

Nitrous oxide: Call to have the drug reclassified has been rejected by UK government advisers

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Nitrous oxide whippits used recreationally. Credit: <u>Hansmuller</u>/Wikimedia Commons, <u>CC BY-SA</u>



The UK government's advisory panel on drugs has rejected a call to ban the sale and possession of nitrous oxide—also known as laughing gas or nos—despite the home secretary's desire to see the drug banned.

In 2021, the then home secretary Priti Patel asked her independent scientific advisers to review the evidence of harm associated with nitrous oxide. The Advisory Council on the Misuse of Drugs (<u>ACMD</u>) has now reviewed the evidence and has not <u>recommended</u> nitrous oxide be placed under the Misuse of Drugs Act 1971 (MDA), which would have made possession of the <u>drug</u> for non-exempted purposes a criminal offense.

The current home secretary, Suella Braverman, has made no secret of her <u>view</u> that nitrous oxide should be brought under the MDA. One reason for government interest has been its recent policy focus on <u>antisocial behavior</u>.

Discarded nitrous oxide canisters are a highly visible form of littering, and use is often associated with nuisance behavior in groups of young people hanging out in public places. Three and a half tons of these canisters were collected during last year's Notting Hill festival alone. Targeting nitrous oxide would provide a clear signal of policy intent.

Possession of nitrous oxide for legitimate purposes (use as an anesthetic, or as a catering product) is not a criminal offense. In their review, the ACMD acknowledged the potential for the drug to produce health and social harms, but argued that classifying the drug under the MDA—and the <u>penalties</u> this would bring—would be disproportionate, and there was insufficient evidence to justify this.

There are also developments in the UK, supported by the police, to move away from the punishment of drug possession offenses towards <u>diversionary interventions</u>, such as drug education, and so the recommendation should also be seen in this wider context.



This is the second time that the ACMD has been asked to review the evidence on nitrous oxide. The <u>last review in 2015</u> reached the same conclusion: that it should not be prohibited.

Harms are real but very rare

Nitrous oxide use is not exactly a niche drug, with at least <u>half a million</u> people using the drug every year, making it the second most popular recreational drug after cannabis.

Some neurologists have expressed concern about the increasing number of people who have been harmed by the drug. However, these patients tend to be those who have used very large amounts of the drug, often over a <u>prolonged period</u> of time.

The health <u>problems</u> include paralysis and numbness in the hands and feet. Other neurological problems such as memory loss, poor balance and weakness in the arms and legs have also been found—but again, these are very rare.

In some people these symptoms resolve quickly, but in others they can persist for weeks or months. Historically, there has been a lack of inquiry from doctors about nitrous oxide use, and a hesitancy for patients to disclose it. Recent publicity has helped to raise awareness of this issue in both patients and doctors.

The ACMD highlighted that restricting access to nitrous oxide would be felt by not just those using the drug recreationally. It has a long history of use as an anesthetic ("gas and air"), a car-fuel additive, and in catering as a propellant and food preservative.

Recent research has also investigated its use as an <u>antidepressant</u>. If controlled under the MDA, a significant number of people and



organizations would be subject to stricter regulations. New laws would still have to facilitate legitimate uses, and resolving this—for example, special licensing of purchasers—would present significant resource and administrative burdens.

Although the ACMD doesn't recommend controlling the drug under the MDA, they do make some practical <u>suggestions</u> to reduce social and <u>health problems</u>. These include recommending restricting online sales of the drug, through to providing health warnings on packaging used for the drug as has been introduced in other countries such as France.

They also suggest that the government considers giving the police more powers to intervene when they suspect nitrous <u>oxide</u> is about to be used for recreational purposes. Local powers such as Public Spaces Protection Orders could also be introduced to prohibit use in <u>public places</u>, with fixed penalty notices rather than criminal records as punishments.

Littering of canisters is an individual responsibility, but could also be addressed through existing powers, and strategies to improve recycling and responsible waste disposal.

Ultimately, the ACMD is an independent body, and while the home secretary is obliged by law to seek their expert advice, she is at <u>liberty to ignore it</u>. Were this to happen, it would be a political decision.

The drugs policy field is not unique in this regard and decision-makers have to balance a range of considerations and competing interests, so issues of politics cannot be ignored. But if the home.secretary introduced stricter controls and punishments, any problems associated with the use of nitrous.oxide would not simply go away. There is a high level of demand—and, as the ACMD highlights, control under the MDA can have "significant unintended consequences," and that is no laughing matter.



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