

ACMD

Advisory Council on the Misuse of Drugs

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Rt Hon Alan Johnson MP
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Dear Home Secretary,

I am writing to provide you with the Advisory Council on the Misuse of Drugs' (ACMD) consideration of the compound 'oripavine'. In accordance with the UK's obligations, the UK is obligated to control oripavine (3-O-demethylthebaine, or 6,7,8,14-tetrahydro-4,5-*alpha*-epoxy-6-methoxy-17-methylmorphinan-3-ol) under the Misuse of Drugs Act 1971 following its international control by the UN Commission on Narcotic Drugs in Schedule 1 of the 1961 Single Convention on Narcotic Drugs. The ACMD understand that this decision was predicated on the comparative ease with which oripavine can be converted into thebaine (an opiate alkaloid) and subsequently other controlled drugs e.g buprenorphine.

Oripavine is an alkaloid found in poppy straw (Class A) of the opium poppy. It can easily be converted into thebaine (controlled under the Misuse of Drugs Act 1971 in Class A and under the Misuse of Drugs Regulations in Schedule 2) and used in the production of semi-synthetic opiates such as hydrocodone and oxycodone. In recent years quantities of concentrate of poppy straw containing oripavine have been manufactured for commercial use.

The Home Office Drug Compliance and Licensing Unit have advised that, to their knowledge, only one company in the UK imports oripavine (from Australia) for the production of buprenorphine.

The World Health Organisation Expert Committee on Drug Dependence, in their 33rd report (2003), note that:

'the convertibility of oripavine [to thebaine] may meet the scheduling criteria for placing it in the same Schedule [of the UN Convention] as thebaine. However, the Commentary on the 1961 Convention indicates that the purpose of controlling drugs which are convertible to scheduled narcotic drugs, is to

prevent the abuse of the narcotic drugs manufactured by the conversion process. Although animal tests have shown that thebaine has some abuse potential, no actual abuse of thebaine has been reported. It is therefore questionable whether the convertibility criterion could be applied for the scheduling of a substance when the drug produced by its conversion is used only as a starting material for the manufacture of other narcotic drugs.

The WHO Expert Committee on Drug Dependence (ECDD) subsequently urged WHO to develop additional scheduling guidelines for clarifying issues related to the conversion of precursors into scheduled substances – this has not been forthcoming and therefore, the 34th ECDD had to decide on a final recommendation without it.

The decision to control oripavine was therefore based upon revisiting a World Health Assembly (WHA) resolution:

*'...so far as the functions conferred upon the World Health Organization by the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs are concerned, a substance will be considered by the World Health Organization 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".'*¹¹

The ACMD are unaware of the use of oripavine as a substance in its own right (although it has analgesic properties it is also highly toxic causing seizures). There is presently no evidence of its use in the UK and subsequently no known harms to individuals and society. Nor is there any evidence of its conversion, in the UK, to thebaine and other opioids. For these reasons we conclude that oripavine is significantly less harmful than Class A opioids, particularly heroin and morphine. In our view its potential harm is more commensurate with drugs in Class C such as the opioid buprenorphine.

The ACMD also recommends that oripavine is placed in Schedule 2 of the Misuse of Drugs Regulations (1975 – and as subsequently amended) alongside thebaine.

The ACMD would wish to note that there is a compelling case for oripavine to be controlled under the European Union precursor legislation.

Yours sincerely,



Professor David Nutt FMed Sci

¹¹ http://www.who.int/medicines/areas/quality_safety/6.3Oripavine.pdf