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Comments on BZP and New Zealand's alternative approach to prohibition

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To the Editor

We write with concern regarding the published transcript summarizing Paul Trevorrow's interview of one of New Zealand's major importers and sellers of benzylpiperazine (BZP).[1] It was a biased and self-serving article that promoted this drug as an alternative to other amphetamine-based drugs. We also note that no conflict of interest was registered.

The article describes BZP as 'having a safer profile than methamphetamine'. This comparison cannot be made without profiling the drug in detail. The pharmaceutical industry spends hundreds of millions of dollars and decades of its time to establish that a given drug is safe and effective. It must determine important parameters such as drug stability, correct formulation, its bioavailability, pharmacokinetic parameters, and its toxicological profile, and not withstanding it must conduct comprehensive clinical trials to establish other factors including the correct doses to achieve efficacy and identify adverse effects. This has not been undertaken with BZP whatsoever; it is therefore foolish to confidently state that taking this drug is a low-risk activity and that it is safer than other amphetamines.

Additionally, it is foolhardy to suggest there were no adverse effects in users consuming this drug at the 'recommended dose'. For example, one study in New Zealand reported 18% of patients attending one emergency department suffered seizures, even at doses 'recommended' by the 'manufacturers'.[2] Indeed, a controlled study had to be halted due to severe adverse effects experience by participants.[3] Furthermore, the statement that 'Presentations where individuals had taken too much BZP resulted in the patients being discharged without medical intervention' is clearly incorrect as investigations have irrefutably shown a large number of concerning signs and symptoms in patients who have taken BZP recreationally.[2,4–6]

New Zealand may be a flexible nation, but regarding the control of recreational drug use, we must continue to respond in a measured manner that is based on peer-reviewed scientific literature rather than anecdotal evidence, that will often be biased and more often incorrect. We look forward to future publications in this journal that are not based on the ill-informed views of party-pill manufacturers without the support of scientific evidence.

References

[1] M. Bowden, P. Trevorrow. BZP and New Zealand's alternative approach to prohibition. *Drug. Test. Analysis* **2011**, *3*, 426.
[2] P. Gee, S. Richardson, W. Woltersdorf, G. Moore. Toxic effects of BZP-based herbal party pills in humans: a prospective study in Christchurch, New Zealand. *New Zeal. Med. J.* **2005**, *118*, U1784.
[3] I. Thompson, G. Williams, B. Caldwell, S. Aldington, S. Dickson, N. Lucas, J. McDowall, M. Weatherall, G. Robinson, R. Beasley. Randomised double-blind, placebo-controlled trial of the effects of the 'party pills' BZP/TFMPP alone and in combination with alcohol. *J. Psychopharmacol.* **2010**, *24*, 1299.
[4] P. Gee, M. Gilbert, S. Richardson, G. Moore, S. Paterson, P. Graham. Toxicity from the recreational use of 1-benzylpiperazine. *Clin. Toxicol. (Phila.)* **2008**, *46*, 802.
[5] P. Gee, T. Jerram, D. Bowie. Multiorgan failure from 1-benzylpiperazine ingestion - legal high or lethal high? *Clin. Toxicol. (Phila.)* **2010**, *48*, 230.
[6] L. J. Schep, R. J. Slaughter, J. A. Vale, D. M. Beasley, P. Gee. The clinical toxicology of the designer "party pills" benzylpiperazine and trifluoromethylphenylpiperazine. *Clin. Toxicol. (Phila.)* **2011**, *49*, 131.

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