

TEXT SUPPLEMENT (Ch 14): Controlled Substances

Controlled substances (as currently defined under U.S. law)

SCHEDULE I OR C-I

The law describes these as drugs with (1) a high potential for abuse, (2) no currently accepted medical use in the United States (as of 1970), and (3) no acceptable safe dosage standards even with medical supervision.

- LSD
- Marijuana (including hashish)
- Peyote
- PCP
- Heroin
- Cocaine

SCHEDULE II OR C-II

Drugs with a currently accepted medical use, but also a high potential for abuse that may lead to "severe psychologic or physical dependence."

- Amphetamines
- Morphine
- Codeine
- Oxycodone (including Oxycontin)
- Barbiturates such as secobarbital and pentobarbital
- Methadone
- Meperidine
- Methaqualone
- Percodan

SCHEDULE III OR C-III

Drugs with a high potential for abuse that may lead to a moderate or low physical dependence or a high psychological dependence.

- Paregoric
- Doriden
- Noludar
- Tylenol or Emprin formulations containing codeine

SCHEDULE IV OR C-IV

Drugs with a lower potential for abuse than those listed above, and an abuse potential that can lead to 'limited' physical or psychological dependence.

- Phenobarbital
- Many common tranquilizers: chlordiazepoxide (Librium), chlorazepate (Tranxene), diazepam (Valium), flurazepam (Dalmane), oxazepam (Serax)
- Other sedative/hypnotic agents: chloral hydrate, glutethimide (Doriden), meprobamate (Equanil, Miltown), methyprylon (Noludar), paraldehyde

SCHEDULE V OR C-V

Drugs with a low potential for abuse (relative to those in Schedules I–IV) and an abuse potential that can lead to limited physical or psychological dependence compared with schedules I–IV.

- Terpin hydrate with codeine
- Cheracol with codeine
- Lomotil
- Robitussin A–C with codeine