

## **GAMMA HYDROXYBUTYRATE (GHB) USE IN THE NORTH WEST OF ENGLAND**

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Firstly, it has been fascinating to listen to the two previous speakers, because the similarities between the different countries are amazing. As you will find, a lot of the issues I shall be discussing in my short presentation represent things that have seen across the globe.

I first stumbled, shall I say, across GHB professionally in work, involved around the re-emergence of syphilis. As sexual health specialists we were called into the gay village in Manchester, where there had been an alarming increase in syphilis cases. We called in to see what exactly these gay men were doing, who they were doing it with, where they were doing it, what was making them do this sort of thing and we asked questions around their drug use. We gave a list of drugs and asked them which of these drugs they used. Very quickly into the investigation, it became apparent that GHB was a major issue; we did not ask the question “Do you use GHB?” it was not on the original questionnaire. So we amended the questionnaire straight away and we actually went out and found what GHB was doing in the North West.

What we did find, within the gay population when we did a case control study, was that of the individuals that we contacted in the case control study with no sexually transmitted infection, about 20% had used GHB. (Referring to the screen) As you see then, that row is significantly just under 60% of people with HIV; it went up again for those with syphilis; and for people with syphilis and HIV, it was over 70% of this cohort had used the drug GHB.

What we found, and this was the first time we actually found it in the North West of England, was that people were using GHB, not as a party drug, but as a sexual enhancer. (Referring to the screen) As a guy says here, “You take a bottle of GHB down the canal” (which is a cruising area that the gay men used to use) “and see what happens.” Invariably what used to happen is that they used to drink the GHB, have multiple sexual partners then fall asleep on the side of the canal, which is not the ideal environment to be using GHB. Another guy said: “I simply lose all my inhibitions regarding sex”, so straight away there was the link between sexual behaviour and GHB. As a result of this, some of the voluntary sector organisations who produce information, became involved in getting information out to the gay men within the area.

As colleagues have already mentioned today, we had a problem – a lot of it was bathtub GHB which they made themselves. They had the bottle of water in one hand, they had the bottle of GHB in the other, and they walked round the nightclubs swigging. And as this guy says here (referring to screen) “that was my GHB and not my water - I took a big swig too much”. At the bottom (referring to screen) he said he did pass out once, when he had been drinking; he was completely comatosed, could not remember anything, “I was in a men’s sauna at the time, I woke up after 3 hours feeling great, apart from having a sore arse.”

Information was produced to make sure that the general population were aware of GHB, and not just the gay community, because what we have found in Britain is that a lot of party drugs have started within the gay community and very quickly they have transferred over to the heterosexual club scene. (Referring to the screen) This was produced by our partnership organisation, HIT, that produced cards like this around various drugs.

Eventually, and we all knew it was coming, we had the headline in the local newspaper “Killer drug hits clubs, two fight for life after taking GHB”. Once again, as colleagues have already said, the two people that were fighting for life, three hours later woke up and walked out of the hospital. But the media jumped straight on the story that there was a massive problem around GHB.

What we were aware of, and those who have attended various sessions around sexual health will know, is the amount of British people who travel abroad and party. In the 16-35 year old category, 18 million visits are made abroad in 2002. A lot of British young people are attending club events. (Referring to the screen) This was information from Ibiza: we have *Cream*, which was a club that was founded in Liverpool that moved out to Ibiza, and we have people from all over the world who come to these clubbing events.

Some of the work conducted by colleagues at Liverpool University found that, of those people who had used GHB in Ibiza, 16% of them had done so for the first time. Their first experience of using GHB was in a foreign country. And this causes lots of problems for the actual services within Ibiza, a very small island that is flooded with hundreds of thousands of people every summer and invariably the hospitals and the services are stretched to breaking point, because people are coming in with various things. Part of this is that it puts less experienced users in danger, and the coma cases were coming into the hospitals. This led one of the managers to say, “we don’t understand what is going on, and we don’t know anything about the drug, especially when it is taken with other toxic substances such as alcohol and cocaine.” And invariably it is. Once again, some of our research, carried out by a colleague, has shown that when people go away they will use lots of drugs; they will have lots of alcohol, take a few lines of cocaine and if somebody offers them some GHB they will then take the GHB.

Unfortunately, people who go to Ibiza for a holiday then return home and we have the pleasure of hosting an Ibiza reunion event in one of the main clubs in Liverpool. Following one such event, six people were taken to hospital, and as colleagues have already said, six people arriving in Liverpool Royal Hospital will fill all the intensive care beds. If there had been any other incident within Liverpool that night, there was not a bed available for anybody. Now thankfully, only six people came down, because if it had been 20 or 30, the whole of the hospital system in the North West would have crashed.

Following an initial assessment, one woman remained unconscious; she was ventilated, and following consultation with her friends to find out what she had taken, it was established that she had taken a cocktail of alcohol and cocaine, and then she had taken GHB. After about 5 hours (similar to other cases that we have seen) she regained consciousness. To say she was extremely distressed to find herself in

hospital, intubed, is an understatement; she jumped up and trashed the department; she was subsequently discharged and walked home that night.

Once again, the press jumped straight on the story, although I think they had calmed down a little bit from the first “fighting for their lives” story; the press had started to realise that maybe they were not necessarily fighting for their lives and this is some of the effects of the drug.

