

**SUMMARY OF RESPONSES TO THE HOME
OFFICE CONSULTATION PAPER,
“PROPOSED CONTROL UNDER THE
MISUSE OF DRUGS ACT 1971 OF (1) 1-
BENZYLPIPERAZINE (BZP) AND A GROUP
OF SUBSTITUTED PIPERAZINES
(RELATED COMPOUNDS) AND (2) AN
ADDITIONAL 24 ANABOLIC STEROIDS
AND 2 NON-STEROIDAL AGENTS”**

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CONTENTS

Introduction.....	3-4
Summary of Responses to BZP and Substituted Piperazines.....	5-6
Summary of Responses to Anabolic Steroids and 2 Non-steroidal agents and Other Relevant Information.....	7-8
Other Representations.....	9
Outcome and Progress of the Proposal.....	10
List of Respondees.....	11

INTRODUCTION

1. On 21 May 2009, the Home Office published a consultation paper, “Proposed control under the Misuse of Drugs Act 1971 of (1) 1-Benzylpiperazine (BZP) and a group of substituted piperazines (related compounds) and (2) an additional 24 anabolic steroids and 2 non-steroidal agents”, seeking views on the Government’s proposals for a number of substances to be controlled under the Misuse of Drugs Act 1971 and its associated subordinate legislation. The proposals were prepared in consultation with, and on the advice of, the ACMD. The consultation period closed on 13 August 2009.

BZP

2. BZP is a synthetic drug which stimulates the central nervous system with similar but less potent properties to amphetamine and is one of the substituted piperazines. BZP is normally manufactured from piperazine, a substance used for the treatment of worm infestations. BZP itself has no recognised medicinal use, although both BZP and some of the other substituted piperazines can be used as synthetic intermediates and used in the production of pharmaceutical products. Seizures of BZP and related compounds have steadily increased in the UK since early 2006 and have been found in combination with illegal drugs such as MDMA – “ecstasy” – and amphetamine. Clinical reports suggest that BZP users suffer a range of adverse reactions such as vomiting, headaches, increased blood pressure, palpitations, poor appetite, stomach pains/nausea, anxiety, insomnia, mood swings, confusion, irritability and tremors.
3. Following a risk assessment by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) - see https://ednd-cma.emcdda.europa.eu/assets/upload/Risk_Assessment_Report_BZP.pdf - the European Council responded to concerns over the misuse of BZP by requiring all EU member states to subject BZP to ‘control measures and criminal provisions’ pursuant to its decision of March 2008 (Council Decision 2008/206/JHA).
4. At the request of the Home Office, the Advisory Council on the Misuse of Drugs (ACMD) undertook an assessment of BZP. Its report – “Control of 1-benzylpiperazine (BZP) and related compounds” - can be found at <http://drugs.homeoffice.gov.uk/drugs-laws/acmd/>. Subject to this consultation, the Government has accepted the ACMD’s assessment that the harms and misuse of BZP are commensurate to Class C of the 1971 Act.
5. The consultation paper outlined three potential measures for control:

OPTION 1: Do nothing

OPTION 2: Bring BZP under the control of the Misuse of Drugs Act 1971

OPTION 3: Bring BZP and substituted piperazines under the control of the Misuse of Drugs Act 1971

Anabolic Steroids

6. Anabolic steroids are analogues or derivatives of testosterone which have growth promoting properties. They have been used by sports people, but there is also increasing concern over their use amongst the general public and, in particular, by young people. Although a small number of people misuse anabolic steroids to enhance their physique and strength, steroids can cause serious psychiatric and physical problems.
7. In its 2008 report - see <http://drugs.homeoffice.gov.uk/publication-search/acmd/advice-on-steroids1?view=Binary> - the ACMD recommended the control of an additional group of anabolic steroids and two non-steroidal substances under the 1971 Act. Currently, 50 + anabolic steroids and five growth hormones are controlled as Class C drugs under the 1971 Act.
8. The consultation paper outlined two potential measures for control:

