Party Pills:

A Youthline position paper on the legal status of BZP

BACKGROUND

Party pills emerged in New Zealand during the early 2000s and have become increasingly popular in recent years, particularly among young people aged between 20 and 24 years (Wilkins, Girling, Sweetsur, Huckle, & Huakau, 2006). Party pills were introduced and marketed by the industry as 'legal highs' (Sheridan & Butler, 2007) and are available for purchase from dairies, liquor stores and specialist retail outlets across New Zealand. Until early 2008, a range of party pills contained piperazine-based active ingredients such as BZP (benzylpiperazine) and TFMPP (trifluoromethyl-phenylpiperazine). Following an amendment in April 2008 to the Misuse of Drugs Act 1975 the possession, use, sale, supply, import, export and manufacture of piperazine-based substances was made illegal in New Zealand. Subsequently, a range of alternative party pills have been made available, meaning the 2008 prohibition of party pills containing psychoactive piperazine derivatives has not prevented the sale or use of party pills altogether.

Under the law change, new Class C1 drugs include:

- Benzylpiperazine (BZP)
- Trifluoromethylphenylpiperazine (TFMPP)
- 1-(4-fluorophenyl)piperazine (pFPP)
- 1-(4-methoxyphenyl)piperazine (MeOPP)
- 1-(meta-chlorophenyl)piperazine (mCPP)
- 1-methyl-4-benzylpiperazine (MBZP)

Alternatives to BZP (and related substances) are currently available, and many more are likely in current development. It is not clear which active ingredients will ultimately appear on shelves in New Zealand and become popular. There is also no reason to believe that alternative active ingredients will be safer than BZP, of which approximately 20 million pills have been sold in New Zealand, including an estimated five million in 2007 alone (Gee & Fountain, 2007). Alternatives in use overseas include D-lysergic acid amide (LSA), which is chemically similar to D-lysergic acid diethylamide (LSD), asarone, Sida cordifolia extract and a range of other plant extracts (Hillebrand, Olszewski, & Sedefov, 2010).

The risks of BZP use have not been investigated in any depth; however there is evidence of harm caused by BZP when it is not used as directed (for example, taking a dosage that is higher than that recommended, or co-ingestion of BZP with other drugs or alcohol) (Johnstone, Lea, Brennan, Schenk, Kennedy, & Fitzmaurice, 2007; Theron, Jansen, & Miles, 2007). In addition, a small proportion of users may be susceptible to harmful effects even at doses taken as directed by the manufacturer, particularly those with pre-existing medical conditions (Wilkins, Sweetsur, & Girling, 2008). This indicates that BZP warrants further examination. However, considering its widespread use (mentioned above), there is little evidence of immediate harm to users when party pills are used as directed. In this sense, it would be difficult to consider BZP more harmful than other legal substances such as alcohol or tobacco, which are already known to have harmful long-term effects from misuse. Hence, a ban of party pills may indicate the preferences of policy-makers rather than a robust and consistent process based on scientific research.

Over a three year period, between 2002 and 2004, 26 people presented at Auckland City Hospital Adult Emergency Department after taking party pills (Theron et al. 2007). Of these, one patient was admitted to hospital. This accounted for less than 2% of all overdose cases at the hospital (where overdose is any amount resulting in presentation from adverse effects). Co-ingestion (i.e. drinking alcohol or taking other drugs together with party pills) was reported in 81% of cases. Only two people who had followed manufacturer's recommendations with regards to dosage presented at the emergency department, neither of whom were admitted to hospital. The only legal intoxicant, alcohol, accounted for more than half of all overdose admissions (Theron et al. 2007).

Gee, Richardson, Woltersdorf, and Moore (2005) reported higher rates of serious problems caused by party pills (including toxic seizure) in a Christchurch study, with data from 2005. Theron et al. (2007) noted however, that dose per pill was probably higher in Christchurch in 2005 than in Auckland between 2002 and 2004. A dosage of 100mg per pill, was approximately the average in Auckland during 2002 and 2004, according to party pill industry spokesperson Matt Bowden (cited in Theron et al. 2007), while doses as high as 500mg per pill were reported in Christchurch. These studies therefore indicate that a maximum dosage per pill could be an important part of regulating the industry.

Largely, the risks associated with BZP appear to be a result of misuse, rather than use. A strongly regulated marketplace for party pills, including those that are piperazine-based, could potentially increase overall safety of young people who may choose unregulated, illegal alternatives in the place of party pills as result of the ban.