The Ibiza reunion raised significant questions regarding the level of knowledge amongst nursing staff, for many of whom this was the first time they had been presented with somebody in this state. Also, hospital protocols, when to ventilate somebody, and on whose say-so should we decide that somebody needs ventilating and intubing. And also, is intensive care the appropriate environment for this type of admission. If we filled intensive care, what else would happen if something happened in the city? So lots of questions were raised.

Thankfully, some of the magazines that are available, the likes of MixMag, which is a music-orientated magazine, provides information around GHB for the clubbers. Invariably, once again, it tends to be “I nearly died on GHB, GHB did this to me, I had a very bad experience on GHB”, and we need some more balanced information around GHB.

Unfortunately, we had a case like this recently (referring to screen), as it says, “they look a ‘normal’ couple, don’t they?” But as the story develops, it says there at the bottom “the first tooth I did was a real struggle, but then they started to fly out - I pulled my teeth out myself”, and the woman actually extracted all her teeth under the influence of GHB. This is the stuff that the press go on a media frenzy about, but this isn’t the usual effect of GHB in Britain, we don’t all take our teeth out; but once again, the press will love stories like this. We also have the pressure from the press around reported number of ‘drug rapes’. Once again, as Karl has already said, people don’t get drunk anymore and have a sexual encounter, they have got to blame it on something else other than alcohol. And there is the race now to find out what people are blaming it on. We are not taking away from the fact that, drug-assisted rapes do happen; sexual assaults under the influence of drugs do happen, but we have got to be aware that we cannot simply jump on GHB as the main cause.

As a result of all of this that was going on, there was a change in the legal status in Britain in 2003 and GHB was outlawed, as the ACMDXX recognised that the drug was widely misused and had harmful effects. So as from the 7<sup>th</sup> 2003, GHB became a class C drug under the misuse of drugs act, which results in 5 years imprisonment for supply and two years imprisonment for possession of the drug; and this is the first time it has actually been on the legal statute.

Talking to some of the cohort of people that I met through the original syphilis investigation, we found out the change in the law made no difference at all – if you want it, it’s there – it hasn’t affected supply, the demand or anything at all. Someone else said “there doesn’t seem to be as much of it about”, but that is because the scene has changed. The actual ‘gay village’ scene in Manchester has changed dramatically over the last three or four years; it has become, as a colleague says “a bit of a zoo”.

People go to see the ‘gays in the zoo’. It has become a big of a ghetto, people go for the pubs and it is predominantly heterosexual now.

As a result, what we are seeing is a lot more house parties. The gay men will go into the village, they’ll meet in the village, they’ll get their friends together and go back to somebody’s house – have the party there. There are more parties than ever before, the main thing is – if you fall asleep in somebody’s house, you are put to bed or at least left there, it is not the danger of taking GHB on the canal or using it in an unsafe club environment. So if nothing else, the fact that people have actually been driven out of the village to safer environments, has been a plus.

We also have the spiked drinks, as we’ve mentioned earlier, (referring to screen) “take care when you leave you drink”, this is an awareness raising campaign, which is big business in Britain at the moment. One of the things they say is that it is very difficult to know the effect of some drugs. And as I mentioned earlier, in Britain alcohol is used with everything. Our major drug of choice is alcohol. A typical night out for a group of young women will be to meet in somebody’s house, have a few Bacardi breezers or some bottles – a few bottles of wine, go out have a few shorts, a couple of lines of cocaine, go to a club, take a bit of ecstasy, and invariably if GHB is there they will have a swig of that as well. Not the basis of a good night out.

As a result, what we are planning amongst partners in Merseyside and Cheshire area (an area just outside of the Liverpool area) is a pilot project and the working title is ‘The GHB surveillance project’. We are going to have partners from accident and emergency departments, police, primary care trusts – that actually look after the nursing side and the medical response, nighttime economy stakeholders, criminal justice system and public health.

The main reason for us coming together, in short term objectives is: to share experience; to find out what is going on throughout the area; develop protocols, so that regardless of where an incident takes place, there will be a uniformed response. Long term objectives: establish toxicology in accident and emergency departments, for anyone who claims to have had their drink spiked. Now we are aware that the short length of time, as Karl has already pointed out, that within 8,9,10 hours GHB is gone. If nothing else we can prove the point that maybe when a lot of these people are having their drinks spiked, it is with alcohol. But there may be something else and by actually setting up this surveillance and setting up a system for people who claim to have had their drink spiked, we are actually meeting the need, whether that be the need of the medical profession, the need of the media, or the need of the club goers themselves.

Unfortunately, as part of the work that we’re doing, in contact with colleagues throughout the world, we have heard of GBL, 1,4-b and lots of other letters and numbers used in combination, which haven’t hit Britain yet, or not that we’re aware of. I used the question “have you used any GBL?” and the guy said: “GBL, I haven’t heard of that.” By the time I got home in the car there was an e-mail; he had found a website where he could make his own GBL, and that was what he was going to be doing that weekend. So if there is a GBL outbreak in Liverpool, I do not wish to be personally held responsible.

A special thanks to my colleague, Karen Hughes, at John Moores, she does the Club Health and she gave me the Ibiza data. Thanks very much for your time.