OPTION 1: Do nothing

OPTION 2: Bring the 24 additional substances listed in Annex A (attached to the consultation) and 2 non-steroidal products under control of the Misuse of Drugs Act 1971 and its associated secondary legislation

9. This document summarises the responses to these options.

SUMMARY OF RESPONSES TO BZP AND SUBSTITUTED PIPERAZINES

OPTION 1: Do nothing

10. This was the option least favoured by the respondents. Most respondents recognised the potential harm and the potential for misuse of BZP and its substituted piperazines and so did not consider this option to be appropriate. However, two responses were received which disagreed with the proposal to control BZP and substituted piperazines. Crew 2000 believes the potential harm from BZP is minimal and so it should not be brought under the 1971 Act. Release recognises that these drugs can cause harm but suggests that control of these substances could lead to more harmful substances being consumed.

OPTION 2: Bring BZP under the control of the Misuse of Drugs Act 1971

11. This option was not supported by any of the respondents. Most respondents considered that the harms of substituted piperazines also warrant control under the 1971 Act.

OPTION 3: Bring BZP and substituted piperazines under the control of the Misuse of Drugs Act 1971

Overall

12. This option was favoured by the majority of respondents.

Specific Responses

13. ACPO, BMA, PharMAG, South Ayrshire Community Planning Partnership and UK Sport believe that this is a proportionate response.
14. ACPOS supports this option because BZP is liable to be misused. However, ACPOS does note that the control of BZP as a Class C drug may result in some confusion amongst the public as it is marketed as an ecstasy like drug and ecstasy is currently controlled as a Class A drug.
15. Royal College of Physicians supports the proposal that the potential harm and misuse of BZP and other substituted piperazines are commensurate with their inclusion in Class C of the Misuse of Drugs Act 1971.
16. Dialdruglink call for option 3 on the basis that young people often equate “legal” with “safe”. Further, Dialdruglink believe it should be made very clear to young people and the wider community that these drugs are unsafe and that they are not for human consumption.

17. Aberdeen City Alcohol & Drug Partnership supports option 3 in order to be compliant with the EU Council decision and the ACMD recommendations. Further, the Partnership believes that the use of a generic definition will ensure greater clarity in terms of the duties inherent within both public health and law enforcement and would mitigate the need for further legislation to control other such compounds, whilst ensuring that the UK is in line with other EU countries in controlling a number of substituted piperazines.
18. Crew 2000 and Release disagree with this option for reasons set out above.

Summary

19. In summary, most respondees supported this option because:
 - a. It is a proportionate response;
 - b. The potential harms and misuse of BZP and substituted piperazines are commensurate with their inclusion under Class C of the Misuse of Drugs Act 1971; and
 - c. It will send a clear message to young people that these drugs are unsafe.

SUMMARY OF RESPONSES TO ANABOLIC STEROIDS AND 2 NON-STEROIDAL AGENTS

OPTION 1: Do nothing

20. This was the option least favoured by the respondents. Most respondents recognised the importance of controlling these substances through legislation.

OPTION 2: Bring the 24 additional substances listed in Annex A (attached to the consultation) and 2 non-steroidal products under control of the Misuse of Drugs Act 1971 and its associated secondary legislation

Overall

28. This was the option most favoured by the majority of respondents.

Specific Responses

21. PharMAG and ACPOS believe that this is a proportionate response.
22. Royal College of Physicians and Aberdeen City Alcohol & Drug Partnership support this option in order to have a consistent UK policy in the approach to controlling steroids. Both recognise the potential for harm to individuals that misuse of these substances can cause. The College also concurs with the Government's view that anabolic steroids jeopardise the integrity of sport.
23. South Ayrshire Community Planning Partnership supports this option as a way of legislating against the illegal use of steroids, particularly in view of the UK hosting the Olympic Games in 2011 and Scotland hosting the Commonwealth Games in 2014.
24. UK Sport believes that the addition of such substances would help to ensure that the UK Government meets its commitments under Article 8 of the UNESCO International Convention against Doping in Sport, which requires nations to restrict the availability and use in sport of prohibited substances and methods. Through aligning the schedules of the Misuse of Drugs Act with the World Anti-Doping Code Prohibited List in sport, it is believed that the UK shall have a better ability to deter and detect those involved in doping in sport and as such better protect the Olympic and Paralympic Games, and other major events, from the threat of doping.