EXAMINING THE 'GATEWAY' ARGUMENT

Opponents of party pills claim that their use creates a path to using illegal drugs. A counter-claim from the party pill industry is that people in fact use them to transition from illegal drugs. However, since the introduction of party pills, the patterns of use of illegal and legal drugs have been mixed. Some people

report having stopped using illegal drugs in favour of party pills, others vice versa. Overall, there has not been an increase in the use of illegal drugs reported. Fourteen percent of respondents in a report published by the Centre for Social and Health Outcomes Research and Evaluation (SHORE) on party pill use indicated they initially began using party pills and had transitioned to the use of illegal drugs, while 44% indicated they were previous users of illegal drugs but had made the transition to mostly using party pills (Wilkins et al., 2006).

It can be argued that those who take party pills regularly as part of a social scene, are likely already exposed to illegal drug use. Hence, where a transition from party pills to illegal drugs occurs, it is difficult to explain this in terms of party pill use rather than social interactions with those who take illegal drugs. Banning party pills will see those people having to make a choice between taking illegal drugs and ceasing all legal and illegal drug use. It would be unrealistic to assume that all users of party pills will opt for the latter choice.

Party pill industry representatives such as Social Tonics Association of New Zealand (STANZ) claim that legal party pills provide an alternative to illegal drugs. While this is widely criticised by opponents of party pills, 45% of party pill users in SHORE's 2006 survey reported using party pills "so they don't have to use illegal drugs" and 33% of party pill users reported having recently stopped their use of illicit drugs. However, 27% of respondents stated they used party pills in combination with illegal drugs (Wilkins et al., 2006). Hence patterns of use are heterogeneous and difficult to generalise.

REGULATION OR PROHIBITION?

Banning party pills is destined to criminalise young people, rather than address the reasons why young people are taking party pills in the first place. Young people model their behaviour on the example set by their parents and the wider society, as well as the influence of their peers. The strong societal message in New Zealand is that intoxication is an accepted part of having fun, and a rite of passage to adulthood. The widespread use of both legal intoxicants such as alcohol – as well as illegal intoxicants such as marijuana – creates mixed messages for young people. The implied message our young people are therefore receiving is 'do as I say, not as I do'.

The legal status of BZP between 2005 and 2008 influenced young people's views on the safety and strength of party pills. A survey showed that young people believed that because they were legal, party pills were a safer and weaker alternative to illegal drugs (Sheridan & Butler, 2009). This meant that some users felt comfortable taking larger doses of the pills, which was a negative outcome associated with their legalisation. However, legalisation of party pills was also associated with positive outcomes, such as young people being more comfortable communicating with parents about legal drug use (Sheridan & Butler, 2009).

Changing wide societal attitudes is difficult, and unrealistic in the short-term. Modifying the behaviour of young people is equally unrealistic. However, by having in place strict controls and regulations which

create the safest products and supply the best information around their use, harm from the use of party pills can be limited. Such a harm reduction model is appropriate in the case of party pills; harm minimisation is the first principle of New Zealand's National Drug Policy 2007-2012 (Ministry of Health, 2007).

Criminalising party pills does not represent a harm minimisation approach. Although overall use could be reduced, the risks are increased for those who continue to use BZP and TFMPP based products. In particular, by criminalising BZP and similar substances, manufacturers are less likely to conform to any standards, leading to unknown dosage and potentially unknown drug combinations.

A harm minimisation model for the sale and use of party pills would include (but not be limited to):

- Restricting sales of party pills to specialist, licensed outlet stores
    - Sales from liquor stores should be prohibited as most active ingredients are not recommended to be consumed with alcohol
    - Sales from dairies etc. should be banned as users have reported proof of age is frequently not requested (Wilkins et al., 2006)
- Sales have a statutory restriction to an age limit of 18 with strict penalties (including loss of license) for retailers failing to request proof of age
- Establish licensing criteria for specialist retailers
    - Include the mandatory provision of verbal and written information regarding risk of harm and contraindications of specific active compounds at point of sale
    - Outlets should not operate near schools. Hours may also be restricted to limit access by underage people
    - Ongoing education for retailers including regular refresher courses on the issues relating to specific active compounds
    - Retailers staffed by youth-friendly people could provide information in an appropriate way which may encourage users to follow safe practices
- Limit the maximum dosage per pill to an appropriate level (likely to be 100-200 mg).

