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**Expert Committee on Drug Dependence  
Thirty-sixth Meeting  
Geneva, 16-20 June 2014**



**1. Comments based on the review report**

**a. Evidence on dependence and abuse potential**

There is no substance-specific evidence regarding methoxetamine dependence and abuse potential. However, as methoxetamine is derived from ketamine and belongs to the arylcyclohexylamine class, it is assumed to have similar potential. Furthermore, the longer lasting and more powerful effects of methoxetamine than ketamine despite weaker analgesic and anesthetic effects appear to signal a substance with higher potential for abuse and dependence.

Reports of compulsive re-dosing and unintentional consumption of more than was initially planned may be taken as further evidence for abuse potential of methoxetamine.

**b. Risks to individual and society because of misuse**

Main effects of methoxetamine include euphoria, sensory loss and a hallucinations, depersonalization, dissociation, catatonia and analgesia. Vomiting, nausea, diarrhea and tachycardia are among the side effects of the compound. Those effects put the individual at high risk of acute or sustained psychotic symptoms as well as sudden death. Psychotic symptoms as well as memory impairment may not improve in accordance with the biological degradation of the substance.

As ketamine-like substances are generally taken in combination with other substances the risks rise sharply.

As methoxetamine effects may not be apparent for 30 to 90 minutes after the drug is insufflated, the abuser individuals are at higher risk of overdose due to repeated consumption. For the same reason and because when methoxetamine is injected, effects may emerge within 5 minutes, abusers might experience the added risks of injection drug use (IDU) too. According to "Report on WHO Questionnaire for Review of Psychoactive Substances for the 36th ECDD" IDU must not be uncommon among methoxetamine users.

**c. Magnitude of the problem in countries (misuse, illicit production, smuggling etc)**

Not to take into account the "sample bias" of available evidence, it appears that methoxetamine is being experienced by younger generations.

**d. Need of the substance for medical (including veterinary) practice**

None.

**e. Need of the substance for other purposes (e.g. industrial)**

None.

**f. Measures taken by countries to curb misuse**

Methoxetamine is already scheduled by many European countries as well as the US and Japan.

**g. Impact if this substance if scheduled**

Promotion of public health.

**2. Additional information to the critical review report**

**3. Other comments or opinions**

**4. Expert reviewer's view on scheduling with rationale**

As a ketamine-like substance with higher abuse potential strong suggestion is that methoxetamine be listed at least as schedule II substance under 1971 convention.