Summary

25. In summary, most respondents supported this option because:
- a. It provides a consistent and proportionate response;

- b. Misuse of these substances can potentially cause harm to individuals; and
- c. It offers a way of protecting the Olympics and other games from the threat of doping.

OTHER RELEVANT INFORMATION

26. Informed by responses to this consultation, the proposed number of anabolic steroids to be controlled under the 1971 Act has been reduced from 24 to 15. As specialist respondees identified, the other anabolic steroids were already subsumed by the current generic definition used in the Misuse of Drugs Act 1971.

27. Therefore, the 15 anabolic steroids and 2 non-steroidal substances to be controlled are:

- 5 α -Androstane-3,17-diol.
- Androst-4-ene-3,17-diol.
- 1-Androstenediol
- 1-Androstenedione
- 5-Androstenedione
- Boldione
- Danazol.
- Desoxymethyltestosterone
- Gestrinone.
- 3-Hydroxy-5 α -androstan-17-one
- 19-Norandrostenedione
- 19-Norandrosterone
- 19-Noretiocholanolone
- Prostanazol
- Tetrahydrogestrinone
- Zeranol
- Zilpaterol

OTHER REPRESENTATIONS

28. Representations were received, including from INCITE, that criminalising new drugs leads to the development of new and potentially more dangerous alternatives that remain unclassified until the legislation catches up.
29. Release's response calls for a complete review of the system for dealing with drugs outside the medical arena before any legislative measures are contemplated.

OUTCOME AND PROGRESS OF THE PROPOSAL

BZP

30. Following this consultation, the Government will control as Class C drugs under the Misuse of Drugs Act 1971, subject to parliamentary approval, BZP and substituted piperazines. As Class C drugs, it will be unlawful to import/export, manufacture, supply or possess them without lawful authority. Those that are prosecuted for unlawful possession are most likely to be dealt with in the Magistrates Court where the statutory maximum penalties are three months' imprisonment and/or a Level 3 (£1,000) fine. In respect of those cases that are dealt with by the Crown Court, the maximum penalties are two years' imprisonment and/or an unlimited fine. Offences of unlawful supply, production and trafficking of these substances are most likely to be dealt with in the Crown Court, where the maximum penalty is 14 years' imprisonment and/or an unlimited fine.

Anabolic Steroids

31. Following this consultation, the Government will control as Class C drugs under the Misuse of Drugs Act 1971, subject to parliamentary approval, a further 15 anabolic steroids and two growth promoters. These drugs will be subject to the same level of control as the 50 + anabolic steroids and 5 growth hormones currently controlled as Class C drugs.
32. It will be an offence under the Act to produce, supply or possess/import/export with intent to supply these substances without lawful authority. As Class C drugs the maximum sentence for supply, trafficking and production is 14 years. However, it will not be an offence to import or export them when in the form of a medicinal product for self-administration nor is it an offence to possess them when in the form of a medicinal product. Anabolic steroids are available under authority of the Misuse of Drugs Regulations 2001 (as amended) enabling those persons authorised by the regulations (e.g. doctors and pharmacists) to prescribe, supply etc them for medicinal purposes.

LIST OF RESPONDEES

Organisations

1. Aberdeen City Alcohol & Drug Partnership
2. The Association of Chief Police Officers for England, Wales and Northern Ireland
3. The Association of Chief Police Officers in Scotland
4. British Medical Association
5. Crew 2000
6. Dialdruglink
7. INCITE, Aberdeenshire
8. PharMAG
9. Release
10. Royal College of Obstetricians and Gynaecologists
11. Royal College of Physicians
12. South Ayrshire Community Planning Partnership
13. UK Sport

Other Responses

- 14-15. Individual Responses