

# ACMD

## Advisory Council on the Misuse of Drugs

Chair: Professor David Nutt  
Secretary: Will Reynolds

3<sup>rd</sup> Floor (SW), Seacole Building  
2 Marsham Street  
London  
SW1P 4DF  
Tel: 020 7035 0454

Email: [ACMD@homeoffice.gsi.gov.uk](mailto:ACMD@homeoffice.gsi.gov.uk)

Rt Hon Alan Johnson MP  
2 Marsham Street  
London  
SW1P 4DF

19th August 2008

Dear Home Secretary,

Thank you for giving the ACMD the opportunity to consider the responses you have received to the Government's consultation on Gamma-butyrolactone (GBL) and 1,4-butanediol (1,4-BD). The ACMD welcomed the Government's consultation on these substances and also that you have sought our consideration of the summary responses.

As outlined in our original report, the ACMD recognise the indisputable harms associated with taking GBL and 1,4-BD, both of which are rapidly converted to gamma-hydroxybutyrate (GHB) when ingested. GHB (but not GBL and 1,4-BD) was controlled as a Class C drug on 1<sup>st</sup> July 2003, under the Misuse of Drugs Act 1971. Our report was initiated by concerns that users of GHB may have switched to using GBL and 1,4-BD.

The ACMD welcome the Government's consideration that the harms and misuse of GBL and 1,4-BD are commensurate with Class C of the Misuse of Drugs Act 1971 and that it is classified in Schedule 1 of the Misuse of Drugs Regulations (having no recognised medicinal use).

The ACMD have indicated that the risk of harm to individuals from GHB and GBL can be considered analogous from their modes of action. However, unlike GHB, the ACMD are conscious of the potential impact control may have upon the legitimate use of GBL and 1,4-BD - the responses to the consultation clearly indicate the large quantities of GBL currently used by the chemical industry in a number of different processes and products. Option 1 (bringing the substances under control and prohibiting possession, supply, production and importation / exportation with no concession for legitimate use

by industry) is clearly not a viable alternative to industry and the ACMD do not believe this is necessarily a proportionate response.

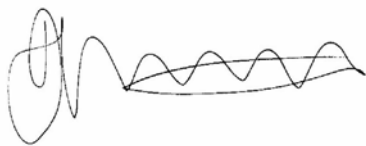
The ACMD believe that Option 2 (prohibiting possession, supply, production and importation / exportation but subject to a licensing regime for industrial use) would provide legislation commensurate with the harms of GBL and 1,4-BD (as from our report). However, whilst the ACMD would be keen to see greater parity of legislation between GHB and GBL, in the Government's indicated direction of travel - to regulate and limit the offences to where these substances are possessed or supplied for human consumption only (Option 3) - the ACMD recognise the Government's pragmatic, approach. In this respect I am sure that your Department will wish to pursue ongoing engagement with industry to identify and curb potential routes of diversion and ensure that industry regulation meets this continuing aim.

Irrespective of the option chosen it is imperative that there is associated monitoring to assess the outcomes of any new legislation concerning GBL and 1,4-BD. This should consider monitoring of both enforcement outcomes and trends in use. In tandem with this the Government should carefully review their public health messages to ensure that they are appropriately targeted and informative. The ACMD would be pleased to assist Government in this latter aim.

In particular, the ACMD have concerns about the potentially serious consequences of GBL being taken with alcohol. It is vital that this issue is highlighted to those individuals or groups who may be most at risk.

I would welcome the opportunity to discuss with your officials any areas where the ACMD may assist in taking this work forward.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Nutt', with a stylized, wavy flourish extending to the right.

**David Nutt FMedSci**