CONCLUSION

Party pills containing piperazine-based ingredients (including BZP and TFMPP) were made illegal in New Zealand in 2008. This law change however, has not prevented the manufacture or sale of party pills altogether, and as a result alternatives to BZP are currently available. Further, there is no evidence to suggest that these alternatives are safer than BZP.

By banning party pills the industry is less likely to conform to any standards, thus potentially increasing the harm experienced by those who continue to use party pills. Given this – alongside a lack evidence of harm caused by party pills when used as directed – a harm minimisation approach to party pills could be an appropriate avenue; whereby strict controls and regulation around the sale of party pills and the provision of health and safety information is enforced to minimise any potential harm.

Youthline's Position

Youthline takes the position that:

1. Any decisions regarding health policy should be based on harm minimisation.
2. Prohibition does not minimise harm, as it does not give regard to the wellbeing of those who choose not to obey. Those people will be exposed to products with no standards of production and no guarantee of ingredients. It also reduces the gap between relatively benign drugs such as BZP and more harmful substances. Hence, users will be exposed to a substantially greater risk of harm.
3. The popularity of party pills indicates an opportunity to regulate the market and increase safety of those who choose to take them.
    a. Sales of party pills should be limited to specialist retailers who do not operate near schools and are not open at times when schools are opening or closing (i.e. 8am-9am and 3pm-4pm).
    b. Increased retailer education coupled with greater fines for failing to enforce age restrictions would be positive steps towards reducing harm.
    c. Limiting the amount of active ingredients appears to be a further measure that reduces risk to users.
4. Finally, users should be educated on safe use, including the dangers of poly-drug use. These measures should minimise harm to users.

REFERENCES

Gee, P., & Fountain, J. (2007). Party on? BZP party pills in New Zealand. *New Zealand Medical Journal*, 120.

Gee, P., Richardson, S., Woltersdorf, W., & Moore, G. (2005). Toxic effects of BZP-based party pills in humans: a prospective study in Christchurch, New Zealand. *The New Zealand Medical Journal,* 118.

Hillebrand, J., Olszewski, D., & Sedefov, R. (2010). Legal highs on the internet. *Substance Use & Misuse, 45,* 330-340.

Johnstone, A. C., Lea, R. A., Brennan, K. A., Schenk, S., Kennedy, M. A., & Fitzmaurice, P. S. (2007). Benzylpiperazine: a drug of abuse? *Journal of Psychopharmacology, 21,* 888-894.

Ministry of Health. (2007). *National Drug Policy 2007-2012*. Wellington: Ministry of Health.

Sheridan, J., & Butler, R. (2007). *Legal Party Pills and Their Use by Young People in New Zealand: A Qualitative Study. Final Report of Findings (revised June 2007).* Auckland: University of Auckland.

Sheridan, J., & Butler, R. (2009). "They're legal so they're safe, right?" What did the legal status of BZP-party pills mean to young people in New Zealand? *International Journal of Drug Policy, 21,* 77-81.

Theron, L., Jansen, K., & Miles, G. (2007). Benzylpiperazine-based party pills' impact on the Auckland City Hospital Emergency Department Overdose Database (2002–2004) compared with ecstasy (MDMA or methylene dioxymethamphetamine), gamma hydroxybutyrate (GHB), amphetamines, cocaine, and alcohol. *The New Zealand Medical Journal,* 120.

Wilkins, C., Girling, M., Sweetsur, P., Huckle, T., & Huakau, J. (2006). *Legal party pill use in New Zealand: prevalence of use, availability, health harms and 'gateway effects' of benzylpiperazine (BZP) and trifluoromethylphenylpiperazine (TFMPP).* Auckland: Centre for Social and Health Outcomes Research and Evaluation (SHORE).

Wilkins, C., Sweetsur, P., & Girling, M. (2008). Patterns of benzylpiperazine/trifluoromethylphenylpiperazine party pill use and adverse effects in a population sample in New Zealand. *Drug and Alcohol Review, 27,* 633-639.

Misuse of Drugs (Classification of BZP) Amendment Bill 2007. New Zealand Parliament Bills Digest No. 1544.http://www.parliament.nz/NR/rdonlyres/B369ADAE770D4B5DB51A9CE612B12984/83028/DBHOH_BILL_8220_531999994.pdf