough suppressant), DF118 tablets (an opioid analgesic containing dihydrocodeine).