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Benzylpiperazine: the New Zealand legal perspective

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Benzylpiperazine (BZP) was first sold commercially as an alternative and legal drug in New Zealand around the year 2000. As it was not listed under the Misuse of Drugs Act 1975, there were no legal controls around sale or distribution. This meant that the distributors were able to market BZP as a dietary supplement without need for pre-market approval. As the manufacturers and distributors also avoided any claims about therapeutic effect, the tablets did not fall under the control of the Medicines Act 1981. Prior to the rise of BZP as a recreational drug, there were no licensed therapeutic uses in humans.

BZP was marketed as an alternative to illegal drugs, such as methylenedioxymethamphetamine (MDMA) and methamphetamine. The drug was often sold in products mixed with other ingredients to mimic the effects of other drugs. For instance, trifluromethylphenylpiperazine (TFMPP) and BZP were said to mimic the effects of MDMA.[1] Dosage units were readily available through service stations and high street 'party pill' shops at all hours and over the Internet. Ministry of Health figures estimated that 1.5 to 2 million doses had been sold by one distributor in New Zealand between 2001 and 2003[2] whilst industry figures estimate 26 million doses had been sold in New Zealand over an 8-year period.[3]

In 2004, the Expert Advisory Committee on Drugs[2] produced a report for the Health Minister considering the classification position on BZP. The Misuse of Drugs Act 1975 stipulates that there must be such a committee to advise the Minister on drug classification matters. The Committee examined the evidence on BZP available at that time, according to particular criteria which have to be met before the Committee can make any recommendations. These criteria were likelihood or evidence of drug abuse, specific effects of the drug, potential to cause death, risks to public health, therapeutic value, ability to create physical or psychological dependence, international classification and experience, and any other pertinent information. The Committee took evidence from the Ministry of Health, New Zealand's drug enforcement authorities, industry figures, and others.

The report provided advice to the Minster that further information on the health effects of BZP was required. By 2004, there had been little published in the way of toxicological data, pharmacokinetics were poorly understood, and there was little known of possible long-term health effects. At this point, the recommendations were around restriction of sale, particularly to minors, acknowledging that prohibition may lead users to try and source other controlled substances instead. The Committee did advise that it was inappropriate to continue marketing BZP as a dietary supplement. Industry figures indicated that a trade group was developing rules around issues such as age of users and promotion, but the Committee cautioned against the long-term benefits of industry self-regulation. The Committee summarized: 'After considering the evidence, the EACD believes that there is no current schedule under the Misuse of Drugs Act 1975 under which BZP could reasonably be placed.'[2]

After considering this information, the Ministry of Health created a new Schedule within the Misuse of Drugs Act, termed 'Restricted Substances', with BZP as the first example of this new class of substance. This schedule is informally referred to as 'Class D' by extension from the main part of the Act that sets up Class A, B, and C Controlled Drugs with different levels of penalty associated with each. The 'Restricted Substances' category was created for those drugs and substances the government preferred to regulate through control of manufacture and sale, rather than prohibit. The sale was restricted to over 18s and advertisement and labelling of the product were controlled. The drug was still legal to possess as an individual without penalty. This represented a significant shift in drug-control policy from a prohibition model to a regulatory model. The Misuse of Drugs Amendment Act was voted into effect by parliament in 2005.

In the following years, there were several studies around BZP use published. A large study of New Zealand drug users[4] reported that 1% of BZP users had sought emergency department treatment following use, with one user in 250 requiring admission to hospital. The study also details the extent of polydrug use amongst users, with 89% using other drugs (including alcohol or tobacco) whilst using BZP. These users reported many side effects following use, both physiological and psychological. These effects were backed up by a study examining emergency ward admissions in Christchurch, New Zealand.[5] A randomized controlled study examining the effects of BZP and TFMPP with or without alcohol had to be stopped early because of severe adverse effects on the participants.[6] An interim report on these findings was provided to the Committee. In the time following initial classification, there have been several incidents of serious harm or death linked with BZP use, often when co-administered with another drug such as MDMA.[7,8] The counter to this position is that there were many millions of exposures to the drug over this time period, with relatively few serious adverse events.

The Expert Advisory Committee on Drugs issued a follow up report in 2006 based on the new evidence. Their advice to the Minister now was that BZP posed a 'moderate risk' and 'benzylpiperazine (BZP) and all known analogues and derivatives,

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be classified as Class C1 drugs under the Misuse of Drugs Act 1975'.[9]

In 2007, following widespread consultation and much debate, the New Zealand government passed a law placing BZP (and some associated drugs such as TFMPP) into Class C1. This law, Misuse of Drugs (Classification of BZP) Amendment Act 2008, came into effect on 1 April 2008. The Act allowed a six-month amnesty period for the possession of the drugs, after which they became illegal to posses or to sell. Class C1 is the same classification as cannabis plant in New Zealand. Following this reclassification there has been much debate over the relative merits of the classifications. There are now other drugs that are being sold legally such as methylhexaneamine (dimethylamylamine (DMAA)) which have taken much of the legal party pill market.

Following the reclassification of BZP to a Class C1, there are now no drugs in the 'Restricted Substances' classification. This classification remains available for future use and the EACD has provided advice on certain other substances that could be classified as 'Restricted Substances', although this advice has yet to be implemented.

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