May 6, 2016

EMERGENCY CONTROLLED SUBSTANCE SCHEDULING ACTION

Section 329-11(e) authorizes the Administrator of the Department of Public Safety’s Narcotics Enforcement Division to make an emergency scheduling by placing a substance into schedules I, II, III, IV or V on a temporary basis, if the administrator determines that such action is necessary to avoid an imminent hazard or the possibility of an imminent hazard to the health and safety of the public. The department shall post a public notice thirty days prior to the effective date of the emergency scheduling action, at the state capitol, in the office of the lieutenant governor, and on the department’s website for public inspection. If a substance is added or rescheduled under this subsection, the control shall be temporary and, if the next regular session of the state legislature has not enacted the corresponding changes in this chapter, the temporary designation of the added or rescheduled substance shall be nullified.

3,4-dichloro-N-[(1dimethylamino)cyclohexylmethyl]benzamide), including its isomers, esters, salts, and salts of isomers, esters and ethers, (AH-7921)

AH-7921

AH-7921 is an N-substituted cyclohexylmethyl benzamide developed in 1962 by Allen and Hanbury’s, Ltd., a pharmaceutical company in the United Kingdom. AH-7921 is a [micro]-opioid receptor agonist with analgesic activity similar to that of morphine. The DEA is not aware of any commercial or medical uses for this substance. In animals, withdrawal symptoms are observed following repeated administration of AH-7921. Currently, clinical studies evaluating the safety and pharmacological effects of AH-7921 in humans have not been reported in the scientific literature. Usage of AH-7921 for eliciting euphoria and relaxation has been documented. There have been several reports of overdoses and deaths from AH-7921 reported worldwide including at least one published case report of a death resulting from AH-7921 in the United States. Given the increasing abuse of opioid prescription drugs (e.g., oxycodone, hydrocodone and fentanyl) and increased use of heroin in the United States, there are legitimate concerns about an increased potential of abuse of AH-7921.

DEA is not aware of any claims or any medical or scientific literature suggesting that AH-7921 has a currently accepted medical use in treatment in the United States. Accordingly, DEA has not requested that HHS conduct a scientific and medical evaluation of the substance’s medical utility.
On April 14, 2016, the Department was given notice that 3,4-dichloro-N-[(1dimethylamino)cyclohexylmethyl]benzamide), (AH-7921) including its salts, isomers, and salts of isomers, into schedule I of the Controlled Substances Act (CSA). This scheduling action is pursuant to the CSA which requires that such actions be made on the record after opportunity for a hearing through formal rulemaking. This action imposes the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances on persons who handle (manufacture, distribute, dispense, import, export, engage in research, conduct instructional activities with, or possess) or propose to handle AH-7921. The DEA placed an effective date of May 16, 2016 on this scheduling action.

Section 329-14, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

§329-14 Schedule I.

(b) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);
(2) Acetylmethadol;
(3) Allylprodine;
(4) Alphacetylmethadol (except levo-alphacetylmethadol, levomethadyl acetate, or LAAM);
(5) Alphameprodine;
(6) Alphamethadol;
(7) Alpha-methylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
(8) Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);
(9) Benzethidine;
(10) Betacetylmethadol;
(11) Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);
(12) Beta-hydroxy-3-methylfentanyl (N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);
(13) Betameprodine;
(14) Betamethadol;
(15) Betaprodine;
(16) Clonitazene;
(17) Dextromoramide;
(18) Diampromide;
(19) Diethylthiambutene;
(20) Difenoxin;
(21) Dimenoxadol;
(22) Dimepheptanol;
(23) Dimethylthiambutene;
(24) Dioxaphetyl butyrate;
(25) Dipipanone;
(26) Ethylmethylthiambutene;
(27) Etonitazene;
(28) Etoxeridine;
(29) Furethidine;
(30) Hydroxypethidine;
(31) Ketobemidone;
(32) Levomoramide;
(33) Levophenacylmorphan;
(34) 3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
(35) 3-methylthiofentanyl (N-[3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
(36) Morpheridine;
(37) MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
(38) Noracymethadol;
(39) Norlevorphanol;
(40) Normethadone;
(41) Norpipanone;
(42) Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
(43) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxyxypiperidine;
(44) Phenadoxone;
(45) Phenampromide;
(46) Phenomorphan;
(47) Phenoperidine;
(48) Piritramide;
(49) Proheptazine;
(50) Properidine;
(51) Propiram;
(52) Racemoramide;
(53) Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
(54) Tilidine;
(55) Trimeperidine;
(56) N-[1-benzyl-4-piperidyl]-N-phenylpropanamide (benzylfentanyl), its optical isomers, salts, and salts of isomers; [and]
(57) N-[1-(2-thienyl)methyl-4-piperidyl]-N-phenylpropanamide (thenylfentanyl), its optical isomers, salts, and salts of isomers; [and]
(58) 3,4-dichloro-N-[(1-dimethylamino)cyclohexylmethyl]benzamide (AH-7921), including its isomers, esters, salts, and salts of isomers, esters and ethers.

This emergency scheduling shall take effect on June 6, 2016 as required under Section 329-11(c) HRS.