22 October 2012

Dear Mr Secretary-General,

With reference to Article 2 of the Convention on Psychotropic Substances (1971) Article 2, paragraphs 1, 4 and 6, I am pleased to submit the recommendations of the World Health Organization (WHO), concerning the international control of γ-hydroxybutyric acid (GHB). The recommendation is that GHB be rescheduled from Schedule IV to Schedule II of the 1971 Convention. The basis for this recommendation is set out in an extract from the Report of the Expert Committee on Drug Dependence (ECDD), which advises me on these issues, attached in Annex 1 to this letter.

The ECDD was informed that the WHO recommendation to move dronabinol and its stereoisomers from Schedule II to Schedule III of the 1971 Convention was rejected by the Commission on Narcotic Drugs (CND) in its fiftieth session in March 2007. The Expert Committee noted that the Conventions allow the CND to decide differently from a WHO recommendation, based on considerations other than the medical and scientific ones considered by the ECDD. Following the request from CND that WHO reconsider this issue, the ECDD discussed whether it should revisit the recommendation on dronabinol. However, the Committee was unaware of any new evidence that was likely to materially alter the scheduling recommendation made at its thirty-fourth meeting. The Expert Committee therefore decided that the decision to move dronabinol and its stereoisomers from Schedule II to Schedule III of the 1971 Convention should stand.

ENCLS.: (2)

cc: The Secretary, Commission on Narcotic Drugs, Vienna
I was pleased to note that the ECDD recommended that WHO should continue to promote the implementation of its policy and treatment guidelines in relation to internationally controlled substances. These include:


(Further details of these publications are provided at Annex 2.)

Further, I am pleased to accept the recommendation of the Expert Committee that WHO continue to promote the availability of all controlled medicines listed in the WHO Model List of Essential Medicines and the Model List of Essential Medicines for Children. WHO will encourage the submission by competent national authorities, of annual, and when required, supplementary estimates for these medicines to the International Narcotics Control Board (INCB).

Yours sincerely,

[Signature]

Dr Margaret Chan
Director-General
Annex 1
Extract from the 35th Report of the Expert Committee on Drug Dependence

Recommendation on γ-Hydroxybutyric acid (GHB)

This section provides information additional to the information presented in the report of the thirty-fourth meeting (1). The Expert Committee discussed GHB in the context of γ-butyrolactone (GBL) and 1,4-butanediol (1,4-BD), precursors of GHB, see sections 4.4 and 4.5.

Substance identification and pharmacodynamics
γ-Hydroxybutyric acid (GHB), also known as 4-hydroxybutanoic acid and sodium oxybate, is a naturally occurring substance found in low concentrations in mammalian tissues. It is considered to act by binding to GHB-specific receptors and γ-aminobutyric acid B (GABA_B) receptors. At pharmacological doses it acts as a central nervous system depressant.

Previous reviews
GHB was pre-reviewed during the thirty-first (2) and thirty-second (3) meetings, held in 1998 and 2000, respectively. In 2001, GHB was placed in Schedule IV of the 1971 Convention by a decision of the CND. It was again pre-reviewed at the thirty-fourth ECDD meeting in 2006 (1), at which time the Expert Committee recommended a new critical review to consider its possible rescheduling.

Evidence on dependence potential
The Expert Committee examined additional information from the updated critical review report and peer-review reports. The Expert Committee noted that there is compelling evidence that dependence on GHB exists in humans and noted withdrawal syndromes and withdrawal seizures.

Actual abuse
The Expert Committee noted that at present, GHB appears to be mainly used and abused in the United States of America, Europe and Australia. Most GHB used illicitly originates from clandestine manufacture.

In their discussions, the Expert Committee and advisers agreed on the narrow margin of safety of GHB. There have been numerous reports from Europe and the United States of accidental fatal and non-fatal overdoses where GHB was implicated, both when used alone and with other substances.

The Expert Committee also noted there have been reports of GHB being used to facilitate sexual assault.

Therapeutic usefulness
GHB is used as a medicine in some countries on a small scale for various indications. GHB is not included in the WHO Model List of essential medicines (4).

Need for the substance for other purposes (e.g., industrial)
The Expert Committee acknowledged the use of GHB in the production of a wide variety of industrial polymers.
Measures taken by countries to curb abuse

The Expert Committee was made aware of measures taken by 30 out of the 51 countries that responded to the questionnaire circulated by WHO in 2008 in preparation for the meeting. For example, Norway is planning to implement legal limits for driving under the influence of non-alcohol drugs including GHB. In the United States, GHB (Xyrem®) is available for the treatment of narcolepsy in association with an extensive risk management programme. Postmarketing data from this programme show minimal abuse or diversion of this product. The Netherlands recently re-assessed the risk potential of GHB and found it to be moderate to high. On this basis GHB was upgraded to List 1 (hard drugs) of the Dutch Opium Act.

Recommendation

The Expert Committee considered the implications of rescheduling this substance. On the basis of available data on its toxicity and dependence potential, the Committee rated the abuse liability of GHB to be substantial, whereas the therapeutic usefulness is little to moderate. The Committee therefore came to the conclusion that GHB should be moved from Schedule IV to Schedule II of 1971 Convention.

References


Annex 2
Bibliographic data

  ISBN English: 978 92 4 156417 5; French: 978 92 4 256417 4; Spanish: 978 92 4 356417 3. 15 language versions and reference list available on-line at:
  Hardcopies in English, French and Spanish can be ordered from the WHO Bookshop at:
  http://apps.who.int/bookorders/anglais/home1.jsp?sesslan=1

  ISBN 978 92 4 154812 0. Package containing:
  - Persisting pain in children, Important information for policy makers (Policy-makers and medicines regulatory authorities, Hospital managers and Health insurance managers), Highlights for policy makers extracted from the WHO guidelines on the pharmacological treatment of persisting pain in children with medical illnesses, World Health Organization, Geneva 2012
  - Persisting pain in children, Important information for pharmacists, World Health Organization, Geneva 2012
  - Wall chart, dosage pocket card, two pain scales (printed version only)
  These documents on persisting pain in children can be downloaded from:
  Hardcopies in English can be ordered from the WHO Bookshop at:

  ISBN: 978 92 4 154754 3. Accessible at: English:
  http://apps.who.int/iris/bitstream/10665/43948/1/9789241547543_eng.pdf
  Italian: http://apps.who.int/iris/bitstream/10665/43948/2/9789241547543_ita.pdf
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