

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Les Iversen
Secretary: Rachel Fowler
3rd Floor (SW), Seacole Building
2 Marsham Street
London
SW1P 4DF
Tel: 020 7035 0555
ACMD@homeoffice.gsi.gov.uk

Minister of State for Crime Prevention Jeremy Browne MP
Home Office
2 Marsham Street
London
SW1P 4DF

3rd October 2013

Dear Minister,

I am writing to you in response to correspondence from Daniel Greaves (Head of Drugs and Alcohol Unit) of 23 July 2013. The Home Office requested the ACMD to provide advice in relation the scheduling of Gamma-hydroxybutyrate (GHB) following the Commission on Narcotic Drugs' (the Commission) decision to reschedule GHB from Schedule IV to Schedule II of the Convention on Psychotropic Substances of 1971 (the 1971 Convention).

GHB occurs naturally in small amounts in the brain, and is recognised by specific receptors. It may be an inhibitory neuromodulator, involved among other things in the control of glucose metabolism, oxygen consumption and temperature regulation. A GHB-based medicine 'Xyrem' is used in the treatment of narcolepsy and is prescribed at low levels in the UK. Figures for England from the NHS Business Service Authority show 858 prescriptions in 2011 and 970 prescriptions in 2012 were issued for this drug.

The ACMD has considered the decision of the United Nations to reschedule GHB from Schedule IV to Schedule II and has reviewed the recommendation to the United Nations from the World Health Organization (WHO)¹. The ACMD agrees with the WHO Expert Committee that the abuse liability of GHB is substantial whereas the therapeutic use is little to moderate in the UK.

The ACMD notes that in August 2013, the Office of National Statistics published its report 'Deaths Related to Drug Poisoning in England and Wales, 2012'²; in which it

¹ http://www.who.int/medicines/areas/quality_safety/Letter_DG_WHO2SG_UN_on_Drug_Control.pdf

² Deaths Related to Drug Poisoning in England and Wales, 2012 http://www.ons.gov.uk/ons/dcp171778_320841.pdf

reported that in 2012 there were 13 deaths where GHB/GBL was mentioned on the death certificate, in the year 2011 there were 20 such deaths. The National Programme for Substance Abuse Deaths (npSAD) has also reported a number of deaths where Coroners have reported GHB/GBL in post mortem toxicology. It should be noted that it is not possible to separately identify GBL and GHB at post mortem as GBL is rapidly converted to GHB when ingested into the human body.

In light of the United Nations decision and the moderate therapeutic use of GHB in the UK, the ACMD recommends that GHB is rescheduled under the Misuse of Drugs Regulations (2001) from Schedule 4 Part 1 to Schedule 2. This will ensure that the relevant requirements, e.g. safe custody and prescription writing, are applied to GHB, as a Schedule II drug under the Convention on Psychotropic Substances of 1971, under UK legislation.

The ACMD recognises that Schedule 2 has more requirements than Schedule 4, such as prescribing and safe custody. However, due to the low level prescribing of the GHB-based drug Xyrem, the ACMD's view is that there would be little impact on clinicians and Schedule 2 would not be over burdensome.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Les Iversen'. The signature is written in a cursive style with a large initial 'L'.

Professor Les Iversen
ACMD Chair

Cc: Daniel Greaves, Head of Home Office Drugs and Alcohol Unit